Agenda

Metro
600 NE Grand Ave.
Portland, OR 97232-2736

Meeting:	Supportive Housing Services Tri-County Planning Body Meeting
Date:	April 9th, 2025
Time:	4:00pm-6:30pm
Place:	Zoom Webinar, 600 NE Grand Ave, Portland, OR 97232
Purpose:	The Tri-County Planning Body (TCPB) will discuss and vote on the Healthcare Alignment Implementation Plan, and receive a presentation on the SHS Oversight Committee's Annual Report.

4:00pm **Welcome and Introductions**

- Decision: meeting summary approval

4:10pm **Public Comment**

4:15pm **Conflict of Interest**

4:20pm **Healthcare Alignment Implementation Plan**

- Presentation
- Questions & Answers
- Decision: Implementation Plan Approval

5:35pm **RIF Proposal Updates**

5:45pm **Coordinated Entry Quarterly Progress Report Update Q&A**

5:55pm **SHS Oversight Committee Annual Report Presentation**

- SHS Oversight Committee Quarterly Update
- Presentation
- Questions & Answers

6:25pm **Closing and Next steps**

- Next meeting: May 14th, 2025

6:30pm **Adjourn**

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Tri-County Planning Body Meeting Summary

Meeting:	Supportive Housing Services (SHS) Tri-County Planning Body Meeting
Date:	Wednesday, March 12, 2025
Time:	4:00 PM – 6:30 PM
Place:	Metro Council Chambers, 600 NE Grand Ave, Portland, OR 97232 and Zoom Webinar
Purpose:	The Tri-County Planning Body (TCPB) will discuss and vote on a Regional Investment Fund proposal and receive a presentation on the Healthcare Implementation Plan.

Member attendees

Co-chair Mercedes Elizalde (she/her), Yoni Kahn (he/him), Yvette Marie Hernandez (she/her), Cameran Murphy (they/them), Cristina Palacios (she/her), Co-chair Steve Rudman (he/him), Mindy Stadtlander (she/her), Sahaan McKelvey (he/him), Monta Knudson (he/him), Eboni Brown (she/her), Zoi Coppiano (she/her), Nicole Larson (she/her)

Elected delegates

Washington County Chair Kathryn Harrington (she/her), Metro Councilor Christine Lewis (she/her), Multnomah County Chair Jessica Vega Pederson (she/her)

Absent delegates

Clackamas County Chair Tootie Smith (she/her)

County staff representatives

Clackamas County – Vahid Brown (he/him), Lauren Decker (she/her), Multnomah County – Dan Field (he/him), Cristina Castaño (she/her), Lawashia Mowe (she/her), Washington County – Nicole Stingh (she/her), Molly Rogers (she/her)

Metro staff

Michael Garcia (he/him), Abby Ahern (she/her), Liam Frost (he/him), Ruth Adkins (she/her), Valeria McWilliams (she/her), Patricia Rojas (she/her), Jane Marie Ford (she/her)

Kearns & West facilitators

Ben Duncan (he/him), María Verano (she/her)

Note: The meeting was recorded via Zoom; therefore, this meeting summary will remain at a high-level overview. Please review the recording and archived meeting packet for details and presentation slides.

Summary of Meeting Decisions

- The Committee approved the February 12, 2025 meeting summary.
- The Committee approved the three RIF Proposals as follows.
    - **Clackamas County**: Amend the Coordinated Entry Implementation Plan to include Clackamas County's Move Forward initiative as a strategy under the Coordinated Entry goal recommendation to explore opportunities for co-enrollment in other systems.
    - **Washington County**: Amend the Employee Recruitment and Retention Implementation plan to include Washington County's transition plan as a strategy

under the Recruitment and Retention goal "assessing reasonable scale of outcomes and caseloads as it relates to compensation."

- **Multnomah County**: Motioned to approve the proposal as proposed and presented.
  - By using unspent Regional Investment Funds (RIF) we will protect the goals set forth in the regional SHS program and ensure safe and responsible program implementation.
  - The funds will be spent on maintaining existing programs in Health Care System alignment, Coordinated Entry, HMIS, Landlord Engagement & Recruitment, Technical Assistance and Training.

- Metro staff told TCPB that the original requests from the counties would require a code amendment. This information was shared before the presentations began. The group expressed concerns about any code amendment, even if one time only.

Welcome and Introductions

Ben Duncan, Kearns & West, welcomed attendees, provided reminders about microphone use and safety, and reviewed the meeting agenda.

Co-chair Mercedes Elizalde provided opening remarks, expressing interest in the investment fund proposal and seeking clarification on how it aligns with SHS priorities. She also noted the importance of reviewing the Healthcare Implementation Plan.

Decision: Co-chair Steve Rudman, Co-chair Elizalde, Yoni Kahn, Yvette Marie Hernandez, Cameran Murphy, Cristina Palacios, Mindy Stadtlander, Sahaan McKelvey, Monta Knudson, Eboni Brown, Zoi Coppiano, Nicole Larson, Washington County Chair Kathryn Harrington, Metro Councilor Christine Lewis, and Multnomah County Chair Jessica Vega Pederson approved the February meeting summary without edits. There were no abstentions or rejections.

Public Comment

No public comment was received.

Conflict of Interest

Cristina P. declared a conflict of interest as Housing Oregon is on Metro's contractor list and could potentially receive future Supportive Housing Services (SHS) funding.

Yvette noted that she works for Home Forward which receives SHS funding, but she participates in the TCPB as a community member.

Yoni declared a conflict of interest as the Northwest Pilot Project receives SHS funding. He noted that he serves on the TCPB to share provider perspectives and does not represent his employer.

Zoi declared a conflict of interest as Community Action receives SHS funding.

Mindy disclosed a contract between HealthShare and Metro.

Cameran acknowledged Boys & Girls Aid's SHS funding.

Eboni shared that their organization, Greater Good NW, receives SHS funding.

Monta declared a conflict of interest as JOIN receives SHS funding.

Sahaan declared a conflict of interest as Self Enhancement Inc (SEI) receives SHS funds. He noted that SHS does not fund his position and that he serves on the TCPB to share provider perspectives.

Tri-County Planning Body Meeting Summary

Regional Investment Fund (RIF) Proposal

Metro Presentation
Liam Frost, Metro, provided an overview of the county proposals, noting that they included requests to use the Regional Investment Fund (RIF) for urgent, one-time expenditures, some of which may not align with existing regional goals. He explained that approving these proposals would serve as a recommendation to Metro Council to allow temporary exceptions to current spending restrictions. This would not be a permanent code change but rather a one-time authorization in response to immediate funding needs.

Q&A

Ben facilitated a clarifying question and answer discussion.

- **Co-chair Rudman** appreciated the presentation but is concerned about federal cuts in a few years and the sustainability of funding, especially for high-need populations. He stresses the need for a holistic conversation about rental assistance and the connection to Section 8.
- **Co-chair Elizalde** supported the concept, particularly the co-enrollment idea, and advocated for more data on the pilot plan. She stressed the importance of ensuring funding helps stabilize people and wants the implementation plan to include employee retention strategies, particularly around compensation. She also struggled with adding some items to the plan but sees them as important for the future. She expressed concerns about bundling multiple funding requests together and emphasized that counties have worked hard to align proposals with regional goals. She suggested counties should commit to integrating these expenses into their long-term funding plans, with a full review of whether these expenditures align with regional plans before making recommendations to Metro Council.
- **Cameran** emphasized the need to align efforts with regional goals while not disrupting the current metro code. They see this as a moment to address issues but want to ensure it does not change the overall structure of how funds are used in the future.
- **Yvette** expressed gratitude for the funds and emphasized the importance of not letting vulnerable individuals lose this support, stressing the trauma that could result from such a loss.
- **Eboni** raised concerns about the current lack of resources and future outcomes and questioned whether they will return to pre-SHS numbers in the next few years. She appreciated the innovation being discussed.
- **Zoi** believed that regional projects should not overshadow local ones, and the decision to move forward with these plans reflects responsible decision-making. She highlighted the importance of this approach for the region.
- **Cristina P.** supported the plan to keep people housed, especially amidst concerns about funding being pulled, and expressed support for maintaining assistance to ensure people feel supported.
- **Mindy** agreed with the discussions and appreciated the time and effort put into avoiding dire circumstances. She emphasized the need for essential focus and for having hard conversations about keeping tax revenues high.
- **Multnomah County Chair Vega Pederson** appreciated the ongoing conversation between the counties and Metro about adjusting to funding gaps and noted that the goals outlined are crucial for moving forward.

- **Monta** reflected on the uncertainty of current times, expressing concern about people losing voucher programs. He highlighted the challenges brought on by fluctuating marijuana tax dollars and stressed the importance of addressing the system's inequities.
- **Sahaan** appreciated the clarity provided about the RIF carryover, which shifted him from disagreement to agreement. He stresses that regional work should be intentionally scaled across counties to ensure alignment with broader goals, advocating for collaborative efforts rather than separate county projects.
- **Yoni s**upported the conversation but expressed concerns about the surprise factor in decision-making and emphasized the collective obligation to protect each other from unexpected challenges. He stressed the importance of utilizing all funding sources and aligning efforts for more cohesive regional work.
- **Nicole L.** stressed the need to focus on the most vulnerable populations and ensure that the expenditures align with regional goals and support housing efforts effectively.
- **Washington County Chair Kathryn Harrington** shared her plans to abstain from voting and to honor the decisions made by others in the room. She reflected on the journey to define regional goals and the volatility of the income tax source and expressed hope that future work plans will allow for bravery and risk-taking without compromising the goals.
- **Mero Councilor Christine Lewis** stated that Metro Council is looking for guidance and direction from TCPB regarding how to proceed with these funding requests.
- **Question, Sahaan:** Do the budget gaps counties face affect fiscal years 2025 or 2026?
    - **Metro Response, Liam:** There are budget gaps in both fiscal years.
- **Question, Cameran**: Does approval of the proposals serve as a recommendation to Metro Council rather than a direct ordinance change? Does this mean counties could use RIF funding for non-regional goals without Metro Council's explicit approval? Does today's vote only approve one-time use of funds without permanently altering future spending policies?
    - **Metro Response, Liam:** Yes, TCPB's approval acts as a recommendation, and Metro Council would still need to approve the expense. Additionally, Metro Council must approve any exceptions for non-regional expenditures. Lastly, you are correct, this is a temporary authorization, not a precedent for future funding changes.
- **Comment, Co-chair Elizalde**: It is not okay to assume that these proposals are not aligned with our plans and work. Additionally, I would like to ask the counties to make a commitment to connecting these proposals to the work. Lastly, Is there a way to amend an existing implementation plan so that the work falls under it?

Clackamas County Proposal

Vahid Brown presented Clackamas County's request for up to $2.5 million from RIF carryover funds to launch a three-year initiative focused on improving financial stability for households and ensuring that individuals experiencing homelessness have the support needed to transition into permanent housing.

The initiative aims to help families and individuals by enrolling them in income-increasing and self-sufficiency programs, giving them the tools to become financially independent over time. Additionally, Clackamas County plans to implement a three-year housing assistance program, ensuring that those experiencing homelessness have continued access to stable housing as they work toward long-term solutions. Recognizing the barriers that often prevent individuals from accessing housing, the county will also invest in diversion programming, designed to help people secure alternative housing arrangements before entering the homelessness system.

Washington County Proposal

Nicole Stingh introduced Washington County's proposal, requesting up to $9 million in RIF carryover funds to establish a stabilization fund aimed at mitigating the effects of anticipated budget shortfalls. The county plans to gradually scale down funding over the next three years, allowing service providers and housing programs to transition more smoothly rather than facing immediate, drastic cuts. One of the key components of the proposal is ensuring that shelters remain open and operational, particularly while awaiting additional funding sources to come online.
To support frontline workers affected by funding changes, the county will use a portion of the funds to cover up to six months of staff salaries, ensuring continuity of care and preventing sudden job losses among essential service providers. Additionally, recognizing that some providers will still need to downsize, Washington County intends to offer transition assistance for case managers and other critical staff, helping them find alternative employment opportunities or retraining options within the housing and social services sector.

Multnomah County Proposal
Dan Field presented Multnomah County's request for up to $8.5 million in RIF carryover funds to maintain critical homeless services and implement new healthcare system alignment efforts for vulnerable populations.

The funding would be used to ensure that key service providers continue operating, particularly those engaged in the Culturally Specific Collaborative, a program that provides tailored support to communities disproportionately affected by homelessness. Additionally, $650,000 from the proposal would be allocated toward healthcare system alignment, creating a more integrated approach to housing and medical care, particularly for medically vulnerable individuals.

Clackamas County Roundtable Discussion

Ben facilitated a roundtable discussion.

- **Question, Co-chair Elizalde:** I have concerns about whether this initiative is truly regional in nature or if it primarily serves local Clackamas County interests.
    - **Clackamas County Response, Vahid:** The program fills key gaps in regional services and aligns with TCPB's goals by supporting economic stability and permanent housing solutions.
- **Question, Sahaan:** I'm curious about how the program will continue after the initial three-year period and whether Clackamas County has plans for long-term sustainability.
    - **Clackamas County Response, Vahid:** This is definitely a challenge, but the county is actively looking into alternative funding sources to sustain services beyond the initial period.
- **Question, Cameran:** I'm wondering if this initiative overlaps with existing regional programs and if there's a risk of duplicating efforts that are already in place.
    - **Clackamas County Response, Vahid:** The proposal is designed to fill an unmet need and complement existing programs, not replace them.
- **Comment, Mindy:** I support the initiative but want to highlight the importance of ongoing reporting and accountability to ensure the program remains effective.
    - **Clackamas County Response, Vahid:** We commit to providing regular updates on the program's outcomes.

Voting Results for Clackamas County Proposal

Following discussion, Co-chair Elizalde moved to amend the Coordinated Entry Implementation Plan to include Clackamas County's Move Forward Initiative as a strategy under the Coordinated Entry Goal Recommendation to explore opportunities for co-enrollment in other systems. Cristina P seconded the motion, reinforcing the value of integrating Clackamas County's approach into the existing regional framework.

Clackamas County Decision
Co-chair Rudman, Co-chair Elizalde, Yoni, Yvette, Cameran, Cristina P., Mindy, Sahaan, Monta, Eboni, Zoi, Nicole L., Washington County Chair Harrington, Metro Councilor Lewis, and Multnomah County Chair Vega Pederson voted to pass the motion. There were no abstentions or rejections. The motion passed.

Washington County Roundtable Discussion

Ben facilitated a roundtable discussion.

- **Question, Co-Chair Elizalde**: There's concern that this proposal may only delay difficult funding decisions rather than addressing the root issue.
    - **Washington County Response, Nicole S.**: The stabilization fund is designed to give providers time to adjust and strategically prepare for future funding realities.
- **Question, Co-chair Rudman**: Will this funding be used to expand services or to simply maintain existing programs?
    - **Washington County Response, Nicole S.**: The funds are strictly for stabilization purposes and will not support any new program expansions.
- **Comment, Washington County Chair Harrington**: There's concern about what happens once the transition period ends and whether service providers will still face significant funding gaps.
    - **Washington County Response, Nicole S.**: Washington County is actively seeking alternative funding solutions to prevent an abrupt end to services.
- **Comment, Mindy**: It would be beneficial to include formal reporting requirements to track staff retention rates and ensure the stabilization funds have the intended impact.
    - **Washington County Response, Nicole S.**: We commit to providing quarterly updates to the TCPB.

Voting Results for Washington County Proposal

Co-chair Elizalde moved to amend the Employee Recruitment and Retention Implementation plan to include Washington County's transition plan as a strategy under the Recruitment and Retention goal "assessing reasonable scale of outcomes and caseloads as it relates to compensation." Nicole L. seconded the motion, stressing the importance of structured oversight. This again reinforced the importance of integrating this work into the existing regional framework. The intention of both the Clackamas County and the Washington County motions approved were to make it clear from the perspective of the TCBP these proposal are aligned with our existing expectation and goal areas

Washington County Decision
Co-chair Rudman, Co-chair Elizalde, Yoni, Yvette, Cameran, Cristina P., Mindy, Sahaan, Monta, Eboni, Zoi, Nicole L., Washington County Chair Harrington, Metro Councilor Lewis, and Multnomah County Chair Vega Pederson voted to pass the motion. There were no abstentions or rejections. The motion passed.

Tri-County Planning Body Meeting Summary

Multnomah County Roundtable Discussion

Yoni moved to approve the proposal as presented by Multnomah County.

TCPB members wanted to discuss the proposal before moving a motion forward. Ben facilitated a roundtable discussion

- **Comment, Co-chair Elizalde**: I cannot vote for the proposal if it requires a Metro Code change. My concern isn't with the proposal itself, but with the idea of removing the regional nature of the RIF through a policy change.
    - **Multnomah County Response, Dan**: Multnomah County's FY 2025 budget had already been adopted in June and included previously approved spending aligned with regional goals. What TCPB is being asked to decide is whether Multnomah County's new spending on Coordinated Entry and Landlord Recruitment aligns with existing implementation plans.
- **Comment, Co-chair Elizalde**: I suggest tabling portions of the proposal that aren't tied to an approved implementation plan and moving forward only with the Coordinated Entry and Landlord Recruitment funding.
    - **Multnomah County Response, Dan**: The proposal is time-sensitive, and it's important that we address it all together.
- **Question, Sahaan**: I'd like to know if Metro Council would need to amend the code to approve the proposal. Also, do unused RIF funds from the first three years automatically roll over into the year four RIF allocation, or would they need explicit approval?
    - **Metro Response, Liam**: All future RIF expenditures need to be reviewed under the TCPB-adopted process.
- **Question, Sahaan**: Can you clarify if Metro Council must amend the code to approve this proposal?
    - **Metro Response, Liam**: A code amendment could be framed as a one-time exception while maintaining the RIF structure for the long term.
- **Comment, Sahaan**: I'd feel more comfortable if this were explicitly framed as a one-time approval for the funds allocated in the first three years.
- **Comment, Co-chair Rudman**: I want to emphasize the importance of maintaining RIF as a regional funding source. Also, I question whether 5% is the right allocation for regional investments going forward. The term "one-time" is crucial so that we don't set a precedent for future exceptions.
- **Comment, Multnomah County Chair Vega Pederson,** I recognize that the need for a code change came up late, and this was not clear when the proposal was first developed. I am supportive of the proposal as a one-time measure, and I want to emphasize that it's designed to align with regional goals.
- **Comment, Mindy**: I share concerns about setting a precedent but believe TCPB can explicitly state that this is a one-time approval to provide clarity.
- **Comment, Monta**: TCPB still controls the RIF, and I'm wondering if allowing a one-time use really poses any risk to the integrity of the fund.
    - **Metro Response, Liam**: There has always been some ambiguity in the RIF process. We would need to internally assess the implications of this request. Metro Council is not interested in permanently changing the RIF but is open to a one-time exception.
    - **Multnomah County Response Dan**: Multnomah County is not requesting a permanent change, but rather asking TCPB to decide whether this specific funding aligns with regional goals.

- **Comment, Multnomah County Chair Vega Pederson**: I want to affirm that Multnomah County is committed to ensuring that all expenditures support TCPB goals and implementation plans.

Voting Results for Multnomah County Proposal
After the member discussion, Monta seconded the motion.

Decision: Co-chair Rudman, Yoni, Yvette, Cameran, Cristina P., Mindy, Sahaan, Monta, Eboni, Zoi, Nicole L., Washington County Chair Harrington, Metro Councilor Lewis, and Multnomah County Chair Vega Pederson voted to pass the motion. There was one abstention and no rejections. The motion passed. Co-chair Elizalde abstained from the vote due to concerns about potential Metro Code changes. The motion passed.

Follow-up and Next Steps
Following the vote, Liam stated that Metro would need to develop additional metrics to ensure proper oversight and alignment with the amendment. Co-chair Rudman reiterated that, since this was explicitly a one-time approval, the discussion should not become overly drawn out. Metro staff confirmed that they would review the implications of the vote and determine the next steps necessary to finalize the funding process.

Closing and Next Steps

Ben shared that the next steps are:

- The next meeting will be extended by 30 minutes to address backlog items.
- The April agenda will include the Healthcare Implementation Plan approval, Coordinated Entry Report, and SHS Annual Report.
- Next meeting: April 9, 2025, 4:00 – 6:30 PM.

Adjourn

Adjourned at 6:20 p.m.

DO GOOD

March 12th, 2025

Hello, my name is Aydia Johnson and I work as a Navigation Specialist with Do Good Multnomah. I'm writing to advocate on behalf of Housing Connector, and express the impact that being able to utilize this program has had on my work and on the participants I work with daily.

I began working with Housing Connector in the fall of last year and have been blown away by the entire team's commitment and passion to making housing more accessible to those who may have higher barriers. It's very apparent that the housing market right now is challenging, and with the standard means of screening for an apartment it puts folks who have barriers as a disadvantage and can make the idea of obtaining housing seem impossible. Housing Connector offers in ways a second chance and reaffirms that someone's past does not have to be their future. My work is based in Multnomah County, and that is where most of my participants are wanting to be housed in, however we do get folks who are interested in transferring to other counties within the tri-state area. The housing demand for Multnomah County is very high and often waitlists for low-income housing can be years. There are many more limited resources in counties outside of Multnomah, and being able to expand housing connector services to these counties would not only benefit folks already living houseless within those areas, but would also create more opportunities for folks looking to be housed outside of Multnomah County if they choose they'd like to be.

I would also like to include some participant feedback that I've received with utilizing Housing Connector with them. I've had participants who possess prior criminal barriers or evictions, who truly believed there was nearly no way to obtain housing again. I am currently working with a participant who has a child on the way, and being able to utilize Housing Connector is likely the biggest reason behind being able to get them housed given their current barriers. Being able to advocate on behalf of the participants I work with and

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provide them with housing opportunities to try again has been extremely meaningful in my work. I have nothing but positive things to say about housing connector and the opportunities they have supplied my participants with so far and I look forward to seeing this program expand greatly in the upcoming years.

Aydia Johnson

Navigation Specialist

Do Good Multnomah

Ajohnson@dogoodmultnomah.org

971-258-0752

Tri-County Planning Body Healthcare System Alignment Goal

Regional Implementation Strategy

March 2025

Metro

CLACKAMAS COUNTY

Multnomah County

WASHINGTON COUNTY OREGON

health share

Health Share of Oregon

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Tri-County Planning Body Healthcare System Alignment Regional Goal and Implementation Strategy Development

After passage of the Supportive Housing Services (SHS) measure in 2020, the Tri-County Planning Body (TCPB) was formed to identify regional goals, approve a regional plan, and approve and monitor financial investments from within the Regional Investment Fund (RIF). With input from Metro, Clackamas County, Multnomah County, and Washington County ("the counties"), the TCPB identified six regional goals to be included in a regional plan; healthcare system alignment was one of those goals.

The TCPB Healthcare Goal states: Greater alignment and long-term partnerships with healthcare systems that meaningfully benefit people experiencing homelessness and the systems that serve them. *Adopted May 10, 2023.*[1]

Along with the goal, the TCPB adopted the following recommendation: "Metro staff convenes and coordinates with counties and key healthcare systems stakeholders to identify opportunities that integrate the Medicaid waiver with the SHS initiative."

With the TCPB goal named, staff from Metro and the counties, along with Health Share of Oregon (HSO) – the primary coordinated care organization serving Oregon Health Plan members in Clackamas, Multnomah, and Washington counties – formed the Healthcare/Housing Systems Alignment Regional Leadership Group (Leadership Group), meeting nine times from November 2023 to February 2025, to discuss shared healthcare system alignment challenges, brainstorm solutions, and develop the strategies within this document. To support the Leadership Group's work, Metro also convened two working groups – a Regional Healthcare System Alignment Implementation planning subgroup of the Leadership Group (the Subgroup) and a Healthcare/Housing Data Integration Workgroup composed of data-focused staff from all three counties, HSO, and the Oregon Health Leadership Council – to focus on strategy development and necessary data-integration efforts to support regional cross-system alignment and coordination. The Data Workgroup met monthly beginning in January 2024 and the Subgroup met at least monthly beginning in March 2024.

To guide regional strategy development, the Leadership Group directed Metro, through its consultant Homebase, to conduct a Landscape Analysis of existing housing/healthcare systems alignment efforts throughout the region to ensure that any proposed regional strategies would build from ongoing work, rather than risk duplication, conflicts, or redundancies. The purpose of the Landscape

[1] Tri-County Planning Body Goal and Recommendation Language, May 10, 2023. https://www.oregonmetro.gov/sites/default/files/2023/10/26/2023-tcpb-goals-and-recommendations-20230510.pdf

Analysis was to identify themes, including common priorities and challenges, and highlight opportunities for regional coordination, scaling, and sustainability of cross-system efforts and systems alignment. The Landscape Analysis (provided as Appendix A) summarized ongoing systems alignment efforts, organized by efforts happening regionally, in multiple counties, and within each individual county. The Landscape Analysis concluded with a section that – based on current efforts – outlined the following primary priority areas across the region:

- Medically enhanced housing models (e.g., medical respite/recuperative care, aging in place programs) as a regional need
- Cross-system care coordination for people experiencing or at risk of homelessness who have complex physical and behavioral health care needs (including, for example, via cross-system case conferencing, coordinated hospital discharge planning)
- Cross-System Data Sharing
- Leveraging Medicaid and other health system resources (e.g., Medicaid 1115 Waiver Implementation, accessing co-located services and supports, flex funds)

Metro and its consultant Homebase then worked with the planning Subgroup to utilize the Landscape Analysis and the identified priority areas as a starting point for developing this implementation strategy.

The first three of those four priority areas ultimately led to the three strategies in this document. Although leveraging Medicaid, including through strategic implementation of Oregon's new health-related social needs (HRSN) benefit through the state's Medicaid 1115 waiver, remains a high priority for all partners, the counties – both individually and in coordination with each other – have invested significant time in planning for implementation of the 1115 waiver benefit, including in partnership with HSO. Given the complexity and breadth of the ongoing work in this area, as well as the narrow scope of the population eligible for the benefit, the counties and HSO did not feel it necessary to include a waiver-specific regional strategy in this implementation strategy at this time. However, the phased approach will allow for continued communication (including insights and lessons learned from initial waiver implementation) and coordination relating to Medicaid throughout 2025. As such, Medicaid-focused regional strategies can be included in the more detailed plans for continued activities and investment that will be implemented beginning in 2026, as appropriate.

It is important to note that the 1115 waiver benefit is just one aspect of potential Medicaid funding and coordination with the housing and homelessness response system. The strategies set forth in this document will seek additional opportunities to leverage Medicaid and other health system funding opportunities wherever possible. The proposed implementation budget for this implementation strategy includes FY 25-26 RIF allocations for staff and other needed capacity to continue and expand efforts to leverage Medicaid (including but not limited to implementation of the 1115 waiver housing benefit) and other health system resources.

The population of focus for this implementation strategy are people who meet the criteria of the Supportive Housing Services program Population A. That is: households with extremely low incomes, one or more disabling conditions, and experiencing or at imminent risk of experiencing long-term or frequent episodes of literal homelessness, and who have physical or behavioral health needs (regardless of whether those needs are currently diagnosed or otherwise known) that are not being fully treated or addressed. However, the system improvements and cross-sector collaborations that will be achieved through these strategies will have a positive impact across all populations served by SHS as well as the workforce striving to meet their needs.

Regional Issue

Homelessness is a complex regional issue that transcends jurisdictional lines, and there is an inextricable, reciprocal link between housing status and health outcomes. Deep siloes between health and housing systems often contribute significantly to barriers for people experiencing and at risk of homelessness to access the critical, and often lifesaving, housing resources and health care services they need. People in need of housing resources and health care treatment often move throughout the region, across county lines, to access assistance. Our housing and homeless response and health care systems must coordinate across the region to facilitate needed referrals and connections to people engaging with multiple systems in multiple counties. A coordinated and regional approach to housing and healthcare systems alignment is central to the work of meaningful systems change and sustainable systems integration needed to improve health and housing outcomes for people across the Metro region.

Building on the impressive systems alignment work already underway in Clackamas, Multnomah, and Washington counties, this implementation strategy enhances these efforts by providing regional coordination support and capacity building, and addressing infrastructure needs identified by the counties, Health Share, and Metro with input from service providers and other partners. The process will involve convening regional meetings, planning, and coordinating efforts to establish shared goals and innovative models for systems improvement. By learning from one another, each county can adapt successful strategies in the way that suits their needs while the region defines and implements supportive infrastructure to ensure sustainable, regional support for continued expansion and improvement of cross-system care coordination and other critical system alignment.

Racial Equity Considerations

Central to the work of the Supportive Housing Services (SHS) Measure is the guiding principle of leading with racial equity and racial justice, with a charge to reduce racial disparities in homeless service outcomes across the region. The counties, HSO, and Metro have committed to addressing the goals outlined by the Tri-County Planning Body (TCPB) while embedding equity in the development and implementation of our work together.

The Healthcare System Alignment strategies in this document center racial equity, focusing on a plan that will result in measurable improvements in equitable access to housing programs. The historical

and contemporary housing and healthcare discrimination and systemic racism toward people who identify as Black, Indigenous and people of color (BIPOC), people with low incomes, immigrants and refugees, the LGBTQ+ community, people with disabilities and other underserved and/or marginalized communities impact people's ability to gain and maintain stable housing and achieve positive health outcomes. These strategies aim to empower individuals and the systems in place to support them with their housing and healthcare goals, expand access to coordinated care and housing resources for historically oppressed communities, and reduce disparities in housing and healthcare access and outcomes among historically marginalized groups.

To this end, the counties, HSO, and Metro have coordinated with health-focused and equity staff with a goal of ensuring all strategies contribute to the reduction of racially disparate outcomes. This included an initial equity lens analysis using the shorthand racial equity lens tool (RELT) developed by Multnomah County.

The shorthand RELT exercise took place on November 21, 2024. The conversation was facilitated by consultants, Homebase, with support from Ruth Adkins (Senior Housing Policy Analyst) and Alexandra Appleton (Equity Manager) with Metro. Representatives from all three counties and HSO participated in the conversation. The RELT shorthand exercise consists of six questions, the first four of which were discussed during the meeting on November 21. Based on this discussion, the group agreed on changes to this proposal, which are listed below and reflected in the relevant strategy sections below:

- Working groups formed and tasked with continued coordination and planning during Phase 1 should be racially and culturally representative of people experiencing or at risk of homelessness across the region. If that is not possible within each working group, it should be collectively achieved when considering working groups established across implementation efforts of all strategies.

- Phase 1 activities should include the involvement of additional partners, including culturally specific health and housing organizations and people with lived expertise and experience of homelessness. Focus groups or other methods to solicit input from people with lived experience of homelessness should aim to include racially and ethnically representative groups.

- Additional Racial Equity Analyses should be conducted during Phase 1, especially with respect to detailed implementation plans developed for Phase 2, and individual strategies or the plan as a whole should be adjusted as needed in response to those analyses.

- Available data relating to program or system access and utilization, as well as the outcomes of any health and housing alignment programs or efforts, should be disaggregated by key demographics and analyzed to inform the development of strategies, implementation plans for Phase 2, and any corresponding performance metrics or progress measures.

- Metrics developed to track progress on this overall plan, as well as the individual strategies, should include racial equity metrics to ensure that the impacts of plan implementation are racially equitable.

In keeping with Metro's commitment to advance racial equity, and the Supportive Housing Services Program's overarching goal to ensure racial justice, data will be disaggregated to evaluate existing and continued disparate impacts for BIPOC communities and other impacted populations. As such, all available data sets will be disaggregated by regionally standardized values and methodology to understand disparate outcomes for people by race, ethnicity, disability status, sexual orientation and gender identity. Where relevant data are not available or comparable across the homeless response and healthcare systems, those gaps will be identified and strategies identified to mitigate or address those gaps.

Notes from the RELT analysis discussion are included as Appendix B. The work group also affirmed that deeper RELT analysis will be performed during the Phase 1 ongoing coordination and evolving implementation planning during 2025. This will include collaboration with Metro, County, and HSO equity teams as well as providers and additional engagement with people directly impacted by the proposed strategies.

The strategies in this proposal also reflect input from people with lived experience of homelessness. Consultants from Homebase facilitated five focus groups (two each in Multnomah and Clackamas counties and one in Washington County) for people with lived experience of homelessness on July 30th-August 1st, 2024. The focus groups covered multiple topics, including accessing healthcare and unaddressed health needs.

Many participants reported negative experiences with hospital systems, including several participants who were discharged to the street or only given cursory referrals, such as resource sheets or recommendations to call 211. Without mention by facilitators of respite and recuperative care as potential solutions, one group of participants suggested that these types of programs would be a valuable addition to the continuum of services available in their county. Notes from the focus groups are included as Appendix C.

The strategies in this proposal – particularly those aimed at supporting post-acute care via medically enhanced housing and shelter models and better cross-system care coordination – aim to address the concerns elevated during the focus groups by facilitating more streamlined and empathetic access to healthcare services and housing, including from and following hospital settings.

Strategy #1: Develop Regional Plan for Medically Enhanced Housing and Shelter Models

Program Description

Vision for Strategy 1

Medically enhanced housing and shelter models are a critical transitional step for people leaving hospitals or institutional healthcare settings and provide a safe, stable and supported environment for ongoing recovery. These models can include medical respite or recuperative care, as well as co-location of physical and behavioral health services and housing models such as Permanent Supportive Housing (PSH), recovery housing, transitional housing, and other programs.

This strategy seeks to align with current state and local efforts to work toward a regional model of support for access to and sustainable funding of post-acute care options for people experiencing homelessness. This would not only directly support long-term partnerships between the homeless response and healthcare systems but also ensure improved access to these critical resources for people experiencing or at risk of homelessness throughout the region.

Building on Existing Efforts

This strategy builds upon the work already happening to support medically enhanced housing and shelter models throughout the region, including: recuperative and respite care programs in each county, Kaiser Permanente's 2023-2025 grant to a cohort of medical respite programs in partnership with National Institute of Medical Respite Care (NIMRC), and coordination by Metro to engage housing and health system partners in conversations regarding service levels and stratification of levels of care in Permanent Supportive Housing (PSH).

Proposed Regional Activities

This strategy will align with and support regional implementation of the statewide recommendations made in November 2024 by the Oregon Joint Task Force on Hospital Discharge Challenges, as well as other systems change work at the state level related to post-acute care including access, funding, and workforce. HSO and its health plan and hospital partners will be deeply engaged in this state-level work; the regional strategy will support and align with that body of work. This strategy also aligns with the State of Oregon Homelessness Response Framework and the Strategic Pillar defined therein on cross system alignment. Additionally, strategies and deliverables identified in this document will coordinate and align with strategies identified in the Portland/Multnomah Homelessness Response Action Plan (HRAP) related to navigating individuals leaving institutional healthcare systems to the appropriate setting for their needs. Learnings from implementation of Oregon's new health-related social needs (HRSN) benefit through the state's Medicaid 1115 waiver will also inform implementation of this strategy.

Timeline, Deliverables, and Milestones

Updates will be shared in the TCPB's monthly progress reports, and more substantial information will be provided quarterly starting in September 2025 to align with current SHS program reporting frequency.

It is anticipated that the items listed in the **Phase 1** chart below will be complete by the **end of 2025, if not sooner,** with interim goals and milestones to complete key planning activities. Deliverables, details, and specific timelines for work beyond the initial implementation phase will be determined during Phase 1. Staff will develop timelines for each deliverable listed below, which will be reported to the committee in the quarterly progress reports.

Metro will be responsible for ensuring the progress of all planning and coordination activities necessary to achieve the Phase 1 deliverables for this strategy, working in close partnership with partners. Metro's intent is to support and enhance existing work led by HSO, other healthcare partners, and/or the counties.

Phase 1 – Coordination and Continued Planning	
Deliverables	**Details**

Crosswalk and plan of engagement with existing efforts to support post-acute care for people experiencing or at risk of homelessness, with an initial focus on medical respite/recuperative care programs and funding streams.	• Convene working group to review recommendations and strategies for supporting medically enhanced housing and shelter models established by:
	  ○ Oregon Joint Task Force on Hospital Discharge Challenges
	  ○ State of Oregon Homelessness Response Framework
	  ○ Portland/Multnomah Homelessness Response Action Plan (HRAP)
	  ○ Any other relevant work underway
	• Establish a workgroup focused on supporting new/emerging medical respite programs in the tri-county region in partnership with health systems and hospitals, while monitoring and engaging in the longer-term work happening at the state level
	• Determine plan of engagement with state and Portland/ Multnomah County HRAP processes to avoid duplication and identify areas where support is needed at the regional level
	• Provide coordination support and facilitate tri-county learning and coordination (including potentially through engaging the National Institute for Medical Respite Care or other consultants) from ongoing medical respite and other medically enhanced housing and shelter pilots and programs in Clackamas, Washington, and Multnomah counties.

	• Coordinate with ongoing efforts to engage housing and health system partners in conversations around service levels and stratification of levels of care in Permanent Supportive Housing (PSH) • Identify any current or emerging opportunities for immediate impact while the longer-term planning continues • Define clear areas for regional alignment, impact, and value add for each of these efforts and initiatives for further action planning • Analyze available data (including data related to post-acute care options in the region and outcomes of existing medically enhanced housing programs) disaggregated by demographics to evaluate existing and continued disparate impacts for BIPOC communities and other impacted populations in order to inform development of strategies and implementation plans for Phase 2 and any corresponding performance metrics or progress measures • Through working group, develop phase 2 regional action plan, including key action items and funding needs that support, enhance, and align with regional implementation of Oregon Joint Task Force on Hospital Discharge Challenges recommendations and HRAP implementation • *Note: Phase 1 activities should include the involvement of additional partners, including culturally specific health and housing organizations and people with lived expertise and experience of homelessness. Working groups should be representative of people experiencing or at risk of homelessness across the region to the fullest extent possible, including people who identify as Black, Indigenous and people of color, people with low incomes, immigrants and refugees, the LGBTQ+ community, people with disabilities and other underserved and/or marginalized communities.*

Details regarding continued work beyond the initial implementation phase will be determined through Phase 1 activities to ensure alignment with implementation of state legislative activity and state-level post-acute care recommendations as well as Portland/Multnomah County HRAP implementation and ongoing work relating to medical respite and other medically enhanced housing and shelter models in Clackamas and Washington counties.

Phase 1 milestones will be refined, and new metrics and milestones **may** be added. Because urgency is warranted when it comes to facilitating improved access to health and housing resources for people experiencing homelessness, staff will work to support all partners involved in this strategy to be able to complete the Phase 1 milestones below within the first half of 2025 if possible. However,

meaningful inclusion of additional partners and other equity considerations, as well as ensuring alignment with ongoing funding and policy changes may warrant the additional time contemplated.

Phase 1 Milestones	**Goal**
Initial work sessions scheduled and medical respite/recuperative care workgroup launched	March 31, 2025
Consultant hired to support/facilitate Strategy #1, if needed *Note: Existing consultant will continue under contract with Metro for ongoing support of the healthcare strategies overall*	May 31, 2025
Crosswalk of existing efforts to support medically enhanced housing and shelter models and opportunities for regional alignment/impact	May 31, 2025
Preliminary outline for Phase 2 strategies and associated FY 25/26 funding and other implementation needs	June 30, 2025
Racial Equity Lens applied to emerging strategies through RELT exercise	June 30, 2025
Progress update: identify any short-term actions, provide roadmap for next 3-6 months	September 30, 2025
Plan draft shared with key partners, additional RELT exercises conducted, as needed	October 17, 2025
Feedback process completed	December 1, 2025
Complete detailed plan for strategies and investments beyond 2025	December 31, 2025

Strategy #2: Establish Regional System for Cross-System Care Coordination

Program Description

Vision for Strategy 2

This strategy seeks to provide regional supports for cross-sector case conferencing and other care coordination efforts happening and in development throughout the region. This will facilitate the improvement, expansion, and sustainability of care coordination between housing and healthcare systems and providers that benefits both systems and people experiencing homelessness who have complex health care needs.

Building on Existing Efforts

Cross-sector case conferencing – a critical aspect of care coordination that involves bringing together health and housing system partners to identify and discuss shared clients and coordinate care to meet their comprehensive needs – is underway in each county in the region, at various points of implementation. The partners involved in each county are working to share information to learn from one another. As successful as this case conferencing has been, the number of people impacted is small relative to the number of people experiencing homelessness in the region, and current case conferencing efforts are focused within each county. Regional infrastructure and support would allow for the successes of ongoing cross-system case conferencing and other cross-system care coordination efforts to be scaled and made sustainable to increase efficiency and impact at the individual, provider, and system levels.

In response to this regional need, over the past year Health Share has developed a proposal for a new Regional Integration Continuum (RIC), which will be a collaboration of Health Share, health system partners, county teams, healthcare and housing/homelessness service providers, and Metro and will include lived experience of homelessness voices as well. The RIC will be convened by Health Share and coordinated by a new Health and Housing Integration team housed at Health Share.

Additionally, the City of Portland/Multnomah County Homelessness Response Action Plan (HRAP) calls for development of a platform to enable service providers to support clients with health care information and services (Action Item 7.2.7). The RIC will align with this HRAP action item and other efforts related to care coordination and health care access.

In addition to the RIC and other health/housing projects underway, each county's health/housing team has requested support from Metro to assist their efforts to better understand and connect to the landscape of local and state resources related to behavioral health and other systems of care.

Proposed Regional Activities

This strategy proposes increased infrastructure to address gaps in data sharing, staffing, resource navigation and communication. A new regional care coordination model will build upon the successes of each county's cross-sector case conferencing to better enable more people who interact with the housing system to access healthcare (including behavioral health) resources throughout the region and vice versa.

Timeline, Deliverables, and Milestones

Updates will be shared in the TCPB's monthly progress reports, and more substantial information will be provided quarterly starting in September 2025 to align with current SHS program reporting frequency.

It is anticipated that the items listed in the **Phase 1** chart below will be complete by the **end of 2025, if not sooner,** with interim goals and milestones to complete key planning activities. Deliverables, details, and specific timelines for work beyond the initial implementation phase will be determined during Phase 1. Staff will work on developing timelines for each deliverable listed below, which will be reported to the committee in the quarterly progress reports.

As lead convener of the RIC, Health Share will be responsible for ensuring the progress of all planning and coordination activities necessary to achieve the Phase 1 deliverables for the RIC, working in close collaboration with Metro, the counties, and other partners.

Metro will be responsible for supporting the behavioral health resource mapping project, working in collaboration with the counties.

Phase 1 – Coordination and Continued Planning	
Deliverables	**Details**
Establish Regional Integration Continuum (RIC) between Health Share, Clackamas County, Multnomah County, Washington County, and identified partners	• Convene regional table around Healthcare and Housing Integration. • Identify area of housing continuum focus for each county • Engage county stakeholders in data sharing agreement, agreeing on language to move forward to legal teams • Create infrastructure for cross-sector case conferencing sustainability in each county, including partner Memorandums of Understanding • Onboard additional homeless service providers and settings in each county beyond initial pilot populations • Identify critical data elements that need to be shared across systems to maximize cross-system case conferencing and

	other care coordination efforts. Consider data elements needed to ensure racial equity of case conference and care coordination implementation. • Analyze available data (including data relating to access to and outcomes of ongoing cross-system care coordination programs), disaggregated by demographics in order to evaluate existing and continued disparate impacts for BIPOC communities and other impacted populations and inform development of strategies and implementation plans beyond 2025 and any corresponding performance metrics or progress measures • Identify training and capacity needs (including in consultation with people with lived experience and expertise of homelessness) to ensure health system frontline staff who will receive referrals of people experiencing homelessness as part of the RIC are able to provide culturally appropriate and trauma-informed care and services. Consider strategies to support pipeline programs for underrepresented professionals in healthcare and housing (e.g., bilingual health navigators) • *Note: Phase 1 activities should include the involvement of additional partners, including culturally specific health and housing organizations and people with lived expertise and experience of homelessness.*
Action plan to improve awareness among housing providers of available behavioral health care and related resources and improve access to those resources by people experiencing or at risk of homelessness	• Review existing county efforts to conduct landscape of behavioral health care and related resources and gaps • Identify and engage additional partners with knowledge of or access to behavioral health care and related resources (including within county departments) • Align on the most critical gaps in access to behavioral health resources – including those that disproportionately impact underserved groups like Black, Indigenous, and other people of color and transgender people and others who identify as part of the LGBTQ community – and the primary causes of those gaps • Explore options to improve housing providers' awareness of existing behavioral health resources and how to access them (e.g., education campaign/trainings; development of resource map, reference sheets, or other materials designed specifically for housing providers)

	• Explore strategies to improve access to behavioral health and related resources for people experiencing or at risk of homelessness (e.g., inclusion of more behavioral health providers/resources into cross-sector case conferencing and/or RIC; development of new workflows or processes for referrals and follow up) • *Note: This may include one or more convenings to bring behavioral and other health care providers together with housing providers to discuss the reasons behind critical behavioral health gaps and strategies to ensure connections to available resources to fill those gaps.*

Details regarding continued work beyond the initial implementation phase will be determined through Phase 1 activities as described above. The planning work group identified potential strategic considerations and action steps for beyond Phase 1, which are included in Appendix D for reference.

Phase 1 milestones will be refined, and new metrics and milestones **may** be added. Because urgency is warranted when it comes to facilitating improved access to health and housing resources for people experiencing homelessness, staff will work to support all partners involved in this strategy to be able to complete the Phase 1 milestones below within the first half of 2025 if possible. However, meaningful inclusion of additional partners and other equity considerations, as well as ensuring alignment with ongoing funding and policy changes may warrant the additional time contemplated.

Phase 1 Milestones for RIC	**Goal**
RIC launched	March 31, 2025
RIC progress report	September 30, 2025
RIC year-end report with plan for 2026, including Racial Equity Analysis	December 31, 2025
Phase 1 Milestones for Behavioral Health-related effort	**Goal**
Convene county partners to review existing efforts and identify next steps	April 30, 2025
Engage additional partners as needed	May 31, 2025
Initial draft action plan complete, including Racial Equity Analysis	July 31, 2025
Interim report: progress update	September 30, 2025

Action plan complete	December 31, 2025

Strategy #3: Build Regional Cross-System Data Sharing Infrastructure

Program Description

Vision for Strategy 3

This strategy seeks to build upon existing data sharing activities occurring in individual counties in order to create a regional data sharing infrastructure that allows the region's healthcare and housing partners to collaborate in new and unprecedented ways. A comprehensive data sharing infrastructure would enable healthcare and housing partners to quickly and easily identify shared clients, facilitate cross-sector interventions, and evaluate the health and housing outcomes of those interventions, all with the aim of improving housing and healthcare outcomes for people experiencing or at risk of homelessness.

Building on Existing Efforts

These efforts aim to enhance cross-sector coordination and build upon existing data sharing efforts already occurring across the region. Each county currently has a data sharing agreement with Health Share to support different initiatives, including case conferencing and Frequent User Systems Engagement (FUSE) efforts. The data sharing agreements and approaches deployed in each county have been critical for individual cross-system efforts. Now that their utility has been tested, they can be used as a foundation for more comprehensive data sharing across the region.

Additionally, the three counties collaboratively launched a new instance of HMIS in the Spring of 2024. While remaining on the same HMIS software, the central administration of the system moved from Portland Housing Bureau to Multnomah County's Department of County Assets (DCA). In the new HMIS, Tri-County partners have improved upon the visibility of data. At the same time, each Continuum of Care is working with DCA on a plan to transition to a new HMIS platform. This transition provides an opportunity to consider how HMIS can better integrate with the healthcare system at the regional level.

This strategy aligns with strategic frameworks and goals around data sharing at the federal, state, and local levels – specifically HUD resources such as the Homelessness and Health Data Sharing Toolkit; Oregon's Strategic Plan for Health Information Technology 2024-2028; the State of Oregon's Homelessness Response Framework, which commits to cross-agency data sharing activities to address homelessness; and City of Portland/Multnomah County Homelessness Response Action Plan (HRAP), which highlights the need to establish data sharing protocols with the City of Portland, Metro, and the State of Oregon.

Proposed Regional Activities

Building on the Healthcare/Housing Data Integration Workgroup which has been meeting monthly since 2024, this strategy involves solidifying regional data sharing implementation and advisory collaboration that can work to apply the successful data sharing approaches in individual counties to the whole region. This includes creating shared legal approaches to data sharing and developing bi-directional data sharing templates that could be adopted across different counties for different data sharing purposes. The workgroup will also articulate the technological infrastructure necessary for real-time data sharing across systems, including the counties' shared HMIS platform. This strategy will provide a regional table for strategic consultation, coordination and problem solving around health/housing data integration, while ensuring alignment with existing data governance bodies and their authority.

Timeline, Deliverables, and Milestones

Updates will be shared in the TCPB's monthly progress reports, and more substantial information will be provided quarterly starting in September 2025 to align with current SHS program reporting frequency.

It is anticipated that the items listed in the **Phase 1** chart below will be complete by the **end of 2025, if not sooner,** with interim goals and milestones to complete key planning activities within the first six months of 2025. Deliverables, details, and specific timelines for work beyond the initial implementation phase will be determined during Phase 1. Staff will work on developing timelines for each deliverable listed below, which will be reported to the committee in the quarterly progress reports.

Metro will be responsible for ensuring the progress of all planning and coordination activities necessary to achieve the Phase 1 deliverables for this strategy.

Phase 1 – Coordination and Continued Planning	
Deliverables	**Details**
Define vision for regional data sharing implementation and advisory team and framework	• Update and maintain ongoing tracker for landscape of existing and related data sharing activities and governance structures at local, regional, and statewide level • Solidify data sharing implementation and advisory workgroup, with members from counties, Continuums of Care, Health Share, Metro and others • Identify short, medium, and long-term goals and purpose for data sharing implementation and advisory team and framework. This discussion should include goals relating to leveraging data-sharing and analysis to monitor performance metrics and outcomes for BIPOC communities and other impacted populations, including identifying and

	addressing data gaps for undocumented individuals and non-traditional subpopulations • Identify any current or emerging opportunities for immediate impact while the longer-term planning continues • Identify regional data sharing priorities that allow for deeper healthcare/housing systems integration across all three counties • Provide support to counties and other partners to clarify use cases, opportunities, and legal considerations related to data sharing • Establish and strengthen partnerships with existing data governance bodies (including tri-county HMIS governance body) and processes that connect to local, regional, and statewide data sharing efforts, such as the tri-county HMIS implementation, PointClickCare or Unite Us • *Note: Phase 1 activities should include the involvement of additional partners, including culturally specific health and housing organizations and people with lived expertise and experience of homelessness. Working groups should be representative of people experiencing or at risk of homelessness across the region to the full extent possible, including people who identify as Black, Indigenous and people of color, people with low incomes, immigrants and refugees, the LGBTQ+ community, people with disabilities and other underserved and/or marginalized communities.*

Details regarding continued work beyond the initial implementation phase will be determined through Phase 1 activities as described above, but will likely focus on two strategic areas: 1) development of regional data sharing approaches; and 2) defining data infrastructure needs for bi-directional, real-time data sharing. The planning work group identified potential action steps for each of these areas, which are included in Appendix D for reference.

Phase 1 metrics and milestones **may** be refined and are subject to adjustment.

Phase 1 Milestones	**Goal**
Create tracking document of activities and initial working list of data sharing goals and use cases for ongoing consideration by regional data sharing workgroup	April 30, 2025

Racial Equity Lens applied to emerging strategies through RELT exercise	June 30, 2025
Interim report: identify any short-term actions, provide roadmap for next 3-6 months	September 30, 2025
Complete charter for the data sharing implementation and advisory team, including top data sharing priorities for the counties, Health Share, and CoCs	October 31, 2025
Complete detailed plan for strategies and investments beyond 2025	December 31, 2025

Planning and Implementation Considerations

In developing the regional plan structure, the TCPB adopted in December 2022 a set of criteria intended for reviewing proposed implementation plans. We have utilized those criteria to summarize below how staff are addressing additional considerations in this regional implementation strategy.

- **Compliance with TCPB Charter**

  The TCPB charter states that the TCPB is responsible for developing and implementing a Tri-County initiative and will be responsible for identifying regional goals, strategies, and outcome metrics related to addressing homelessness in the region. To this end, one of the TCPB's responsibilities is to review proposals that outline programmatic strategies and financial investments from the Regional Investment Fund (RIF) that advance regional goals, strategies, and outcome metrics. This implementation strategy provides the committee with the information necessary to carry out the assigned function outlined in the charter.

- **Feasibility**

  The counties, Health Share, and Metro have determined that this implementation strategy is feasible to fulfill given existing health/housing projects already underway, the requested funding allocation, the proposed technical support provided by qualified consultants, and leveraging the established meeting space and staffing for ongoing healthcare system alignment meetings.

- **Staff capacity**

  The implementation strategy counts on leveraging existing staff capacity and meetings to work together in operationalizing and coordinating the work and ensuring healthcare system alignment work is supported by the RIF. It also considers identifying tasks that should be supported by qualified consultants for strategic support. An important consideration will be

to understand the potential trade-offs in the pace of implementing, given that more pre-work will result in a stronger program while there is an immediate need to address urgent unmet health needs of people within the housing and homeless response continuum.

- **Infrastructure**

  It will take our region time to create an infrastructure that supports meaningful alignment of two robust and complex systems across three separate counties. As new initiatives launch, roles and responsibilities for each county, health system partners, and Metro must be collaboratively identified. This implementation strategy proposes to utilize the expanded capacity of the Metro Housing Department, housing/healthcare system alignment staff within each county, and new housing integration capacity within HSO to lead this work. In addition, cross-system alignment and coordination relies heavily on a well-functioning Coordinated Entry System, Homeless Management Information System (HMIS), and Electronic Health Records (EHR). Coordination between and among healthcare system alignment efforts, regional HMIS efforts, and regional Coordinated Entry efforts will remain vital.

- **Local Implementation Plan (LIP) Alignment**

  Commitments and strategies to improve health services alignment with housing and homelessness programs and to align and leverage other systems of care (including health systems) have been identified as a need in Washington County's LIP (p. 20-21), Multnomah County's LIP (p. 26) and Clackamas County's LIP (p. 29). The counties' LIPs focus on the urgent need to expand access to and coordination of behavioral health care, while also mentioning the need for improved and expanded access to primary and physical care. Although this proposal is not intended to address all facets of or be the primary driver for addressing the state's or region's urgent need for improved access to behavioral health care, the strategies in this proposal will support and align with efforts underway throughout the region and at the state level, for example, through the City of Portland/Multnomah County Homelessness Response Action Plan (HRAP), the state Joint Task Force on Hospital Discharge Challenges, the 2025 state legislative session, and other behavioral health efforts.

- **Unintended Consequences**

  With any systems change come unintended consequences. While the counties and Metro, along with Health Share, have worked hard to identify and mitigate any foreseeable consequences, there will always be some things that are not able to be mitigated or accurately predicted.

  Potential consequences include a general change burden on both housing and healthcare systems and improper data sharing. Program staff, leadership, and service providers in both the housing and healthcare systems all bear some burden in learning and adapting to changes in the system. When sharing data more broadly and/or freely, there is always the increased

chance of a data breach or data being shared improperly. Any data sharing agreement will make all attempts to prevent any breach, and yet it is still a possibility that could come with unintended consequences.

While all partners involved focused heavily and intentionally on mitigating potential duplication, conflicts, or redundancies, it is important to note that these are still potential consequences due to the breadth and depth of the Medicaid Waiver implementation and healthcare system alignment work happening across the region. Using a phased approach in developing each strategy will allow for continued communication and coordination, thereby lowering the risks of duplication and providing time to monitor potential changes in funding and policy that may have an impact on strategic priorities in the housing and healthcare systems.

- **Building on Existing Efforts**

  As highlighted above, there is an incredible amount of work currently underway across the region to support health and housing systems alignment and integration, and this regional effort would not be possible without the work of the counties and their health system partners. Appendix A includes a Regional Housing and Healthcare Systems Alignment Landscape, developed in partnership with Metro, Clackamas County, Washington County, Multnomah County, and HSO, which summarizes those efforts. That Landscape Analysis served as the foundation for this implementation strategy's development, ensuring that regional strategies do not duplicate current work but rather enhance these efforts by identifying opportunities to support continued coordination and fill resource and other gaps in existing work.

Additionally, there is substantial work underway to implement Oregon's new health-related social needs (HRSN) benefit, created through the state's recent Medicaid 1115 waiver. The Leadership Group meetings throughout 2024 included focused discussions about waiver implementation planning, including regional coordination around those planning efforts. While this continuing work to implement the new benefit is not included in this implementation strategy as a standalone activity, the strategies outlined here will be informed by that effort, and will also connect to efforts to identify opportunities to leverage other sources of Medicaid funding in addition to the HRSN benefit. The implementation of these strategies will include facilitating regional conversations and coordinating meetings to ensure continued alignment of health and housing systems coordination across the region.

Phased Approach

Implementation of these strategies is proposed as a phased approach. The initial phase (Phase 1) will accelerate overall coordination and planning across the homeless response, housing, and health care systems to define required investments and programming to fully implement each of the three strategies. Phase 1 is anticipated to be completed during 2025 and includes interim goals and

benchmarks to complete key planning activities, while also allowing flexibility for refinements and adjustments to engage additional partners, monitor policy and funding changes, conduct additional racial equity analyses, and reflect changes in regional needs. The ongoing coordination and planning of Phase 1 will result in the development of more detailed plans for TCPB and other partners to consider and approve for action beyond Phase 1.

During Phase 1, the partners will also identify any immediate or short-term program or system improvements that could bring relief during 2025 to homeless service providers struggling to support participants with unmet healthcare needs. Impacts of these improvements will contribute additional momentum toward longer-term systems change while providing immediate care and support for vulnerable people.

The intention of the phased approach is two-fold: 1) to allow additional time for continued coordination and learnings; and 2) to allow for identification and securing of sufficient, sustainable funding sources to support ongoing regional system alignment work. Phase 1 allows for:

- additional time for continued coordination and learnings from ongoing system alignment work, legislative activity, and emerging policy recommendations – within the region and at the state level – so that the regional collaboration of housing and health care partners can produce a more well-informed detailed plan that is strategically responsive to remaining gaps and emerging priorities; and
- identification and securing of sufficient, sustainable funding sources and development of a collective funding plan to support ongoing system alignment work beyond Phase 1. This includes availability of SHS and RIF as ongoing funding sources as well as identification of additional funding sources through leveraging Medicaid and other health system resources.

The scale and scope of any Phase 2 implementation plan(s) that emerge by the end of 2025 will depend not only on learnings from ongoing work and priorities identified in response, but also on the feasibility of pursuing specific strategies and available funding.

While all parties are fully committed to this work, there is a real, practical need to maintain flexibility given the quickly evolving regional landscape of system alignment work and the changing funding ecosystem (including potential SHS funding level reductions in future years as well as potential health system resources to leverage). The proposed phased approach allows for this crucial flexibility and balances the need to support continued and expanding systems alignment work through immediate action with the need to conduct additional racial equity analyses, bring in additional partners, and develop a plan for continued regional work that will be feasible, impactful, and maximally responsive to current needs.

Budget

As described above, this implementation strategy focuses on an initial phase (Phase 1), which will include defining required investments and programming to fully implement each of the three strategies. The budget included herein relates only to Phase 1 activities, including each county's

existing FY24-25 budget allocation of RIF to support the healthcare regional goal through the end of June 2025, and Metro's investment of its SHS administrative funds toward consultant support plus a seed investment for staffing at Health Share. The counties are also making additional investments in health/housing integration staffing beyond the RIF. Through the course of the Phase 1 activities outlined above, the partners will seek to identify additional funding needed to support continued implementation for the remainder of Phase 1 and beyond.

We anticipate a total of **$1,824,905** in RIF investment for FY25-26 will be needed to support Phase 1 of this implementation strategy.

Updates will be shared in the TCPB's monthly progress reports, and more substantial information, including budget expenditure, will be provided quarterly starting in September 2025 to align with current SHS program reporting frequency.

The counties reserve the right to revise these FY25-26 RIF requests and ability to participate in strategy implementation as the funding landscape changes and counties need to rethink priorities and budgets in response.

Item	FY24-25 RIF (July 1, 2024-June 30, 2025) *For information purposes only; not subject to TCPB approval*	**Proposed FY25-26 RIF (July 1, 2025-June 30, 2026)** ***For TCPB approval***
County Staff and consultants supporting regional healthcare system alignment efforts		
Clackamas Co. health/ housing integration staff	$767,523 [4 FTE, total cost $601,919.27 remaining $165,604.09 available for future use]	**$595,515 [3 FTE]**
Multnomah Co. health/ housing integration staff	$434,183 [2 FTE]	**$459,390 [2 FTE]**
Washington Co. health/ housing integration staff	$675,000 [2.45 FTE across 9 positions]	**$750,000 [3.05 FTE across 9 positions]**
Washington Co. health/ housing consultants	$25,000	**$20,000**
Health/Housing Alignment Programs		
Washington County – pilot LATS medical respite program	$380,000 [$330,000 for pilot; $50,000 for evaluation]	**N/A**
TOTAL RIF INVESTMENT	$2,281,706	**$1,824,905**

In addition to RIF expenditures, we are leveraging Metro administrative funding to support the healthcare system alignment goal as follows:

- Ongoing consultant support as needed to develop and implement the plan and its strategies
- A one-time $400,000 investment to support three (3) Health Share FTE for Regional Healthcare and Homelessness Integration Continuum (RIC) and High Acuity Behavioral Health initiative [Strategy 2 of this plan]

Appendix A: Regional Housing and Healthcare Systems Alignment Landscape

Source: Homebase, "Regional Housing and Healthcare Systems Alignment Landscape," developed January—June 2024 in partnership with Metro, Clackamas County, Multnomah County, Washington County, and Health Share.

This landscape analysis summarizes efforts happening in the Portland Metro tri-county area to support health and housing systems alignment and integration. The following sections detail regional initiatives and efforts, system alignment efforts taking place in two or more counties, and efforts that are specific to each of Clackamas County, Multnomah County, Washington County, and Health Share.

There is much innovation underway, and the landscape is ever evolving. **The information in this summary is current as of June 2024.**

Regional Initiatives and Efforts

The following health and housing system alignment and integration initiatives and efforts have been implemented at the regional level across Multnomah, Clackamas, and Washington counties.

Supportive Housing Services Measure 26-210 / Regional Implementation Fund	In May 2020, voters in Multnomah, Clackamas and Washington counties approved the Metro Supportive Housing Services (SHS) Measure 26-210, which introduced two new taxes that raise about $250 million annually to fund solutions to homelessness. The measure funds services across the region that address chronic and short-term homelessness by providing permanent supportive housing, shelter, outreach, behavioral health services and other supports, while also meeting Metro's requirements for addressing racial disparities.
Multi-Agency Coordinating (MAC) groups / committees	On Jan. 10, 2023, Governor Kotek signed Executive Order 23-02, declaring a state of emergency due to unsheltered homelessness in seven Continuum of Care (CoC) regions across the state, including the Metro region. All state agencies, including Oregon Health Authority (OHA), were directed to prioritize ending homelessness and take all available action to prevent or end homelessness within their authority. Part of the work of MAC groups is to improve engagement with the healthcare system and connect people experiencing unsheltered homelessness to care coordination resources. The state created Multi Agency Coordination (MAC) Groups, which include representatives from multiple sectors – including local homelessness agencies and behavioral health providers – to help respond to unsheltered homelessness in each community. Each CoC region identified in the Executive Order established its own MAC group, including the individual counties in the tri-county region.
Incorporating Health Resources into Coordinated Entry	With the support of Metro, Clackamas, Multnomah, and Washington counties are exploring new ways in which Coordinated Entry can be coordinated and used across the region to help identify, assess, prioritize, and connect people with significant health needs to healthcare resources

	in addition to housing. This includes considering Coordinated Entry as a resource in support of cross-systems data sharing and case conferencing between housing and healthcare partners.
Medicaid Housing Benefit Launch and Implementation Planning	Coordinated Care Organizations (CCOs) Health Share and Trillium, along with systems integration leaders in Clackamas, Multnomah, and Washington counties, are engaged in detailed, practical regional rollout planning for Oregon's Medicaid 1115 Waiver Housing Benefit. This regional planning is supported by each county's internal discussions and planning.

Previous Efforts

Metro 300 Initiative	Launched in 2020, the Metro 300 Initiative partnership was a $5.1 million investment from Kaiser Permanente managed by Health Share in partnership with the three counties to enable unhoused older adults and people with disabilities to access safe, stable housing. Metro 300 and ultimately served 416 individuals, most of whom were transitioned to RLRA or other long-term rent assistance when the initiative ended in 2022. The initiative included a pioneering data-sharing pilot between HMIS in each county with Health Share.

Multi-county Efforts

The following efforts are taking place in two or more of Multnomah, Clackamas, and Washington counties. In some cases, these initiatives look similar in their implementation in each county, while in others the concept is the same or similar but each county's specific implementation differ (as detailed in county-specific sections below).

Although these efforts are not regional in the sense that their implementation is happening at the individual county-level, rather than across counties, their implementation in multiple counties indicates common region-wide priorities and the potential for regionalization of efforts.

Eviction Prevention (to be leveraged for Medicaid housing benefit)	Multnomah, Clackamas, and Washington counties all operate eviction prevention programs that provide resources to people at-risk of experiencing homelessness to help them maintain their housing. All three counties are considering how they can leverage their existing eviction prevention efforts to serve this priority population through Oregon's 1115 Medicaid Waiver. Eviction prevention programs look different across the three counties. For example, Clackamas County's eviction prevention efforts include the provision of mediation resources. Please see the county-specific sections below for more detail.
Cross-System Case Conferencing	Multnomah, Clackamas, and Washington counties have all developed models for cross-systems case conferencing, which are at various points of launch and implementation. As of Spring 2024, Health Share is developing plans for regional support of this model. This includes staff

	support for creating infrastructure around case conferencing, as well as positions specifically supporting healthcare and housing integration. Cross-systems case conferencing involves bringing together health and housing system partners - which may include care coordination organizations (CCOs), Oregon Health Plan (OHP) insurance plans and providers, physical and behavioral health, homeless services, and housing providers, among others - to identify shared clients, coordinate care, and meet their comprehensive needs. Cross-systems case conferencing models can be expanded or replicated to include additional system partners, such as child welfare, criminal legal systems, education system and employment assistance programs.
County-Level Health and Housing Systems Integration Staff	County staff have been hired specifically to carry out responsibilities related to health and housing systems integration. Systems integration-focused staff positions include: Health and Housing System Integration Program Supervisor and Program Planner positions (Clackamas County) and a Lead Health and Housing Sr. Coordinator and a Health and Housing Coordinator (Washington County), and a new position starting mid-June (planned to expand to two positions) that will oversee and manage health and housing work, working with the Coordinated Entry/PSH team (Multnomah County).
Integration of Cross-System Program Staff into Health and Housing Programs	County-funded programs have invested in increased efforts to integrate and embed cross-system program staff into housing and health settings as part of coordinated care models. These efforts include the integration of housing navigators into clinical settings, Behavioral Health Specialists into shelter and housing settings, and housing system liaisons integrated within behavioral health and intensive health setting to conduct housing problem-solving and make connections to housing resources.
Frequent Users of Service Engagement (FUSE) Studies	Both Clackamas and Multnomah counties have conducted Frequent Users of Service Engagement (FUSE) studies. These studies help to identify persons with high utilization of multiple services and systems, including homeless services, healthcare, public safety, and emergency response. The results of FUSE studies can be used develop new strategies and interventions to meet the needs of the highest utilizers of public systems.
Co-Located Housing and Healthcare Services	Multnomah and Washington counties have invested in innovative project models that co-locate shelter and/or housing alongside healthcare services. The type of housing offered in these co-located models is flexible and has included recovery housing, transitional and bridge shelter, and permanent supportive housing. Additionally, a range of health services can be offered on-site, including physical, mental, and behavioral healthcare, prescription medication services, recovery services, recuperative care, and referrals for specialty care. Clackamas County has been able to provide simultaneous access to housing and healthcare services through mobile care and outreach and is interested in exploring physical co-location models.
Permanent Supportive Housing for Health	Clackamas, Multnomah, and Washington counties have increased their focus on permanent supportive housing for persons experiencing significant health vulnerabilities. Populations experiencing

Populations of Focus	homelessness that have been intentionally prioritized for permanent supportive housing within the counties include those facing severe mental health challenges, people living with HIV, seniors / persons aged 65 and older, people with Intellectual and developmental disabilities (*I/DD),* people connected to behavioral health care coordination and intensive care coordination, and people connected to mobile crisis services. Programs also provide robust staffing and supportive services to meet the comprehensive health needs of these populations of focus.
Medical Respite	Clackamas and Washington counties have explored new and expanded medical respite models for people experiencing homelessness. Through a multi-year grant from Kaiser Permanente, Clackamas and Washington counties - along with Central City Concern's long-established Recuperative Care Program and emerging/existing medical respite programs in Marion, Lane, Clark and Cowlitz counties - have formed a NW cohort of medical respite programs. The cohort is convened, and technical assistance provided by the National Institute for Medical Respite Care (NIMRC), an initiative of the National Health Care for the Homeless Council. Key considerations for these medical respite models include offering care through non-congregate shelter settings, facilitating cross-system design and development of comprehensive shelter, housing, and health programming, and developing robust partnerships with health systems to identify sustainable funding streams to maintain and expand medical respite programming after the initial demonstration period ends.

County-Specific Systems Alignment Work

Clackamas County

This section details current and past efforts to support health and housing systems alignment in Clackamas County.

Current Efforts

Eviction Prevention (to be leveraged for Medicaid housing benefit)*[2]	Clackamas County's Eviction Prevention Mediation Program offers mediation services for both housing providers and tenants to reach solutions to conflicts that can prevent eviction. Supportive Housing Services (SHS) funds support case management to assess household that need longer term care or assistance, including access to the homeless services system.
County-Level Health and Housing Systems Integration Staff*	The Health, Housing and Human Services Division of Clackamas County created and hired for a new Health and Housing System Integration Program Supervisor position in late 2023. The Program Supervisor role is dedicated to developing policies and practices to support the

[2]* Indicates a similar effort is occurring in at least one other county, as described in the "Multi-County System Alignment Efforts" section above.

	integration of health services into housing services through methods such as data sharing, IT integration, case coordination, and system connections. A Health and Housing Systems Integration Program Planner supports the Supervisor position in overseeing, planning, developing, and monitoring the ongoing evaluation and coordination of housing and healthcare systems integration, with a particular emphasis on implementing the State of Oregon's Medicaid Section 1115 Demonstration Waiver for Housing Support benefit. Division Directors at Clackamas County continue to invest in positions across Divisions to increase coordination between behavioral health, physical health, and housing activities.
Cross-System Case Conferencing*	Clackamas County has launched cross-system case conferencing, starting with shelter programs. It is engaging a range of health partners, including CareOregon and the county's Behavioral Health Team, along with the voice of peers. Clackamas County developed a Release of Information (ROI) for participating partners, established a workflow, and is using Connect Oregon as a platform for data sharing between housing and health partners. Clackamas County has established a continuous quality improvement process and is gathering data metrics to support the successful implementation and growth over time of the cross-system case conferencing model.
Medical Respite*	Clackamas County is currently planning for the launch of a medical respite pilot program by the end of 2024. Current efforts to plan for this pilot program include development of a scope of work; collaboration with the National Institute for Medical Respite and Kaiser Permanente to explore medical respite models; and connecting with Community-Based Organizations (CBOs) who may be positioned to provide medical respite.

Past Efforts

Frequent Users of Service Engagement (FUSE) Study*	From September 2018 through June 2019, the Regional Research Institute for Human Services and the Toulan School of Urban Studies and Planning at Portland State University conducted a one-time FUSE study. This study analyzed the feasibility of reducing the use of high-cost public services by providing permanent supportive housing to the individuals with the highest utilization of those services. This study focused on service system in Clackamas County, including jails, emergency departments, and emergency response.

Multnomah County

This section details efforts that support health and housing systems integration in Multnomah County.

Eviction Prevention (to be leveraged for	Multnomah County's Rapid Response Eviction Prevention program provides application support, rent payments, and legal support to people

Medicaid housing benefit)*	at risk of losing their housing due to an eviction notice. Persons at risk of losing their housing are identified through 211 and Oregon Law Center and referred to Bienestar for outreach. Bienestar helps contact eligible households and refer them to the Metropolitan Public Defender Community Law for legal support with a focus on intervening before cases reach court. Supports include legal advice, negotiation with landlords, and representation in court.
Frequent Users System Engagement (FUSE) Study and Pilot Program*	The FUSE pilot program is focused on people experiencing chronic homelessness who are the most frequently engaged in the homeless services, criminal justice, and healthcare systems. Between 2018 and 2020, the County participated in an analysis comparing data from three systems, homeless services, healthcare, and public safety to identify individuals who are most frequently engaged. The analysis found that providing these individuals with permanent supportive housing (PSH) had a profoundly positive impact, including reducing criminal justice involvement and crisis healthcare services. The FUSE pilot program draws on the learnings of that analysis through collaboration between the Health Department, the Department of Community Justice, Health Share of Oregon, and the Joint Office of Homeless Services. In the pilot phase, the program will provide up to 40 individuals, who are identified through cross-systems data sharing as high acuity/high risk across the housing, healthcare, and criminal legal systems, with PSH. A housing and healthcare provider will work together to provide navigation and mental health services to the PSH residents housed through the FUSE pilot program.
Cross-System Case Conferencing*	Multnomah County is launching a healthcare case conferencing pilot focused on connecting older clients experiencing homelessness with behavioral health needs to healthcare services.
Co-Located Housing and Healthcare Services*	Central City Concern (CCC) operates the Blackburn Center, which combines an on-site healthcare clinic with affordable housing. Housing consists of 90 single-room occupancy units and 34 studio units. The healthcare clinic offers physical, mental, and behavioral healthcare, an on-site pharmacy, recovery services, and recuperative care.
	Bud Clark Commons is a comprehensive services center that seeks to provide stability to people experiencing homelessness. The project combines a resource center with transitional and supportive housing. The building's first floor is a 90-bed transitional shelter for men. A Day Center occupies the second and third floors, which includes a wellness center that provides basic healthcare and connections to the larger medical community. The Commons' upper floors consist of 130 units of PSH. The operator of the facility's housing component, Home Forward, partners with four community health clinics to administer a vulnerability assessment tool to their clients and screen prospective Commons residents for health needs.
	The Joint Office of Homeless Services (JOHS) has partnered with CCC to support a Medical Mobile Outreach Team Pilot Program. This team offers medication management at different shelters. Behavioral health

	specialists are also able to conduct in-reach and support people residing in shelters.
	The Multnomah County Behavioral Health Division operates 39 shelter beds specific to the ACT and PATH Programs for people experiencing homelessness with behavioral health needs.
Permanent Supportive Housing for Persons with Significant Health Needs*	Cedar Commons is a 60-unit permanent supportive housing project of CCC that serves clients facing severe mental health challenges. Residents have access to a peer support specialist, case manager, certified alcohol and drug counselor (CADC), a qualified mental health professional (QMHP), a full-time property manager and community building assistants who are able to provide comprehensive wraparound services.
	JOHS partners with providers of supportive services in PSH who are focused on specific populations, such as people living with HIV and seniors.
Behavioral Health Recovery Beds	JOHS has partnered with the Multnomah County Behavioral Health Division to explore the development of additional behavioral health recovery beds. Additionally, Multnomah County, the City of Portland, the state of Oregon, and CareOregon are collaborating to help CCC develop recovery beds utilizing bridge funding.
Incorporating Health Resources into Coordinated Entry*	Multnomah County has begun preliminary work to identify ways in which the local Coordinated Entry System can be used to identify and respond to the medical and behavioral health needs of persons experiencing homelessness.

Washington County

This section details efforts that support health and housing systems integration in Washington County.

Eviction Prevention (to be leveraged for Medicaid housing benefit)*	Washington County's Homeless Services Division recently expanded its investments in eviction prevention services in partnership with Community Action Organization and Centro Cultural. Eviction prevention assistance offers eviction prevention funds to help tenants at risk of eviction retain their housing.
Cross-System Case Conferencing*	Washington County conducts case conferencing with Health Share, CareOregon, Kaiser Permanente, and Providence to connect clients experiencing homelessness to healthcare services. Case conferencing takes place twice a month among health and housing partners and is focused on supporting specific shared clients with a self-reported healthcare need in HMIS. This case conferencing process also helps housing system providers to navigate the health and behavioral health systems. The goal of this process is to support collaboration between the county and health systems, including data sharing and coordination of resources/supports.
Permanent Supportive Housing for Persons with	Washington County's Department of Housing Services (DHS) contracted with Sequoia Mental Health to provide on-site services at Heartwood Commons, a permanent supportive housing project that can serve up to 54 households. The county is currently developing a plan to ensure

Significant Health Needs*	Sequoia bills Medicaid for eligible services provided at Heartwood Commons.
	Washington County was awarded a $3 million grant with CareOregon for the development of PSH in Forest Grove. Property has been acquired for this permanent supportive housing project and project design planning is underway.
Medical Respite*	Washington County, Virginia Garcia Memorial Health Center, and Greater Good Northwest (GGNW) non-congregate shelter have partnered to create a Low Acuity Transitional Support (LATS) program. The program serves unhoused individuals who receive medical intervention with low acuity recovery needs in Washington County. Individuals are sheltered at GGNW, given medical support from VGMHC, and connected to housing resources. The mission is to give people a stable, safe environment to recuperate and be put on the path to permanent housing.
	As part of Washington County's initiative to launch medical respite for people experiencing homelessness after hospital discharge, the Homeless Services Division was awarded a $250,000 grant from Kaiser Permanente to launch and sustain the medical respite pilot over its two-year demonstration period. As part of the grant award, the Division will work with the National Institute for Medical Respite Care to build out a funding and billing model to ensure Medicaid and healthcare funding is secured to support the program sustainably and ensure services meet the highest standards in care.
County-Level Health and Housing Systems Integration Staff	Washington County has employed a Health and Housing Integration Program Coordinator (HHS Housing Liaison) position and has developed a position for a Senior Health and Housing Integration Program Coordinator. These positions serve as liaisons between the County Homeless Services Division and Health and Human Services Department to support systems integration and participate in countywide and regional health and housing coordination efforts.
Integration of Cross-System Program Staff into Health and Housing Programs*	Washington County has undertaken a pilot project to embed Housing Liaison positions, employed by community-based organizations, into health and human services programs, including Behavioral Health; Developmental Disabilities; Aging and Veterans Services; the Maternal, Child and Families Program; and Washington County's mental health crisis center, Hawthorn Walk-In Center. Housing liaisons help provide housing navigation services, make referrals to shelter services, access flexible funds to pay move-in costs or assist individuals in rapidly resolving their housing crisis when possible. The program also provides some housing navigation in partnership with service coordinators in developmental disability programs and other services.
Co-Located Housing and Healthcare Services*	Washington County is currently pursuing the acquisition of a hotel site to host different programming opportunities, including recovery housing, bridge shelter, and permanent supportive housing. The site offers five buildings with a total of 140 rooms, which allows for multiple program models to roll out as part of the development of one site, over time. Washington County is exploring opportunities to provide on-site behavioral health and recovery programming. Washington County has a

	Transitional Housing NOFA that will prioritize funding projects that provide recovery and physical health services.

Health Share

This section details current Health Share efforts that support health and housing systems integration.

Housing Benefit Pilot	In 2022, Health Share implemented a demonstration pilot of a supportive housing benefit package for members, with the long-term goal for these housing services to be covered as regular benefits for eligible Oregon Health Plan members. The housing benefit is a collaborative effort with health and housing systems in Clackamas, Multnomah, and Washington counties and community-based housing and homeless service providers. The housing benefit has been administered by Oregon Health Science University in collaboration with Central City Concern. Recent efforts have focused on creating a flexible housing benefit to support eligible Medicaid members at risk of homelessness in eight transition settings (substance use disorder residential, exiting out of Foster Care, transitioning out of corrections, inpatient medical settings, recuperative care programs, acute care rehab, Assertive Community Treatment (ACT) Programs, and inpatient psychiatric settings). The Pilot provides benefits including short-term rental and utility assistance, housing navigation support, move-in support, and accessibility modifications. The pilot program is currently focused on case conferencing to transition clients out of the Housing Benefit Pilot into available county resources. Health Share is working to align these efforts with implementation of the new Health-Related Social Need (HRSN) housing benefit that goes live in late 2024 through Oregon's 1115 Medicaid Waiver.
Capacity Building Funds	Oregon Health Authority (OHA) contracted with Health Share for community capacity building funds, which will be administered through Health Share and other care coordination organizations (CCOs). The funds – $119M in total – are to invest in community partners who will be delivering the HRSN benefits, especially for organizations who are seeking to become contracted Medicaid providers.
Health Share High Risk Behavioral Health initiative	An ecosystem analysis focused on the nexus of substance use disorders, mental illness, and social determinants of health (specifically housing insecurity and homelessness) and how those conditions impact, and are impacted by, the healthcare system. This analysis was conducted through a partnership between Health Share, Central City Concern, Center for Outcomes Research and Evaluation, and CareOregon. In Phase 1 of this project, the Providence Center for Outcomes Research and Education (CORE) analyzed member demographics and utilization patterns for seven cohorts of Health Share members. The project is currently in Phase 2, which involves analyses of cost, geography, anti-psychotic drugs, and more specific sub-population analyses, as well as plans to look at intersections with housing data. This plan involves one-time data sharing and matching between HMIS and Health Share data in

	Multnomah County. Work groups are ongoing for this work. The care model workgroup is looking at current clinical models that best support the care for members falling within the ecosystem. A Care Coordination workgroup is looking at the best way to provide care coordination for ecosystem members. A Risk Model workgroup is looking at different ways to fund the services and supports for these members. All workgroups are slated to end at the end of June, with recommendations being finalized at that time.

Priority Areas and Regional Support

As evidenced by the housing and health systems alignment initiatives and efforts happening across the tri-county region, including those described above, the primary priority focus areas across the region are:

- Medically enhanced housing models (e.g., medical respite/recuperative care, aging in place programs) as a regional need
- Cross-System Care Coordination for people experiencing or at risk of homelessness who have complex physical and behavioral health care needs (including, for example, via cross-system case conferencing, coordinated hospital discharge planning)
- Cross-System Data Sharing
- Leveraging Medicaid and other health system resources (e.g., Medicaid 1115 Waiver Implementation, accessing co-located services and supports, flex funds)

Any regional support for ongoing housing and health systems alignment work should similarly focus on these priority areas, aimed on adding value to existing efforts by providing help to sustain, improve, or expand on those efforts in the form of coordination support, capacity building, infrastructure, or other needs identified by the counties and their health system partners.

Appendix B: Racial Equity Lens Analysis Notes

The three counties, Health Share, and Metro, with facilitation support from consultant Homebase, participated in an initial equity lens analysis on November 21, 2024, using the shorthand version of the racial equity lens tool (RELT) developed by Multnomah County. The RELT shorthand exercise consists of six questions, the first four of which were discussed during the meeting on November 21.

Question 1: What is our Goal? (Desired Results)

The following goals were named in response to this question:

- Ensure that unhoused people are not discharged from hospitals to the streets and have equitable access to the appropriate level of care to meet their needs.
- Provision of culturally and linguistically appropriate services; services that are trauma-informed and person-centered.
- Develop pathways for housing providers to be able to connect their participants to their OHP benefits and health care, using trauma-informed and patient-centered processes.
- Reduce duplication of efforts. Alleviate the burden on the health systems that results from lacking resources to address patients' housing needs and the burden on the homelessness system that results from lacking resources to address individuals' health care needs.

Consensus was reached around the following primary goals:

- TCPB Goal: Greater alignment and long-term partnerships with healthcare systems that meaningfully benefit people experiencing homelessness and the systems that serve them.
- Improve coordination between housing/homeless assistance and health care systems to reduce the likelihood that complex health care needs lead to or prolong the experience of homelessness and to improve equitable access to health care resources for people experiencing or at risk of homelessness (including recently housed people) in the region.
- Ensure continued health and housing system alignment efforts and strategies reduce racial disparities in both access to health care and housing resources and in health and housing outcomes.

Question 2: What do we know? (Data, History)

The following information and questions were raised in response to this question:

- People experiencing homelessness in the three counties are disproportionately people who identify as Black, Indigenous, or other people of color, and it is critical that we provide services to assist with meeting health care needs.
- People of color have experienced systemic barriers, racism, and all kinds of harm from the healthcare system. Even well-designed or well-intentioned system improvement efforts may not fully meet their needs or mitigate these failings.

- Lack of diversity (race/gender) of healthcare staff and decision-making tables has and continues to lead to a workforce that does not fully understand or consider the unique needs of different populations.
- Multnomah County has data from FUSE (Frequent User System Engagement) program, which includes information from healthcare, housing, and criminal legal systems.
- Case conferencing has shown meaningful disproportionality and not having the right providers in the room is a barrier.
- Recommendation on qualitative data would be really helpful; often expensive and overlooked. Connecting with Lived Experience Advisory Group could be a good option.
- Health Share is close to finalizing an enhanced data sharing agreement with Multnomah County, which could be a template for other counties and the possibilities for sharing large scale data are exciting.
- There are limitations around data collection on the homeless services side. We collect a lot of data about who enters the system, but we don't know who is not entering the system. Demographic data is optional and self-report, but most people do provide the information. Shelters are the programs where we see higher rates of lacking that information.
- Washington County does a racial equity analysis twice a year to compare who is and is not being served in programs. This analysis compares homeless system data to poverty data and overall county population numbers. However, there are limitations in that the ways we collect demographic data aren't the same as the comparison data sets.
- One barrier to understanding equity data/outcomes is the lack of data on subgroups (e.g. within Asian/Asian American population); we are starting to have mechanisms to collect subgroup data but nothing to compare it to.
- Demographic data from the Medicaid Waiver pilot would be valuable as an addendum to our data, to see who is at risk and not engaging.
- Undocumented people are often wary of data being shared, so we must take special care to ensure access while making sure people are aware of the risks of engaging with systems and providing personal information.
- Did the Health Share behavioral health ecosystem study have results disaggregated by race. If so, is that information available?

Question 3: Who should we connect with? (Stakeholders)

The following were named during the discussion around this question:

- Community based organizations (CBOs)
- Health care partners, including:
    - Additional Medicaid CCOs and providers beyond HSO: Trillium, HSO members organizations, and organizations serving Open Card members
    - Community Health Workers
    - Safety net clinics
- Participants of case conferencing and respite program participants
- Additional people with lived expertise/experience (including through focus groups)

- Leaders and parties with influence to be able to model and apply equitable practices in the work
- Culturally specific health and housing organizations
    - There's a need, and some efforts being made, for culturally specific services – to make sure there's robust building out of culturally specific resources/networks with organizations that are known to people. Many are tied to established housing or social service organizations. Examples: Urban League has CHWs; Native American Youth and Family Center (NAYA); lots of culturally specific Long-Term Services and Supports (LTSS) programs and providers; organizations that work with people without legal status
    - In the context of system coordination, there are many culturally specific organizations that, even if not health care agencies, can still play a significant role in planning/implementation of connecting folks to health resources in addition to housing and other social services.
    - Organizations/networks that serve transgender people
- We need additional provider opportunities for engagement, both in terms of ways to engage and also to open it up to additional providers, including those beyond "the usual."
- Community Partner Outreach Program (CPOP) and Healthier Oregon outreach staff

In review, a County equity manager suggested Mental Health & Addiction Association of Oregon (MHAOO), a peer-led organization, and noted that culturally specific mental health and substance use treatment providers should also be identified as parties to connect with.

Question 4: Who will be impacted? (Race, Geography, LGBTQIA)

The following groups and discussion points were raised in response to this question:

- Individuals experiencing homelessness who are transitioned back to 'double up' or 'tripled up' living compared to those offered stable housing and care
- Undocumented people/people without legal status
- People who have not accessed Oregon Health Plan or are underinsured
- We know people have less access to health systems, including because of lack of connections or previous negative experiences. It's one thing to say we want to serve (proportionately) as many Black, Indigenous and other people of color in respite as white people, but it's not enough to make sure people are getting through our doors. We might need to go upstream and downstream. For example: work with health plans to say we are holding an extra bed for a subpopulation that has historically not had access or, for case conferencing, it's probably not enough to connect people who have historically not had access to the health system with a bunch of new resources – we might need to follow along to make sure they're meaningfully using them.
- People who are not already accessing hospitals, which are disproportionately people of color, are less likely to benefit from respite/medically enhanced hospital models if referrals come

only from hospitals. Similarly, people who are not already connected to systems are not going to be case conferenced.

- People with Open Card coverage often have a harder time connecting to health resources. That group is disproportionately Native American/Indigenous people because Open Card coverage allows for use of tribal health services.
- People who are very decompensated in Mental Health or Substance Use are less likely to access voluntary services, which are health care and homeless services are.
- If hospitals are unable or unwilling to provide care for transgender people, that could increase existing health/housing disparities. Could also lead to increased advocacy and pushback which may complicate healthcare/housing policy and efforts. *In review, a County equity manager suggested this item warrants further discussion.*
- We need to be mindful of capacity when we think about access limitations. And we might not be providing services in culturally responsive ways, which creates additional barriers for certain groups.
- With respect to the Medicaid waiver programs, housing locations that don't use leases (e.g., sober housing) aren't supported in the same way, so those types of policy rules will impact who is served and how.
- Everyone should be impacted, but we need to consider specific equity measures. For instance, how do we ensure racially equitable access to respite/case conferencing? How do we track data to verify access?

In review, a County equity manager shared the following considerations and ideas for the plan:

- *Expand Data Equity:*
    - *Develop a framework to address data collection gaps for undocumented individuals and non-traditional subpopulations.*
    - *Highlighting existing disparities through disaggregated data.*
    - *Focus on underrepresented groups like Black, Indigenous, and People of Color (BIPOC) in homelessness.*
    - *Partner with academic institutions or local organizations to create dynamic, community-specific data dashboards.*
- *Incorporate Workforce Equity:*
    - *Support pipeline programs for underrepresented professionals in healthcare and housing (e.g., bilingual health navigators).*
    - *Support staff of color to access employment opportunities.*
- *Enhance Community Health Partnerships:*
    - *Build relationships with non-traditional partners, such as faith-based organizations, immersion schools, culturally specific groups, and advocacy groups.*
- *Funding Advocacy:*
    - *Advocate for dedicated funding streams to support culturally specific programs and equity initiatives.*
    - *Explore partnerships with humanitarian organizations to provide funding for innovative equity-focused solutions. Flexible funding that that allows for a variety of equity initiatives with little or no limitations.*

Appendix C: Lived Experience Focus Group Notes

The strategies in this proposal also reflect input from people with lived experience and expertise of homelessness. Consultants from Homebase facilitated five focus groups (two each in Multnomah and Clackamas counties and one in Washington County) for people with lived experience of homelessness on July 30th-August 1st, 2024. There were 55 participants across the five sessions. The focus groups covered multiple topics, including accessing healthcare and unaddressed health needs. A summary of responses across the five groups follows.

Regarding experiences accessing healthcare services while experiencing homelessness:

- Many participants reported negative experiences with hospital systems, including several participants who were discharged to the street, or only given cursory referrals, such as resource sheets or recommendations to call 211.
- Many participants also reported being treated poorly by hospital staff and discriminated against due to perceptions of homelessness.
- There was also some discussion of flex funds, with some participants being connected to those easily, and others not being made aware of the resource.
- The Providence Health system was regarded as the most helpful and compassionate local health system.

Regarding participants' unaddressed health needs:

- A few participants reporting forgoing necessary procedures due to poor experiences with the health system, or inability to dedicate the necessary time to recovery (due to lack of housing, or inability to take time off work).
- Many participants noted mental illness as a factor that makes it difficult to access services, leading to delays in care.
- Without mention by facilitators of respite and recuperative care as potential options, one group of participants suggested that these types of programs would be a valuable addition to the continuum of services available in their county.

The strategies in this proposal – particularly those aimed at supporting post-acute care via medically enhanced housing and shelter models and better cross-system care coordination – aim to address the concerns elevated during the focus groups by facilitating more streamlined and empathetic access to healthcare services and housing, including from and following hospital settings.

Appendix D: Strategic Considerations and Potential Action Steps for Work Beyond Phase 1

Strategy #1: Detailed Plan Implementation	
Strategic Considerations	**Potential Action Steps**
Regional funding strategy to support expansion, creation and sustainability of medically enhanced housing and shelter models	• Building on and in alignment with progress made at the state level to develop post-acute care access, identify local, state, and federal funding options to support the delivery of services that are traditionally provided on an outpatient basis in medically enhanced housing and shelter models (e.g., respite/recuperative care, housing programs with behavioral health care services including PSH+). • Identify opportunities to support efforts by the state and OHA to identify options to fund medical respite, including potential State Plan Amendment, new 1115 waiver modeled on other states, or other mechanism. • Enhance regional data collection and analysis of the specifics of the need for medically enhanced housing and shelter models to support requests for increased investment in medically enhanced housing and shelter models. • Facilitate a regional conversation on strategically leveraging Medicaid and other sustainable funding sources to expand medically enhanced housing and shelter models.
Regional model for standardized access to medically enhanced housing and shelter models	• Facilitate conversations around Coordinated Access as a means of prioritizing access to medically enhanced housing and shelter models (e.g., PSH / PSH+) for persons experiencing homelessness. • Align with existing work to engage housing and health system partners in discussions around PSH service levels/stratification to help identify health and housing factors that can be used to prioritize access to medically enhanced housing and shelter models operating outside of Coordinated Access for persons stepping down/ transitioning out of healthcare institutional settings and other primary and behavioral healthcare settings. Develop a risk stratification model for identifying, assessing and connecting people at-risk of and experiencing homelessness to medically enhanced

	housing and shelter models, utilizing health and housing risk factors identified by both health and housing system partners. Launch a pilot program for use of the risk stratification model in healthcare settings for patients at-risk of and experiencing homelessness. • Engage with Portland/Multnomah HRAP efforts to coordinate and align medically enhanced housing and shelter models regionally with hospital and homelessness response systems.
Regional coordination and sharing of best practices for medically enhanced housing and shelter models	• Collect information from existing medically enhanced housing programs in Clackamas, Multnomah, and Washington counties to identify best practices and models of operation that can be replicated or expanded. • Explore national best practices for medically enhanced housing and shelter models. • Convene a regional medical respite / recuperative care network focused on regional coordination and information of sharing across programs. • Establish a regular meeting and/or online forum to allow for ongoing coordination and sharing of best practices among partners working in medically enhanced housing and shelter models across the region.

Potential Phase 2 Milestones & Metrics

Potential milestones could include:

- Monthly meetings with work group to review ongoing efforts/recommendations/strategies on medically enhanced housing and shelter models, in alignment with state and HRAP.
- Quarterly coordination meetings with Metro on housing and health care engagement efforts around service levels and stratification of levels of care in Permanent Supportive Housing (PSH).

Potential metrics could include:

- Fewer people are discharged from hospitals to homelessness/unsheltered settings

- Increase in number or percentage of people experiencing homelessness accessing medical respite programs

Strategy #2: Detailed Plan Implementation	
Strategic Considerations	**Potential Action Steps**
Regional support structure for sustainability and expansion of cross-system case conferencing.	• Stand up support structure defined during Phase 1 • Provide staffing, training/education, and other infrastructure support (including regional healthcare/housing data-sharing infrastructure) in alignment with defined needs.
Multi-sector shared funding model for regional cross-system care coordination pilot that expands upon successes of cross-system case conferencing happening in all three counties.	• Define funding need to continue pilot implementation for 3 years (including for staffing, healthcare/housing data-sharing infrastructure, and monitoring and evaluation). • Identify and prioritize potential healthcare, housing, and other funding sources to meet the defined need. • Secure necessary approvals for individual sources and overall strategic funding plan.
Long-term sustainability plan for regional cross-system care coordination	• Identify key outcomes from cross-system case conferencing and other care coordination efforts and define remaining or expected funding needs/gaps for ongoing continuation. • Confirm availability of existing funding sources and identify additional potential funding sources (including Medicaid waivers or state plan amendments, if appropriate). • Outline options for braided funding structure to permanently sustain regional cross-system care coordination.
Data-sharing plan to support regional cross-system care coordination infrastructure, in alignment with Strategy 3.	• Define gaps in existing healthcare/housing data-sharing agreements and infrastructure, in alignment with Strategy 3. • Explore information exchange options (with a preference for existing tools/infrastructure) that allow partners and providers from various systems to access, review, update and share information on client housing and healthcare plans.
Training and capacity building plan to support regional cross-system care coordination efforts.	• Implement prioritized training and capacity needs identified during Phase 1. • Determine additional funding and staffing needs to evaluate continued needs and deliver ongoing needed training and capacity building.

Potential Phase 2 Milestones & Metrics

Potential milestones could include:

- Staffing secured to serve as regional cross-system case conference communications/ coordination lead
- Quarterly exchange of cross-system case conferencing challenges, successes, and opportunities
- Annual identification of case conference best practices for scaled implementation
- Regional care coordination pilot to facilitate cross-system care coordination for providers and healthcare and homeless system navigation support fully staffed and funded.
- Pilot liaisons have access to Electronic Health Record and Homeless Management Information System data
- Training curriculum developed for health system frontline staff who receive referrals from homeless response system.

Potential metrics could include:

- Increase in number or percentages or subpopulations of people experiencing homelessness who are regularly discussed during cross-system case conferences
- Increase in referrals from housing system to health care and vice versa (including for specifically identified resources or services)

Strategy #3: Implementation and Technology Scoping	
Strategic Considerations	**Potential Action Steps**
Development of regional data sharing approaches	• Develop shared legal approach and templates for data sharing priorities defined during Phase 1, including opportunities for shared legal education. • Initiate and execute data sharing agreements identified as being needed during Phase 1 with appropriate legal and privacy teams. • Recommend best practices for data matching between healthcare and housing data sources and tracking outcomes for healthcare/housing interventions.

	• Engage people with lived experience of homelessness around proposed data sharing approach and uses of personal information. • Recommend system enhancements and new infrastructure adjustments, in coordination with local Continuums of Care.
Scope data infrastructure needs for bi-directional, real-time data sharing	• Partner with HMIS development teams to ensure CoCs' new HMIS platform has integration options with health care data systems like EHRs, HIEs, etc. • Scope additional data sharing infrastructure that aligns with priorities of regional data implementation and advisory team. Align the effort with HUD's Homelessness and Health Data Sharing Toolkit continuum. Use scoping to inform additional procurement approaches and resource allocation needs.

Potential Milestones

- Data sharing templates developed for specific priorities that can be used by all counties and partners for top data sharing priorities
- Data sharing agreements executed for top data sharing priorities
- Data match conducted across counties and Health Share that allows partners to know which individuals are served by both systems and the health care and housing status of those individuals
- Request for Proposal (RFP) or Request for Information (RFI) released for data infrastructure technology needs

Healthcare System Alignment

Regional Implementation Strategy

Agenda

- County updates
- Health Share updates
- Strategies
- Questions/discussion
- Vote

Regional Health and Housing Landscape: County Updates

Clackamas County Health/Housing Integration Highlights

- Health and Housing Integration team expansion
- Launched health/housing case conferencing
- HRSN technical assistance and service delivery
- Preparing to launch medical respite
- Community Connections contracts for specialized populations

Multnomah County Health/Housing Integration Highlights

- Health and Housing Integration team expansion
- HRSN implementation
- HRAP health-related action items
- Case conferencing pilot launched in November
- Updated and expanded data-sharing agreement with Health Share

Washington County Health/Housing Integration Highlights

- Low Acuity Transitional Support (LATS) medical respite program
- Health and Housing Integration team expansion
- HRSN implementation
- Healthcare Case Conferencing ongoing, with partners:
  - CareOregon, OHSU, Kaiser, Providence, Legacy/PacificSource, Virginia Garcia

Regional Health and Housing Landscape: Health Share Updates

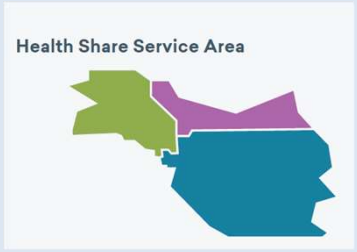
Health Share Updates

- Health Share's role
- Update on implementation of Medicaid Waiver: Housing Related Social Needs (HRSN) benefit
- Ecosystem Analysis
- High Acuity Behavioral Health Initiative
- Regional Integration Continuum (RIC)

Health Share of Oregon

We bring together health plans, providers and community health resources so our members can get the care they need and achieve their best possible health.

We partner with communities to achieve ongoing transformation, health equity, and the best possible health for each individual.



Clackamas County	90,680
Multnomah County	234,876
Washington County	129,026
TOTAL MEMBERS	**454,582**

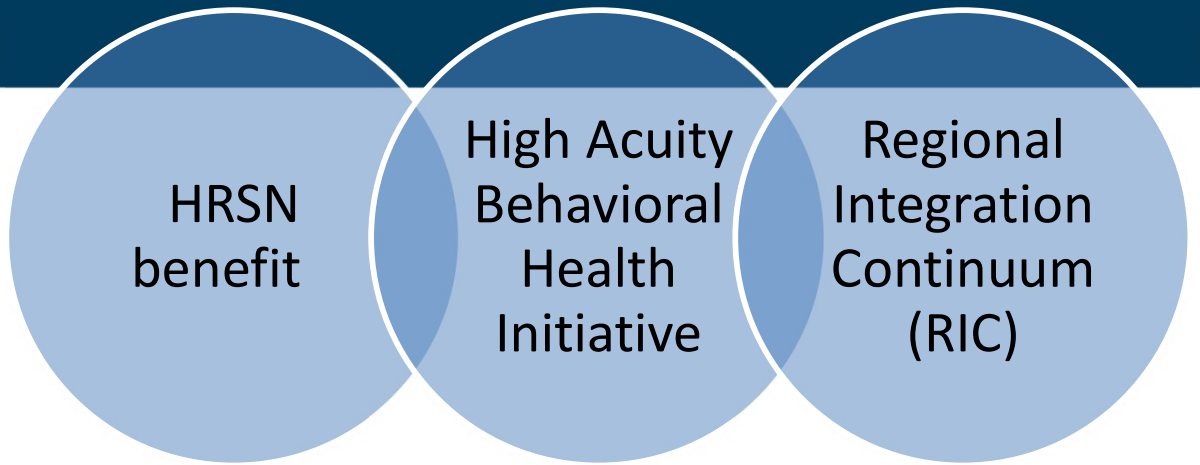
Oregon's largest Coordinated Care Organization, offering members a choice of five different health plans.

health share Health Share of Oregon

PacificSource | LEGACY HEALTH | KAISER PERMANENTE

PROVIDENCE Health & Services | CareOregon | OHSU Health

Comprehensive Approach to Housing and Health Integration: Health Share's ecosystem initiatives



Housing/Health Integration Team

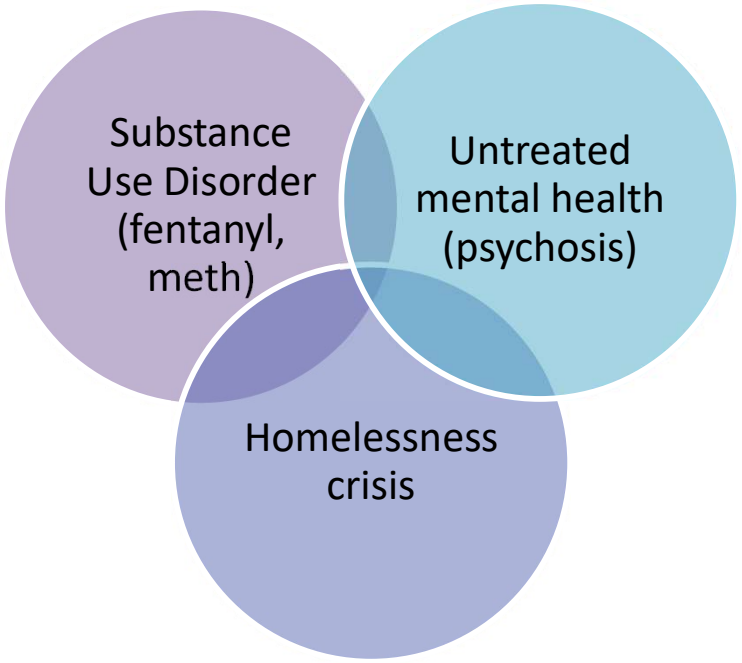
- Ongoing system alignment work with all three counties
- Align and engage with local/state entities (HRAP, OHA) as well as across spectrum of housing-related work at Health Share
- Housed at Health Share with seed support from Metro

health share

Medicaid Waiver: HRSN Benefit

- State changed initial population of focus from people experiencing literal homelessness to people at-risk of homelessness
- Launched November 2024
    - Over 1,100 members have been authorized for over 2,100 HRSN housing services
- All three counties have been working internally and with Health Share and other health system partners

Intersecting Crises Require Coordinated Solutions



Healthcare and housing are serving the same people, and we need more system alignment to serve them effectively.

We can improve health outcomes, better manage costs & support our provider workforce by developing a shared system of care across the sub-populations of the High-Risk Behavioral Health Cohort (HRBH) and housing Continuums of Care.

health share

Current Challenges

Increasing client acuity limits client housing options and impacts staff	Limited client access to behavioral health, substance use disorder, primary care	Urgency to address visible homelessness in policy forums
Clients eligible for OHP may not be enrolled or engaged with health care system	Social service providers use workarounds to coordinate health care outside of the Medicaid system	Wages and workforce capacity impacting service delivery

High Acuity Behavioral Health Initiative

- Problem we need to solve: The population with an opioid use disorder, stimulant use disorder, and/or a diagnosis of psychosis has grown more acute
    - Impacts of these conditions are experienced disproportionally by White, American Indian/Alaska Native, and Black/African/African American members
    - This population represents 8% of Health Share's adult population and is responsible for 38% of our inpatient medical stays
- Our current model of care doesn't work for these members and is not sustainable
    - Poor health outcomes, repeated acute care utilization, significant contributor to health disparities
    - Poor transitions between and across settings
    - Too many discharges to homelessness
    - Everyone's workforce is burning out

Ecosystem Clinical Portfolio

- Goals: Improve health outcomes, better manage costs, and support our provider workforce by developing a shared a system of care across the sub-populations of the High-Risk Behavioral Health Cohort and housing continuums of care
- Initial phase:
  - Enhance care coordination system
  - Expand and spread clinical model that puts the right resources in the right places to better address the complex needs of this population
  - Leverage new contract requirements for risk stratification and HRSNs
- Future phase: Continue to explore optimal risk model and opportunities for more integrated population management, including a more complete picture of the overlap of housing needs with these high-risk behavioral health needs

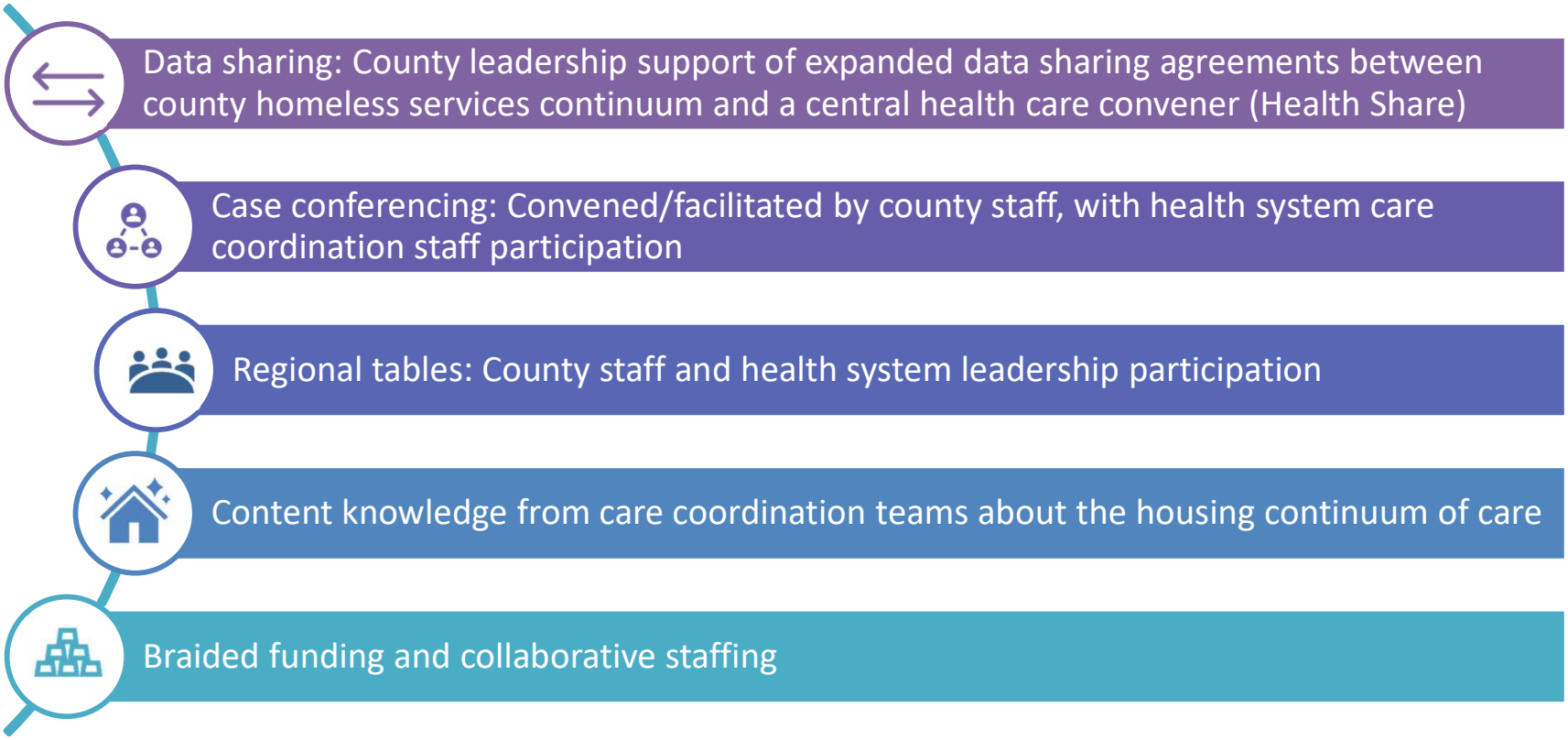
Clinical Interventions

- Inpatient Addiction Consult Service (ACS)
- MOUD in Emergency Departments
- Project Nurture
- Portland Fire and Rescue CHAT Program
- Increase Wound Care Capacity
- Integration of Care Coordination with Housing (RIC)

Regional Integration Continuum (RIC): Key Functions

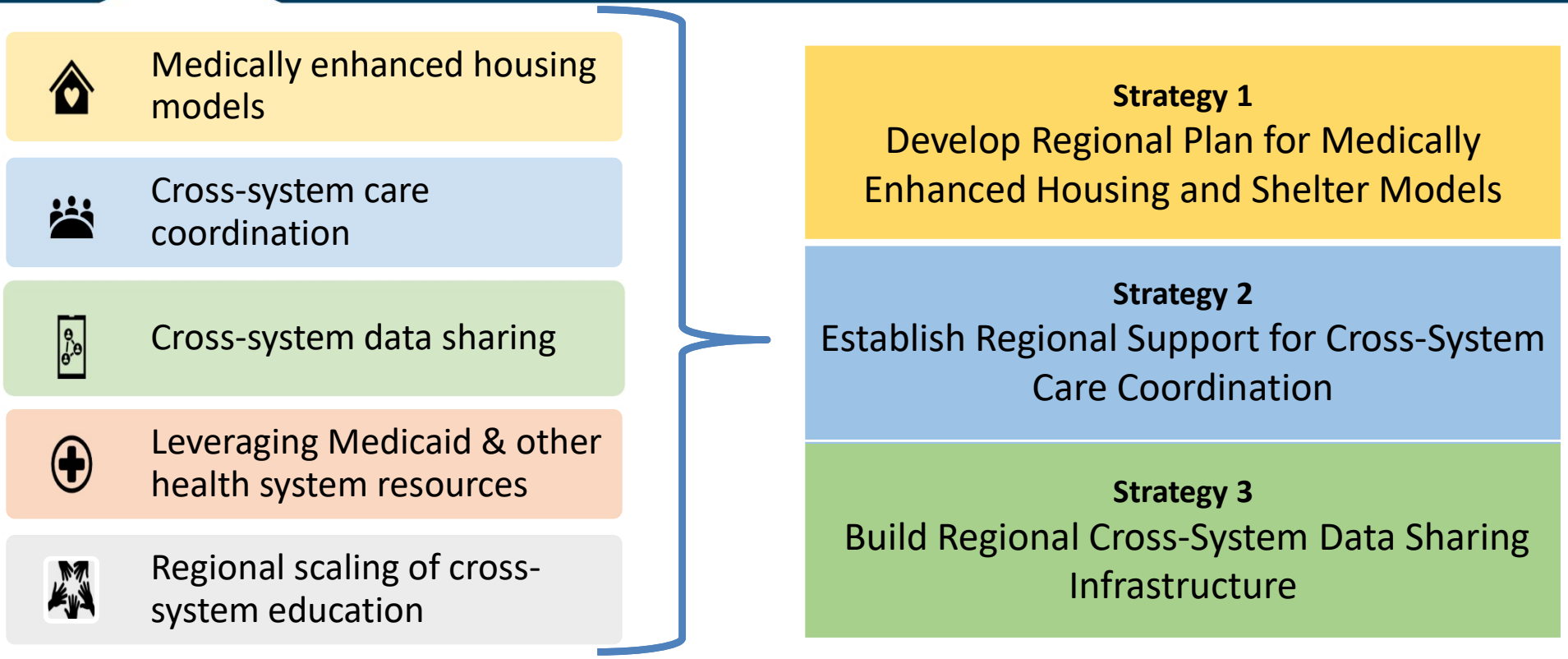
- Regional Health and Housing Integration table
- Legal and relational infrastructure between health plans, the CCO, county housing divisions, and homeless service providers to improve the coordination of care
- Centralization of data, and metrics for sustainability of case conferencing
- Care coordination and case conferencing for members in homeless services continuum
  - Timely establishment of primary care homes
  - Assistance obtaining medications/Durable Medical Equipment
  - Assistance scheduling overdue/urgently needed care for medical, dental, and behavioral needs that have been unmet for years

Components for RIC Success



Implementation Strategies

Strategies Emerged from Landscape Analysis & County-level Work



Strategy 1: Vision

Strategy 1
Develop Regional Plan for Medically Enhanced Housing and Shelter Models

- People leaving hospitals or institutional health care settings can continue their recovery in a safe, stable, and supportive environment with access to care
- Regional alignment and systems coordination
- Sustainable, shared funding models

Strategy 1: Key Activities

Strategy 1
Develop Regional Plan for Medically Enhanced Housing and Shelter Models

- Focus initially on medical respite program coordination and sustainability
- Coordinate and align regionally with local/state efforts (HRAP, hospital discharge task force, etc.)
- Develop an aligned continuum of medically enhanced housing options
- Pilot risk stratification model to connect people to the right setting

Strategy 1: Deliverables

Strategy 1
Develop Regional Plan for Medically Enhanced Housing and Shelter Models

- **May 31, 2025:** Crosswalk and plan of engagement with existing efforts to support post-acute care for people experiencing or at risk of homelessness, with an initial focus on medical respite/recuperative care
- **Sept. 30, 2025:** Progress update: short-term actions, roadmap for next 3-6 months
- **Dec. 31, 2025**: Complete plan for next phase

Strategy 2: Vision

Strategy 2
Establish Regional System for Cross-System Care Coordination

- People will receive coordinated care across housing and health systems
- More people will benefit from cross-sector case conferencing
- Counties will have better knowledge of behavioral health resources

Strategy 2: Key Activities

Strategy 2
Establish Regional System for Cross-System Care Coordination

- Support and expand cross-sector case conferencing
- Launch Housing Integration team at Health Share
- Pilot Regional Integration Continuum (RIC) care coordination model
- Conduct behavioral health resource mapping

Strategy 2: Deliverables - RIC

Strategy 2
Establish Regional System for Cross-System Care Coordination

- **March 31, 2025**: Establish Regional Integration Continuum (RIC) between Health Share, Clackamas County, Multnomah County, Washington County, and identified partners
- **September 30, 2025:** Progress report
- **December 31, 2025**: RIC year-end report with plan for 2026

Strategy 2: Deliverables – BH Resource Mapping

Strategy 2
Establish Regional System for Cross-System Care Coordination

- **April 30, 2025**: Convene county partners, review existing efforts and identify next steps, including plan for racial equity lens
- **May 31, 2025:** Engage additional partners as needed
- **September 30, 2025:** Progress report
- **December 31, 2025**: Final report with learnings and any next steps

Strategy 3: Vision

Strategy 3
Build Regional Cross-System Data Sharing Infrastructure

- Support and advance existing data sharing agreements, create regional infrastructure
- Enable healthcare and housing system partners to identify shared clients, facilitate cross-sector interventions that are HIPAA-compliant, person-centered and trauma-informed
- Improve health and housing outcomes for people experiencing or at risk of homelessness

Strategy 3: Key Activities

Strategy 3
Build Regional Cross-System Data Sharing Infrastructure

- Define vision for regional data sharing implementation
- Identify regional data sharing priorities for deeper healthcare/housing systems integration across all three counties
- Provide support to counties and other partners to clarify use cases, opportunities, and legal considerations related to data sharing
- Establish partnerships with existing data governance bodies, connect to local, regional, and statewide data sharing efforts

Strategy 3: Deliverables

Strategy 3
Build Regional Cross-System Data Sharing Infrastructure

- **June 30, 2025**: Expand data sharing work group as needed; Racial equity lens applied to emerging strategies
- **Sept. 30, 2025:** Interim report: short-term actions, roadmap
- **Oct. 31, 2025:** Complete charter, including top data sharing priorities for counties, Health Share, and CoCs
- **Dec. 31, 2025**: Deliver plan for next phase

Overall Timeline – 2025

Launch implementation	March-April	• Kick-off work sessions with broader array of agency + community partners • Refine map of current activities + opportunities in each strategy area • Adjust workgroup membership, cadence, scopes as needed • Establishing RIC
Refining Objectives and Strategies	May-June	• Crosswalk and determine engagement with HRAP, state efforts and processes • Convening workgroups to refine strategies based on ongoing planning • Continue to engage additional partners
RELT	June-July	• Conducting RELT on specific proposed strategies to ensure strategies under consideration reduce racial disparities in homeless service outcomes
Progress Reports	Sept.	• Interim report progress updates
Refining Strategy	Dec.	• Report detailed plan for strategies and investments in Phase 2

Funding Sources + RIF Budget

Funding sources to implement regional strategy

Funding Source	Activities Funded	Status
RIF (FY24-25)	• County housing/health integration staff • Washington County respite program	Previously approved
RIF (FY25-26)	• Continued county health/ housing integration staff & consultants	**Proposed for approval by TCPB**
Metro admin	• Consulting support (planning + implementation) • Staffing for system alignment through Health Share's RIC and HRBH (3 FTE, one year)	Confirmed/ Contracts in place
Other	• Additional County investments in staffing – ongoing • Potential additions: RIC staffing navigators, hired by Health Share, embedded in each county; peer support/CHW positions	Grant and health system funding sources being explored

Proposed FY25-26 RIF

Item	*FY24-25 RIF (informational only)*	**Proposed FY25-26 RIF for TCPB approval**
County Staff Supporting Regional Healthcare System Alignment		
Clackamas	*$767,523*	$595,515
Multnomah	*$434,183*	$459,390
Washington	*$675,000*	$750,000
Health/Housing Alignment Programs/Support		
Washington County: LATS medical respite program (pilot + evaluation) *Washington County: consultants*	*$380,000* *$25,000*	$20,000
TOTAL	*$2,281,706*	**$1,824,905**

Q&A and Discussion

Vote

Approval of Regional Implementation Strategy + FY25-26 RIF investment

Metro Regional Supportive Housing Services

FY24 regional annual report

Tri County Planning Body | April 9, 2025

Agenda

- Supportive housing services overview
- Third year progress and highlights
- Regional oversight committee recommendations

Role of the SHS oversight committee

To provide **independent program oversight** on behalf of the Metro Council

Regional goals

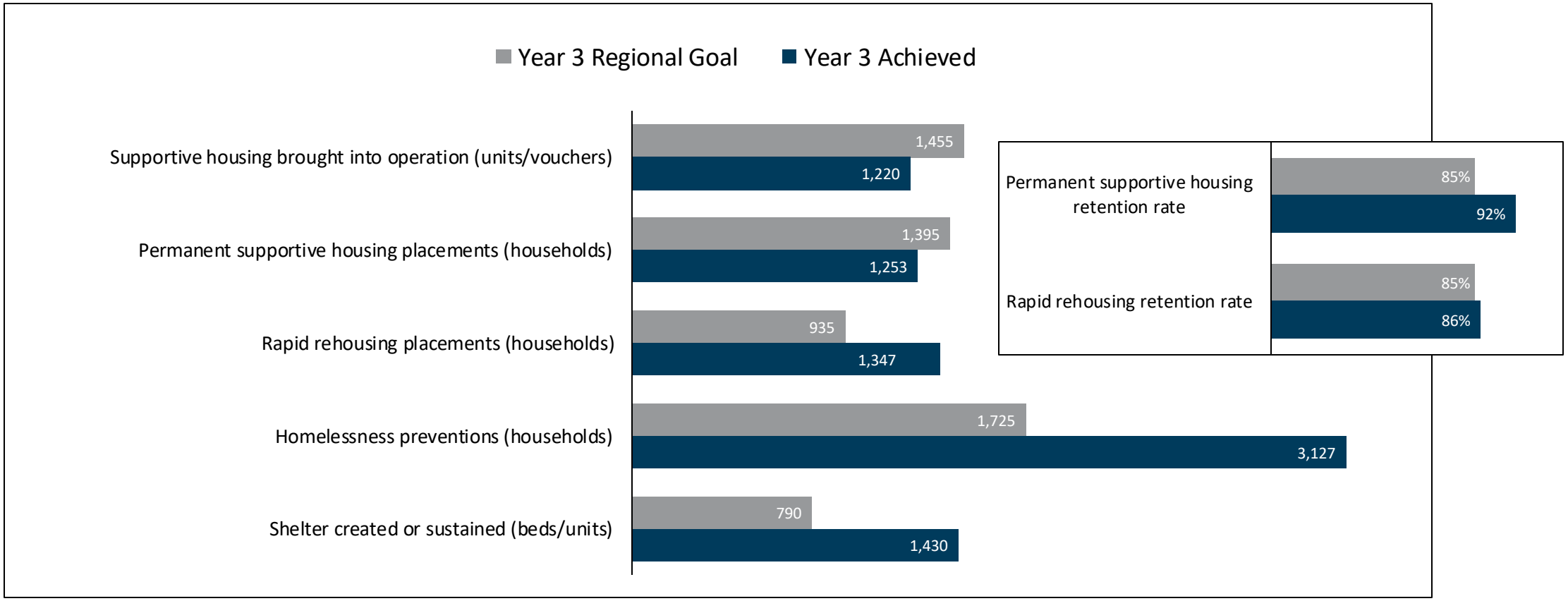
10-year goals

- **Reduce barriers** to housing stability for communities of color
- **Connect at least 5,000** households experiencing homelessness to permanent supportive housing (Population A)
- **Stabilize at least 10,000** households at risk of or experiencing homelessness in permanent housing (Population B)
- SHS regional outcome metrics

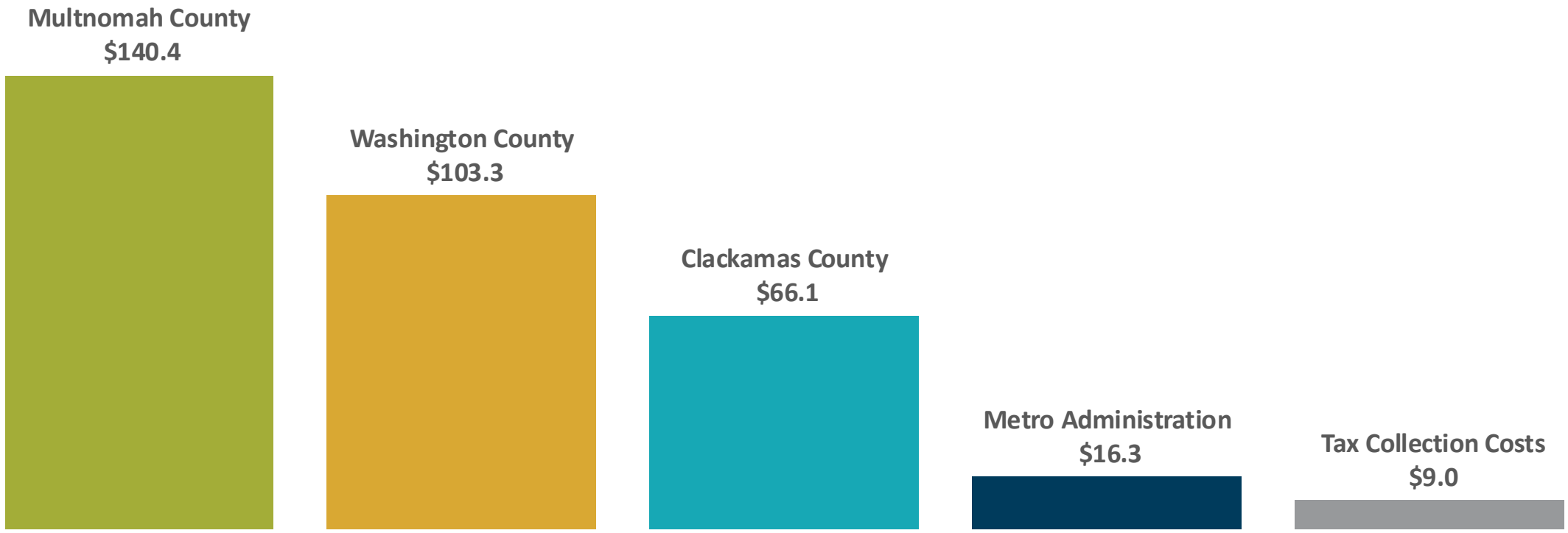
Key highlights of FY24

- The growing pains of the first few years of implementation have been largely overcome
- Counties contracted with 103 providers, including 19 culturally specific organizations, to deliver SHS services in year three
- All three counties made improvements to contract administration practices to reduce invoice processing
- The tri-county planning body, or TCPB, worked with Metro, the counties and other partners in year three to develop implementation strategies for six regional goals

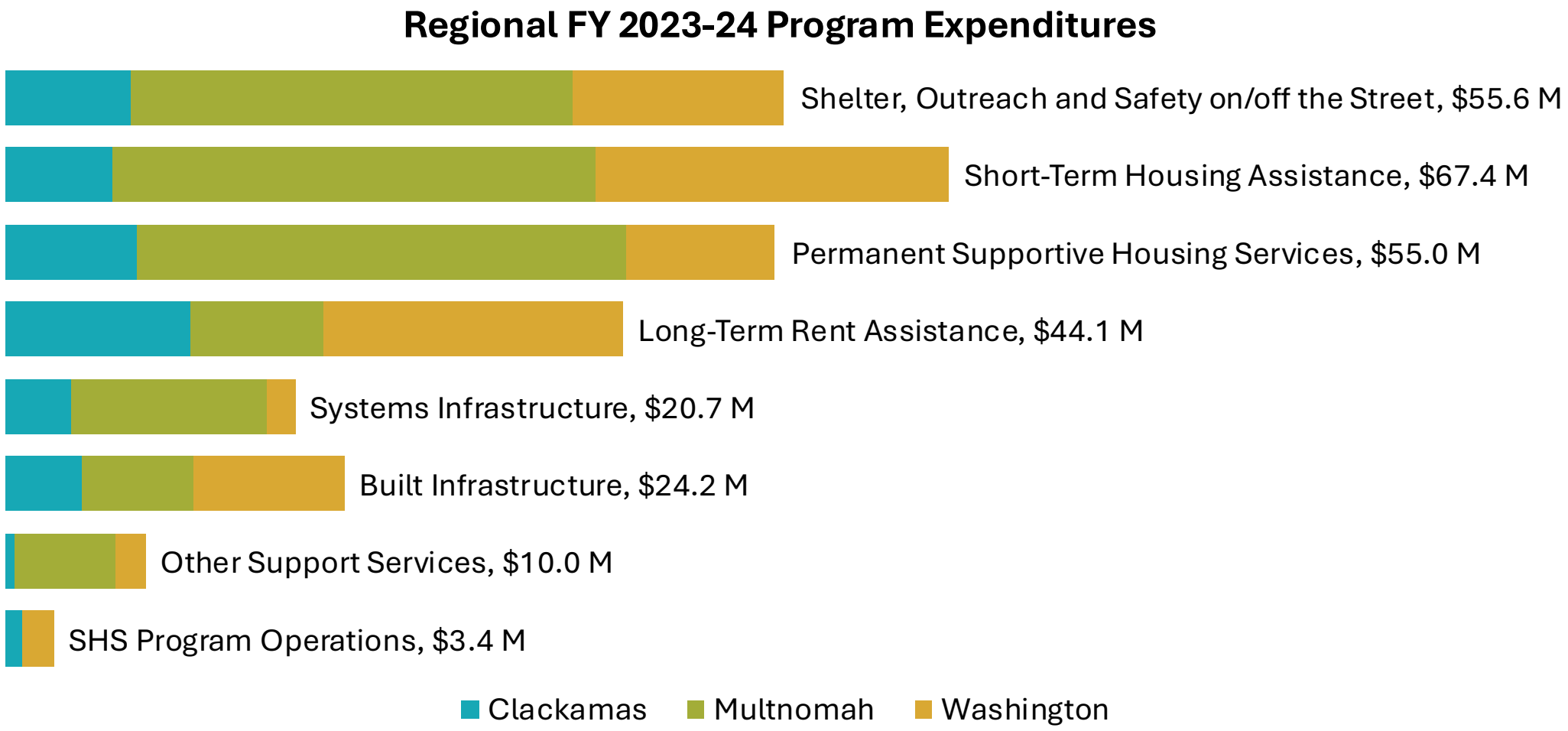
FY24 (July 1, 2023-June 30, 2024) regional performance to goals



Revenue collection and distribution



Expenditures by Program



Challenges

- Growing need
- Competing priorities
- Financial oversight
- Regional evaluation

Regional oversight committee recommendations

Data integrity and evaluation

Providing transparency and accountability to voters requires regionally consistent data. Metro and the counties should work collaboratively and with urgency to continue to align financial and programmatic data reporting. This includes, but is not limited to, addressing the challenges preventing consistent reporting on the Population A/B financial split.

Provider partnerships

The region's nonprofit and community-based organizations are the backbone of the SHS fund's success. SHS jurisdictional partners and the tri-county planning body should work to advance critical strategies that will support the capacity and stability of these organizations, with a particular focus on small, emerging and culturally specific providers.

Regional priorities

The SHS fund has supported a significant expansion in regional resources to address homelessness, but these resources will not be sufficient to meet the need. As we move into the next stage of SHS implementation, in the near term Metro Council should convene stakeholders to develop a clear articulation of regional priorities to ensure we are using SHS resources as strategically as possible to achieve the goals and racial equity commitments set forth in the SHS measure.

Oversight and accountability

Appropriate levels of oversight and accountability are essential to ensure effective stewardship of tax dollars. As we enter the next phase of SHS implementation, it is critical for Metro and the oversight committee to be able to effectively monitor progress, measure impact, and perform their oversight and accountability roles. The oversight committee, through Metro staff, should be empowered to conduct core oversight functions in alignment with funder best practices.

Jurisdictional partnerships and decision making

The development of a cohesive regional system of care requires effective coordination between the three counties and Metro. Further work is needed to clarify the roles and relationships between Metro and the counties and how decisions are made. This includes clarifying who makes what decisions, what is the process for making decisions and how is input incorporated into the final decision.

Discussion

Memo

Metro
600 NE Grand Ave.
Portland, OR 97232-2736

Date: Wednesday, April 2

To: Supportive Housing Services Tri-County Planning Body

From: Craig Beebe, Policy and Communications Advisor,
Government Affairs & Policy Development | craig.beebe@oregonmetro.gov

Subject: Update on SHS Reform process

Dear TCPB members:

Thank you once again for your leadership and energy to support and guide the regional Supportive Housing Services (SHS) program's values and regional impacts. I am writing with a quick update on regional conversations and Metro Council decision-making regarding potential reforms to SHS, including changes to oversight and accountability, allowable uses, extension.

As you will recall, the Metro Council discussed two draft SHS reform ordinances in January 2025. These ordinances were developed after more than a year of engagement and input from stakeholders, partners and community members, including the TCPB and SHS Regional Oversight Committees; the release of a Metro Chief Operating Officer recommendation in July 2024; multiple Metro Council work sessions; and a Metro Council resolution establishing formal direction in October 2024.

One of the draft ordinances reviewed in January would comprise a potential SHS reform ballot measure. The draft ordinance includes a 20-year extension of SHS taxes, expansion of allowable uses to include affordable housing, the establishment of a single advisory and oversight committee, and key accountability reforms. The second ordinance includes timelines, milestones and other details for a proposed transition to the reformed SHS program described in the ballot measure ordinance, should such a measure be referred and approved by voters. Based on feedback from key coalition partners, the Metro Council decided to defer action on these ordinances to allow more time for conversation among and with key stakeholders and partners.

Metro Council President's Work Group

In this interim, Metro Council President Peterson has assembled a Work Group to advance key elements of a reformed program that were identified by stakeholders and partners over the last year. Most significantly, the work group has been asked to work together to recommend a clear vision and mission for the future of how the region collaborates on this critical work, as well as identifying potential key performance indicators that could track progress toward this vision and mission. Additionally, the work group may discuss other topics that would inform the transition to a reformed SHS program, pending action by the Metro Council and/or voters.

Co-chaired by Clackamas County Commissioner Ben West, the work group includes three Metro Councilors, elected representatives of all three counties and six cities, representatives from coalitions of housing and service providers, and leaders of community-based organizations and economic development organizations. Although not directly representing TCPB, TCPB committee members serving on this work group include Mercedes Elizalde, Chair Kathryn Harrington, Councilor Christine Lewis and Sahaan McKelvey.

As of this writing, the work group has met twice; six more meetings are planned before mid-June. All meetings are public and viewable in-person at Metro Regional Center or online.

You can find more information on the work group's process here: www.oregonmetro.gov/public-projects/future-supportive-housing-services.

This page includes:

- Roster of the Metro Council President's work group
- Links to information and materials from work group meetings.
- Background documents including the Metro COO's July 2024 recommendation and the October 2024 Metro Council resolution.

Additionally, on March 31, Metro Councilors and work group members attended a joint webinar to discuss the Homeless Strategic Initiatives report entitled *The Role of Stabilization Programming in Successful Transitions from Homelessness*, released in February 2025.

- The report "assesses the urgent need for more cross-system partnerships to enhance efficiency and scale up stabilization programming for individuals experiencing unsheltered homelessness in the Portland Metro… [and] examines national and local trends, explores innovative stabilization models across the nation, and provides recommendations for a coordinated system of care that would better integrate housing, health, and social services."
- The report may be read here: https://homelessstrategicinitiatives.org/wp-content/uploads/2025/03/HSI-Stabilization-Services-Report_2025.pdf
- A recording of the webinar can be found at this link: https://oregonmetro.granicus.com/MediaPlayer.php?view_id=1&clip_id=1023

Metro Council work groups and meetings

Metro Council President Peterson, Deputy Council President Ashton Simpson and Councilor Christine Lewis represent the Metro Council in the work group process. The full Metro Council also continues to discuss potential SHS reforms and actions in its work sessions and meetings. Updates and discussions of the work group's progress are tentatively planned at Metro Council work sessions on April 17, April 24, May 15 and June 10. The Council is expected to return to the conversation about a potential ballot measure and an accompanying reform ordinance in early June.

The Metro Council and staff greatly value the work of the Tri-County Planning Body as a whole, as well as each of your members individually, throughout the development of the SHS program and proposed reforms. As your work continues and the reforms above are refined and, please don't hesitate to reach out if you have any questions at all. We look forward to further engagement with TCPB as these deliberations continue.

Sincerely,

Craig Beebe
craig.beebe@oregonmetro.gov

Coordinated Entry Progress Report- FY 25, Q2

Goal

The goal of this project is to make Coordinated Entry more accessible, equitable and efficient for staff and clients.

Strategies within this goal include:

1. Regionalize visibility of participant data
2. Align assessment questions
3. Regionalize approaches to prioritization for racial equity
4. Regionalize approach to case conferencing

More information about this plan available at:
https://www.oregonmetro.gov/sites/default/files/2024/11/21/Coordinated-Entry-Regional-Implementation-Plan_0.pdf

Deliverables and Milestones

Regionalize visibility of participant data

- List of potential data visibility changes complete by *October 2025*
- Implement changes to HMIS, relevant RIOs and privacy notices *between August 2026 and February 2027*

Align assessment questions

- Create draft of proposed assessment changes- draft of common assessment questions by *August 2025*
- Once all necessary approvals have been made, implement changes in HMIS, train staff, make necessary changes to reporting *between August 2026 and February 2027*

Regionalize approaches to prioritization for racial equity

- Finalized proposed list of prioritization factors to pilot *by July 2025*
- Updated prioritization policy adopted by counties and full implementation *between December 2026 and June 2027*

Regionalize approach to case conferencing

- Statement of shared purposed for case conferencing, co-created by the three counties, and approved by coordinated entry partners and other interested parties in each county *by June 2025*
- Implementation of strategies *between August 2026 and February 2027*

Status updates

Major accomplishments/milestones in current reporting period Q2 (October 1 2024-Dec 31, 2025) and planned for next reporting period Q3 (Jan 1, 2025- Mar 31, 2025):

Strategy #1: Regionalize visibility of participant data

Q1	
Q2	• CE Regional Implementation Plan approved by TCPB • Confirmed the current data visibility capabilities between counties
Q3	• Draft language to propose changes to the existing visibility policies • Begin discussions with regional HMIS governance boards
Q4	

Strategy #2: Align assessment questions

Q1	
Q2	• CE Regional Implementation Plan approved by TCPB • Gathered detailed data on all existing County assessment questions, including specific information in HMIS and drop-down list options • Map assessment questions so the information is in an actionable format
Q3	• Gather for in-person meeting to make decisions about direction in aligning similar and unique questions currently being asked by counties • Discuss and explore how people needing services may access CE systems across the counties
Q4	

Strategy #3: Regionalize approaches to prioritization for racial equity

Q1	
Q2	• CE Regional Implementation Plan approved by TCPB • Reviewed and analyzed existing racial equity analyses previously conducted by each county • Identified common threads among these analyses
Q3	• Share between counties about existing prioritization strategies • Consider whether to build on aspects of existing prioritization strategies or to begin anew to determining prioritization approach
Q4	

Strategy #4: Regionalize approach to case conferencing

Q1	
Q2	• CE Regional Implementation Plan approved by TCPB
Q3	• Counties share dates for own county case conferencing meetings and sign up for case conferencing meetings in other counties to gather information about what is happening • Counties track questions and learning from observing these meetings
Q4	

Metrics and Outcomes

Strategy #1: Regionalize visibility of participant data: Because this goal is largely in support of the other goals articulated in this plan, the metrics associated with those goals also serve as success measures for this goal. Additionally, due to the effort required to agree upon and implement changes to HMIS in multiple counties, the end date of ***February, 2027,*** *can serve as the primary benchmark for the success of this goal. As the plan develops, additional metrics may be added to support this goal.*

Strategy #2: Align assessment questions

Metric	Goal	Timeline	Data Source	Result
Assessor experience is improved	A goal will be set as part of the CQI action step (#12)	Annual	Future qualitative data source to be identified	FY: n/a
People seeking housing experience is improved	A goal will be set as part of the CQI action step (#12)	Annual	Future qualitative data source to be identified	FY: n/a
Coordinated entry participants experience streamlined connections to service options fitting their needs	A goal will be set as part of the CQI action step (#12)	Quarterly	HMIS data on time between date of initial assessment to referral Future qualitative data source to be identified	Q1: n/a Q2: n/a Q3: Q4:

Comments on Results: *Plan is being implemented to design changes to systems and processes. These changes have not yet been made. Once changes have been made and time has passed with these changes implemented, reporting on metrics will begin. In the meantime, we will continue to develop goals and specifics to these metrics.*

Strategy #3: Regionalize approaches to prioritization for racial equity

Metric	Goal	Timeline	Data Source	Result
Increase in prioritization rate for racial and ethnic groups disproportionately impacted by homelessness a (i.e., referral rate > assessment rate for disadvantaged demographics)	A goal will be set during the third phase of implementation	Quarterly	HMIS data on coordinated entry assessments and referrals disaggregated by race and ethnicity	Q1: n/a Q2: n/a Q3: Q4:
People with lived experience of homelessness support the new prioritization factors and assessment questions	80% of black, indigenous, and other people of color with lived	One-time	Survey at step 12 (closing the feedback loop)	n/a

	experience of homelessness who are surveyed support the new model			

Comments on Results: *Plan is being implemented to design changes to systems and processes. These changes have not yet been made. Once changes have been made and time has passed with these changes implemented, reporting on metrics will begin. In the meantime, we will continue to develop goals and specifics to these metrics.*

Strategy #4: Regionalize approach to case conferencing

Metric	Goal	Timeline	Data Source	Result
Reduced length of time from assessment to match, and match to move-in for those who are case conferenced.	A goal will be set during the Design Meeting proposed in Phase 1, or beginning of Phase 2.	Quarterly	HMIS data related to average length of time in each phase of coordinated entry. By-name list data for those who are case conferenced.	Q1: n/a Q2: n/a Q3: Q4:
Better attendance and more frequent participation in case conferencing by providers.	A goal will be set during Phase 2 of this plan.	Quarterly	Case conferencing attendance tracking mechanisms and/or participant surveys, to be identified during Phase 2 of this plan.	Q1: n/a Q2: n/a Q3: Q4:
Greater provider satisfaction with case conferencing meetings.	A goal will be set during Phase 2 of this plan.	Annual	participant surveys, to be identified during Phase 2 of this plan.	n/a

Comments on results: *Plan is being implemented to design changes to systems and processes. These changes have not yet been made. Once changes have been made and time has passed with these changes implemented, reporting on metrics will begin. In the meantime, we will continue to develop goals and specifics to these metrics.*

Budget- Annual

Item	Budget
Strategy #1: Data Visibility	$200,000
Strategy #2: Assessment Alignment	$50,000
Strategy #3: Prioritization	$200,000
Strategy #4 Case Conferencing	$745,000
Total Budget	**$1,195,000**

Financial report

Although this progress report will be provided on a quarterly basis, financial reporting will be provided on an annual basis for the following reasons:

- There is limited spending on a quarterly basis and actionable changes are difficult to implement on a quarterly basis
- SHS financial reporting includes spending on regional goals, and can be consulted quarterly: https://www.oregonmetro.gov/public-projects/supportive-housing-services/progress
- Annual reporting with narratives for clarification on regional goals is in alignment with financial reporting and narratives for overall SHS reporting
- When TCPB has approved all 6 identified regional goals and their strategies, quarterly financial reporting on all goals will become administratively burdensome
- Broader conversations about funding for regional strategies require resolutions before specifics on regional financial reporting can be defined
- Annual financial reporting was the recommendation from Metro housing finance manager

Spending Narrative

In the future, this section will include a narrative on the specific funding spent to further these strategies within this goal area on an annual basis.

METRO SUPPORTIVE HOUSING SERVICES TRI-COUNTY PLANNING BODY

Monthly progress report | April 2025

The goal of this report is to keep the TCPB, the Supportive Housing Services Regional Oversight Committee, Metro Council and other stakeholders informed about ongoing regional coordination progress. A more detailed report will be provided as part of the SHS Regional Annual Report, following submission of annual progress reports by Clackamas, Multnomah, and Washington Counties.

Tri-County Planning Body regional goals*

Goal	***Implementation Strategies Status***	***Progress***
Regional Landlord Recruitment	*Implementation Strategies approved by TCPB (03/13/2024)* *Implementation strategies (4 of 5) underway. Strategy 3 (24/7 Hotline to launch in December)* *Next Quarterly Report in June 2025*	*As part of the Plan's Strategy #1: Communication and education plan, Metro have created a webpage on Metro's website with information on county landlord financial incentive. Metro is working on procuring a consultant for a communications campaign. Metro is working with Focus Strategies (FS), a consultant, on Strategy #2: Align financial incentives and Strategy #5: Investigate needs for property management. FS has completed many interviews with experts both within and outside the Metro region in the process of researching these two strategies. Multnomah County continues to make progress on Strategy # 3: tracking and access to unit inventory. They have launched a pilot using Housing Connector and are awaiting initial outcomes data. Clackamas County has not yet begun work on Strategy #4: prioritize quality problem-solving services, and they plan to launch a hotline for landlords in December, 2025. All counties and Metro meet monthly to update each other on progress, share ideas, and problem-solve.*
Coordinated Entry	*Implementation Strategies approved by TCPB (10/09/2024)* *Implementation strategies (4 of 4) underway.*	*Work on the four strategies outlined in the CERIP has begun, and counties and Metro collaborate across all strategies. For Strategy #1: Regionalize visibility of participant data, conversations with regional HMIS administration are on-going. For Strategy #2: align assessment questions, counties and Metro*

	Next Quarterly Report in April 2025	*utilized mapped assessment data to came to consensus on the scope of assessment alignment. For Strategy #3: Regionalize approaches to prioritization for racial equity, counties have learned about each other's approaches and are considering options. For Strategy #4: regionalize approach to case conferencing, county CE staff are observing each other's case conferencing meetings and will bring learnings to a shared discussion. All counties and Metro meet monthly to work through the steps of the implementation plan, share ideas, and problem-solve.*
Healthcare system alignment	*Implementation Strategies to be approved by TCPB in April 2025* *Implementation strategies final and preparing for implementation* *First Quarterly Report in September 2025*	*We were not able to present on this strategy in March due to other topics on the agenda, but the strategy document is final and provided for member review. Metro, the counties, and Health Share will present in April on health/housing integration work underway and next steps to advance collaboratione among the counties, Health Share, and provider partners through the regional strategy,*
Training	*Implementation Strategies will be presented at May TCPB meeting*	*Metro and the counties continue to collaborate on the training goal and are looking forward to bringing the TCPB the training implementation strategy in May.* *Immediate trainings being offered: Work is happening now to advance trainings throughout the region. In early January,*

		Metro's Regional Capacity Team launched a pilot project to assess the effectiveness, value and regional scalability of the on-demand trainings available through the National Alliance to End Homelessness and the Corporation for Supportive Housing. In total, two staff at 15 agencies are taking seven training courses and share their feedback to inform future implementation for Metro and the counties. The pilot report, which will include findings and recommendations, should be released in summer 2025. *Research toward longer term strategy: Metro's Regional Capacity Team is also building on the research paper shared with the TCPB last fall with additional research into behavioral health certifications, workforce boards and more. We plan to share a final version of that paper along with the results of the service provider outreach the team conducted in fall 2024 when we present the implementation strategy.*
Technical Assistance	*Implementation Strategies approved by TCPB (2/12/2025)* *Counties TA RIF requests under development*	*The Technical Assistance Implementation Strategy was approved by the TCPB on 2/12/2025. Metro staff will continue to work with the counties to gather counties' TA RIF requests.* *The Permanent Supportive Housing Technical Assistance Demonstration and Research project, which aims to identify opportunities for regionalizing technical assistance and learn best practices in PSH delivery from culturally specific providers, continues to move forward with the goal of pairing PSH service providers and consultants to begin to begin their technical assistance work in April.*

		Proposals for RFP 4406, which will form the basis of technical assistance providers, are being reviewed. The Letter of Inquiry (LOI) application process to identify the PSH providers who will participate in this project closed on March 14th. 18 providers from across three counties applied, eight of whom are culturally specific organizations. Staff from three counties and Metro are reviewing the LOI applications with the goal of identifying four service providers to participate—ideally, at least one from each county. The project anticipates launching in May 2025.
Employee Recruitment and Retention (ERR)	*Implementation Strategies scheduled to be presented at June TCPB meeting* *Implementation strategies under development* *First Quarterly Report TBD depending on timing for strategy approval*	*In April we are planning a work session including providers and county partners to discuss challenges and opportunities to work toward a livable wage standard as well as to develop regional approaches to contract policies and to track progress toward livable wages. The ERR strategy is now scheduled to come to TCPB in June 2025.*

**A full description of regional goals and recommendations is included in Attachment 1.*

Existing REGIONAL PROGRAMS AND COORDINATION EFFORTS

****Households housed through the RLRA program as of December 31, 2024:***

The data comes from the SHS quarterly reports, which includes disaggregated data (by race and ethnicity, disability status and gender identity) and can be accessed here: https://www.oregonmetro.gov/public-projects/supportive-housing-services/progress

**As of 8/15/2024, Metro has updated the way numbers are reported on our SHS dashboards. Beginning at the end of Year 3, Metro has shifted to reporting the number of households served with SHS resources. We are no longer reporting the number of people served, as several people can be members of the same household which has been served with SHS resources. Please note: This will cause the number on the dashboard to appear smaller, even though SHS service levels have only continued to increase.*

Risk Mitigation Program: *All RLRA landlords are provided access to a regional risk mitigation program that covers costs incurred by participating landlords related to unit repair, legal action, and limited uncollected rents that are the responsibility of the tenant and in excess of any deposit as part of the RLRA Regional Landlord Guarantee.*

The following information is derived from the counties' FY2023-24 Regional Annual Report

Health and housing integration: *In addition to, and in coordination with, the TCPB-directed regional strategies in this goal area, counties have worked together on initiatives to support health and housing systems integration. This includes the implementation of the Medicaid 1115 Demonstration waiver, which allows certain housing services to be covered by Medicaid.*

Regional data systems and standards: *Metro and the counties worked together to align regional data collection and reporting. This included refining report templates and developing clearer definitions and shared methodologies. Progress was made on a data sharing agreement between Metro and Counties. Continued work to align definitions and strengthen data reporting is ongoing, with a focus on PSH and Populations A and B. Further work is planned to refine regional outcome metrics and develop a framework for assessing progress toward regional goals. To facilitate Multnomah county's transition to central administration of the region's Homeless Management Information System (HMIS), county data teams coordinated closely to regionalize HMIS policies, procedures and intergovernmental agreements (IGAs).*

Regional long-term rent assistance (RLRA): *A workgroup with representatives from the counties and Metro has been meeting monthly since 2021 to problem-solve, share learning, develop regional templates, and develop and update regional policies and guidelines for RLRLA administration. A regional data team meets regularly to develop coordinated data collection, reporting tools, and methodologies. Their reports are shared with the RLRA workgroup as a continuous improvement effort.*

Best practices and shared learning: *The three counties engage in regular leadership conversations and workgroups to share lessons learned and promote common approaches. For example, tri-county regional equity meetings provide a venue for sharing best practices and insights and aligning SHS equity strategies across the region. Monthly Built for Zero (BfZ) meetings bring together representatives from the three counties and Metro to collaborate and learn from one another's implementation of the Built for Zero initiative.*

TRI-COUNTY PLANNING BODY GOAL AND RECOMMENDATION LANGUAGE

May 10th, 2023

COORDINATED ENTRY

Goal: Coordinated Entry is more accessible, equitable and efficient for staff and clients.

Recommendations: Map the unique challenges and successes of each of the three Coordinated Entry Systems.

Assess opportunities to create connectivity among the three Coordinated Entry Systems to improve equitable access and work towards regionalizing some tools within Coordinated Entry.

Explore opportunities for co-enrollment with other systems.

REGIONAL LANDLORD RECRUITMENT

Goal: Increase the availability of readily accessible and appropriate housing units for service providers.

Recommendations: Contract with a qualified consultant to identify areas where regionalization can support existing and future county efforts and submit recommendations.

Develop a regional communications campaign to recruit new landlords, including specific outreach and engagement to culturally specific media and BIPOC community groups.

HEALTHCARE SYSTEM ALIGNMENT

Goal: Greater alignment and long-term partnerships with healthcare systems that meaningfully benefit people experiencing homelessness and the systems that serve them.

Recommendations: Metro staff convenes and coordinates with counties and key healthcare systems stakeholders to identify opportunities that integrate the Medicaid waiver with the Supportive Housing Services initiative. Bring draft proposal with next steps and timeline to committee within 6 months.

TRAINING

Goal: Service providers have access to the knowledge and skills required to operate at a high level of program functionality; the need of culturally specific providers will be prioritized through all program design.

Recommendation: Counties and Metro coordinate and support regional training that meets the diverse needs of individual direct service staff, with sensitivity to the needs of BIPOC agencies.

TECHNICAL ASSISTANCE

Goal: Organizations have access to the technical assistance required to operate at a high level of organization functionality; the need of culturally specific providers will be prioritized through all program design.

Recommendation: Counties and Metro coordinate and support regional technical assistance and investments in capacity building especially among culturally specific providers.

EMPLOYEE RECRUITMENT AND RETENTION

Goal: County contracts for SHS funded agencies and providers will establish standards throughout the region to achieve livable wages for direct service staff.

Recommendations: Map current wage and benefit conditions.

Draft a housing-worker wage framework that provides guidance to Counties and SHS-funded agencies and providers and includes contracting evaluation and alignment.

Consider ways to allow for differential pay for lived experience, bilingual employees, and culturally specific organizations.

Consider ways to address challenges faced by organizations with multiple funding streams.

Assess reasonable scale of outcomes and case load as it relates to compensation.

Within each Supportive Housing Services (SHS)-funded agency, monitor the distribution of pay from lowest to highest paid staff to ensure improvements in pay equity.

Supportive Housing Services Oversight Committee Meeting Summary

Meeting:	Supportive Housing Services (SHS) Oversight Committee Meeting
Date:	February 10, 2025
Time:	9:30 a.m. to 12:00 p.m.
Place:	Virtual meeting (Zoom)
Purpose:	Finalize and vote on FY24 regional report, recommendations, and transmittal letter. Receive an update from TCPB on healthcare systems alignment goal.

Member attendees

Dr. James (Jim) Bane (he/him), Co-chair Mike Savara (he/him), Peter Rosenblatt (he/him), Kai Laing (he/him), Felicita Monteblanco (she/her), Dan Fowler (he/him), Co-Chair Dr. Mandrill Taylor (he/him), Carter MacNichol (he/him)

Absent members

Jeremiah Rigsby (he/him), Jenny Lee (she/her), Cara Hash (she/her)

Elected delegates

Washington County Chair Kathryn Harrington (she/her), Metro Councilor Christine Lewis (she/her)

Absent elected delegates

Multnomah County Chair Jessica Vega Pederson (she/her)

Metro staff

Yesenia Delgado (she/her), Breanna Hudson (she/her), Yvette Perez-Chavez (she/her)

Kearns & West facilitator

Josh Mahar (he/him)

Note: The meeting was recorded via Zoom; therefore, this meeting summary will remain at a high-level overview. Please review the recording and archived meeting packet for details and presentation slides.

Summary of Meeting Decisions

- The Committee made several minor amendments to the draft transmittal letter and recommendations, and then unanimously approved the Annual Regional Report, and transmittal letter with recommendations, as amended in the meeting.
- The Committee approved the January 13 and 27 meeting summaries with Carter abstaining.

Welcome and Introductions

Co-chair Mike Savara provided opening remarks and reflected on the Committee's role in fostering change.

Co-chair Dr. Mandrill Taylor provided opening remarks and shared that the goal for today is to finalize the Annual Regional Report with the transmittal letter.

Josh Mahar, Kearns & West Facilitator, facilitated introductions between Committee members.

Liam Frost, Metro, shared that Metro Council convened and decided to work towards a potential November date for the supportive housing services ballot measure, after receiving feedback from coalitions. He stated that Metro Council President Lynn Peterson will co-chair a work group with Clackamas County Commissioner Ben West to develop a north star and metrics for the regional transition. He noted the workgroup is temporary and is intended to disband in the summer.

Committee members had the following questions and comments:

- **Question, Peter Rosenblatt**: Can you speak more about who is a part of the workgroup and if they are creating the ballot? I encourage representatives from the various SHS oversight committees to be part of this work group.
    - **Metro response, Liam**: We will share this feedback with Council. President Peterson has designated positions, not people. There are two positions from every county board, some city positions, and some coalition positions. We can share additional information once the group has more clarity. Work has already gone into developing the ordinance measures and this group would not change that. This group would develop a north star and clear goals and accountability structures for the new SHS framework should voters approve it. These meetings would be publicly available.

Comment, Carter MacNichol: It seems logical to me to have someone from this Committee be a part of the workgroup.

Yesenia Delgado, Metro, shared that Mitch Chilcott and Margarita Solis Ruiz both resigned from the SHS Committee due to personal circumstances. She noted that recruitments for new members are on pause until there is more clarity about the future of the Committee, and that the new quorum is seven members.

Committee members had the following questions and comments:

- **Question: Carter MacNichol:** How many Committee members are there currently?
    - **Metro response, Yesenia**: 11 members.
- **Question, Dan Fowler**: It feels like a decision was made to not have a whole Committee due to outside nebulous factors, which is a separate issue from having accurate Committee representation today. Who made the approval to pause?
    - **Metro response, Yesenia**: Council approved so that as we recruit in the future, we can onboard members with accurate information.
    - **Comment, Dan**: I disagree. We should have as many people with institutional knowledge on the Committee. The possibility of a November ballot with implementation in 2026 means at least a whole year of a diminished Committee.
- **Comment, Carter**: I am also disappointed.
- **Comment, Peter**: I agree with what has been said. The role of the Committee has been diminished for the year. I appreciate Metro staff and their work, but when I watch jurisdictional council or board meetings it seems that they think that everything is broken, and no one knows what they are doing. If you do not want me to show up just say that; otherwise, let's do this work meaningfully.
- **Comment, Felicita Monteblanco**: I agree. Many of us are at the end of our tenure, and we should think about how much institutional knowledge will be lost and how to phase in new members thoughtfully.
- **Comment, Washington County Chair Harrington:** As one of the four government partners, keep showing up and doing the great work you are doing. I share with my board colleagues the great work that this Committee and the Tri-County Planning Body (TCPB) is

doing. I have great confidence in this Committee and the TCPB and have learned a lot. Additionally, the Metro President letter of workgroup invitation is a public document.

Josh reviewed the agenda and shared that Kris Smock, Kristina Smock Consulting, incorporated Carter's emailed edits into the redlined draft regional report and transmittal letter for Committee review.

Decision: The Committee approved the January 13 and 27 meeting summaries with Carter abstaining.

Conflict of Interest Declaration

Peter Rosenblatt declared that he works at Northwest Housing Alternatives, which receives SHS funding.

Dan Fowler declared he is Chair of the Homeless Solutions Coalition of Clackamas County, which receives SHS funding.

Carter MacNichol declared he is a board member of Transition Projects which receives SHS funding.

Public Comment

No public comment was received.

Final Review and Vote: Regional Report, Recommendations, Transmittal Letter

Yesenia shared that this is an opportunity for the Committee to discuss the regional report, recommendations, and transmittal letter and then vote on approval.

Kris walked through edits made in response to feedback received before the last meeting, discussion at the last meeting, and emailed comments. For the regional report, she added information on how the Regional Long-term Rent Assistance (RLRA) relates to Permanent Supportive Housing (PSH), a link to the interactive tax collections dashboard, updated administrative data, and consistently named the Regional Investment Fund (RIF). She walked through the transmittal letter and recommendations page by page and reviewed the red-lined edits.

Co-chair Dr. Taylor reflected on this important milestone and said that the report is a testament to collective impact and a roadmap for urgent work ahead. He stated that more than 1,500 individuals have been housed, which are lives changed. He shared that the work should be celebrated and that continued implementation still needs to be done.

Co-chair Savara reflected on how to best employ local resources and embrace the commitment to housing individuals. He emphasized the importance of listening to what providers need to do the work and not retreating from the crisis.

Committee members had the following questions and comments:

- **Comment, Peter**: Regarding 10% administrative rates, unless you have a federally recognized rate it is still at 10% for Clackamas County. Thank you, Carter, for your edits which brought a sense of urgency, and Kris for capturing the Committee's voice. As a provider of PSH and RLRA, I am still confused about the relationship between the two.
    - **Consultant response, Kris**: I did note that the federal rate increased and will increase in counties in future years. I am not providing details on PSH and RLRA but included in the recommendations language to encourage the development of a

consistent interpretation of what PSH is and that is where the RLRA relationship will be further defined.
    - **Metro response, Yesenia**: The counties will join the next meeting to discuss administrative rates. PSH and RLRA are captured at a high level, and Metro staff Nui Bezaire is working hard with counties to set standards, definitions, and guidance.
- **Comment, Carter**: My edits were mainly to add urgency and action.
- **Comment, Dan**: Thank you, Carter, for your comments. "Conversations" could mean anything, and I support using a stronger word. It seems that there has been some agreement on data sharing which could be noted in the report to bring the public up to date on where we are today.
    - **Response, Carter**: My edit is "convene conversation that leads to clear outcomes".
    - **Metro response, Yesenia**: The four jurisdictions have reached a conceptual agreement with data sharing and it is moving it up to leadership and elected officials for signatures. We will keep the Committee updated as it moves forward.
    - **Consultant response, Kris**: For the data sharing agreement, I tried to note that work has been moving and can see if it can tweaked.
- **Comment, Peter**: The document looks back, perhaps footnotes or an addendum could include a list of items that have been accomplished in the past year so commissioners can have current information.
    - **Consultant response, Kris**: I am using footnotes, so the Committee is not declaring something needs to happen that has already occurred. The challenges section captures areas that are in flux, like Population A and B, and notes there is ongoing work to resolve.
    - **Response, Carter**: I agree with Kris's approach and recall that previously we did not get a lot of press coverage, and when we did it was acknowledged that it was looking back.

The Committee amended the "convene conversation" language to "As we move into the next stage of SHS implementation, in the near term Metro Council should convene stakeholders to develop a clear articulation of regional priorities…"

- **Comment, Felicita**: Thank you, Kris, for your work to incorporate our voices as we continue to be advocates for this work.
- **Comment, Dr. Jim Bane**: I respect the amount of work and thought that has gone into this process and I am finally understanding the nuances of the Committee. Data sharing is crucial, and I am overwhelmed with the amount of data. It would be great to make data more accessible to us, like showing the amount of housing completed and the goal. It would be helpful to point more to the increased demand for housing and the inflow of those experiencing homelessness.
- **Comment, Kai**: Thank you, Kris, for capturing the complexity of the work. It is a luxury that we have time to fine-tune the language.
- **Comment, Carter**: Thank you, Kris, for doing a great job.

Decision: The Committee unanimously approved the regional report, recommendations, and transmittal letter as amended in the meeting.

Yesenia congratulated the Committee on approval and reviewed that the next steps are for staff and co-chairs to present to Metro Council and each county board in March and April. Once Council

approves, Metro staff will develop a work plan that incorporates previous recommendations. Since the Committee has finalized the report, the February 24 meeting has been canceled.

TCPB Healthcare Systems Alignment Goal Update

Yesenia reminded the Committee that this presentation is an informational update and plan approval will be later.

Ruth Adkins, Metro, reviewed the TCPB goal and recommendation language for healthcare systems alignment. She reviewed the Committee's recommendation to expand access to health and behavioral health services and noted the alignment between these two bodies of work which will be interwoven in the TCPB Healthcare Systems Alignment Implementation Plan.

Adam Peterson, Health Share of Oregon, shared that the Medicaid housing benefits waiver was launched in 2024 as an eviction prevention service, and has been a high-contact service, but many do not qualify for the benefit. He shared that the high acuity behavioral health initiative has led to the strong belief that the 8% of folks that account for 40% of health service resources are the same group the housing systems are serving. Aligning housing and healthcare will allow staff to look at how these populations are being served and to invest in those services. Health Share has hired three staff to focus on healthcare and housing integration, and the Regional Integration Continuum (RIC) concept will look at these two sectors to connect the work of case conferencing and data centralization.

Acacia McGuire Anderson, Clackamas County, highlighted work in Clackamas County, including a Health and Housing Integration team expansion, case conferencing, and Health-Related Social Needs (HRSN) technical assistance for service delivery outreach and engagement. She noted that the county is preparing to launch medical respite and community connections contracts for specialized populations.

Lori Kelley, Multnomah County, highlighted work in Multnomah County including a Health and Housing Integration team expansion, and HRSN implementation focused on avoiding funding cliffs and implementing PSH. She shared the homeless response action plan has health-related action items and asks the county to address the homelessness crisis wholistically. She noted that the case conferencing pilot launched in November focused on populations over 55 and that the county updated and expanded its data-sharing agreement with Heath Share.

Leslie Gong, Washington County, highlighted work in Clackamas County and that the low acuity transitional support medical respite program is a two-year program that offers space for medical recovery and care. 130 referrals have been received to date, but there are only 9 beds. The county is looking at expanding the program for additional beds. She noted that the health and housing integration team has served 95 cases, and shared that HRSN implementation and case conferencing is underway.

Ruth reviewed the emerging strategies for the implementation plan 1) develop a regional plan for medically enhanced housing and shelter models, 2) strengthen regional support for cross-system care coordination, and 3) build regional cross-system data sharing infrastructure. She noted that this work will occur at the state level as well and that additional providers like Trillium will need to be brought on. She shared that the next steps include finalizing the plan and budget and presenting to the TCPB in March. If TCPB approves, the plan will go to the Committee for approval.

Committee members had the following questions and comments:

- **Question, Peter**: The U.S. Department of Housing and Urban Development (HUD) will love everything discussed here today. I am interested in the wholistic approach to ending homelessness in the three counties. Is everything discussed here truly county-wide or just within the SHS geographic subgroup?
    - **Response, Washington County Chair Harrington**: Last week we approved two investments for transitional housing. SHS does allow the counties to build or expand our nascent systems to have additional capabilities. We do invest capital in the SHS region, but individuals have the opportunity to access those systems.
- **Question, Co-chair Savara**: I would love to make sure that state agencies' work intersects with SHS. If all three counties are doing case conferencing, how are the jurisdictions measuring and tracking outcomes of those? This can help track and understand any gaps, especially if certain profiles are not having their needs met, to allow for a systemic response.
    - **Health Share response, Adam**: We are hiring a role that will focus on analyzing healthcare and housing integration for the region and look at outcomes data for each jurisdiction, how interventions are working, and any disparities.
    - **Multnomah County response, Lori**: We are also thinking of adding qualitative questions to see if providers are able to serve individuals better.
- **Question, Co-chair Dr. Taylor**: Are funding commitments concrete? Is each county looking to find additional funding sources, or has there been a collective effort from Metro to identify grants and additional sources of funding?
    - **Metro response, Ruth**: Metro is investing in a one-year commitment for a three-person team for Health Share to support his work. There is an ongoing collective effort for long-term funding. With the emerging federal context, the goal is for Metro to add value and coordinate as the regional connective tissue.
    - **Health Share response, Adam**: All counties received a community capacity building fund from Health Share and potentially Trillium to understand healthcare system needs for the Medicaid waiver.
- **Question, Dan**: Is this team working with Metro's communications team to let the public know about this integration? The public would like to hear this message.
    - **Metro response, Ruth**: Once it is approved as part of the plan we will officially work with Metro's communications team.
    - **Metro response, Liam**: We have met with the communications team to let them know we want to do this work.
- **Question, Co-chair Dr. Taylor**: Are a portion of funds being repurposed to fund aspects for frontline workers and wages?
    - **Metro response, Ruth**: We do not want to get ahead of ourselves and are expanding the partner table to figure out funding models. For medical respite care, the initial strategy is for emerging and existing programs in each county to build towards a regional approach.

Ruth thanked county and healthcare partners for presenting their work on these programs.

Next Steps

Josh shared that a written comment was received during the meeting but after the public comment time, which will be shared in the post-meeting packet.

Yesenia noted that the next meeting falls during spring break and to let metro staff know if the date does not work to reschedule.

Next steps include:

- Metro to share additional information about President Peterson's SHS workgroup.
- Metro to share feedback regarding President Peterson's SHS workgroup membership.
- Metro staff and co-chairs to present the Annual Regional Report to Metro Council and County Boards of Commissioners.
- Metro to share received written comment.
- Next meeting: March 24, 2025 9 am – 12 pm.

Adjourn

The meeting adjourned at 11:55 am.