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Agenda



Metro

600 NE Grand Ave.
Portland, OR 97232-2736

Meeting: Supportive Housing Services Oversight Committee Meeting
Date: April 28, 2025
Time: 9:30 a.m. to 12:00 p.m.
Place: Virtual meeting ([Zoom link](#))
Purpose: Receive Metro tax collection and disbursement updates, receive update and vote on TCPB healthcare systems alignment update, discuss WA County FY25 workplan amendment, receive a FY26 workplan presentation from county partners.

9:30 a.m.	Welcome and introductions
9:45 a.m.	Conflict of Interest declaration
9:50 a.m.	Public comment
10:00 a.m.	Metro tax collection and disbursement updates
10:10 a.m.	TCPB healthcare systems alignment
10:55 a.m.	Break
11:00 a.m.	Washington County FY25 Work Plan amendment
11:10 a.m.	FY26 Work Plan presentation
11:55 a.m.	Next steps
12:00 p.m.	Adjourn



Supportive Housing Services Oversight Committee Meeting Summary

Meeting: Supportive Housing Services (SHS) Oversight Committee Meeting
Date: March 24, 2025
Time: 9:00 a.m. to 12:00 p.m.
Place: Virtual meeting (Zoom)
Purpose: Receive Metro tax collection and disbursement updates and discuss FY26 budget development, admin rates, and Q2 Q&A with counties.

Member attendees

Co-Chair Dr. Mandrill Taylor (he/him), Dr. James (Jim) Bane (he/him), Peter Rosenblatt (he/him), Kai Laing (he/him), Dan Fowler (he/him), Jeremiah Rigsby (he/him), Jenny Lee (she/her), Cara Hash (she/her)

Absent members

Co-chair Mike Savara (he/him), Felicita Monteblanco (she/her)

Elected delegates

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

Absent elected delegates

Clackamas County Chair Tootie Smith (she/her), Multnomah County Chair Jessica Vega Pederson (she/her)

Metro staff

Patricia Rojas (she/her), Liam Frost (he/him), 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 approved the February 10 meeting summary.

Welcome and Introductions

Josh Mahar, Kearns & West, facilitated introductions between attendees.

Yesenia Delgado, Metro, shared that the four jurisdictions have reached alignment on a data-sharing agreement, with one agreement executed and two in route for signature. She shared that the four jurisdictions and the Committee Co-chairs met to discuss Population A and B reporting and

Supportive Housing Services Oversight Committee Meeting Summary

have reached an agreement for the next regional report. She shared that the jurisdictions are aligning data methodologies and will keep the Committee updated.

Yesenia stated that Carter MacNichol has stepped down from the Committee. She thanked him for his contributions. She noted that Metro staff are speaking to Metro Council President regarding whether or not to reopen Committee recruitment and will provide an update at the next meeting.

- **Question, Peter Rosenblatt:** Will we be going into another reporting cycle where we will not have regional data?
 - **Metro response, Yesenia:** We will have a regional template for jurisdictions to use and submit.

Craig Beebe, Metro, shared updates on the Metro Council President's workgroup regarding reforms and the future of the SHS program. The workgroup is comprised of elected officials, coalition leaders, and business leaders and has the charge to develop a North Star collective vision that has actionable and measurable key performance indicators. He shared that President Lynn Peterson is co-chairing the group with Clackamas County Commissioner Ben West.

Craig stated that the group has met twice. The first meeting focused on the Multnomah County Budget gap, transparency needs, data landscapes, and allocation structures for a volatile tax. The second meeting focused on case studies of North Star visions across the United States and Canada. He noted that the next meeting will be on April 7 and meeting materials are available on Metro's [meeting calendar](#).

Committee members had the following questions:

- **Question, Peter:** I thought March 31 was the next meeting; it is listed on the meeting calendar. I have been watching the meetings, and an idea that was mentioned was to merge each county's Continuum of Cares (CoC) into one regional CoC. I want to state that it is hard to merge CoCs, and it usually results in a decrease in funding. The CoCs also extend beyond Metro's boundaries. I would highly encourage coordinating CoCs and not spending any time or research on the idea of merging CoCs.
 - **Metro response, Liam Frost:** The March 31 meeting is a webinar sponsored by Homeless Solutions Initiative, which recently released a report on stabilization services that is of interest to the workgroup.
 - **Response, Washington County Chair Kathryn Harrington:** To clarify, the CoC merger idea was posed, but no discussion occurred.
 - **Metro response, Patricia Rojas:** I want to underscore that ideas are coming forward, and no technical work or research has begun.

Josh reviewed the meeting logistics and agenda.

Co-chair Dr. Mandrill Taylor shared that the Metro Council and the county commission presentations are underway and have been received thoughtfully. He emphasized that the councilors and commissioners are aware of the work the Committee is doing to address the root causes of homelessness and seems to reflect a shift from reactive management to proactive systems-level thinking.

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Decision: Co-Chair Dr. Taylor, Dr. James (Jim) Bane, Peter, Kai Laing, Dan Fowler, Jeremiah Rigsby, Jenny Lee, and Cara Hash approved the meeting summary.

Conflict of Interest Declaration

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

Jenny declared that she works at the Coalition of Communities of Color, and some member organizations receive SHS funding.

Kai declared that he works at Self Enhancement Inc., which receives SHS funding.

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

Public Comment

No public comment was received.

Metro Tax Collection and Disbursement Updates

RJ Stangland, Metro, provided an overview of tax forecasting. He noted Metro is seeing a 14% reduction in what was originally budgeted and hopes that by the end of the May tax season there will be more data for forecasting. He highlighted that the meeting packets now include [interactive FY25 tax revenue and disbursement charts](#).

Committee members had the following questions:

- **Comment, Peter:** I appreciated the hyperlink to the charts.
- **Question, Washington County Chair Harrington:** It seems like the charts appear differently on the two memos provided. Would the Committee be interested in discussing the changes more?
 - **Response, Peter:** It is important to announce changes to graphs for transparency. I do like the new graphs better.
 - **Response, Dr. Bane:** I appreciate the new graphs and feel they are more comprehensible.
 - **Response, Dan Fowler:** For public transparency, it would be helpful to share screen when discussing graphs.
 - **Metro response, Yesenia:** Thank you for the feedback. Staff will share graphs for members of the public.
- **Question, Dr. Bane:** I do not understand the bar graph on [page 16 of the meeting packet](#).
 - **Metro Response, Jane Marie Ford:** The bar graph shows collections by tax year. For example, from August 24 to February 25, 2.3 million were brought in for 2021. 2024 has the most quarterly estimated payments coming in. Negatives can occur when folks make estimated payments and then true up the numbers.
- **Multnomah County Comment, Dan Field:** The forecasting is creating friction in the administration of the program. There is inconsistency, and I would propose that Metro brings together all three counties' forecasting expertise to develop a forecast and policy

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recommendations. The four jurisdictions have not agreed to an approach to be able to publicly communicate the volatility of the tax.

- **Metro response, Jane Marie:** We do have a financial review team that meets the purpose of your suggestion.
- **Metro response, Josh Harwood:** Only Multnomah County has an economist, and we meet regularly. We are planning on developing a roundtable like the one you described, but it is the nature of the forecast to experience fluctuations.

FY26 Budget Development

Yesenia reviewed the FY26 work plan and budget timeline, noting that draft FY26 work plans are due in April and that counties approve final budgets in June. She said that counties have stabilization and contingency funds to use. She noted that the Tri County Planning Body received a proposal from the counties to use the Regional Investment Fund (RIF) reserves to support budget gaps, which the TCPB agreed to move forward.

Committee members had the following questions:

- **Question, Peter:** Yesenia used “may” and “are allowed” when referring to stabilization and contingency funds. Can counties choose not to allocate funds to these purposes? Does Metro set aside stabilization and contingency funds?
 - **Metro response, Yesenia:** Counties must set aside 10% of funds for stabilization, and recently, Metro recommended increasing that set aside to 15%. A contingency fund is optional, but all counties utilize it. Metro does not have stabilization funds in the same way.
 - **Response, Washington County Chair Harrington:** Our county fiscal financial policies compel us to have contingencies and reserves.

Jes Larson, Washinton County, shared that their draft work plan is being developed and is focused on scaling back some components and building goals based on the amended forecasted revenue. She noted that they saw signs of funding softening and anticipated scaling back items, so the county talked with their providers and looked at their system of care holistically. She noted that Washington County was successful in meeting the needs for chronic homelessness in families and youths.

Jes shared that Washington County needs transition housing for folks who need more programmatic support, but permanent supportive housing (PSH) is not the right fit. The work plan will focus on balancing the system with the addition of transition housing and a reduction in other programming. She stated the county will provide a contract plan for providers on how contracts will reflect the shift. She shared that there will be a reduction in provider capacity, and one-time funds will support caseload management and transitions from current programming. The one-time funds will be from uncommitted RIF carryover, as Washington County is holding stabilization reserves for economic downturns.

Vahid Brown, Clackamas County, shared that Clackamas County similarly reached out to providers once the updated forecast was received. He shared that the county’s guiding principles in managing the deficit are to preserve a balanced system, use one-time funds strategically, and maintain a stabilization fund to address potential needs that could arise from federal policies.

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Vahid noted that program cuts will not occur, but regional long-term rental assistance (RLRA) voucher issuance has been paused. He noted that Clackamas County has about 1,000 households in PSH supported by RLRA and is focused on stabilizing that program. He shared that the Move Forward Initiative is focused on RLRA recipients and will provide workforce, barrier removal, and benefit recovery programming. He noted they are working with providers to repurpose their workloads to match the shift in programming. He highlighted that Clackamas County placed 5% of its funds into contingency and 20% into stabilization.

Dan Field, Multnomah County, reflected that there are similar themes between the three counties and that Multnomah County is also trying to maintain a balanced system. He stated the county is focused on PSH to support the strategies in Multnomah County's Homeless Response Action Plan. He highlighted that a significant amount of funding has flowed through the City of Portland for shelter sites the City creates and operates. He reflected that the county has been funding services through county departments like the health and community services departments.

Dan Field highlighted their partnership with Multnomah County Library to have peer support workers available. He reflected the need for a sustainable workforce, but as funding decreases, there may be staff reductions. He noted that RIF reserves and contingency funds would be used to fund gaps.

Committee members had the following questions:

- **Question, Peter:** For the next meeting, I would like to see a table detailing how much money each county has in their stabilization, RIF, and contingency buckets.
 - **Response, Washington County Chair Harrington:** To be clear, all these funds are accounted for. I think you are asking for a high-level review of where to find that information.
 - **Metro response, Yesenia:** We can put together a table summarizing that information.
 - **Metro response, Patricia:** Stabilization reserves are set to 10% in the intergovernmental agreements and recently increased to 15%. The purpose of the reserves is to address the volatility of the tax.
- **Question, Dan Fowler:** Thank you, county staff, for thinking creatively. How does state funding impact the work we do?
 - **Clackamas County response, Vahid:** Governor Tina Kotek had great new initiatives, and state funds came at a good time. The state rent program is similar to RLRA and has been supporting our Native American culturally specific housing. Overall, state funding has helped us focus on rural programming.
 - **Multnomah County response, Dan Field:** It has been helpful to work with the state. The Oregon All In program allowed us to do direct rehousing of folks and fund existing shelters.
 - **Washington County response, Jes:** Governor Kotek's budget and state investment will be able to sustain the expansion of programs created under her executive order.
- **Comment, Co-chair Dr. Taylor:** We have financial realities that require innovative design, and we cannot afford service gridlock. As resources get stretched thin, we need to ensure folks move effectively through the CoC, and this is reflected in budget frameworks.
- **Question, Dr. Bane:** I appreciate that both Clackamas and Washington Counties are moving funds to ensure individuals still move from homelessness to housing. How will Multnomah County reappropriate funds to ensure that progression?

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- **Multnomah County response, Dan Field:** Those dollars will not include the City of Portland funds that Metro delegates through the county. We have underperformed in moving people from shelter into housing, and we need to sustain or increase rental assistance to move people into PSH. Multnomah County has a diverse ecosystem of shelters. Our challenge is how do we make those investments to move folks through shelter. Motel shelters are more expensive than congregate shelters. We are meeting internally to discuss matching resources with the right people and efficacy across shelter types.
- **Comment, Peter:** Today I heard good planning for the future. I do not hear this tone in other meetings I attend: Board of Commissioner meetings, Metro meetings, or Here Together meetings. If everyone could agree and use the same financial documents when discussing SHS, that would be great. I hear different numbers discussed in those other meetings. Thank you, county staff, for the thoughtful presentations.
- **Comment, Washington County Chair Harrington:** I appreciate Peter's comment, and I want to contextualize it. Different realities are discussed in different forums. Metro Council was considering significantly decreasing county funding. Counties communicated that it would be disruptive to the essential systems of care. We saw signs of softening tax collection in Q4 of 2024 and are digesting the transition plan. None of this is wrong or bad, we are all trying to do good work. There are various political pressures from county to federal levels.
- **Comment, Liam:** No decisions have been made regarding Metro applying admin carryover to address gaps.

Admin Rates Discussion

The Committee had no questions regarding admin rates.

Q2 County Q&A

Yesenia reviewed regional progress for FY21 -25 and regional progress to the FY25 workplan goals, detailing the tables on [pages 47-48 of the meeting packet](#).

Committee members had the following questions:

- **Question, Peter:** Congratulations on meeting these goals. There is a work group of family providers in Clackamas County looking at what the housing system needs to end homelessness for families in the county. The missing piece to this is the unmet need. The public can see what the unmet need is, and there is concern that SHS is not doing what it should.
 - **Metro response, Yesenia:** Our reporting system is built on outputs. The higher levels of outcomes can be difficult to do quarterly, but the annual report has information on what counties are seeing for specific populations. The Committee made this recommendation this year, and the question has been elevated about what the high-level goals and outcomes are that we are building towards.
 - **Response, Co-chair Dr. Taylor:** We presented this in our annual report on service utilization gap analysis for where demand exceeds capacity.
- **Comment, Dan Fowler:** Unmet needs need context. Sometimes, I worry that it seems to the public that we are not effective. If we did not do this work, it would be worse. Context needs to be created for visuals and reports so that the work is valued.

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- **Comment, Co-chair Dr. Taylor:** I agree, public health preventions continue to integrate preventive measures and are comprehensive of context.
- **Comment, Dr. Bane:** This is truly a public health problem, and communicating systemic problems can be difficult. We are providing the best care we can. I like the public health model for public communication.

Josh asked the counties to share any notable highlights from their Q2 reports.

Jes shared that Washington County compared messaging about an emergency response system to the housing crisis. She reflected that the goal is not to end homelessness in the county, but that they are on track for their housing placement goals. The county has spent 42% of its adjusted forecast expenditure, which is higher than they like to see as Q3 and Q4 traditionally has more spending. She highlighted that they broke ground for a future Hillsboro shelter, which is part of the stabilization plan.

Vahid shared that Clackamas County's rapid rehousing and eviction prevention programs are moving ahead of pace, and their Community Paramedic Division applauded the work completed. He noted the county is doing a lot of work to launch the Medicaid 11-15 waiver.

Breanna Flores, Multnomah County, shared that the county is ahead of its Q2 goals and met its shelter goal. She noted that SHS dollars filled gaps to have the beds needed for the community sheltering strategy. She noted that their adult system has been underfunded, and the Q2 report discusses that in detail. Breanna thanked providers for doing the work and noted some items have been pushed out to FY 2026 due to construction delays. She highlighted that they are expanding their PSH system and culturally specific programs.

Committee members had the following questions:

- **Comment, Jeremiah:** The rollout of the waiver in the housing sector has been overwhelming, as there is a lot of demand. I would like to talk about the impact of the waiver on SHS providers, it seems that there is limited capacity. I am curious to know if the waiver is taking work away from other housing services.
- **Comment, Peter:** It would be great if there was a flow chart for case managers on funding sources available for households. I think the waiver issues are being worked out, and then it will be a great part of the solution.

Next Steps

Yesenia thanked county staff for presenting.

Josh thanked everyone for their participation and noted that Committee members can email any remaining questions to Metro staff.

Next steps include:

- Metro staff to create a summary table detailing how much money each county has in their stabilization, RIF, and contingency funds.
- The Committee to consider discussing the 11-15 waiver impacts.
- Next meeting: April 28, 2025, 9:30 am – 12 pm.



Supportive Housing Services Oversight Committee Meeting Summary

Adjourn

The meeting adjourned at 11:47 am.

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Supportive housing services – Oversight committee

Overview of role and responsibilities

Last updated: September 2024

Background

In May 2020, voters in greater Portland approved Measure 26-210 to fund services for people experiencing or at risk of homelessness. The measure also established a “community oversight committee to evaluate and approval local plans, monitor program outcomes and uses of funds.”

The Metro Council established the Regional Oversight Committee on December 17, 2020 by amending Metro Code Chapter 2.19 via Ordinance No. 20-1453. The purpose of the Regional Oversight Committee is to provide independent program oversight on behalf of the Metro Council to ensure that investments achieve regional goals and desired outcomes and to ensure transparency and accountability in Supportive Housing Services Program activities.

Oversight committee role and responsibilities

Requirement	Source text
Local implementation plans and Regional Plan	
Evaluate and recommend Local Implementation Plans	SHS Work Plan, section 3.4: The committee will be charged with the following duties...A. Evaluate Local Implementation Plans, recommend changes as necessary to achieve program goals and guiding principles, and make recommendations to Metro Council for approval.
Approve Regional Plan developed by the Tri-County Planning Body	Tri-county planning body charter: Develop a Regional Plan for <i>approval by the Regional Oversight Committee</i> that incorporates regional strategies, metrics, and goals as identified in Metro SHS Workplan and the counties’ Local Implementation Plans.
Review LIP amendments and recommend approval or denial to Metro Council for: <ul style="list-style-type: none"> Alignment with Tri-County Plan 	Intergovernmental Agreement, section 5.2.4: Within one year of the adoption of the Tri-County Plan, and as needed thereafter, Partner will bring forward any necessary amendments to its Local Implementation Plan that incorporate relevant regional goals, strategies, and outcomes measures. The ROC will review the amendments and recommend approval or denial of the Plan amendments to the Metro Council.
Request County Partner amend its LIP: <ul style="list-style-type: none"> Based on one or more SHSOC recommendations; Based on a significant change in circumstances impacting homelessness in the region; 	<p>Intergovernmental Agreement, section 5.2.3: Within 60 days of the date that Partner presents its Annual Program Report to Metro Council, Metro or the ROC may, in consultation with the other, request that Partner amend its Local Implementation Plan based on one or more ROC recommendations or a significant change in circumstances impacting homelessness in the Region.</p> <p>SHS work plan, section 5.3: The Regional Oversight Committee will review each Annual Progress Report and may recommend changes to the Local Implementation Plan to achieve regional goals and/or to better align the Local Implementation Plan with the Work Plan.</p>

Requirement	Source text
<ul style="list-style-type: none"> To achieve regional goals; and/or To better align LIP with SHS Work Plan. 	
Annual reporting and work plans	
Review county annual work plans	Intergovernmental Agreement, section 5.3: Beginning in FY 2022-23, Partner must annually submit an Annual Work Plan to Metro and the ROC for their review on or before April 1 for the subsequent Fiscal Year.
Accept and review annual reports for consistency with approved Local Implementation Plans and regional goals	SHS work plan, section 3.4: The committee will be charged with the following duties:...B. Accept and review annual reports for consistency with approved Local Implementation Plans and regional goals.
Provide annual reports and presentations to Metro Council and Clackamas, Multnomah and Washington County Boards of Commissioners assessing performance, challenges and outcomes	SHS work plan, section 3.4: The committee will be charged with the following duties:...D. Provide annual reports and presentations to Metro Council and Clackamas, Multnomah and Washington County Boards of Commissioners assessing performance, challenges and outcomes.
Fiscal oversight	
Monitor financial aspects of program administration, including review of program expenditures.	SHS work plan, section 3.4: The committee will be charged with the following duties:...C. Monitor financial aspects of program administration, including review of program expenditures.
Annual review and consideration of whether the recommended administrative costs should be reduced or increased. (for Metro, County Partners and service providers)	SHS work plan, section 5.3: As part of the annual review process, the Regional Oversight Committee will evaluate tax collection and administrative costs incurred by Metro, Local Implementation Partners and service providers and consider if any costs should be reduced or increased. The committee will present any such recommendations to the Metro Council.
Review Metro Budget	IGA 5.4.1: At least annually, Metro will prepare a written budget for its SHS program that details its use of Income Taxes and its Administrative Expenses and will present its SHS budget to the ROC [Regional Oversight Committee]. The ROC will consider whether Metro's SHS budget, its collection costs, and its Administrative Expenses could or should be reduced or increased. The ROC may recommend to the Metro Council how Metro can best limit its collection and Administrative Expenses in the following Fiscal Year.
Review five-year forecast	IGA 7.2.1.1: Metro's CFO, in consultation with the FRT, must prepare a five-year revenue forecast to support the Counties in developing their annual budgets and revising current year estimates as needed. The forecast will evaluate Income Taxes collection activity, SHS program expenditure activity, cash flows, adequacy of funds in Stabilization Reserves, economic factors impacting tax collections, and the overall financial health of the SHS program. Metro will provide these forecasts to the ROC and TCPB by the first business day in December, and provide timely updates of those projections, as available.



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Requirement	Source text
Other	
Provide input on corrective action plans before Metro requires them of counties	Intergovernmental Agreements, section 6.3.5: after appropriate notice and opportunity to remedy identified concerns, Metro reasonably determines that Partner is not adhering to the terms of its Plan, current Annual Work Plan or Annual Program Budget, or current spend-down plan, then Metro may, with input from the ROC and from Partner, require Partner to develop a Corrective Action Plan.

Supportive housing services regional oversight committee

Meeting guidelines

Arrive on time and prepared.

Share the air – only one person will speak at a time, and we will allow others to speak once before we speak twice.

Express our own views or those of our constituents; don't speak for others at the table.

Listen carefully and keep an open mind.

Respect the views and opinions of others, and refrain from personal attacks, both within and outside of meetings.

Avoid side conversations.

Focus questions and comments on the subject at hand and stick to the agenda.

When discussing the past, link the past to the current discussion constructively.

Seek to find common ground with each other and consider the needs and concerns of the local community and the larger region.

Turn off or put cell phones on silent mode. Focus on full engagement in the meeting, and refrain from conducting other work during meetings as much as possible.

Notify committee chairperson and Metro staff of any media inquiries and refer requests for official statements or viewpoints to Metro. Committee members will not speak to media on behalf of the committee or Metro, but rather only on their own behalf.

Group agreements

We aren't looking for perfection.

WAIT: why am I talking / why aren't I talking.

You are the author of your own story.

Impact vs intention: Intention is important, but we attend to impact first.

BIPOC folks or folks with targeted identities often don't / didn't have the privilege to assume best intentions in a white dominant space.

Invited to speak in draft- thought doesn't need to be fully formed.

We are all learners and teachers.

Expertise isn't privileged over lived experience and wisdom.

Liberation and healing are possible.

Expect non-closure.

Memo

Date: April 10, 2025
To: Supportive Housing Services Oversight Committee
From: Revenue & Analytics Division
Subject: FY25 Monthly Tax Collection and Disbursement Update

This financial update is designed to provide the information necessary for the SHS Oversight Committee to stay up to date on the latest tax collection and disbursement figures.

Collections were moderate in March, driven by healthy TY 2025 employer withholdings plus timely TY 2024 filings as we approach April 15. The \$19.5M collected trends roughly 3.5 percent higher than 2024 for the same period.

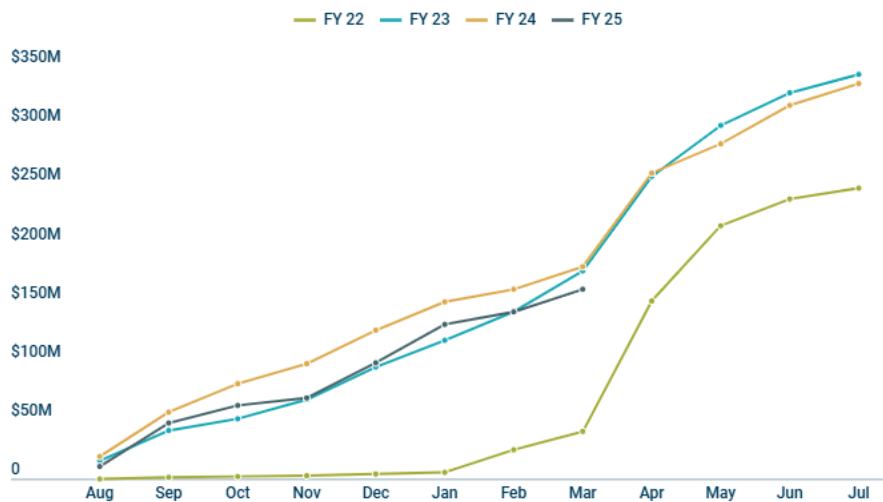
Tax Revenue Collection and Disbursement Infographics

Interactive FY25 tax revenue and disbursement charts are published here:
[SHS Revenue Collection Infographics](#)

This includes collections by the tax administrator in March 2025. Static screenshots of these charts are provided below.

Supportive Housing Services Tax Revenue Collection

Cumulative Collections from August 2021 through March 2025



This chart shows **cumulative** revenue collections by fiscal year. With only 3.5 full years of collections, there is limited history and points of comparison.

In FY 2024-25 so far, revenue is trending lower than the prior year. However, the majority of revenue is collected in April and May, meaning that the revenue trajectory can shift significantly very late in the fiscal year.

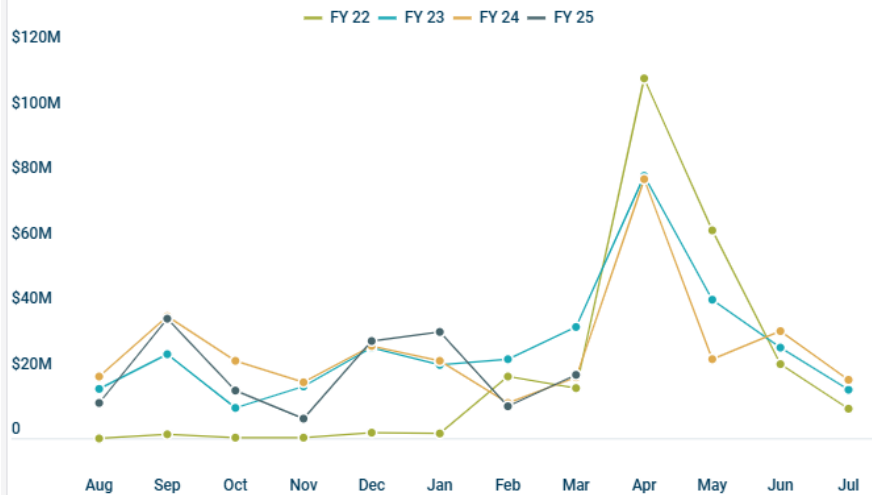
Additional analysis and forecast materials are available [here](#).

These figures represent tax collections only, not including interest or other adjustments.

Metro updated its revenue recognition process in Summer 2023 to align with accrual accounting. As such, this chart shows historical collections with August as the first month of the fiscal year, since that reflects income earned in July.

Supportive Housing Services Tax Revenue Collection

Monthly Collections from August 2021 through March 2025



This chart shows **monthly** revenue by fiscal year. The monthly variations highlight the dynamics of the tax base and the types of income being taxed. These trends also show how quickly the revenue trajectory can shift using a month-to-month view.

In FY 2024-25, March revenue was moderate, driven by healthy TY 2025 employer withholdings plus timely TY 2024 filings, as we approach the April 15 deadline. The \$19.5M collected trends roughly 3.5% percent higher than 2024 for the same period.

These figures represent tax collections only, not including interest or other adjustments.

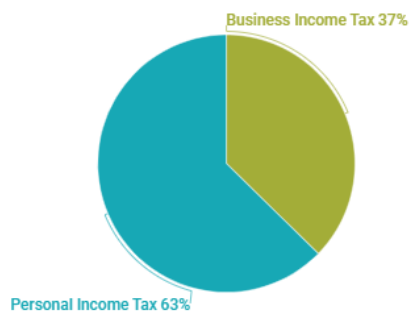
Metro updated its revenue recognition process in Summer 2023 to align with accrual accounting. As such, this chart shows historical collections with August as the first month of the fiscal year, since that reflects income earned in July.

FY 2024-25 SHS Tax Revenue Collection

These figures represent tax collections only, not including interest or other adjustments.

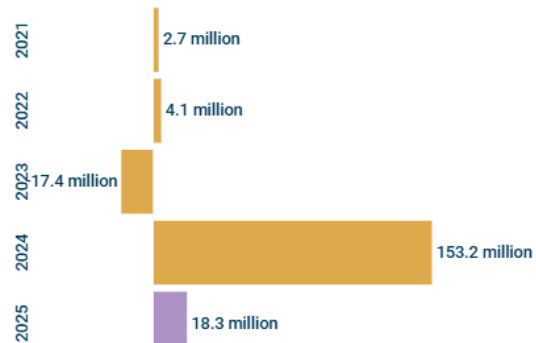
Collections from August 2024 through March 2025

\$160.9 million



Collections by Tax Type

The breakdown of collections between the two taxes are skewed slightly more toward the personal side compared to the same time in FY 2023-24. December included quarterly estimated payments for most businesses, and quarterly estimated payments were due for the Personal Income Tax in January.



Collections by Tax Year

Collections so far show primarily quarterly estimated payments for Tax Year 2024 and employer withholdings for Tax Year 2025. The negative figure for Tax Year 2023 primarily reflects estimated payments from the prior year (both from quarterly and Tax Year deadlines) were higher than actual amounts owed for the BIT. There are minor amounts of taxes from prior years from enforcement actions.

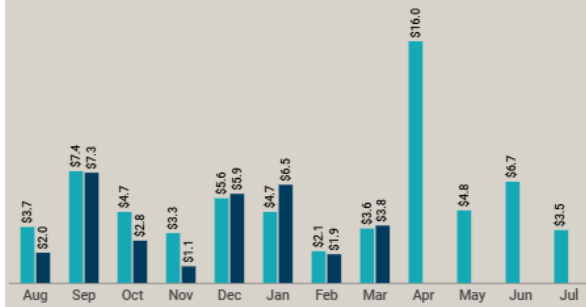
FY 2024-25 SHS Revenue Distribution - Clackamas County

Distributions* September 2024 through April 2025

\$31.3 million

Monthly Distributions

FY 24 FY 25



Download data

Cumulative Distributions

FY 24 Actual FY 25 Actual FY 25 Forecast



Download data

* These figures include interest and other adjustments. Distributions occur one month after collections, when the cash is remitted to Metro

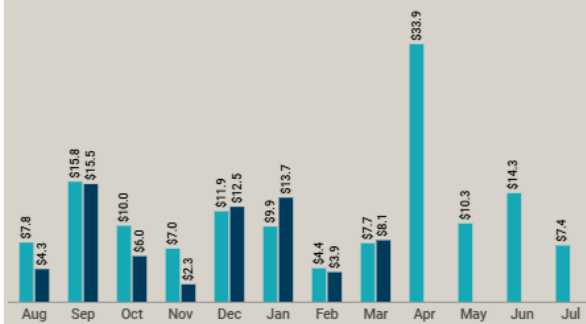
FY 2024-25 SHS Revenue Distribution - Multnomah County

Distributions* September 2024 through April 2025

\$66.3 million

Monthly Distributions

FY 24 FY 25



Download data

Cumulative Distributions

FY 24 Actual FY 25 Actual FY 25 Forecast

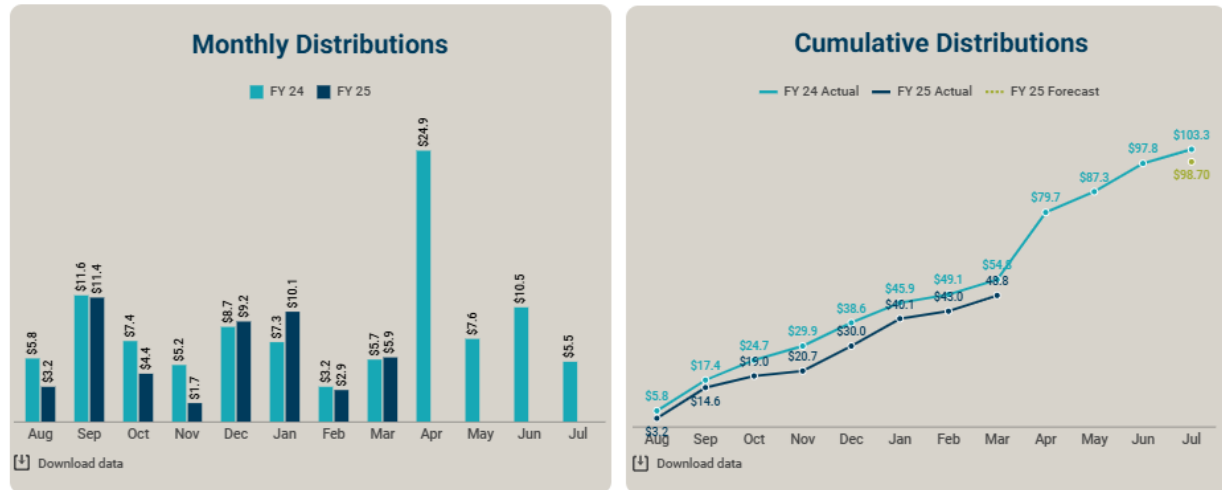


Download data

* These figures include interest and other adjustments. Distributions occur one month after collections, when the cash is remitted to Metro

FY 2024-25 SHS Revenue Distribution - Washington County

Distributions* from September 2024 through April 2025

\$48.8 million

*This includes \$531,568.04 in interest collected by the tax administrator in FY 2024-25



Healthcare System Alignment

Regional Implementation Strategy

SHS Oversight Committee

April 28th, 2025

Agenda

- Recap: Health/housing integration landscape
- Regional Strategy
- Questions/discussion
- Vote





Metro

Recap: Health/housing integration landscape

County highlights

- Health and Housing Integration team expansions
- Health/housing case conferencing
- Medicaid waiver TA and service delivery
- Medical respite (Washington, Clackamas)
- Multco data-sharing agreement with Health Share

Health Share highlights

- Medicaid Waiver – Housing Related Social Needs (HRSN) benefit implementation
- High Acuity Behavioral Health initiative
- Regional Integration Continuum (RIC) concept
- Data sharing agreements
- Metro partnership – Housing Integration Team



Metro

Healthcare System Alignment Regional Strategy

Three pillars

Strategy 1

Develop Regional Plan for Medically Enhanced Housing and Shelter Models

Strategy 2

Strengthen Regional Support for Cross-System Care Coordination

Strategy 3

Build Regional Cross-System Data Sharing Infrastructure

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 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 3: Vision

Strategy 3

Build Regional Cross-System Data Sharing Infrastructure

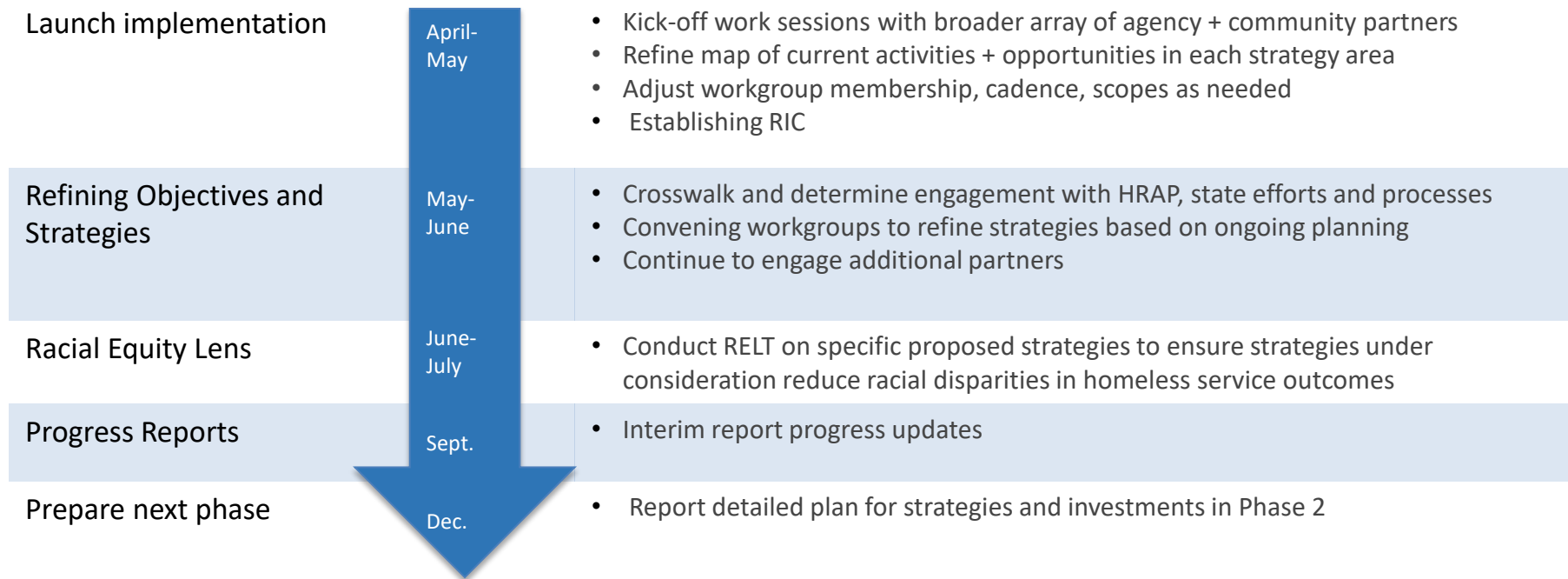
- Support and advance existing data sharing agreements, create regional infrastructure
- Enable healthcare and housing system partners to identify shared clients, facilitate cross-sector interventions that are HIPAA-compliant, person-centered and trauma-informed
- Improve health and housing outcomes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

Overall Timeline – 2025



Funding Sources to implement regional strategy

Funding Source	Activities Funded	Status
RIF (FY24-25)	<ul style="list-style-type: none">County housing/health integration staffWashington County respite program	Already in place (pre-TCPB plan)
RIF (FY25-26)	<ul style="list-style-type: none">County health/ housing integration staff	\$1,824,905 approved by TCPB
Metro admin	<ul style="list-style-type: none">Consulting supportStaffing for system alignment through Health Share's RIC and HRBH (3 FTE, one-year)	Confirmed/ Contracts in place
Other	<ul style="list-style-type: none">Additional County investments in staffing – ongoingPotential additions: RIC staffing navigators, hired by Health Share, embedded in each county; peer support/CHW positions	Grant and health system funding sources being explored

TCPB decision and feedback

- Unanimous approval at the April 9 TCPB meeting
- Comments/questions included:
 - How will we protect immigrants, refugees and other vulnerable populations at a time when sharing data feels particularly dangerous?
 - How will this work engage the hardest to serve folks?
 - Will this work increase resources, build capacity, and not just improve system integration?

Next steps

- Establish/expand workgroups for each strategy
- First progress report: September 2025
- Learn, adapt, evolve as we go

Q&A and Discussion

Vote

Tri-County Planning Body Healthcare System Alignment Goal

Regional Implementation Strategy

March 2025



If you picnic at Blue Lake or take your kids to the Oregon Zoo, enjoy symphonies at the Schnitz or auto shows at the convention center, put out your trash or drive your car – we’ve already crossed paths.

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Auditor

Brian Evans

600 NE Grand Ave.

Portland, OR 97232-2736

503-797-1700

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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.	<ul style="list-style-type: none">• Convene working group to review recommendations and strategies for supporting medically enhanced housing and shelter models established by:<ul style="list-style-type: none">○ 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.

	<ul style="list-style-type: none"> • 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 • <i>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.</i>
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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 <i>Note: Existing consultant will continue under contract with Metro for ongoing support of the healthcare strategies overall</i>	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	<ul style="list-style-type: none">• 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

	<p>other care coordination efforts. Consider data elements needed to ensure racial equity of case conference and care coordination implementation.</p> <ul style="list-style-type: none"> • 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) • <i>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.</i>
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	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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) • <i>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.</i>
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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

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	<ul style="list-style-type: none"> • 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

	<p>addressing data gaps for undocumented individuals and non-traditional subpopulations</p> <ul style="list-style-type: none"> • 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 • <i>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.</i>
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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) <i>For information purposes only; not subject to TCPB approval</i>	Proposed FY25-26 RIF (July 1, 2025-June 30, 2026) <i>For TCPB approval</i>
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.
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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

	<p>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.</p> <p>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.</p>
County-Level Health and Housing Systems Integration Staff	<p>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).</p>
Integration of Cross-System Program Staff into Health and Housing Programs	<p>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.</p>
Frequent Users of Service Engagement (FUSE) Studies	<p>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.</p>
Co-Located Housing and Healthcare Services	<p>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.</p>
Permanent Supportive Housing for Health	<p>Clackamas, Multnomah, and Washington counties have increased their focus on permanent supportive housing for persons experiencing significant health vulnerabilities. Populations experiencing</p>

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	<p>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.</p> <p>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.</p>

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.

	<p>integration of health services into housing services through methods such as data sharing, IT integration, case coordination, and system connections.</p> <p>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.</p> <p>Division Directors at Clackamas County continue to invest in positions across Divisions to increase coordination between behavioral health, physical health, and housing activities.</p>
Cross-System Case Conferencing*	<p>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.</p>
Medical Respite*	<p>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.</p>

Past Efforts

Frequent Users of Service Engagement (FUSE) Study*	<p>From September 2018 through June 2019, the Regional Research Institute for Human Services and the Toulon 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.</p>
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Multnomah County

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

Eviction Prevention (to be leveraged for	<p>Multnomah County's Rapid Response Eviction Prevention program provides application support, rent payments, and legal support to people</p>
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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*	<p>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.</p> <p>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.</p>
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*	<p>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.</p> <p>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.</p> <p>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</p>

	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*	<p>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.</p> <p>JOHS partners with providers of supportive services in PSH who are focused on specific populations, such as people living with HIV and seniors.</p>
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.
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Health Share

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

Housing Benefit Pilot	<p>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.</p> <p>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.</p>
Capacity Building Funds	<p>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.</p>
Health Share High Risk Behavioral Health initiative	<p>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.</p> <p>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</p>

	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.
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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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

	<p>housing and shelter models, utilizing health and housing risk factors identified by both health and housing system partners.</p> <p>Launch a pilot program for use of the risk stratification model in healthcare settings for patients at-risk of and experiencing homelessness.</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.
<p>Potential Phase 2 Milestones & Metrics</p> <p>Potential milestones could include:</p> <ul style="list-style-type: none"> 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). <p>Potential metrics could include:</p> <ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none">• 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.

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 	



600 NE Grand Ave.
Portland, OR 97232-2736
oregonmetro.gov

To: Supportive Housing Services Oversight Committee
From: Yesenia Delgado, Supportive Housing Services Manager, Metro
RE: Fiscal year 2025-26 Annual Work Plans Assessment
Date: April 21st, 2025

Dear SHS Oversight Committee Members,

Metro has received the first drafts of each county's Annual Work Plan for fiscal year 2025-26, as well as an amendment to Washington County's fiscal year 2024-25 work plan.

This memo provides Metro's staff assessment of the fiscal year 2025-26 work plans and an overview of the fiscal year 2024-25 work plan amendment that Washington County has submitted for our review. Each county work plan has similar themes that we will highlight. Overall, the work plans are in alignment with the Intergovernmental Agreements, Local Implementation Plans, and SHS Work Plan.

Fiscal year 2025-26 Annual Work Plan Assessment

There is an overall reduction of supportive housing units that the counties plan to bring online this next fiscal year. As we enter year 5 of the SHS Measure, counties are starting to focus on the sustainability of their programs. As counties approach their individual targets toward the regional 5,000 goal, we expect to see a plateau in the coming years.

- Clackamas County is aiming to meet their goal of 1,067 by the end of this fiscal year.
- Multnomah County is over halfway to their goal of 2,267.
- Washington County is nearing their goal of 1,667 and will not be adding any additional capacity.

There is also an overall reduction in Permanent Supportive Housing and Rapid Rehousing placements across the region.

- Clackamas County housing placement goal decreased from 435 in FY25 to 220 in FY26.
- Multnomah County's housing placement goal decreased from 1,072 in FY25 to 743 in FY26.
- Washington County's housing placement goal decreased from 950 in FY25 to 375 in FY26.

Again, this reduction reflects an expected shift toward sustainability. The sustainability of the SHS program relies on continuing to provide services for the thousands of households they are currently serving, which is not necessarily captured in their work plans.

Regarding the qualitative goals, there have been no significant shifts compared to last year, as the counties continue to make steady progress towards meeting the SHS requirements. A



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Portland, OR 97232-2736
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recurring theme beyond sustainability is the ongoing advancement of previously established programs. This continues to reflect the phased nature of previous years' programmatic goals.

Washington County FY25-26 Annual Work Plan Amendment

As Washington County entered FY24-25, they launched a new program that provides one-time resources to support households moving into new housing without ongoing case management services. This new program helps "divert" households who are able to sustain housing placement with one-time financial assistance away from long waitlists for housing programs.

As Washington County progressed through the program, they faced some challenges that will likely prohibit them from meeting their annual goal. This program was categorized under rapid re-housing, but it does not quite fit the mold, their overall progress-to-date does not accurately represent their rapid re-housing program achievements.

The county made an amendment to account for the shift in this new program. Their Rapid Rehousing goal changed from 500 households to 300 households. Metro understands the complexities, and the fiscal year 2025-26 work plan reflects these changes as well. Therefore, we support this amendment.

Overall, we are pleased with this coming fiscal year work plans and look forward to seeing the great work that the counties are continuing to push forward as we enter year five.

As you take the time to review the work plans yourselves, please let us know if you have any follow-up questions or concerns.

Thank you,
Yesenia Delgado
Supportive Housing Services Manager



Supportive Housing Services (SHS) Annual Work Plan

Supportive Housing Services Program

FY 2024-25

Washington County (~~August 30, 2024~~) (Amended April 1, 2025)

SECTION 1: INSTRUCTIONS FOR ANNUAL WORK TEMPLATE

Please read through these instructions before completing the Goals & Objectives section of this annual work plan template.

Annual work plans are due **April 1** of each fiscal year. Work plans include goals and objectives for the following fiscal year. For example, a work plan submitted in April 2022 includes goals and objectives for FY22/23.

Completed work plans should be submitted to Metro program staff via email and should be sent to HousingServices@OregonMetro.gov.

Once received, Metro will review the work plan against your Local Implementation Plan and annual budget and may request changes to ensure consistency and alignment.

Please enter annual objectives in each category below. Objectives should stem from your local implementation plans as well as from the SHS regional goals and metrics. Entering objectives for the regional goals/metrics is required for each year. Each year, your program should be making progress toward the 10-year regional goals as well. Objectives should state what that planned progress is (e.g. launching a new program, expanding by #/% of providers, etc.) and how progress will be measured.

Entering objectives that stem from your LIP goals is also required (there should be at least one objective per goal *category* in your LIP), though you are entering objectives for work you will be implementing in the next program year, and likely will not be entering every single LIP goal. A good way to think about it is tying it back to your planned budget/investments. What are you funding/investing in next year? Those are the objectives to enter. You can also think about it in terms of what steps you’re taking to meet LIP goals. Maybe you’re not fully satisfying a particular LIP goal next year, but you ARE taking steps toward that goal. Those are also objectives.

SECTION 2: ANNUAL OBJECTIVES BY CATEGORY

COUNTY NAME: Washington County PROGRAM YEAR: FY 2024-25

List annual objectives below for the next program year, by category. Objectives should stem from your LIP Goals, though there are a few required goals coming from Metro’s SHS Work Plan. Add additional rows to the tables as needed.

CATEGORY 1: HOUSING/PROGRAM QUANTITATIVE GOALS

This section is slightly different than the categories that follow. For this section, please add your **quantitative goal(s)** for the next year in relation to your housing and services programs. The first chart includes required goals and then you can add any additional quantitative goals you’d like to add in the second chart. If your goal is N/A or zero, just explain why in the notes.

REQUIRED: These are SHS metrics that are set out in the Metro SHS Work Plan, at section 5.2. Please share what your annual goals are in relation to these annual metrics.

Regional Metric	Annual Goal	Additional information (e.g. important context or details for the goal)
Number of supportive housing units/opportunities you plan to bring into operation this year (in vouchers/units)	No new permanent supportive housing capacity is being added; Washington County’s capacity now matches our LIP goal.	Washington County has reached our LIP supportive housing goal of 1,665 slots for supportive housing placements with our Regional Long Term Rental Assistance (RLRA) and Housing Case Management Services (HCMS) programs combined for tenant-based supportive housing. HCMS provides comprehensive case management services paired with permanent rent assistance through RLRA. Our goal is to place as many households in supportive housing units as the number of vouchers released on an annual basis. This program is designed to support Population A households and seniors with fixed incomes aged 55 and older. As PSH buildings open across the county, our tenant-based supportive housing will convert to project-based supportive housing within PSH developments.
Number of housing placements (people and households):	950 750 households	Across multiple programs, the County will release 145 new housing slots, fill any remaining housing slot capacity, and support new placements in slots that have been freed up through attrition and graduation. Through these multiple and coordinated efforts, we expect to place 950 households into housing over the course of the Program Year Four. These households will be served across multiple programs to meet each household where they are at. The program details are defined below.
Permanent Supportive Housing (PSH)	450 households	In Program Year Four, we anticipate that 450 households will be newly based into our PSH programs using RLRA and either HCMS, or onsite PSH program services. These placements will leverage both private market units using tenant-based vouchers and HCMS and purpose-built PSH buildings with project-based vouchers. This program is designed to support Population A households and seniors with fixed incomes aged 55 and older.
Rapid Re-Housing (RRH)/Short-term Rent Assistance	300 200 households rehoused (45 new slots/vouchers)	Enhanced Rapid Rehousing (ERRH) increases access to housing options for households that require medium-term rent assistance support and case management services until the household can achieve financial independence. Participants are enrolled up to 24 months with financial assistance and support services decreasing over time as households build stability. While both Population A and B are eligible for ERRH, the focus population is Population B.

		AMENDED: Washington County has lowered this goal due to funding reductions necessary in Program Year 4, driven by the constraints identified in the December 2024 SHS revenue forecast. Reductions planned for next fiscal year require less people to be housed with this program in the current fiscal year.
Rapid Re-Housing (RRH)/Short-term Rent Assistance	200 100 Move-In Ready households	Move-In Ready assistance is a one-time resource to support households move into new housing without ongoing case management services. This new program helps “divert” households away from long waitlists for housing programs, if they are able to sustain housing placement with one-time financial assistance. AMENDED: Washington County has lowered this goal due to funding reductions necessary in Program Year 4, driven by the constraints identified in the December 2024 SHS revenue forecast.
Housing Only (if applicable)	100 housing graduations	As households stabilize, they may no longer require Housing Case Management Services (HCMS) but still need ongoing RLRA support to remain stably housed. We seek to graduate 100 households from HCMS with ongoing RLRA-only rent assistance. This program is not counted in the total housing placements since the placement already occurred.
Housing with Services Only (if applicable)	See PSH	See PSH
Number of homelessness preventions (people and households):	1,400 1,000 households	To prevent inflow into homelessness, the County will invest in successful eviction prevention programs to provide financial assistance to households to prevent homelessness. Eviction prevention resources primarily serve Population B households. AMENDED: Washington County has lowered this goal due to funding reductions necessary in Program Year 4, driven by the constraints identified in the December 2024 SHS revenue forecast. Based on the need to maintain fidelity to the Population A/B split, as a Population B strategy, Washington County reduced eviction prevention resources by approximately \$4 million.
Housing retention rate(s) (%)		
This goal is based on our understanding of HUD PSH programs. We will assess this goal and adjust over time with supported data.	85%	This goal is based on our understanding of HUD PSH programs. We will assess this goal and adjust over time with supported data.
This goal is based on our understanding of HUD RRH programs. We will assess this goal and adjust over time with supported data.	85%	This goal is based on our understanding of HUD RRH programs. We will assess this goal and adjust over time with supported data.
The County’s other permanent housing programs are too new to track this metric; the County will re-evaluate a retention rate for other permeant housing in Program Year Five.	N/A	The County’s other permanent housing programs are too new to track this metric; the County will re-evaluate a retention rate for other permeant housing in Program Year Five.

Additional services area. Add other **quantitative** housing, service or program goals here (non-quantitative program goals are in Category 4 below). *This information was taken from your LIP goals and services you are contracting with service providers for. Please include any additional services provided that are missing below.*

Topic/Category	Annual Goal	Additional information (e.g. Definition, important context or details for the goal)
Workforce development and employment readiness	30 new careers	Through a partnership with Worksystems, the County will support 30 new careers for those who are or were engaged with housing programs.
Maintaining a homeless services system of care – shelter	Maintain operations for 400 385 shelter units	<p>We aimed to create a shelter system that provides 250 beds of year-round, full-service emergency and non-congregate shelters that serve all parts of Washington County. These shelter sites are located throughout the county and connect participants with housing services to support transitions to more permanent housing options. We have exceeded our LIP shelter goal, due in part to additional state investments through Governor Kotek’s executive orders and American Rescue Plan Act investments in physical infrastructure. Washington County has a network of providers supporting over 430 shelter units. This upcoming year, we will sustain shelter units while temporary shelter operations wind down and permanent shelters come online. However, as costs increase for permanent housing investments, additional temporary shelter sites may need to wind down.</p> <p>AMENDED: Washington County has lowered this goal due to funding reductions necessary in Program Year 4, driven by the constraints identified in the December 2024 SHS revenue forecast. The County is closing motel voucher shelter programming, which is 65 shelter beds, this fiscal year. These shelter beds were always temporary but closed sooner than anticipated. Other shelter units have opened, making 385 our baseline shelter operations.</p>
Maintaining a homeless services system of care – street outreach	Operations of our outreach system are sustained for 10 organizations (20 Outreach workers) to serve 280 individuals at any point in time.	Outreach workers, housing navigators, resident service coordinators, and front desk staff are the backbone of our system. These workers build relationships, bust barriers with outside-the-box ideas, and show true empathy for others. They are the staff that make our system of care possible and successful. These investments were commitments from our LIP and are now fully built up. Washington County’s street outreach program is running at the capacity that can be sustained with SHS revenue. We will sustain this support for community members experiencing unsheltered homelessness.
Maintaining a homeless services system of care – navigation	22 Funded Liaison positions	The County will continue to embed housing liaisons in housing, healthcare, Veteran and other systems to increase access to housing programs.

Category 1: Framing and context narrative (required)

In under three years, Washington County has built out a homeless services system of care. Program Year Three continued modest expansion and focused on improving our system of care, focusing on the needs of our providers. Program Year Four will continue with even more modest expansions and needed system improvements, with increased focus on the ways individuals and families move through our homeless services system of care. As is evident by these goals, Washington County’s access programs have been scaled to meet the needs identified in our LIP, though additional investments will be needed to scale up our homeless services system of care to meet the current needs presented in our community. The goals we set as a system become our guideposts throughout the year to measure our impact and focus on committed priorities. We aim to set both aspirational and achievable goals to maximize the impact in our community.

This year marks the first year of scarcity of SHS resources, regardless of whether or not SHS funds are diverted. Due to faster than anticipated system growth and revenue payments lower than forecasted, Washington County will make programmatic reductions this year. Additional engagement is underway to inform how the county scales our system to best meet our community’s needs as available resources fluctuate from year to year, including a September conversation with the Homeless Solutions Advisory Council. **The county anticipates a workplan amendment later this year that will adjust goals based on available resources.**

CATEGORY 2: RACIAL EQUITY – STRATEGIES TO MEET REGIONAL GOALS AND LOCAL/LIP STRATEGIES TO ADDRESS RACIAL DISPARITIES

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Increase cultural responsiveness of providers by expanding diversity, equity, and inclusion training curriculum with community-based partners	As part of our LIP, education is a key element of our strategies to advance racial equity. We committed to trainings to build out culturally responsive services across the system of providers.	The County will measure participation in trainings and track the percentages of providers that engage and the types of positions that attend training (senior leadership, program management, case worker, etc.).	<p>Washington County has developed and is implementing culturally responsive training. This curriculum includes trainings on anti-racist practices in program design and implementation, and trainings to clearly define and teach culturally responsive service provision for all partnering organization staff.</p> <p>Training is a goal of the Tri-County Planning Body. When discussing the need for training, equity-based training was identified as support needed by county colleagues; this effort may become regionalized.</p>
Increase access for non-English speakers seeking services	Providing culturally responsive services is central to our LIP, and addressing language access needs is a needed next step to advance this work.	<p>We will support training and peer learning through one-on-one meetings with providers and convene at least one peer learning space.</p> <p><i>Data is not available to support quantitative progress measurements related to program outcomes.</i></p>	<p>We will support this goal in a few key ways, as identified by the Homeless Solutions Advisory Council:</p> <ul style="list-style-type: none">• Support providers in translating key program materials for participants;• Training and support for providers to access interpretation services; and <p>Support peer learning, allowing providers to share best and promising practices and technology solutions.</p>
Develop a regional equity lens tool	Washington County committed to leading with racial equity in SHS implementation. We have identified the need for regional coordination to ensure a consistent and regular system of reviewing SHS programs for effectiveness and quality of care.	The three counties will create a document to support this work. In Washington County, we will also create processes that integrate that tool into program evaluation and decision making.	As part of our regional coordination work, the tri-counties have identified a need for common language and strategies to advance racial equity. We will collaboratively develop a tool that can be adapted to local needs while providing baseline standards for all three counties.
Support culturally specific providers with capacity building	As part of our LIP, we committed to coordinating investments in capacity building for culturally specific organizations and will continue to expand these investments.	In the coming year, the County is continuing to support and has a goal to ensure 100% of contracted culturally specific partners are accessing available technical assistance and capacity building resources.	Washington County provided hundreds of hours of technical assistance to our partner organizations through regularly convened office hours, one-on-one support, and consultants hired to provide specific technical assistance. Currently, as of Quarter 2 of Program Year Three, 71% of our culturally specific

Washington County SHS Program Year 4 Work Plan (August 30, 2024)			
			providers have accessed capacity building resources. We would like to increase that to 100% of providers.
Address disparities for Asian Americans seeking services	The County is taking additional time in developing this strategy in alignment with our LIP commitment to research justice, “Communities of color are experts in their own lives, possessing experiential, historical, and cultural knowledge...and should be partners in research design, data collection, data ownership, and data analysis as experts in their experiences” ¹ .	Regular review of equity analysis data to monitor for an increase in Asian households served across homeless services programs.	The County is working in partnership with community-based organizations to identify strategies to address the disparities persistent in program data and will add more to the work plan prior to Program Year Four.

Category 2: Framing and context narrative (required)

Each strategy above demonstrates Washington County’s commitment to leading with racial equity in SHS implementation. Government has played a role in creating lasting, harmful racial disparities. Through redlining, the Federal Housing Administration loan discrimination and the sub-prime mortgage scandal, communities of color have been systematically excluded from opportunities to own property and create generational wealth. This legacy continues to shape the current landscape of housing and homelessness throughout the nation, including in Washington County. Furthermore, systemic racism is pervasive across all social structures including housing, justice, education, healthcare, and social services, impacting Black, Indigenous, and people of color at work, home, school, and everywhere in our community. The intersections of these unjust systems often create a direct path to homelessness where new barriers prevent these same communities from being able to end their homelessness.

Consistent analysis demonstrates that Latina/o/e and Black/African/African American people are disproportionately likely to experience homelessness. This data is consistent with other homeless systems, and an important demonstration of continued social, economic, and housing injustices in American society. The Washington County homeless service system is reaching Latina/o/e and Black/African/African American communities and providing access to housing options consistent with the disproportionate need. To redress historic disparities, we must continue to abundantly serve these communities, in partnership with our culturally specific service providers. The data also demonstrates that Asian American and Pacific Islander populations are less likely to seek services from our homeless service system than would be expected based on the rate of poverty of these populations in Washington County. This data is also consistent with national trends in serving the Asian American Pacific Islander communities and is important to continue to evaluate if these populations could be better reached by our housing and homeless programs. Advancing equity through program implementation, community partnerships, and housing placement outcomes is a fundamental commitment of the Washington County homeless services division.

¹ Coalition of Communities of Color. 2018. “Leading with Race: Research Justice in Washington County”. Portland, Oregon: Coalition of Communities of Color. <https://www.coalitioncommunitiescolor.org/research-andpublications/leadingwithrace>

CATEGORY 3: CAPACITY BUILDING – LEAD AGENCY/SYSTEMS INFRASTRUCTURE

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Fund transitional supportive housing and/or recovery housing	The County’s LIP details our commitment to improve behavioral health services in housing and homelessness programs, and recovery programs were specifically defined as a part of Washington County’s SHS system of care coordinated and strategic investments. This includes connecting people to the mental health care, addiction treatment, or recovery services suited to their needs, and responsive to their desire for service. These investments will create alternative methods of service delivery focused on serving people experiencing housing instability and homelessness, and bringing services into the community, shelters, and housing programs to support health, wellbeing, and housing stability over time.	Staff developed a Notice of Funding Offering (NOFO) for the capital development of transitional supportive housing and recovery housing, expected to be awarded in Program Year Four. The County will fund transitional supportive housing beds through that NOFO and/or through purchasing another property (such as a hotel). Exact unit and bed targets are under development.	<p>Partners and community leaders are increasingly reporting the need for more housing placements that offer higher levels of care to better serve people with complex and severe needs as they transition to stability. Some examples of these challenges include:</p> <ul style="list-style-type: none">• People are staying longer in our shelter programs because participants can ‘get stuck’ waiting for available housing programs.• The state hospital and other recovery or institutional settings report that patients are staying longer, highlighting the need for transitional housing options. <p>Newly housed tenants can quickly become homeless again due to repeated lease violations, clearly impacting the health of the tenant and partnerships with landlords when tenants are not ready for independent housing.</p>
Increase regional coordination related to coordinated entry, training, technical assistance, and workforce support	In our LIP, Washington County committed to full partnership with Clackamas and Multnomah Counties to build a strategic regional response and coordinated service system to better serve people experiencing homelessness throughout the region.	These goals are to be defined in collaboration with the Tri-Counties, Metro, and the Tri-County Planning Body (TCPB), including metrics and methods to measure progress on the remaining TCPB goals.	The first TCPB goal to advance landlord retention and recruitment is in the early stages of implementation and is necessitating a forthcoming update to the Program Year Three Workplan.
Enhance a comprehensive one governance approach	Our LIP references a Standard of Care among all service providers that is culturally responsive, based in housing first principles, guided by people with lived experience and informed in the best practices of trauma-informed and people-centered care; this is the charge of our governance work. The new technical subcommittee will support the development of procurement processes with racial equity at the core, provide review and guidance on how coordinated entry and HMIS can be approved, and support a community designed system of care. Additional recruitment will ensure appropriate representation on our governance body to ensure	<p>This will be measured in two ways:</p> <ol style="list-style-type: none">1. The successful launch of three technical subcommittees (Equitable Procurement Technical, Homeless Management Information System [HMIS], and Coordinated Entry). <p>Additional recruitment of unrepresented voices on the Homeless Solutions Advisory Council, considering demographic representation as well as industry representation.</p>	The Homeless Solutions Advisory Council launched January 2024 with an inaugural cohort of 10 members. As of March 2024, one technical subcommittee has launched (Performance Evaluation). As of March 2024, the County is finalizing a stipend practice for a soon-to-be stood up Lived Experience Advisory Committee. We’ve taken time to ensure compensation and a trauma informed approach, and plan to have this body stood up before the end of Program Year Three.

	diverse perspectives that will inform the continued development and improvement of our system of care.		
Elevate the needs of community in budget planning and program development	We committed to continuing to engage community stakeholders, focusing on communities of color, to inform investment priorities, program design, systems coordination, and evaluation of all SHS programs.	<p>We will host at least one summer listening session with the community to embed their voices in budget planning and plans for the Program Year Five work plan.</p> <p>In addition, building on the community survey conducted fall of this year, the County will include ways for community to provide feedback outside of a one-time meeting – including expanding public comment opportunity at the Housing Supportive Services Network meeting.</p>	<p>This work will be in partnership with providers and with the Homeless Solutions Advisory Council and the Housing Authority of Washington County’s Housing Advisory Council. Staff are exploring Spanish language and English language sessions to appropriately reach our region’s Latino/a/e community and will offer sessions that are outside of working hours to increase community participation.</p> <p>Washington County recently hired three shared staff among the Department of Housing Services and the Office of Equity, Inclusion and Community Engagement to support advisory body and community engagement work.</p>
Expand permanent shelter system capacity	The County funded permanent shelter sites across the region, in alignment with our commitment to geographic distribution of services. The shelter sites will co-locate other services to increase access across the county.	Open one permanent, year-round shelter.	Thanks to capital investments from SHS, the construction of multiple permanent, purpose-built shelters is underway. Washington County will have at least one up and running by the end of Program Year Four.
Increase healthcare system alignment	As part of our goal to leverage other systems of care, we aimed to build partnerships and programs with the healthcare system to leverage investments and better serve people experiencing homelessness with significant healthcare needs.	We will develop partnerships with Coordinated Care Organizations to support the implementation of the Medicaid 1115 Waiver and leverage the capacity of the homeless services system to implement new waiver housing benefit services.	Washington County is meeting with and learning from housing systems and providers across the state about leveraging Medicaid dollars and health systems to increase access and serve more people. We’re also seeking capacity building investments through Coordinated Care Organizations and technical assistance from experts with Medicaid Waiver implementation expertise to support infrastructure needed to launch this emerging body of work.

Category 3: Framing and context narrative (required)

While our system of care has been built out, the county has identified additional needs in alignment with our LIP to expand access to substance abuse and behavioral health resources. This is through infrastructure investments; without adequate transitional supportive housing and recovery housing, people are not able to move through our shelter system in a way that meets their individual needs. We also see the need for increased alignment through new opportunities in our healthcare system with the new Medicaid 1115 Waiver. Additional system alignment will occur regionally through the TCPB.

In addition to system work, the County’s capacity has increased. Washington County’s Department of Housing Services has scaled up staffing to meet the needs of the SHS program. As of March 2024, only four positions remained open and not under active recruitment. This growth was necessary to advance our system infrastructure and ensure proper oversight of public funds. In addition, the Homeless Services Division has restructured to address organizational needs resulting from growth.

CATEGORY 4: CAPACITY BUILDING – PROVIDER CAPACITY

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Capacity building for culturally specific providers	<i>Detailed in category 2 above.</i>	<i>Detailed in category 2 above.</i>	<i>Detailed in category 2 above.</i>
Increase cultural responsiveness of providers by expanding diversity, equity, and inclusion training curriculum with community-based partners	<i>Detailed in category 2 above.</i>	<i>Detailed in category 2 above.</i>	<i>Detailed in category 2 above.</i>
Help providers tell their stories to increase public awareness and understanding	While the LIP spoke to elevating the stories of those with lived experiences in program planning, additional needs have arisen to support the public opinion of SHS programming. This has two key benefits: getting ahead of NIMBYism concerns and informing voters of the impact of the taxpayer investments.	The County will provide support for providers in collecting program participant testimonials and telling their stories through hosting trainings and sharing best practices. In addition, the County will amplify these stories through our communications channels.	The SHS Oversight Committee has astutely pointed out the need to tell the story of SHS and lead with successes for those served. The County has collected program participant stories as a regular part of our work, and we aim to build that capacity among our network of 20+ community-based providers.
Expand Locally Coordinated Command Centers’ (LC3s) ability to utilize by-name-lists to more effectively and urgently connect unsheltered community members to services	The County has built out a coordinated entry structure to improve service and outcomes, while also improving our Community Connect system to better serve Black, Indigenous and people of color who seek shelter, services, and housing throughout the region. The next step in this work is to strengthen by-name-lists and track how individuals move through our homeless services system of care.	Each LC3 will continue to use by-name-lists and expand collaboration with housing providers through case conferencing and collaborative outreach.	LC3s were established from the efforts of Executive Order 2023-03. As part of a holistic system of care, Washington County embedded this work into our homeless services system of care.
Support provider outcomes and increase collective accountability in achieving program outcomes and community impact	<p>Washington County made a commitment to support capacity building for our system of care. These capacity building supports help organizations manage public funding, build data and program monitoring systems, train and support staff, and more.</p> <p>The LIP also details the importance of evaluation and accountability. This includes frequent and consistent program evaluation to continually refine program implementation strategies and ensure that Washington County is achieving demonstrated outcomes in ending homelessness and advancing racial equity.</p>	<p>We will conduct financial monitoring of community-based organizations and provide technical assistance to support improved operational infrastructure for partners.</p> <p>The County also plans to conduct an impact analysis of technical assistance and capacity building investments and identify successes and existing gaps.</p> <p>Washington County will implement a comprehensive monitoring framework across key homeless services program areas to assess program compliance and evaluate service delivery efforts of community-based partners.</p>	<p>The financial monitoring and technical assistance will support providers in making the highest and best use of limited taxpayer funds.</p> <p>Training and technical assistance are two goals of the Tri-County Planning Body (TCPB), and regional coordination may impact the strategies and investments implemented in Program Year Four.</p>

Category 4: Framing and context narrative (required)

Washington County’s network of 20+ providers have urgently scaled up operations thanks to SHS investments and in response to the needs for those they serve. Our general approach in this category is to sustain investments, make refinements, and deploy targeted technical assistance to support organizational development and accountability. Understanding the current unmet need and state of our system is an important step in determining and implementing our goals within the workplan. We also know that to keep up with the inflow of newly homeless households in the system, it will become necessary for some households to achieve a level of stability such that they can graduate from supportive services and make room in our system for new households in need.



Supportive Housing Services (SHS) Annual Work Plan

Supportive Housing Services Program

FY 2025-26

SECTION 1: INSTRUCTIONS FOR ANNUAL WORK TEMPLATE

Please read through these instructions before completing the Goals & Objectives section of this annual work plan template.

Draft annual work plans are due **April 1** of each fiscal year. Work plans include goals and objectives for the following fiscal year. For example, a work plan submitted in April 2022 includes goals and objectives for FY22/23.

Completed work plans should be submitted to Metro program staff via email and should be sent to HousingServices@OregonMetro.gov.

Once received, Metro will review the work plan against your Local Implementation Plan and annual budget and may request changes to ensure consistency and alignment.

Revised draft work plans are due June 15th of each fiscal year.

The final SHS work plan will be submitted by each county along with the SHS budget 60 days after their county budgets are approved.

Please enter annual objectives in each category below. Objectives should stem from your local implementation plans as well as from the SHS regional goals and metrics. Entering objectives for the regional goals/metrics is required for each year. Each year, your program should be making progress toward the 10-year regional goals as well. Objectives should state what that planned progress is (e.g. launching a new program, expanding by #/% of providers, etc.) and how progress will be measured.

Entering objectives that stem from your LIP goals is also required (there should be at least one objective per goal *category* in your LIP), though you are entering objectives for work you will be implementing in the next program year, and likely will not be entering every single LIP goal. A good way to think about it is tying it back to your planned budget/investments. What are you funding/investing in next year? Those are the objectives to enter. You can also think about it in terms of what steps you’re taking to meet LIP goals. Maybe you’re not fully satisfying a particular LIP goal next year, but you ARE taking steps toward that goal. Those are also objectives.

SECTION 2: ANNUAL OBJECTIVES BY CATEGORY

COUNTY NAME: Clackamas

PROGRAM YEAR: FY 2025-26

List annual objectives below for the next program year, by category. Objectives should stem from your LIP Goals, though there are a few required goals coming from Metro’s SHS Work Plan. **Please do not add additional rows to the tables.**
ADDITION: If you have housing program goals that get rolled up into one of the categories listed, please make that goal clear in the additional information section.

CATEGORY 1: HOUSING/PROGRAM QUANTITATIVE GOALS

This section is slightly different than the categories that follow. For this section, please add your **quantitative goal(s)** for the next year in relation to your housing and services programs. The first chart includes required goals and then you can add any additional quantitative goals you’d like to add in the second chart. If your goal is N/A or zero, just explain why in the notes.

REQUIRED: These are SHS metrics that are set out in the Metro SHS Work Plan, at section 5.2. Please share what your annual goals are in relation to these annual metrics.

Regional Metric	Annual Goal	Additional information (e.g. important context or details for the goal)
Number of supportive housing units/opportunities you plan to bring into operation this year (in vouchers/units)	40	While Clackamas County has paused the issuance of new tenant-based RLRA vouchers, we will be opening two new site-based developments which will have a combined 40 permanent supportive housing units.
Number of housing placements (households): <i>*Includes all PH Interventions, PSH, RRH, Housing with Services, Housing Only</i>		
Permanent Supportive Housing (PSH)	20	Permanent Supportive Housing placements will primarily serve households which meet the Population A definition. The 40 new PSH units opening in FY 25-26 will be opening towards the end of the fiscal year, so some of the 40 units may be filled after June 30, 2026.
Rapid Re-Housing (RRH) - <i>including both sub-types if applicable, e.g. Move-In Ready, sub-type ‘Services Only’</i>	200	Rapid Rehousing placements will primarily serve households which meet the Population B definition.
Housing with Services – <i>if applicable, e.g. ROTH</i>	To Be Determined	Clackamas County is currently developing a new Housing 4 Success program which will provide up to three years of rent assistance paired with case management and other supportive services such as employment services, a savings program, and more. Specific details for the program and its ultimate capacity are still being determined as the county finalizes its FY 25-26 budget. A final goal number and additional details will be provided in the final draft of the FY 25-26 SHS Work Plan.
Number of homelessness preventions (people and households):	1,500	Eviction prevention services will primarily serve households which meet the Population B definition. Households referred through the county’s Coordinated Housing Access system and those who reside in properties owned by the Housing Authority of Clackamas County will receive assistance.
Housing retention rate(s) (%)		
Permanent Supportive Housing (PSH)	85%	
Rapid Re-Housing (RRH)	85%	

Additional services area. Add other **quantitative** housing, service or program goals here (non-quantitative program goals are in Category 4 below). *This information was taken from your LIP goals and services you are contracting with service providers for. Please include any additional services provided that are missing below.*

Topic/Category	Annual Goal	Additional information (e.g. Definition, important context or details for the goal)
Emergency Shelter		
Newly created shelter units	13	Clackamas County will be opening a new 23-hour Crisis Stabilization Center which will serve adults experiencing the acute phase of a behavioral health crisis primarily through continuous observation. Those who stay at the center will also be connected with other housing services to help them move into permanent housing.
Sustained shelter units	230	Clackamas County will continue to sustain its shelter programs at their current capacity.
Outreach	700	Clackamas County’s coordinated outreach program will engage 700 households experiencing homelessness. Engagements include ongoing frequent contact with households and a connection to long-term housing services or resources.

Category 1: Framing and context narrative (required)

Clackamas County is approaching fulfillment of its commitment to connect 1,065 households with permanent supportive housing. Meeting this ten-year goal approximately five years ahead of schedule, permanent supportive housing placements are tapering. Slowing the growth of new permanent supportive housing placements is also necessary while the county adapts its system to decreased SHS revenue forecasted for FY 25-26 and future fiscal years. In FY 25-26, the county will prioritize system optimization across the continuum of housing services, including maximizing capacity within permanent supportive housing through a new initiative called Housing 4 Success, and preservation of funding for other services.

The county has also commenced construction on a new Crisis Stabilization Center, which will provide recovery-oriented and behavioral health aligned emergency housing, and affordable housing developments Hillside Park and Vuela, which will contain project-based permanent supportive housing. These developments are scheduled to open in FY 25-26.

CATEGORY 2: RACIAL EQUITY – STRATEGIES TO MEET REGIONAL GOALS AND LOCAL/LIP STRATEGIES TO ADDRESS RACIAL DISPARITIES

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Ensure people seeking housing services can access language support by measuring the extent to which housing services are clear and understandable for everyone, regardless of the language they speak.	This objective advances the County’s LIP commitments to (1) building community-based organization capacity, (2) achieving positive housing and service outcomes for Communities of Color to be equal to or better than NonHispanic white household outcomes, and (3) increasing access for Communities of Color to housing and services, particularly for those with disproportionately high rates of homelessness.	Clackamas County will conduct a baseline assessment of language access in Permanent Supportive Housing and Rapid Rehousing.	Assessment metrics may include primary languages spoken among PSH and RRH stayers and leavers, as well as service providers’ provision of language access services. Findings will inform the county’s development of language access support and assistance for service providers.
Ensure health care case conferencing practices support equity.	This objective advances the County’s LIP commitments to (1) increase access for Communities of Color to housing and services, particularly for those with disproportionately high rates of homelessness and (2) achieve positive housing and service outcomes for Communities of Color to be equal to or better than NonHispanic white household outcomes.	Clackamas County will implement a follow-along policy for health and housing case conferencing households who have historically encountered heightened barriers to health care access, including individuals with intellectual and developmental disabilities, individuals with complex cognitive needs, people who do not use English as their primary language, immigrants and refugees, and individuals identifying as BIPOC and/or Latinx.	A follow-along policy will habituate increased care and attention for households who need additional support, beyond the case conferencing point in the service process, to access and maintain care. Implementation of a follow-along policy will engage both health care partners and housing case managers in participant care.

Category 2: Framing and context narrative (required)

Clackamas County committed to addressing racial disparities present in our housing services system through a variety of strategies and goals outlined in the County’s Local Implementation Plan. The county is implementing those strategies through the above objectives.

CATEGORY 3: CAPACITY BUILDING – LEAD AGENCY/SYSTEMS INFRASTRUCTURE

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Clackamas County will prepare to implement a new Homeless Management Information System (HMIS).	This objective advances the County’s systemwide investment priority in its LIP. This goal also advances the LIP’s system wide investment priority of expanding internal capacity to facilitate further expansion of programs and services.	The county will perform significant groundwork to support a smooth transition to the new HMIS. Preparations will include reviewing and updating policies, redesigning work instructions for service providers, identifying critical reports in the new HMIS, and developing contingency plans for any system downtime.	In FY 24-25 the tri-counties procured a new HMIS that will achieve the desired functional and technical capabilities. This includes resolving ongoing challenges surrounding data visibility, duplicate records, and improvement of processes involving eligibility, housing inventory, caseload management, case conferencing, participant self-service, data input and output, dashboards, and data analysis and visualization. The HMIS Replacement Project is scheduled to launch in FY 25-26, with a two-year implementation timeline.
The county will launch a new time-limited rental assistance program initiative, Housing 4 Success, to maximize permanent supportive housing capacity and bolster participant stability and success.	This goal advances the LIP’s system wide investment priority of expanding internal capacity to facilitate further expansion of programs and services.	Progress will be measured through the number of household participants enrolled in the Housing 4 Success initiative.	In FY 24-25, the county approached fulfilling its commitment to fund new permanent supportive housing units through RLRA vouchers and other PSH rent assistance. RLRA voucher assistance is continuing with existing voucher holders. As the issuance of new RLRA vouchers declines, the county is renewing its focus on current capacity to continue assisting households in need of permanent supportive housing. Housing 4 Success participants will engage in goal setting related to housing stability and self-sufficiency, with programs such as matched savings, employment coaching, and benefits recovery available to assist in achieving those goals. As a participant’s income increases, their housing subsidy will decrease, and capacity to serve households with ongoing rent assistance is maximized.

Category 3: Framing and context narrative (required)

Internal capacity building continues to be one of the county’s key focuses to ensure it can meet its quantitative goals and optimize its continuum of homeless services.

CATEGORY 4: CAPACITY BUILDING – PROVIDER CAPACITY

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
The county will expand opportunities for service providers’ professional development and program expertise through training opportunities, technical assistance, and engagement.	This objective advances the County’s commitment to building community-based organization capacity.	Progress is measured by the number and diversity of opportunities created for service providers.	In this second phase of SHS implementation, the county is moving toward system optimization and augmenting program quality and performance. The county will continue to build on its partnerships with service providers through expanded opportunities for learning, professional development, technical assistance, and other engagement. Opportunities may include Resource Navigation, HMIS training, technical assistance on Medicaid waiver implementation, and advancing equity in housing services.
Launch a new program initiative, Move Forward, significantly investing in self-sufficiency programming to enhance supportive housing case management capacity and services.	This objective advances the County’s commitment to building community-based organization capacity.	Progress is measured through new or expanded capacity of self-sufficiency programming made available to households supported through SHS-funded rental assistance.	Self-sufficiency programming has been an important component of supportive housing case management, assisting participants in various ways to increase their incomes and likelihood of retaining their housing long-term. New or expanded programs through Move Forward may include benefits (SSI/SSDI) recovery, employment assistance programming, and legal services to remove barriers to employment, such as expungement.

Category 4: Framing and context narrative (required)

SHS funding has mobilized grassroots providers who have historically produced significant outcomes with very limited resources. While these providers have a proven track record in delivering housing services, the county remains committed to ensuring they have the necessary capacity to continue to support SHS program activity.

CATEGORY 5: OTHER ANNUAL GOALS BASED ON LIP

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Promote geographic equity	The County is committed to promoting geographic equity throughout Clackamas County and to leveraging funding to ensure it has the greatest impact in the County. Rural Clackamas County outside of Metro’s jurisdictional boundary has service deserts which are in need of increased funding. The influx of SHS funding within Metro’s jurisdictional boundary is allowing the County to shift resources and fund new services in historically underserved rural areas.	Progress is measured by the amount of non-SHS funding allocated for housing services outside of Metro’s jurisdictional boundary and the number of households served with it.	Due to influx of SHS funding, the county began allocating additional resources for housing and homeless services to rural and historically underserved areas outside of the Metro service area. Services such as shelter, rapid rehousing, outreach, and navigation have been funded in rural Clackamas County. In FY 25-26, the county plans to invest in a new resource center in Estacada, as well as City-led Initiatives in Sandy, Molalla, Estacada, and Canby.
Alignment with behavioral and public health systems	Enhanced internal coordination on strategic planning and service delivery will advance the County’s commitment to improving behavioral health services alignment with housing and homelessness programs internally and in collaboration with our partners throughout the County.	Progress is measured by investments made into programming which advances this alignment and through an analysis of how standing up a dedicated health-housing integration team has contributed to this alignment.	Enhanced internal coordination on strategic planning and service delivery will advance the county’s commitment to improving behavioral health services alignment with housing and homelessness programs internally and in collaboration with our partners throughout the county. Programs under health and housing integration include the continued implementation of the Medicaid waiver, health care case conferencing, continued support for the community paramedic in outreach, and continued funding of behavioral health case managers.

Category 5: Framing and context narrative (required)

The County will continue services in rural Clackamas County using other funding sources now that SHS funded services have significantly expanded capacity within Metro’s jurisdictional boundary. The majority of Clackamas County lies outside of Metro’s jurisdictional boundary and has a significant need for new investments and increased capacity. Further alignment with the behavioral and public health systems will provide more robust support for program participants who have acute behavioral or physical health needs and require higher levels of support than housing services providers can deliver.

Glossary:

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

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

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

Shelter: Overnight Emergency Shelter that consists of congregate shelter beds PLUS non/semi-congregate units. Shelter definition also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD defined overnight shelters.

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

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

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

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

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

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

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

The following list are HUD HMIS approved Project Types. Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in quarterly reports and HMIS reports, we will reference these Project Types by the exact HUD name. Here are the HUD Standards if needed, <https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>

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

Housing with Services, “PH - Housing with Services (no disability required for entry)”:
A project that offers permanent housing and supportive services to assist people experiencing homelessness to live independently but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.

Housing Only, “PH - Housing Only”:
A project that offers permanent housing for people experiencing homelessness but does not make supportive services available as part of the project. May include Recovery Oriented Transitional Housing, or any other type of housing, not associated with PSH/RRH, that does include supportive services.

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

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

Prevention, “Homelessness prevention”:

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

DRAFT



Supportive Housing Services (SHS) Annual Work Plan

Supportive Housing Services Program

FY 2025-26

DRAFT

SECTION 1: INSTRUCTIONS FOR ANNUAL WORK TEMPLATE

Please read through these instructions before completing the Goals & Objectives section of this annual work plan template.

Draft annual work plans are due **April 1** of each fiscal year. Work plans include goals and objectives for the following fiscal year. For example, a work plan submitted in April 2022 includes goals and objectives for FY22/23.

Completed work plans should be submitted to Metro program staff via email and should be sent to HousingServices@OregonMetro.gov.

Once received, Metro will review the work plan against your Local Implementation Plan and annual budget and may request changes to ensure consistency and alignment.

Revised draft work plans are due June 15th of each fiscal year.

The final SHS work plan will be submitted by each county along with the SHS budget 60 days after their county budgets are approved.

Please enter annual objectives in each category below. Objectives should stem from your local implementation plans as well as from the SHS regional goals and metrics. Entering objectives for the regional goals/metrics is required for each year. Each year, your program should be making progress toward the 10-year regional goals as well. Objectives should state what that planned progress is (e.g. launching a new program, expanding by #/% of providers, etc.) and how progress will be measured.

Entering objectives that stem from your LIP goals is also required (there should be at least one objective per goal *category* in your LIP), though you are entering objectives for work you will be implementing in the next program year, and likely will not be entering every single LIP goal. A good way to think about it is tying it back to your planned budget/investments. What are you funding/investing in next year? Those are the objectives to enter. You can also think about it in terms of what steps you’re taking to meet LIP goals. Maybe you’re not fully satisfying a particular LIP goal next year, but you ARE taking steps toward that goal. Those are also objectives.

SECTION 2: ANNUAL OBJECTIVES BY CATEGORY

COUNTY NAME: Multnomah County

PROGRAM YEAR: FY 2025-26

List annual objectives below for the next program year, by category. Objectives should stem from your LIP Goals, though there are a few required goals coming from Metro’s SHS Work Plan. **Please do not add additional rows to the tables.**
ADDITION: If you have housing program goals that get rolled up into one of the categories listed, please make that goal clear in the additional information section.

CATEGORY 1: HOUSING/PROGRAM QUANTITATIVE GOALS

This section is slightly different than the categories that follow. For this section, please add your **quantitative goal(s)** for the next year in relation to your housing and services programs. The first chart includes required goals and then you can add any additional quantitative goals you’d like to add in the second chart. If your goal is N/A or zero, just explain why in the notes.

REQUIRED: These are SHS metrics that are set out in the Metro SHS Work Plan, at section 5.2. Please share what your annual goals are in relation to these annual metrics.

Regional Metric	Annual Goal	Additional information (e.g. important context or details for the goal)
Number of supportive housing units/opportunities you plan to bring into operation this year (in vouchers/units)	# of SH units coming online: 248	We anticipate 248 new SHS-supported site-based PSH units to come online in FY 26. This includes 201 site-based PSH units across 5 affordable housing projects that we also included in our FY 25 goal. The construction timelines for all five of these projects have been pushed back and we now expect all of them to come online in FY 26. It also includes 47 new units of PSH at the Cesar Apartments.
Number of housing placements (people and households): <i>*Includes all PH Interventions, PSH, RRH, Housing with Services, Housing Only</i>	# of people <u>and</u> households: 743	Includes PSH, RRH, Housing with Services, and Housing Only.
Permanent Supportive Housing (PSH)	# of new people <u>and</u> households: 248	Households will be served in 248 new project-based PSH units that are expected to come online in FY 26 as described above. We are estimating the same number of people as households to start because the vast majority of units are SROs, studios or 1-bedrooms.
Rapid Re-Housing (RRH) - <i>including both sub-types if applicable, e.g. Move-In Ready, sub-type ‘Services Only’</i>	# of new people <u>and</u> households: 336	RRH is a model that provides short-term rent assistance to help people exit homelessness by providing staff support in identifying permanent housing opportunities and/or helping people retain their housing. There are different rapid re-housing programs across the homeless service continuum that serve adults, youth, families with children, and people fleeing domestic violence or sex trafficking. The RRH goal includes culturally specific services.
Housing with Services – <i>if applicable, e.g. ROTH</i>	# of new people <u>and</u> households: 124	Housing with services includes programming that does not fit in either PSH or RRH category but still includes a service component attached to housing. Note, the drafted work plan does not include other department programs outside of the Homeless Services Department (HSD) due to the pending budget cycle and will be updated to reflect the approved budget.
Housing Only – <i>if applicable</i>	# of new people <u>and</u> households: 35	Housing only includes programming that does not fit into the other service categories and does not have any services attached to housing.
Number of homelessness preventions (people and households):	# of new people <u>and</u> households: 300	SHS funding in this service area is limited in the FY 2026 proposed budget. Upon approval of the FY 2026 budget and contract negotiations, Multnomah County will update this goal if adjustments in the level of funding occur.

Housing retention rate(s) (%)		
Permanent Supportive Housing (PSH)	85%	
Rapid Re-Housing (RRH)	85%	

Additional services area. Add other **quantitative** housing, service or program goals here (non-quantitative program goals are in Category 4 below). *This information was taken from your LIP goals and services you are contracting with service providers for. Please include any additional services provided that are missing below.*

Topic/Category	Annual Goal	Additional information (e.g. Definition, important context or details for the goal)
Emergency Shelter	total # of units: 1,573	In FY 2026, SHS funding will support full or partial the operation costs of 1,606 shelter units across Multnomah County. This includes both congregate and non-congregate shelters such as motel rooms and sleeping pods.
Newly created shelter units Sustained shelter units	# of new units: 275	The 275 units are connected with Multnomah County’s community sheltering strategy and other shelter expansion.
	# of sustained units: 1,298	SHS is paying for the full or partial operations of 1,298 existing units across Multnomah County.
Outreach	1,800 people engaged in outreach services	In accordance with the Homeless Response Department’s (HSD) proposed budget, 1,800 (duplicated) people will be engaged with culturally specific outreach services.
Navigation	N/A	Navigation programs were not included in the FY 2026 submitted budget. Multnomah County will update this section if this changes in the approved budget.
Employment Services	N/A	Employment programs were not included in the FY 2026 submitted budget. Multnomah County will update this section if this changes in the approved budget.

Category 1: Framing and context narrative (required)

The upcoming fiscal year marks the fifth year of SHS implementation and a turning point in the financial and programmatic landscape of SHS. The annual goals specified throughout this plan have been informed by the Multnomah County Homeless Service Department’s (HSD) proposed budget, SHS advisory committee recommendations, and subject matter experts on planned priorities for FY 2026. As the region enters a tight financial season paired with the natural progression of the SHS Measure to focus on sustaining more participants than those it newly serves, the qualitative goals set for this year are notably lower than previous years. Although the goals shared here are lower, Multnomah County will seek to demonstrate the reach of SHS funding by exploring methods for reporting the sustained capacity SHS is maintaining during the fiscal year, where possible and applicable.

CATEGORY 2: RACIAL EQUITY – STRATEGIES TO MEET REGIONAL GOALS AND LOCAL/LIP STRATEGIES TO ADDRESS RACIAL DISPARITIES

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
<p>Produce an evaluation that recommends interventions for any ongoing disparities in the provision of services and outcomes for Black, Indigenous, and other People of Color (BIPOC) communities.</p> <p>Although we are meeting racial equity goals for some populations, we continue to see disparities in the provision of services to and housing outcomes for some SHS-funded services to individuals from certain demographics.</p> <p>We will use data from throughout the life of the measure to identify trends in the underrepresentation of BIPOC communities relative to their representation in the homeless population, and propose recommendations to address any persistent disparities.</p>	<p>This objective supports our LIP goal of “eliminating disparities in access and outcomes for Communities of Color participating in homeless and housing services; [ensuring] that each Community of Color accesses and succeeds in Metro funded programs at rates as high or higher than would be expected based on the make-up of the SHS eligible households.”</p>	<p>Progress will be measured through the development and implementation of an evaluation tool that we can use to discern where disparities still exist, and through a set of evidence-based recommendations to address any disparities.</p>	<p>The equity analysis in our FY 2024 SHS annual report found that American Indian, Indigenous, and Alaska Native populations are being served at lower levels than expected in rapid rehousing programs based on their representation in the homeless population.</p> <p>FY 2024 equity analysis data also showed that Asian or Asian Americans, Latino/a/x communities, and Native Hawaiian or Pacific Islanders are being served at lower levels in homelessness prevention programs.</p>
<p>Prioritize the future expansion of culturally specific providers and services in the system of care by identifying critical supports for culturally specific services in the new funding landscape.</p> <p>Over the last several years Multnomah County has strategically invested SHS funding to increase our partnerships with contracted and qualified culturally specific service providers. Although we are facing a reduced budget in FY 2026, we know that continuing to expand our partnerships with these organizations and increase services for culturally specific communities is still an important part of our SHS implementation and alignment with our Local Implementation Plan in the long term. With this ultimate goal in mind, during this season of budget constraint the Homeless Services Department (HSD) is dedicated to prioritizing culturally specific capacity in our system and identifying creative solutions to</p>	<p>Racism, in both its systemic and interpersonal forms, drives the higher rates of homelessness experienced by Black, Indigenous, Latino/a/x, Asian, Pacific Islanders and other people of color. Multnomah County’s Local Implementation Plan (LIP) supports building the capacity of our partners who are leading the work to reduce racial disparities through intersectional interventions.</p> <p>This year’s landscape analysis and identification of opportunities and support needs will contribute to our long-term goal to significantly increase both the number of culturally-specific providers and the number of BIPOC people served by the Homelessness Services Department.</p>	<p>To maintain and stabilize support for culturally specific services in the new funding landscape, HSD will prioritize identifying opportunities to assess and address the needs of culturally specific services and providers.</p> <p>The first quarter of FY 2026 will be investigatory – confirming an understanding of the funding/allocation landscape after budget adoption, as well as identifying opportunities and needs for culturally specific services and providers.</p> <p>Pending the adoption of the FY 2026 budget and contract negotiations, we will refine outcome metrics for this goal.</p>	<p>Expanding the culturally specific capacity in our system of services and supporting the culturally responsive capacity of the entire system are strategies aligned with Multnomah County’s LIP, the priorities of the HSD, the scope of work of the HSD Equity Team, and the SHS Advisory Committee’s FY 2024 Capacity Building recommendations.</p> <p>In the absence of specific, dedicated capacity building funds, it is important to the HSD to continue to prioritize culturally specific system capacity through technical assistance and other methods of support.</p>

support and stabilize our culturally specific provider network through technical assistance and training.			
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Category 2: Framing and context narrative (required)

Because funding for new initiatives will not be readily available in FY 2026, we will use the upcoming fiscal year to evaluate the landscape of ongoing racial disparities in Multnomah County and then use that information to influence funding decisions for the FY 2027 budget. Analyzing both annual and cumulative SHS program outcomes data will help us understand whether the disparities we saw in FY 2024 are persistent since the start of SHS programming, and if so, how we might thoughtfully integrate strategies to support the communities affected by those disparities in the FY 2027 budget.

In addition to evaluating ongoing racial disparities in SHS programming, Multnomah County will also identify critical supports needed for culturally specific organizations and programs in the context of current budget constraints. Through this evaluation we will determine existing gaps for culturally specific providers, assess resources available (monetary and non-monetary), and develop culturally specific priorities for future implementation.

CATEGORY 3: CAPACITY BUILDING – LEAD AGENCY/SYSTEMS INFRASTRUCTURE

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
<p>Identify opportunities for service integration between Medicaid and SHS-funded programs to remove the existing funding burden.</p> <p>We will work with departments across Multnomah County to identify pathways to leverage Medicaid funding with SHS-funded projects.</p> <p>This goal is one step in developing a sustainable and collaborative funding strategy for leveraging diverse funding streams such as Medicaid to support the long-term provision of services to our community and mitigate potential funding gaps.</p>	<p>Our LIP emphasizes the importance of leveraging all available funding sources to address homelessness in our region and asserts that “The promise of the SHS Measure to substantially reduce homelessness in the region can only be realized if every effort is made to use Measure funds to leverage the full range of federal, state, other County, private sector, community and philanthropic resources that are and become available.”</p> <p>It goes on to mention cross-department partnerships and Medicaid specifically, stating that “Through expanding partnerships with the County’s Health Department, Coordinated Care Organizations, and the regional hospital systems, there will be tremendous opportunities to expand partnerships and align investments in the full range of supportive housing types with the health care systems, and to advocate collectively for improved utilization of Medicaid to help address the social determinants of health.”</p>	<p>Pending the adoption of the FY 2026 budget and contract negotiations, we will refine outcome metrics for this goal.</p>	<p>This objective is in alignment with the Tri-County Planning Body’s goal to create system alignment and increase long-term partnerships by investing in staff supporting health and housing system integration and regional coordination.</p>

Category 3: Framing and context narrative (required)

In Phase 1 of the SHS measure, Multnomah County launched and expanded dozens of programs to strengthen our homeless services system and address long-standing housing service gaps known to exist in the county's behavioral health, community justice, and human services departments. While we focused on ramping up our population A program spending during those years to better meet that community's needs, we now face a very

different financial landscape in year four and going into year five, including a budget deficit and a significantly lower forecast than in previous years. In this new environment, we plan to strategize and mitigate potential disruptions to those services and the people have benefited from targeted and urgent service provision. The flexible nature of our local SHS funding allows us to pivot as needed to address budget reductions as they arise and creatively leverage other funding sources when possible.

CATEGORY 4: CAPACITY BUILDING – PROVIDER CAPACITY

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
<p>Evaluate the impact of the PSH Services Cap Investment on provider capacity.</p> <p>First introduced in FY 2025, the HSD is continuing to provide critical stabilization support to permanent supportive housing programming by maintaining an increased level of services funding per household to ensure adequate support for individuals and families.</p> <p>We will analyze two years of data to understand the impact of this investment in meeting overall community need for PSH services, retaining staff and participants, and addressing the specific needs of Black, Indigenous, and other People of Color communities engaged with culturally specific organizations.</p>	<p>Our LIP identified the need to address that many “service provider organizations do not currently have the capacity to scale programming to meet the needs of the SHS Program. This is especially true for smaller CBOs serving specific Communities of Color.”</p>	<p>The HSD will design and implement an evaluation for organizations that received PSH services funding in FY 2025 and are continuing to receive this funding in FY 2026.</p> <p>In the second half of FY 2025 the HSD designed and implemented an assessment to understand the impact of new service gap funding in the first year. In FY 2026 we will design and implement a second evaluation, in alignment with the first, that allows us to analyze the impact of the investment over a two-year period.</p>	<p>In FY 2025 the Homeless Services Department (HSD) implemented the first significant funding increase for permanent supportive housing (PSH) services since the beginning of PSH programming in Multnomah County. This historic decision provided critical stabilization for PSH programming. In FY 2025 we invested \$18.5 million in raising the standard per-household services funding rate to \$15,000 per year for permanent supportive housing projects while establishing a premium funding level of \$17,500 per household for culturally specific projects, family projects, and PSH buildings with at least 25% of apartments dedicated to PSH.</p>
<p>Decrease barriers to housing through continued landlord recruitment and retention.</p> <p>The lack of access to affordable housing options is a leading cause of homelessness in our region¹. HSD will strategically invest SHS funding into landlord recruitment and retention services with the goal of expanding housing opportunities by strengthening landlord partnerships, reducing barriers to housing by negotiating flexible screening criteria, and providing housing retention support for residents. Programming will have a particular emphasis on supporting households with culturally specific needs or systematic barriers to housing.</p>	<p>Multnomah County’s LIP correctly predicted that landlord engagement and relations would be a “growing system-wide need as rent assistance programs scale up significantly with SHS.” The landlord recruitment and retention goal addresses this challenge and aligns with the need in our County for continued homeless system infrastructure and capacity building.</p>	<p>Pending the adoption of the FY 2026 budget and contract negotiations, we will refine outcome metrics for this goal.</p>	<p>Landlord recruitment and retention is a focus area both internally in Multnomah County and at the regional level. In February 2024, the Tri-County Planning Body (TCPB) approved a regional implementation plan for this body of work which includes a multifaceted approach to increasing accessible housing inventory in the region.</p> <p>Additionally, this investment aligns with our SHS Advisory Committee’s FY 2025 equity recommendations, which call for prioritizing investments that “meet the housing needs of those who have been historically deprioritized and heavily impacted by inequities in the homeless services system [...]”</p>

Category 4: Framing and context narrative (required)

The PSH services investment offers much-needed capacity to service providers by providing financial resources that allow them to hire more case workers, reduce caseloads, and provide higher quality wrap-around support for participants in areas such as housing navigation, healthcare, income acquisition, and eviction prevention. In addition, the premium for culturally specific providers specifically aims to help address disparities in access to resources for these organizations and those they serve.

Well-supported staff are vital for maintaining and expanding quality PSH programs, ultimately reducing crises and ensuring the effectiveness of housing placements. Multnomah County has pledged to expand supportive housing programming by adding 2,235 new units. This increased investment in PSH programming plays a pivotal role in safeguarding the current capacity of PSH programs, ensuring they remain stable and adequately resourced to meet the needs of our community members experiencing homelessness.

Along with the PSH services cap, Multnomah County is also maintaining dedicated resources for landlord recruitment and retention. While the programs are not novel to our system, continuing to prioritize investments in this area will be pivotal to maintaining and acquiring access to housing opportunities in the midst of a more restricted fiscal year. Because new budgetary constraints will reduce opportunities to create more project-based permanent supportive housing, community based organizations will fill a critical gap by conducting landlord engagement for the County to make more rental units available. Community based organizations will also continue to maintain crucial relationships with those landlords already engaged in programming. Without this additional support, participants searching for housing are likely to encounter barriers to housing such as denials due to screening criteria, lack of support to file successful reasonable accommodations, and third-party assistance for landlord mediation. With the investments Multnomah County is making in FY 2026, we are remaining steadfast in reaching the ongoing goal of the SHS Measure to move households from houselessness into stable living conditions that meet their specific needs.

CATEGORY 5: OTHER ANNUAL GOALS BASED ON LIP

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
<p>Analyze program exits from Multnomah County’s Regional Long-Term Rent Assistance (RLRA) program to evaluate flow through and potential service gaps in RLRA programming.</p> <p>FY 2026, the fifth year of SHS implementation, marks a critical midpoint to assess the RLRA program's long-term effectiveness. Given the well-documented shortage of housing for extremely low-income individuals (0-30% AMI), who require the deepest subsidies and are often underserved by traditional affordable housing development, the RLRA voucher program plays a critical role in providing essential housing stability. To examine the program's impact on participants and the overall homeless services system, we will analyze the exit data, including the number of households and the aggregated demographic data. We will identify trends in exit destinations (e.g., other permanent housing, return to homelessness, institutionalized) and determine the reasons behind these exits where data is available, providing insights into program successes and challenges.</p>	<p>Multnomah County’s Local Implementation Plan (LIP) identifies the lack of affordable housing for extremely low (0-30% AMI) and low-income (30-50% AMI) households as a primary driver of homelessness, disproportionately affecting People of Color.</p> <p>The LIP emphasizes long-term rent assistance as a key strategy to address this need. While RLRA vouchers are designed for long-term use and remain valid even after eviction, participant exits occur for various reasons. Analyzing these exits will reveal the program's ability to serve high-acuity households.</p>	<p>Data for the RLRA program is collected regionally, with providers inputting information into HMIS and Yardi platforms. Multnomah County will begin by analyzing exit destination and demographic data specifically for its RLRA programs. We will then incorporate additional data sources, such as provider reports, to create a comprehensive analysis. Specific additional data sources will be finalized in the full plan.</p>	<p>Multnomah County strategically prioritizes RLRA vouchers for Population A households, those with the highest needs, to facilitate long-term stability. Evaluating exit destinations will provide critical insight into whether:</p> <ul style="list-style-type: none">Households with high acuity at program entry achieve greater stability, transitioning to less intensive support or other permanent housing.Households continue to face barriers within the RLRA program, and if so, what those barriers are.

Category 5: Framing and context narrative (required)

The Regional Long-Term Rent Assistance (RLRA) program is a cornerstone of the SHS Measure, offering flexible, long-term rent assistance to numerous households annually. As the SHS Measure reaches its midpoint in FY 2026, Multnomah County is conducting a detailed analysis of RLRA program exits. This analysis will determine which participants achieve long-term housing stability and which encounter ongoing barriers, revealing potential service gaps. Ultimately, this evaluation will provide the Homeless Services Department (HSD) with data-driven insights to refine the RLRA program and improve outcomes.

Glossary:

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

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

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

Shelter: Overnight Emergency Shelter that consists of congregate shelter beds PLUS non/semi-congregate units. Shelter definition also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD defined overnight shelters.

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

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

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

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

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

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

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

The following list are HUD HMIS approved Project Types. Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in quarterly reports and HMIS reports, we will reference these Project Types by the exact HUD name. Here are the HUD Standards if needed, <https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>

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

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

A project that offers permanent housing and supportive services to assist people experiencing homelessness to live independently but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.

Housing Only, “PH - Housing Only”:

A project that offers permanent housing for people experiencing homelessness but does not make supportive services available as part of the project. May include Recovery Oriented Transitional Housing, or any other type of housing, not associated with PSH/RRH, that does include supportive services.

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

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

Prevention, “Homelessness prevention”:

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



Supportive Housing Services (SHS) Annual Work Plan

Supportive Housing Services Program

FY 2025-26

*APRIL SUBMISSION DRAFT – goals in **red** are likely to shift before finalization*

SECTION 1: INSTRUCTIONS FOR ANNUAL WORK TEMPLATE

Please read through these instructions before completing the Goals & Objectives section of this annual work plan template.

Draft annual work plans are due **April 1** of each fiscal year. Work plans include goals and objectives for the following fiscal year. For example, a work plan submitted in April 2022 includes goals and objectives for FY22/23.

Completed work plans should be submitted to Metro program staff via email and should be sent to HousingServices@OregonMetro.gov.

Once received, Metro will review the work plan against your Local Implementation Plan and annual budget and may request changes to ensure consistency and alignment.

Revised draft work plans are due June 15th of each fiscal year.

The final SHS work plan will be submitted by each county along with the SHS budget 60 days after their county budgets are approved.

Please enter annual objectives in each category below. Objectives should stem from your local implementation plans as well as from the SHS regional goals and metrics. Entering objectives for the regional goals/metrics is required for each year. Each year, your program should be making progress toward the 10-year regional goals as well. Objectives should state what that planned progress is (e.g. launching a new program, expanding by #/% of providers, etc.) and how progress will be measured.

Entering objectives that stem from your LIP goals is also required (there should be at least one objective per goal *category* in your LIP), though you are entering objectives for work you will be implementing in the next program year, and likely will not be entering every single LIP goal. A good way to think about it is tying it back to your planned budget/investments. What are you funding/investing in next year? Those are the objectives to enter. You can also think about it in terms of what steps you’re taking to meet LIP goals. Maybe you’re not fully satisfying a particular LIP goal next year, but you ARE taking steps toward that goal. Those are also objectives.

SECTION 2: ANNUAL OBJECTIVES BY CATEGORY

COUNTY NAME: Washington County

PROGRAM YEAR: FY 2025-26

List annual objectives below for the next program year, by category. Objectives should stem from your LIP Goals, though there are a few required goals coming from Metro’s SHS Work Plan. **Please do not add additional rows to the tables.**
ADDITION: If you have housing program goals that get rolled up into one of the categories listed, please make that goal clear in the additional information section.

CATEGORY 1: HOUSING/PROGRAM QUANTITATIVE GOALS

This section is slightly different than the categories that follow. For this section, please add your **quantitative goal(s)** for the next year in relation to your housing and services programs. The first chart includes required goals and then you can add any additional quantitative goals you’d like to add in the second chart. If your goal is N/A or zero, just explain why in the notes.

REQUIRED: These are SHS metrics that are set out in the Metro SHS Work Plan, at section 5.2. Please share what your annual goals are in relation to these annual metrics.

Regional Metric	Annual Goal	Additional information (e.g. important context or details for the goal)
Number of supportive housing units/opportunities you plan to bring into operation this year (in vouchers/units)	N/A	Washington County has surpassed our LIP supportive housing goal of creating capacity for 1,667 supportive housing placements with our Regional Long Term Rental Assistance (RLRA) and Housing Case Management Services (HCMS) programs combined for tenant-based supportive housing, as well as PSH units operating in the County. HCMS provides comprehensive case management services paired with permanent rent assistance through RLRA. This program is designed to support Population A households and seniors with fixed incomes aged 55 and older. As PSH buildings open across the county, our tenant-based supportive housing will convert to project-based supportive housing within PSH developments.
Number of housing placements (people and households): <i>*Includes all PH Interventions, PSH, RRH, Housing with Services, Housing Only</i>	375 placements	Across multiple programs, we expect to place 375 households into housing over the course of the Program Year Five. These households will be served across multiple programs to meet each household where they are at. The program details are defined below.
Permanent Supportive Housing (PSH)	175 placements	In Program Year Four, we anticipate that 175 households will be newly based into our PSH programs using RLRA and either HCMS, or onsite PSH program services. These placements will leverage both private market units using tenant-based vouchers and HCMS and purpose-built PSH buildings with project-based vouchers. This program is designed to support Population A households and seniors with fixed incomes aged 55 and older.
Rapid Re-Housing (RRH) – <i>Enhanced</i>	100 placements	Enhanced Rapid Rehousing (ERRH) increases access to housing options for households that require medium-term rent assistance support and case management services until the household can achieve financial independence. Participants are enrolled up to 24 months with financial assistance and support services decreasing over time as households build stability. ERRH serves Population B. In Program Year Four, we anticipate that 100 households will be newly placed into our ERRH program.
Rapid Re-Housing (RRH) - <i>Move-In Assistance</i>	100 placements	Washington County is redesigning our Move-In assistance , a one-time resource to support households move into new housing without ongoing case management services or rental assistance. This assistance helps “divert” households away from long waitlists for housing programs, if they are able to sustain housing placement with one-time financial assistance. The program will create a pooled fund available to all contracted service providers to access one-time homeless prevention and move in costs. The move-in element of the program will have about \$1.5 million in funding. We anticipate housing at least 100 households with Move-in assistance.
Housing with Services – <i>if applicable, e.g. ROTH</i>	N/A	N/A

Housing Only – if applicable	100 enrollments	Independent RLRA (iRLRA) Enrollments As households stabilize, they may no longer require Housing Case Management Services (HCMS) but still need ongoing RLRA support to remain stably housed. We seek to support 100 households with ongoing RLRA-only rent assistance. Note: This program is not counted in the total housing placements since the placement already occurred, however the program frees up capacity for new housing placements in other programs.
Number of homelessness preventions (people and households):	TBD	Washington County is redesigning the eviction program into a program focused on preventing homelessness for a more narrowed population of at-risk households. The program will create a pooled fund available to all contracted service providers to access one-time homeless prevention and move in costs. This program would need to be developed to focus on household experiencing homelessness or at greatest risk of homelessness. About \$2.5 million in total annual funding will be available for homeless preventions. Because this is a new program and will launch in the middle of the fiscal year, no goal can be set for these funds yet.
Housing retention rate(s) (%)		
Permanent Supportive Housing (PSH)	85%	This goal is based on our understanding of HUD PSH programs. We will assess this goal and adjust over time with supported data.
Rapid Re-Housing (RRH)	85%	This goal is based on our understanding of HUD RRH programs. We will assess this goal and adjust over time with supported data.

Additional services area. Add other **quantitative** housing, service or program goals here (non-quantitative program goals are in Category 4 below). *This information was taken from your LIP goals and services you are contracting with service providers for. Please include any additional services provided that are missing below.*

Topic/Category	Annual Goal	Additional information (e.g. Definition, important context or details for the goal)
Emergency Shelter		
Newly created shelter units	No additional capacity, however 1 new shelter site	The final SHS funded shelter, a partnership with the City of Hillsboro, is anticipated to open in program year five. However, the opening will prompt the closer of a temporary shelter in Hillsboro. The quality of the site will be vastly improved with trauma-informed, purpose-built design.
Sustained shelter units	400+ shelter beds sustained (385 funded with SHS)	Washington County’s shelter system was built out thanks to capital investments from SHS, the Oregon Legislature, and through Governor Kotek’s Emergency Orders. Now, our SHS funded system boasts 385 units of different types, including congregate, pods, and converted motels, across the county. Washington County as an entire system operates more than 400 beds of shelter from all combined funding sources.
Shelter Exits	325 positive exits from SHS-funded shelter	Washington County will support 325 households exit from SHS-funded shelter into housing, through SHS and other assistance programs, as well as self-resolution.
Housing Program Capacity	Support 2,180 households in supported housing (RRH and PSH)	Across programs, Washington County will support 2,500 households with supportive housing assistance. This includes newly housed and retained households. Blended financing, including State and CoC funds, will support this goal.

Category 1: Framing and context narrative (required)

SHS revenue reductions will require the county to adapt our program policies and procedures towards the a ‘essential system’ level. We passed the core building stage last program year, and this program year the region collectively understands that SHS resources will not go as far as original thought. This goals above reflect a year of reductions, following a year of mid-stream reductions and will proceed additional reductions in Program Year Six as we ramp down to a programming level sustainable with the lower level of SHS revenue. The County has re-invested carryover, both unencumbered and (with Tri-County Planning Body approval) Regional Investment Fund carryover, and plans to use a modest amount of Stabilization Reserves to create a Transition Fund that allows us to more slowly and thoughtfully ramp down programming.

In addition, in Program Year Three, our system did not meet placement goals. These operational challenges have been addressed for PSH but, mid Program Year Five, are lagging for RRH and diversion programs. The county will continue to optimize programing with an eye towards cost-efficiencies. Programs with abundance and maximum flexibility which likely needs to be reconsidered now that we are transitioning towards attrition, resource constraint, and effective system outcomes.

CATEGORY 2: RACIAL EQUITY – STRATEGIES TO MEET REGIONAL GOALS AND LOCAL/LIP STRATEGIES TO ADDRESS RACIAL DISPARITIES

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Refine the use of the regional Racial Equity Lens Tool (RELT)	Washington County committed to leading with racial equity in SHS implementation. Working with our partners, we established regional coordination to ensure a consistent and regular system of reviewing SHS programs for effectiveness and quality of care. All three counties now share a common RELT.	The county will track RELT usage in decision making, noting how often the RELT is used and documenting the outcomes of the tool. This will support internal conversations on RELT process improvement and regional efforts to evaluate the regional RELT.	The County is developing an informal RELT advisory role for staff to help take ownership of equity outcomes in their programs. Those advisors will support progress measurement.
Investigate disparities for Asian Americans seeking services	The County is taking additional time in developing this strategy in alignment with our LIP commitment to research justice, “Communities of color are experts in their own lives, possessing experiential, historical, and cultural knowledge...and should be partners in research design, data collection, data ownership, and data analysis as experts in their experiences” ¹ .	Regular review of equity analysis data to monitor for an increase in Asian households served across homeless services programs.	The County will hire a Hatfield Fellow with PSU to conduct detailed assessments that evaluate SHS program data, including Community Connect (access and referral), service delivery methods, and culturally specific service providers. The fellow will provide a critical review of the effectiveness current strategies have in addressing the housing needs of people of color and other marginalized communities. Where there are disparities in program outcomes, the fellow will provide root cause analysis.

Category 2: Framing and context narrative (required)

Washington County’s commitment to leading with racial equity in SHS implementation goes beyond the goal above and is baked into our work thanks to the new regional Racial Equity Lens Tool (RELT) we have launched with the support of the tri-county equity staff. Government has played a role in creating lasting, harmful racial disparities. Through redlining, the Federal Housing Administration loan discrimination and the sub-prime mortgage scandal, communities of color have been systematically excluded from opportunities to own property and create generational wealth. This legacy continues to shape the current landscape of housing and homelessness throughout the nation, including in Washington County. Furthermore, systemic racism is pervasive across all social structures including housing, justice, education, healthcare, and social services, impacting Black, Indigenous, and people of color at work, home, school, and everywhere in our community. The intersections of these unjust systems often create a direct path to homelessness where new barriers prevent these same communities from being able to end their homelessness.

Consistent analysis demonstrates that Latina/o/e and Black/African/African American people are disproportionately likely to experience homelessness. This data is consistent with other homeless systems, and an important demonstration of continued social, economic, and housing injustices in American society. The Washington County homeless service system is reaching Latina/o/e and Black/African/African American communities and providing access to housing options consistent with the disproportionate need. To redress historic disparities, we must continue to abundantly serve these communities, in partnership with our culturally specific service providers. The data also demonstrates that Asian American and Pacific Islander populations are less likely to seek services from our homeless service system than would be expected based on the rate of poverty of these populations in Washington County. This data is also consistent with national trends in serving the Asian American Pacific Islander communities and is important to continue to evaluate if these populations could be better reached by our housing and homeless programs. Advancing equity through program implementation, community partnerships, and housing placement outcomes is a fundamental commitment of the Washington County’s Homeless Services Division.

CATEGORY 3: CAPACITY BUILDING – LEAD AGENCY/SYSTEMS INFRASTRUCTURE

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Design of effective Transitional Housing programming	The Plan identified a significant lack of all housing options in Washington County, including permanent, temporary and transitional housing. The plan called for the development of shelter and transitional housing to meet the diverse needs of community members experiencing homelessness. In addition, the plan called for improved integration of behavioral health services in housing and homelessness programs.	Washington County will engage with advisory bodies, including the Lived Experience Advisory Committee, to support both the building and program designs for two types of transitional housing – stabilization and recovery. Program design will be based on best practices in behavioral health focused transitional housing programs; align with new OHCS and OHA program and funding opportunities, including Medicaid, and implement advancements in coordinated entry referral procedures that align with behavioral health system referrals.	Transitional housing site were funded in Program Year Four but will not open until Program Year Six.
Design and launch new Housing Resolution Fund (name under development)	This program will serve population B households and, in alignment with the LAP, provide a person-centered quick resolution of homelessness or housing instability.	Centralized fund for homeless preventions and move-in ready housing placement funds. Trained providers with clear instructions. Rapid roll out of program to effectively use \$4 million budgeted for the two housing intervention types.	Revamping previous programs rolled out as Eviction Prevention, and Short-Term Solutions, to make funding more efficiently available for all eligible households.
Updating our Local Implementation Plan for years 6-10.	Washington County committed to ongoing community review and guidance to inform program implementation. Community engagement and stakeholder guidance informed the first plan, and we know a continued approach to transparent and inclusive governance is necessary to ensure long-term program success.	<p>The County aims to conduct community engagement and begin drafting an updated plan that reflects the system we’ve built and the needs that remain. We will hold ourselves accountable to engaging providers, partners, and the community at large – including through at least one focus session with program participants. This plan must reflect sustaining our essential homeless services system of care and detail where one-time or “extra” funds would be deployed.</p> <p>The LIP update will be complete and included in our annual work plan report to Metro, allowing the oversight committee time to review and finalize before our work plan is finalized in July 2026.</p>	<p>After four years of program implementation, Washington County has achieved more than was initially expected in our LIP, we’ve also learned more about our community needs and have different system gaps to address.</p> <p>Any potential SHS reform/referral will likely influence when or how the updated LIP develops.</p>

Category 3: Framing and context narrative (required)

While our system of care is now built out, we have one final piece of physical infrastructure to build and program. Without adequate transitional supportive housing and recovery housing, people are not able to move through our shelter system in a way that meets their individual needs. We heard this feedback from providers, the Homeless Solutions Advisory Council, and the public through Listening Sessions that took place Summer 2024. Health system partners have leaned into transitional housing, and we are eager to continue system integration.

In addition, our system is now shifting to optimization, which will require the County to revisit the Local Implementation Plan and consider the best advisory and oversight structure for our governance body. This work will likely lead to additional system infrastructure work in Program Year Six.

CATEGORY 4: CAPACITY BUILDING – PROVIDER CAPACITY

Objective	Which LIP goal(s) does this objective advance?	How is progress measured?	Additional information (e.g. important context or details for the objective)
Health and housing integration	As part of our goal to leverage other systems of care, we aimed to build partnerships and programs with the healthcare system to leverage investments and better serve people experiencing homelessness with significant healthcare needs.	The county will support our providers working to leverage HRSN funding from Medicaid, with a goal that 4 contracted agencies are able to bill Medicaid for some housing services before the end of year 5.	Federal funding cuts may impact this ability to move forward with this goal.
Improvements in financial monitoring to reduce burdens on contracted providers.	An important part of government oversight is financial monitoring. At the same time, this can be burdensome for provider. As part of the LIP commitment to capacity building, Washington County committed to creating clear standards of care – including via monitoring.	The Department will work with central finance to roll out alternative contract requirements in financial reporting. Finish analysis with EIM.	

Category 4: Framing and context narrative (required)

Washington County provides support to provides above and beyond the goals above. We use on-demand training through Power DMS, a learning management software program. This platform provides flexibility for workers to engage with training content at their own pace, ensuring that staff can continue learning and growing without disrupting their daily responsibilities. We also offer provider training that focuses on increasing culturally responsive service provision, helping staff better understand and meet the diverse needs of the community they serve. This includes a learning series, offering deep dives into important topics and providing an opportunity for professional growth. To complement live and interactive training, Washington County has made pre-recorded trainings available on their YouTube channel. These videos cover essential topics like housing navigation, regional long-term rent assistance, domestic violence, and resiliency/self-care.

For broader provider engagement, the Housing and Supportive Services Network holds monthly meetings that are open to all and coordinated by the county. These meetings foster collaboration, encourage the sharing of best practices, and create a space for providers to connect and learn from one another. Typically, 50-75 people attend, usually people working in the social services industry.

Glossary:

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

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

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

Shelter: Overnight Emergency Shelter that consists of congregate shelter beds PLUS non/semi-congregate units. Shelter definition also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD defined overnight shelters.

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

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

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

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

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

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

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

The following list are HUD HMIS approved Project Types. Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in quarterly reports and HMIS reports, we will reference these Project Types by the exact HUD name. Here are the HUD Standards if needed, <https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>

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

Housing with Services, “PH - Housing with Services (no disability required for entry)”:
A project that offers permanent housing and supportive services to assist people experiencing homelessness to live independently but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.

Housing Only, “PH - Housing Only”:
A project that offers permanent housing for people experiencing homelessness but does not make supportive services available as part of the project. May include Recovery Oriented Transitional Housing, or any other type of housing, not associated with PSH/RRH, that does include supportive services.

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

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

Prevention, “Homelessness prevention”:

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

DRAFT



Housing Communications Monthly Report – March 2025

The Housing Department's Communications team is working on several stories across Metro news, social media, paid community media, email marketing and earned media.

Metro News

[New shelter and resource center opens in Tigard with Metro SHS dollars](#)

Highlight: *"Shelter and day center guests will have access to fresh meals, shower facilities, case management, housing navigation and behavioral health services. The center was also designed 'to make it easy for our guests to connect with services like health care and employment support from our partner agencies,' explained Just Compassion Executive Director Dr. Vernon Baker. Additional activities like gardening and art classes will offer enrichment and connection. The facility can also accommodate up to 50 additional people overnight as an emergency shelter in extreme weather."*

[Beaverton opens latest affordable housing community with Metro bond funds](#)

Highlight: *"Altura is the latest affordable apartment community to be completed in Beaverton with Metro affordable housing bond funds. The complex is located in the newly-incorporated South Cooper Mountain area of Southwest Beaverton — a part of the city that historically has not had any income-based housing options."*

Email marketing

The [March Metro Housing newsletter](#) focused on six new bond and SHS-funded projects: three have begun construction in the last 2 months and three have celebrated opening their doors to the community.

Earned media

In March, four Metro affordable housing bond- and supportive housing services-funded projects broke ground or opened. Metro worked with our partnering jurisdictions, and in some cases the developers, to issue joint press releases and press advisories. Metro took photos for media and launched a new b-roll effort, thanks to a new contract with Parachute Strategies. B-roll footage is provided to media and will be utilized for Metro-produced videos about the bond and SHS.

Here are the March events with links to their coverage:

Hillsboro year-round shelter groundbreaking (SHS)

[KPTV](#) | [KOIN](#) | [KGW](#) | [Carpenter Media Group newspapers](#) (formerly Pamplin)

M Carter Commons groundbreaking (AHB)

KGW* | [KOIN](#) | [The Skanner](#)

Altura opening (AHB)

[KPTV](#) | [Carpenter Media](#) | [The Registry](#)



Just Compassion Shelter & Resource Center opening (SHS)

[KGW](#) | [KATU](#) | [KUNP*](#) | [Carpenter Media](#) | [KLX-FM](#)

**Some broadcast clips are no longer available through Meltwater; the platform we use to track broadcast appearances.*

Marketing and Public Education

A set of slides that highlight the affordable housing bond and supportive housing services will continue to be displayed in local independent theaters throughout the coming months.

Metro Housing Department's "home is everything" performance display ad campaign continued through March, with 1.2 million impressions, our highest monthly reach yet, across the region. The Click Through Rate (CTR) for ads across the web was .62%, with about 6,500 clicks leading to a [landing page on the Metro website](#) that gives an overview of Housing Department work. This CTR is higher than the benchmark, which is .10%, and higher than other Metro display ad campaigns. The "home is everything" social ads appearing on Oregonlive.com continued to have a lower CTR, at .18%, which has been typical of this campaign and other campaigns.

In late March, we also launched our Search Engine Marketing (SEM) campaign through Oregonian Media Group. This campaign is wrapped into a larger Metro-wide campaign shared among departments. These ads appear as sponsored links in Google search results and direct web users to the same [landing page on the Metro website](#) that gives an overview of Housing Department work.

Social media

The communications team published social media content recently on the opening of the [Altura affordable apartments](#) in Southwest Beaverton and the [Just Compassion Shelter and Resource Center](#) in Tigard.

Up and coming

The housing communications team is working with developers and contractors to hang sets of two informational banners at several local bond-funded construction sites throughout the region. One banner will provide information about the project specific to the site, including number of units and bedrooms. The other banner will provide general bond information and display a QR code that links to the Metro housing website with a choice of five languages: English, Spanish, Simplified Chinese, Vietnamese and Russian.

The housing department will be running a series of ads on 20 TriMet bus shelters throughout the region from June through August. They will highlight the important work of the bond and SHS fund in our community.



A new Community Voices photo project will be kicking off soon with residents of the [Dr. Darrell Millner Building](#), a bond-funded community in North Portland that opened in September 2024.

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
<i>Regional Landlord Recruitment</i>	<i>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</i>	<i>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.</i>
<i>Coordinated Entry</i>	<i>Implementation Strategies approved by TCPB (10/09/2024) Implementation strategies (4 of 4) underway.</i>	<i>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</i>

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 collaboration 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.

<i>Employee Recruitment and Retention (ERR)</i>	<i>Implementation Strategies scheduled to be presented at June TCPB meeting</i>
	<i>Implementation strategies under development</i>
	<i>First Quarterly Report TBD depending on timing for strategy approval</i>

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 RLRA 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 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

Tri-County Planning Body Meeting Summary

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 Stadlander, 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.

Tri-County Planning Body Meeting Summary

- **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** supported 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.

Tri-County Planning Body Meeting Summary

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

Tri-County Planning Body Meeting Summary

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.

Tri-County Planning Body Meeting Summary

- **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.