

## Tri-County Planning Body Meeting Summary

Meeting: Supportive Housing Services Tri-County Planning Body Meeting  
Date: Wednesday, January 10, 2024  
Time: 4:00 PM – 6:00 PM  
Place: Metro Council Chambers, 600 NE Grand Ave, Portland, OR 97232 and Zoom Webinar  
Purpose: The Tri-County Planning Body (TCPB) will receive an update and provide feedback on the progress of the Healthcare Systems Alignment work.

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### Member attendees

Co-chair Eboni Brown (she/her), Co-chair Matt Chapman (he/him), Zoi Coppiano (she/her), Mercedes Elizalde (she/her), Nicole Larson (she/her), Michael Ong Liu (he/him), Cristina Palacios (she/her), Steve Rudman (he/him), Mindy Stadlander (she/her)

### Absent members

Yvette Hernandez (she/her), Monta Knudson (he/him), Sahaan McKelvey (he/him)

### 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), Multnomah County – Breanna Flores (she/they), Kanoe Egleston (she/her), Washington County – Nicole Stingh (she/her), Jes Larson (she/her)

### Metro

Abby Ahern (she/her), Melia Deters (she/her), Liam Frost (he/him), Emily Lieb (she/her), Valeria McWilliams (she/her), Patricia Rojas (she/her)

### Kearns & West Facilitators

Ben Duncan (he/him), Ariella Dahlin (she/her)

*Note: The meeting was recorded via Zoom; therefore, details will be mainly focused on the discussions, with less detail regarding the presentations. Presentation slides are included in the archived meeting packet.*

### Welcome and Introductions

Ben Duncan, Kearns & West, welcomed the Tri-County Planning Body (TCPB) to the meeting, facilitated introductions between TCPB members, and reviewed the agenda.

The TCPB approved the December Meeting Summary.

### Public Comment

No public comment was received.

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### Staff Updates

Nicole Stingham, Washington County, stated that Governor Tina Kotek's Executive Order 2302 ended today and that Washington County exceeded all its goals. She added that Just Compassion Resource Center had its groundbreaking recently and that Washington County is hiring an equity coordinator for its housing department. She shared that for the Regional Landlord Recruitment and Retention Goal, county leadership from all three counties is narrowing down and prioritizing the recommendations and will develop a memo to share with the TCPB in February.

Breanna Flores, Multnomah County, thanked the TCPB for their patience as they developed the memo. She shared that Multnomah County's behavioral health department released a notice of funding award (NOFA) for a stabilization center with over 20 beds. She stated that last night the capacity building work group from the Supportive Housing Services (SHS) Advisory Committee is moving their recommendations forward to the SHS Advisory Committee.

Vahid Brown, Clackamas County, shared that all three counties exceed their Executive Order goals, which is cause for celebration. He thanked community partners for their work in exceeding the goals and shared that Clackamas County released a NOFA for city-led initiatives to meet housing service needs in rural areas. He stated that Stacy Boom has joined Clackamas County's housing department as the equity and engagement lead.

Patricia Rojas, Metro, shared that 2023 was a year of growth for SHS, and is eager to make progress and address the housing crisis. She stated that Metro has hired four new staff to start in the next four weeks and several positions are still open. She shared that the Metro Auditor released the SHS audit which should be in TCPB members' emails and that Metro leadership has drafted a response. She elaborated that the auditor will present to the TCPB at the next meeting and that the audit includes improvement areas.

### Progress Update: Homeless/Healthcare Systems Alignment Regional Goal

#### Presentation

Abby Ahern, Metro, reviewed the Homeless and Healthcare Systems Alignment Regional Goal timeline of work completed to date and work anticipated through 2024. She highlighted that Metro has been working with Homebase and convening with counties and healthcare systems stakeholders to identify alignment opportunities, including the Medicaid Waiver.

Gillian Morshedi, Homebase, introduced herself and shared Health Share has been working on the Medicaid Waiver, Housing Benefit Pilot, and medical case conferencing pilots.

Alyssa Craigie, Health Share, introduced herself and reminded the TCPB of Health Share's August presentation that discussed the Medicaid Waiver. She shared that Health Share's Housing Benefit Pilot program piloted a Medicaid housing benefit concept using health-related services funding, which resulted in 545 individuals enrolled in the program. She shared that the implementation of the housing benefit program has been postponed until November 2024 and the population has shifted to individuals at risk of houselessness.

Gillian Morshedi, Homebase, shared a graphic that showed the structure of the regional systems alignment coordination, which includes three focus areas: Medicaid Waiver implementation, data integration, and systems integration implementation. She stated that the regional leadership team provides oversight and coordination of healthcare/housing alignment work and will provide updates to the TCPB.

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Acacia McGuire Anderson, Clackamas County, introduced herself and highlighted that Clackamas County has begun case conferencing with health providers, has received a grant from Kaiser to do respite care, and has been working to identify how to support those looking for housing or are newly housed.

Lori Kelley, Multnomah County, shared they have begun a healthcare case conferencing pilot and chat team, and have moved the Frequent Users Systems Engagement (FUSE) project into the implementation phase, which has identified frequent users of the healthcare, criminal, and houseless systems and how to better address their needs.

Allie Alexander Sheridan, Washington County, introduced herself and shared they have launched their Low Acuity Transitional Services (LATS) program at their Hillsboro site and have hired a new health and housing coordinator. She highlighted that they have added Care Oregon to their healthcare case conferencing program.

Gillian Morshedi, Homebase, shared that members for the data integration work group have been identified and outreached and the group has been identified as key to moving alignment priorities forward. She stated that Homebase is developing a regional landscape of ongoing and planned healthcare/housing projects and priorities to identify common themes. She shared that this work would lead to recommendations that the counties will bring back to the TCPB. She stated that emerging priorities include Medicaid Waiver implementation, data sharing, respite/recuperative care, cross-system care coordination, and service integration.

Valeria McWilliams, Metro, added that the SHS Oversight Committee recommendations overlap with some of these priorities.

### Questions and Answers

Cristina Palacios shared that she has heard some workers are losing their health insurance because they are sick and because they are sick, they lose their employment and cannot get into housing. She asked what was being done about that and suggested extending their health insurance.

*Abby Ahern, Metro, replied that is a challenge across the country and they are currently working at a systems level. She reflected that continuity of care and accessing the services people need when they are eligible is integral to this work.*

Nicole Larson noticed that systems integration and substance use disorder are listed separately from case conferencing, and wondered if behavioral and mental health providers were included in case conferencing.

*Acacia McGuire Anderson, Clackamas County, replied that Clackamas County includes behavioral health in case conferences and Care Oregon.*

*Allie Alexander Sheridan, Washington County, added that Care Oregon has joined the case conferencing table, but there are no substance abuse partner organizations at the table. She shared that there are care coordinators at the table and most case conferencing is done for specific individuals.*

Mercedes Elizalde asked what is meant by housing systems, and if it included all funding sources or just SHS.

*Abby Ahern, Metro, replied that they mean county housing leads and entities at the systems level that receive all funding sources.*

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Mercedes Elizalde noticed that housing providers weren't at the table and asked when they would be engaged.

*Abby Ahern, Metro, replied that the question is being considered and the initial version of the leadership group was very large and included providers. She elaborated that when the priority population shifted, the leadership group shifted.*

*Mercedes Elizalde stated that she is concerned that without providers at the table, there will be recommendations that aren't doable in the suggested timeline and would slow the process down.*

Zoi Coppiano shared her excitement and concern for work groups, including unintended consequences with information exchange. She suggested being thoughtful when creating intake forms that are inclusive to communities.

Nicole Larson stated that she is interested in the real-life application from a client perspective and reflected on her experience as a clinical case manager making multiple phone calls to access care. She assumed that after the case conferencing pilot stage it would expand to those experiencing homelessness.

*Abby Ahern, Metro, replied that they are trying to solve that scenario of administrative burden. She clarified that the case conferencing is not for those at risk of homelessness, that is the Medicaid Waiver's population focus.*

*Allie Alexander Sheridan, Washington County, added that what Nicole described is what they are trying to mitigate and over half of those in the case conferencing program have been unhoused for an average of six years. She shared that case conferencing creates notes for certain transactions such as who their primary care physician is, so when an individual disappears from a system and then appears at a shelter several months later, that data follows them.*

*Nicole Larson asked if there is help for those who visit the emergency department in hospitals.*

*Allie Alexander Sheridan, Washington County, responded that is a theme they see and case conferencing notes significant health engagement information. She shared there was a case where an individual had 90 emergency department visits and was connected to a primary care physician to mitigate those visits.*

Valeria McWilliams, Metro, circled back to Mercedes Elizalde's comments regarding healthcare/housing systems recommendations and shared that they want to ensure there is enough time for feedback on the practicability of recommendations. She assured the TCPB that work would be adjusted to reflect their considerations and that timelines would be flexible as long as the work is moving forward correctly.

Ben Duncan, Kearns & West, asked if he heard correctly there was a connection to the justice system with case conferencing.

*Lori Kelley, Multnomah County, replied that was part of the Frequent Users Systems Engagement (FUSE) program which includes justice-involved data, which is in the design phase.*

Washington County Chair Kathryn Harrington added that Washington County's community corrections team is starting to link directly with the SHS team so that as folks are exiting the correction center, they have a connection to housing and support services.

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Nicole Larson suggested adding case managers as folks to include at the table to identify any barriers and provide advice.

Co-chair Eboni Brown shared that in Washington County there are weekly programs that meet with county staff and communicate what is and isn't working.

Cristina Palacios asked how Greater Good Northwest is getting input for what is and isn't working for each system.

Co-chair Eboni Brown replied that they receive information from case managers on what is and isn't working and relay that information back to county staff at county-hosted regular meetings.

Mercedes Elizalde reflected that everyone will have to change and try new things and wanted to clarify that feedback from providers would include things that are possible to implement within the current structure and also things that will require new structures and investments such as training. She added that specificity would be helpful as the TCPB moves towards determining the uses of the Regional Investment Fund (RIF).

Co-chair Eboni Brown agreed and stated that medical input and case managers sharing information will be a positive game changer and lead to more trauma-informed practices.

### Health Share Substance Use Disorder / Mental Health Ecosystem Analysis

Liam Frost, Metro, shared that the next presentation details the intersection of housing stability and the mental health ecosystem.

Dr. Maggie Bennington-Davis, Health Share, introduced herself and shared that the ecosystem analysis focused on the nexus of substance use disorders, mental illness, and social determinants of health, specifically housing insecurity and homelessness. She shared that the goal of the analysis was to understand acuity and develop strategies to close service gaps and improve outcomes.

Dr. Andy Mendenhall, Central City Concern, introduced himself and detailed key themes of the analysis including modest behavior health diagnosis growth and that 10% of the Health Share population of the behavioral health cohort is driving 38% of the total annual cost.

Dr. Maggie Bennington-Davis, Health Share, shared an 18-month analysis of seven cohorts of Health Share members and how they touch various systems of care. She stated that they are just beginning to understand the overlap of homelessness and housing insecurity and emphasized that they do not have HMIS data, and labels of housing insecurities are at the discretion of clinicians.

Dr. Andy Mendenhall, Central City Concern, detailed graphs that showcase data from Health Share cohort members and non-cohort members and how they compared inpatient admissions and population size to cost.

Cristina Palacios noted that some folks aren't able to receive help since there are not enough health care providers, and asked if that is included in the statistics.

*Dr. Andy Mendenhall, Central City Concern, replied they are just starting to scratch the surface of how cohorts are using the healthcare system broadly and stated that their team has been advancing recommendations for beds and workforce.*

Mercedes Elizalde asked if the data could be disaggregated for race and age.

*Dr. Andy Mendenhall, Central City Concern, replied they are committed to reporting on race, age, and ethnicity as they continue to go through the data.*

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Dr. Maggie Bennington-Davis, Health Share, reviewed the methodology used to collect behavioral health data and noted that the data represents behavioral health referrals/authorizations. She detailed graphs showing cohorts with no behavioral health authorization and shared they can disaggregate this data in a variety of ways including by geography and provider in the coming months.

Dr. Andy Mendenhall, Central City Concern, highlighted that the Housing Benefit pilot had a marked difference in behavioral health needs. He shared strategies and ongoing alignment from the analysis, emphasizing that the nexus between homelessness and housing insecurity is critical and that their goal is for the Health Share collaborative partners to work together to focus on the high-risk pool for high-acuity Medicaid members.

Washington County Chair Kathryn Harrington shared that it is exciting to see this data and information and has hope that it will better inform practices in years ahead.

Multnomah County Chair Jessica Vega Pederson agreed that the data is exciting and looked forward to seeing the disaggregated data. She shared it was nice to see that the individuals in the Medicaid waiver trial had better connections and looked forward to implementing key learnings.

Michael Liu circled back to the statistic that 10% of the Health Share behavioral health cohort is driving 38% of the total annual cost. He asked how they can help that population get out of the cycle of relapse and what representation of that 10% has made it through the other side with positive outcomes.

*Dr. Andy Mendenhall, Central City Concern, replied that who is succeeding is the next phase of data analysis. He shared that getting access to the right levels of services for acuity would help that population and detailed examples of what that would look like for those with severe psychosis and substance abuse.*

Mindy Stadlander thanked the presenters for sharing this information and looks forward to the opportunity to do better in both the housing and healthcare systems.

### Closing and Next Steps

Ben Duncan, Kearns & West, began listing the next steps and detailing agenda topics for February's meeting.

Washington County Chair Kathryn Harrington noted that there were also going to be updates on the living wage goal on the agenda and that the agenda seems very full. She stated that the March meeting may need to be rescheduled if it falls on spring break.

*Liam Frost, Metro, replied that there were a number of intended February agenda items, and their team will determine priority topics for a healthy meeting time.*

*Ben Duncan, Kearns & West, replied that they would follow up with more information on the agenda and confirm meeting dates.*

Ben Duncan, Kearns & West, shared that the next steps are:

- Metro to follow up with a post-meeting survey to capture any additional questions and reflections.
- Metro to follow up with February agenda items and confirm the March meeting date.
  - Next meeting: February 14<sup>th</sup>, 4-6pm. Possible agenda topics include:
    - Auditor Report
    - Landlord recruitment and retention recommendation updates

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- Living wage goal updates
- County leadership to develop a landlord recruitment and retention prioritization memo to share with the TCPB in February.
- Health Share and Central City Concern to share disaggregated data once available.

### **Adjourn**

Adjourned at 6:00 p.m.