Council work session agenda

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

Tuesday, January 27, 2026 **10:30 AM** **Metro Regional Center, Council Chamber; https://zoom.us/j/615079992 (Webinar ID: 615079992) or 253-205-0468 (toll free),**

This meeting will be held electronically and in person at the Metro Regional Center Council Chamber. You can join the meeting on your computer or other device by using this link: https://zoom.us/j/615079992 (Webinar ID: 615 079 992)

1. Call to Order and Roll Call

2. Work Session Topics:

2.1 Supportive Housing Services Healthcare Alignment Overview 26-6424

Presenter(s): Liam Frost (he/him), Interim Housing Director
Ruth Adkins (she/her), Metro Senior Regional Policy Analyst
Adam Peterson (he/him), Healthcare and Homeless Services Integration Portfolio Manager, Health Share of Oregon
Dr. Cat Livingston (she/her), Medical Director, Health Share of Oregon

Attachments: Staff Report
Attachment 1 - TCPB Healthcare Alignment Regional Implentation St

2.2 Economic Development Council Work Group Update 25-6335

Presenter(s): Catherine Ciarlo (she/her), Planning, Development and Research Director
Tom Rinehart, Tom Rinehart Strategies

Attachments: Staff Report

3. Chief Operating Officer Communication

4. Councilor Communication

5. Adjourn

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January 2021

Agenda #: 2.1

File #: 26-6424 **Agenda Date:**1/27/2026

Supportive Housing Services Healthcare Alignment Overview

Liam Frost (he/him), Interim Housing Director
Ruth Adkins (she/her), Metro Senior Regional Policy Analyst
Adam Peterson (he/him), Healthcare and Homeless Services Integration Portfolio Manager, Health Share of Oregon
Dr. Cat Livingston (she/her), Medical Director, Health Share of Oregon

STAFF REPORT 26-6424

SUPPORTIVE HOUSING SERVICES HEALTHCARE ALIGNMENT OVERVIEW

Date: Jan. 15, 2026
Department: Housing
Meeting date: Jan. 27, 2026
Prepared by: Alice Hodge, alice.hodge@oregonmetro.gov; Ruth Adkins, ruth.adkins@oregonmetro.gov

Presenters: Liam Frost, he/him, *Metro Interim Housing Director*; Ruth Adkins, she/her, *Metro Sr. Regional Policy Analyst;* Adam Peterson, he/him and Dr. Cat Livingston, she/her, *Health Share of Oregon*
Length: 45 minutes

ISSUE STATEMENT

Metro staff and Health Share will present an overview of their strategic partnership and the Supportive Housing Services (SHS) Program's regional healthcare alignment efforts.

Regional healthcare alignment work is one of the Tri-County Planning Body's (TCPB) six regional goals seeking "Greater alignment and long-term partnerships with healthcare systems that meaningfully benefit people experiencing homelessness and the systems that serve them."

The implementation plan for healthcare alignment goal was approved by the TCPB in April 2025; this presentation will recap progress to date and provide a high-level preview of next steps in regional implementation.

IDENTIFIED POLICY OUTCOMES

No policy outcomes are identified at this time. This presentation is informational and is intended to support future Metro Council policy discussions.

POLICY QUESTION

Metro and Health Share are accelerating implementation of these strategies as we enter the transition to the new SHS governance structure. While remaining flexible in the face of an ever-changing environment, staff and our community partners want to avoid losing any momentum and progress gained over the last two years.

- What would Council like staff to consider during the transition to the new SHS Regional Policy and Oversight Committee to ensure successful implementation and continued progress toward our regional healthcare alignment goals?

STRATEGIC CONTEXT & FRAMING COUNCIL DISCUSSION

Research demonstrates that there is an inextricable and reciprocal link between housing status and health outcomes. Deep silos between health and housing systems, along with the extreme complexity of each system, create significant barriers for people experiencing—or at risk of—homelessness in accessing the critical, often lifesaving, housing resources and health care services they need.

Through Metro's leadership in convening, coordination, and targeted capacity-building investments, we are building a cross-sector health and housing system of care that improves outcomes, decreases health disparities, decreases preventable utilization and healthcare costs while better serving the needs of the SHS populations.

Led by a Metro-funded team at Health Share in partnership with Metro staff and health-housing teams at each county, the healthcare alignment initiative is establishing regional care coordination, cross-sector collaboration, and data-sharing infrastructure. This work is occurring at a time of extreme uncertainty for both sectors. Despite these conditions, partners are advancing the work with urgency while maintaining the pace necessary to support effective and sustainable collaboration.

Early results suggest that regional health-housing collaboration is beginning to produce meaningful outcomes at both the individual and system levels, with Metro's leadership—through convening, coordination, and targeted capacity-building funding—playing an essential role.

Across the region, partners are deepening cross-sector healthcare collaboration through several key efforts:

- **Cross-sector case conferencing:** Case conferencing is active in all three counties, helping SHS providers connect participants to healthcare resources while building shared cross-sector knowledge. With continued Metro investment, Health Share will sustain and expand this work.
- **Hospital discharge coordination:** Regional partners are exploring strategies to support people experiencing homelessness following hospital discharge, including a pilot focused on high-acuity behavioral health patients transitioning from inpatient psychiatric care.
- **Regional trainings for SHS providers:** Counties and Health Share are partnering to provide healthcare-focused trainings tailored to SHS provider needs.
- **Data integration:** Joint analysis of Multnomah County HMIS and Health Share data is underway at Health Share, generating shared insights. Health Share is nearing execution of data-sharing agreements with the other two counties, establishing a foundation for future regional data integration.

While sharing accountability with Metro staff and the counties for implementing the regional healthcare alignment strategies described above, Health Share is simultaneously implementing a suite of clinical interventions that complement the regional strategies by focusing on the highest acuity patients – the High Acuity Behavioral Health (HABH) cohort.

As we head into 2026, Health Share is accelerating and expanding their leadership of the regional health-housing strategies, in alignment with their clinical interventions for HABH patients. Health Share will provide highlights at this briefing and are glad to provide additional detail in follow-up briefings as requested.

Financial Implications
The initial SHS investment of $2.5 million approved by TCPB in April 2025 included $1.8 million in RIF funding for county housing and health integration staffing in Fiscal Year 2026, ensuring capacity for regional coordination; and a $400,000 Metro administrative seed investment to fund three full time employees at Health Share, establishing a Housing Integration team in calendar year 2025.

Metro has approved a second year of funding for the Health Share team, extending support through the end of calendar year 2026. Continued funding will be essential for both Health Share and the counties to maintain capacity for health and housing coordination.

While ongoing efforts are gaining traction, more work is needed to achieve a level of health and housing integration that will mutually benefit each sector and the people we serve. Funding through the SHS Regional Investment Fund supports regional infrastructure and capacity to facilitate coordination between healthcare and housing sectors and supports service delivery.

BACKGROUND

The TCPB identified healthcare alignment as one of its six regional goals, and Health Share of Oregon as Metro's key regional partner for healthcare.

Health Share is Oregon's largest nonprofit Coordinated Care Organization (CCO) for Medicaid, managing Oregon Health Plan benefits for nearly 500,000 low-income residents in Clackamas, Multnomah, and Washington counties, connecting them to physical, dental, and mental health providers through partner health plans, aiming for health equity.

Metro staff with county health-housing integration teams and Health Share, consulted with community partners to identify priority areas of focus for the regional plan. These include:

- Strategy 1: Develop regional plan for medically enhanced housing and shelter
- Strategy 2: Establish regional system for cross-system care coordination
- Strategy 3: Build regional cross-system data sharing infrastructure

In April 2025, the TCPB approved the healthcare system alignment regional implementation strategy as part of its Regional Plan.

Working in close partnership with Health Share and the counties, Metro has convened a wide range of healthcare and service providers to design and implement projects in each strategy area. Trillium Community Health Plan, the other CCO operating in the tri-county area, is now part of our expanded partner tables, along with the major regional hospital and healthcare systems and Medicaid payors, medical respite providers, and SHS housing/shelter providers.

ATTACHMENTS

1. TCPB Healthcare System Alignment Goal: Regional Implementation Strategy

Tri-County Planning Body Healthcare System Alignment Goal

Regional Implementation Strategy

March 2025

Metro

CLACKAMAS COUNTY

Multnomah County

WASHINGTON COUNTY OREGON

health share

Health Share of Oregon

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

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

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

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

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

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

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

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

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

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

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

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

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

Regional Issue

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

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

Racial Equity Considerations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Program Description

Vision for Strategy 1

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

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

Building on Existing Efforts

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

Proposed Regional Activities

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

Timeline, Deliverables, and Milestones

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

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

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

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

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

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

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

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

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

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

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

Program Description

Vision for Strategy 2

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

Building on Existing Efforts

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

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

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

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

Proposed Regional Activities

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

Timeline, Deliverables, and Milestones

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

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

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

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

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

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

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

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

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

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

Action plan complete	December 31, 2025

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

Program Description

Vision for Strategy 3

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

Building on Existing Efforts

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

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

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

Proposed Regional Activities

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

Timeline, Deliverables, and Milestones

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

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

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

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

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

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

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

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

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

Planning and Implementation Considerations

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

- **Compliance with TCPB Charter**

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

- **Feasibility**

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

- **Staff capacity**

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

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

- **Infrastructure**

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

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

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

- **Unintended Consequences**

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

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

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

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

- **Building on Existing Efforts**

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

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

Phased Approach

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

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

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

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

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

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

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

Budget

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

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

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

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

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

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

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

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

Appendix A: Regional Housing and Healthcare Systems Alignment Landscape

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

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

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

Regional Initiatives and Efforts

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

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

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

Previous Efforts

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

Multi-county Efforts

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

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

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

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

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

County-Specific Systems Alignment Work

Clackamas County

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

Current Efforts

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

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

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

Past Efforts

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

Multnomah County

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

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

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

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

Washington County

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

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

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

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

Health Share

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

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

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

Priority Areas and Regional Support

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

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

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

Appendix B: Racial Equity Lens Analysis Notes

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

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

The following goals were named in response to this question:

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

Consensus was reached around the following primary goals:

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

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

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

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

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

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

The following were named during the discussion around this question:

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

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

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

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

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

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

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

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

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

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

Appendix C: Lived Experience Focus Group Notes

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

Regarding experiences accessing healthcare services while experiencing homelessness:

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

Regarding participants' unaddressed health needs:

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

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

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

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

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

Potential Phase 2 Milestones & Metrics

Potential milestones could include:

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

Potential metrics could include:

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

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

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

Potential Phase 2 Milestones & Metrics

Potential milestones could include:

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

Potential metrics could include:

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

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

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

Potential Milestones

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

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

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Economic Development Council Work Group Update

Catherine Ciarlo (she/her), Planning, Development and Research Director
Tom Rinehart, Tom Rinehart Strategies

ECONOMIC DEVELOPMENT COUNCIL WORK GROUP UPDATE

Date: 01/10/26
Department: Planning Development and Research
Meeting Date: 01/28/26

Prepared by: Jaye Cromwell, jaye.cromwell@oregonmetro.gov

Presenter(s), (if applicable): Councilors Ashton Simpson, Christine Lewis, and Juan Carlos Gonzalez; Catherine Ciarlo, Director of Planning Development and Research; Tom Rinehart, Rinehart Strategies

Length: 60 minutes

ISSUE STATEMENT

Since 2020, the Portland Metro region has experienced a net population loss for the first time since the early 1980s. In 2025, Oregon lost over 14,000 jobs, many of those within Metro's boundary. The Governor of Oregon, Metro Councilors, and many of our Metro area's city councils and county commissions have identified economic growth and jobs creation as a top issue. This is especially critical given the importance of business tax revenues to support needed services and infrastructure in the region, the Metro Council is no exception, and in winter 2025 an internal Council work group was charged with 1) exploring Metro's role in regional economic development; and 2) bringing recommendations to the full Metro Council that consider best practices and opportunities for new programs, policies and projects under Metro's authority.

An internal working group of Metro Councilors and staff from Planning, Development and Research, Government Affairs, and Council office have been meeting since April 2025 to discuss Metro's role in supporting economic development in our region. The Metro Council work group on economic development explored how Metro can leverage its regional planning authority, land use responsibilities, and convening role to support long-term job growth. The work session today introduces four recommendations for the Council to consider.

Recommendations

1. Create a Job Ready Lands Program

As the steward of the region's Urban Growth Boundary (UGB) with statutory land use planning authority, Metro plays a central role in determining whether the region has an adequate supply of employment land for future growth. The current economic issues facing the region challenge Metro and public sector partners to expand on existing work to catalyze land readiness for employers to expand and relocate to the area. A Job Ready Lands program would work towards the goal of better national visibility for our region's

top priority vacant and ready to develop employment land parcels by including them in a national database for site selectors. The steps towards creating a Job Ready Lands program might include:

Q1-3 2026
- Refresh buildable employment lands inventory
- Identify target industries to create a regional strategy from local EOAs and CEDS priorities

Q4 2026-Q2 2027
- Site solicitation and need assessment
- State legislative strategy for Job Ready Lands funding

2027
- Identify funding strategy

2027 and beyond
- Marketing and integration with national database

2. Launch the Housing Production Accelerator fund

The Housing Production Accelerator Fund is part of how Metro will implement the Regional Housing Coordination Strategy (RHCS) and was elevated by the Council work group as an important action to accelerate housing and support economic development and job creation. On January 8th, 2026 the Council approved Resolution 25-5540 to create the Housing Production Accelerator Fund, a one-time investment of $5 million of CET reserves to provide funding for local partners to speed up housing development.

3. Focus the update to the region's Comprehensive Economic Development Strategy (CEDS) to create a regional strategy for target industries

Greater Portland Inc. (GPI) and Metro are currently scoping work to do the next required update of the Comprehensive Economic Development Strategy (CEDS), to be completed by the end of 2026. The work group recommends that staff coordinate with GPI to support engagement by elected and high-level private sector leaders to increase ownership and improve implementation of the actions identified in the CEDS. A critical element is a regional strategy to identify priority target industries for our region. Technical and steering groups would analyze already existing and required local economic opportunity analyses (EOAs) in the region to elevate common priorities into a regional strategy for determining which target industries align with the region's job creation and employment.

4. Integrate strategic economic development activities into Metro's planning and decision making

Economic development has always been a part of Metro's work but has not always been specifically identified as a priority. The nature of the moment we are in right now calls for clarifying the impact of our programs, policies and investments for the regional economy. The workgroup recommends the Council direct itself and staff to 1) highlight the critical

role economic development plays in all of Metro's programs and activities and 2) expand Metro's presence and leadership in economic development forums, organizations, and conversations. This focus shift will help center Council and staff activities on intentional and inclusive economic development in our new and ongoing work.

FINANCIAL IMPLICATIONS

Developing implementation plans and programs for these recommendations would require staff time for both the development and ongoing administration of this work. Managing an effective program that achieves goals defined by the Council would require additional dedicated staff.

STRATEGIC CONTEXT & FRAMING COUNCIL DISCUSSION

Metro History

Supporting the regional economy is core to Metro's responsibilities. Metro manages visitor venues like the Convention Center and the Oregon Zoo, supports development and provides funding for affordable housing, parks and natural areas. Metro's land use and transportation planning, policy and investments help to shape our region. Over the years, Metro has undertaken many projects and programs that influence economic development: below are a few examples:

- The Regional Transportation Plan is fundamentally about moving goods and people to support, among other things, the economy. The RTP includes a Regional Freight Plan.
- Collaborating with regional and local partners on high-capacity transit and shared strategies for transportation investment are paired with community led development strategies to support residents and businesses.
- Growth management decisions ensure that the region has enough employment land for long-term job growth.
- Periodic updates to our region's industrial land inventory have highlighted the investments necessary to make large industrial sites ready for development.
- Metro's policies, implemented by cities and counties, protect industrial lands from conflicting uses.
- Metro's brownfield grants fund site assessments.
- Metro's Construction Career Pathways Program works to build reliable construction career pathways for apprentices, women, and Black, Indigenous, and other people of color.
- Metro's venues such as the Zoo, EXPO, the Oregon Convention Center, and the Portland'5 Center for the Arts attract visitor dollars.
- Metro maintains data and analysis tools like the Economic Value Atlas to support policy and investment decisions.
- The Regional Affordable Housing Bond and Supportive Housing Services levy help to improve housing access and affordability for workers.

- Metro partners with Greater Portland, Inc. on the development of our region's Comprehensive Economic Development Strategy, which will soon be updated.

Economic Context
The Greater Portland region, much like the rest of the state, is in a job loss crisis. Our region is no longer growing at the rate we have experienced for many years, which limits the ability to fund priorities in our region. This has major impacts on people and businesses in the region. The Governor of Oregon has put forward a Prosperity Roadmap that highlights the need and the imperative for our region to grow jobs and retain businesses.

The Greater Portland Area's economy is hindered by a chronic shortage of development-ready industrial sites, particularly large lots. The region's ongoing debates about employment land adequacy, whether inside or outside the UGB, often lead to gridlock. Employers seeking sites for advanced manufacturing, clean tech, or logistics frequently find that the land exists in theory but is not actually available due to access, environmental constraints, or infrastructure gaps.

Meanwhile, other regions — notably Minneapolis, Detroit, Denver, and Salt Lake City — have invested heavily in site readiness and are better positioned to attract high-wage job creators. These regions have moved beyond regulatory planning and into coordinated implementation, backed by public-private partnerships and flexible capital deployment.

Metro's 2040 Growth Concept articulates a vision of compact development, connected centers, and regional job access. A Job Ready Land Program would complement and augment this vision by ensuring that employment lands are not only designated, but also ready for employers to activate. This is particularly important in responding to the need to balance housing development with regional job accessibility, reducing vehicle miles traveled (VMT) and promoting equitable prosperity.

In addition, Metro's statutory responsibilities under Oregon's statewide land use system (particularly Goal 9 – Economic Development, and Goal 14 – Urbanization) obligate the region to maintain an adequate supply of buildable employment land. This program provides a path to actualize those goals, ensuring the land within the UGB can meaningfully support job growth without unnecessary expansion. Finally, creating a program like this one would align with the current goals of the CEDS.

BACKGROUND

Council Work Group on Economic Development Process
In winter of 2025, Metro Council President Peterson asked Councilors Simpson, Lewis, and Gonzalez to lead efforts to explore Metro's role in regional economic development through creation and work of a Council work group. The group was charged with providing recommendations to the Metro Council no later than 1st quarter 2026 on how the Metro Council could create programs, policies and projects to help cities and counties in the Metro region:

- grow our local economies
- provide living wage jobs
- support existing and future business clusters
- increase access to workforce education
- promote urban and rural connections; and
- improve the affordability of the region.

The recommendations were intended to specifically:

- Inform ongoing work of the Metro Future Vision Committee and any long-range land use and transportation plan updates and help shape updates of the 50-year land use plan known as the 2040 Growth Concept.
- Enhance partnerships with Business Oregon, City/County economic interests, area chambers of commerce and economic alliances, other business organizations, CBOs and non-profits.
- Include ways to direct Metro grants and funding opportunities to advance economic development initiatives by cities and counties.
- Identify research and best practices from across the country that have the potential for significant economic benefit to the region.
- Document lessons learned about how Metro programs, policies and projects have helped support local, regional and statewide economic development.
- Identify opportunities to improve and enhance existing Metro economic development policies, projects and programs.
- Prioritize advancement in economic opportunities for all, including historically marginalized and underserved communities.

ATTACHMENTS
None