

Tri-County Planning Body Coordinated Entry

Regional Implementation Plan

Approved by Tri-County Planning Body 10-9-2024

Approved by SHS Oversight Committee 10-28-2024



Acknowledgements

A broad team met regularly over the course of several months to identify and prioritize the recommendations included in this plan. This workgroup consisted of representatives from Oregon Metro, as well as each of the three counties in the region. Fifty-five individuals with past or current lived experience of homelessness, across all three counties in the Metro region, also contributed to the content of the plan, with support from three facilitators with lived experience. Homebase provided project management and facilitation support.

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Proposal Summary

Coordinated Entry (CE) is the process by which people experiencing homelessness are assessed and moved into housing programs. CE Systems (CES) are person-centered and allow households to access all available options to address their housing needs through one assessment. This results in people being screened into the system, rather than being screened out program-by-program. CES allows the most intensive interventions to be prioritized for those with the highest needs, rather than first-come-first-served. CES is at the center of homeless services systems. It requires regular evaluation and adjustment to meet the changing needs of the people seeking housing services and the changing landscape of available services. If CE systems knowingly or unintentionally perpetuate racial inequities, it trickles down to the entire homeless services system.

There are five core elements of a CES:

- access (effective outreach to all populations)
- assessment (standardized practice across CES)
- prioritization (serve highest needs and address disparities)
- referral (low-barrier process to enter housing programs)
- housing move-in (whether through program participation or self-resolution)

Before CES existed, individuals seeking services took on a large administrative burden of identifying services, applying for services, and searching for alternatives when a service was not available or when they were not eligible. Before CES, each housing program or provider took on most of the burden of the core elements of CES (access, assessment, prioritization, referral, move-in). Since adoption, the burden on housing programs and people seeking services has been reduced and shifted to the CES.

CESs were developed within each county homeless services system, or Continuum of Care, in response to a requirement from the federal Department of Housing and Urban Development (HUD). HUD provided little guidance, no requirements, and no additional funding for this system. CESs were developed independently in each county, according to the systems and services in place at time of development. As a result, all three counties in the Metro region use different assessment tools and processes to accomplish CE.

After passage of the 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 and the three counties, the TCPB identified six regional goals to be included in a regional plan; coordinated entry was one of those goals.

The TCPB goal states: Coordinated Entry is more accessible, equitable and efficient for staff and clients. Along with the goal, the TCPB adopted the following recommendations:

- Map the unique challenges and successes of each of the three Coordinated Entry Systems.
- Assess opportunities to create connectivity among the three Coordinated Entry Systems to improve equitable access and work towards regionalizing some tools within Coordinated Entry.
- Explore opportunities for co-enrollment with other systems

With the TCPB goal named, staff from Metro and the three counties formed the Coordinated Entry Regional Work Group (CERWG), meeting nine times, for over 14 hours, to discuss shared CES challenges, Coordinated Entry System Alignment Regional Implementation Plan
October 2024

brainstorm solutions, and develop the strategies within this plan. Stated over-arching challenges included:

- People seeking housing services in multiple counties in the region need to navigate multiple CESs with different processes and policies.
- Agencies who hold service provision contracts with multiple counties in the region need to navigate multiple CESs with different processes and policies.

More specific challenges include:

- Lack of data visibility between the three county CESs stifles efforts to locate people with an offer of housing and identify those who have already been housed in another county.
- Different assessments in different counties, along with lack of data visibility, causes people seeking services to tell their story over and over to be served across the region
- County-established CES prioritization factors need to appropriately contribute to dismantling racial disparities in the homeless population.
- It is not clear which approach to case conferencing (a regular community conversation) would most effectively move people quickly into services through CES.

The CES challenges are regional in nature, and they require regional solutions. Those seeking services and providers navigating the CESs across the region should expect a similar experience, no matter where they are connected, throughout the region. While each county has a unique services system, and a fully regional CES is not being proposed, the three counties and Metro are committed to improving and aligning elements of each county CES to become regionalized.

To this end, this report outlines the following strategies for a regionalized approach to solving these problems:

- Regionalize approaches to prioritization for racial equity
- Align assessment questions
- Regionalize visibility of participant data
- Regionalize approach to case conferencing

Local Efforts:

Clackamas, Multnomah and Washington counties have all put countless hours into planning, implementing, evaluating, and adapting their CE systems for the past decade. Each county has consistently improved their systems, aided by an infusion of Supportive Housing Services funds starting in 2021, and have made great strides in all areas covered in the strategies below. This plan is meant to strengthen and build upon the work that has already been accomplished.

Clackamas County- Coordinated Housing Access

Since receiving SHS funds, Clackamas County has made significant CE enhancements, prioritizing accessibility and equitable service delivery by updating policies, expanding services and assessment

capacity, and increasing engagement with people with lived experience. Clackamas expanded the CE team, drafted a client inactivity policy to be approved soon, expanded prevention and diversion programs, strengthened regional alignment, and increased lived experience voice in decision-making. By hiring additional assessors, the number of people connected to services increased by over 300%, greatly improving system responsiveness. Newly hired staff, with lived experience of homelessness and identifying as members of historically marginalized groups, have provided comprehensive training and support that enhances the effectiveness of the CE team. A proposed new policy for client inactivity will keep the By-Name List (BNL) clean and accurate. Expansions to the prevention and diversion programs—which employ problem-solving and/or flexible funding to resolve the housing crisis, preventing or diverting those seeking assistance from entering the system in the first place—have increased capacity to intervene earlier, preventing longer-term homelessness. A clear CE decision-making structure has been established, including a Core Team composed of at least 60% individuals with lived experience or frontline workers, ensuring that Clackamas County’s decisions are informed by those who are closest to the issues. These initiatives have been recognized with a National Counties Award, highlighting the substantial progress that Clackamas County has made in enhancing the CE system.

Multnomah County- Coordinated Housing Access Team

The Multnomah County CES has used SHS funds to strengthen racial equity approaches throughout the system and expand CE outreach, client assistance, and supportive services. Culturally-specific providers were prioritized in this expansion. Funds were also used to support the final phase of the Coordinated Access Tool redesign. This multi-phase project was initiated in FY 21 to address housing placement disparities for BIPOC and other communities over-represented in homelessness in Multnomah County by designing a new tool and process that is more equitable, trauma-informed, and streamlined. To date, the Joint Office has engaged providers and people with lived experience of homelessness in the development of the new tool. SHS provided the funding needed to support the creation of a lived experience advisory group and complete the final phase of the project, which included training and testing of the new tool, analyzing preliminary outcomes, finalizing the scoring methodology, and making the appropriate changes to launch the new coordinated access assessment and process in October 2024. Our system has also seen an increase in permanent supportive housing (PSH) programming due to SHS funded supportive services. This has significantly expanded the PSH resources that take referrals from the CES and has led to more exits from the CE prioritized lists into housing.

Washington County- Community Connect

Since the implementation of SHS funding, Washington County has significantly updated its Coordinated Entry system, known locally as Community Connect, to expand assessment capacity and incorporate culturally responsive and trauma informed approaches. Washington County updated CE assessments, increased the number of assessors, focused on contracting with culturally specific providers, increased data quality, and collaborated regionally. Soon after receiving SHS funds, Washington County updated its intake assessment with several improvements. Improvements included using a trauma informed lens, reducing the number of questions by focusing on matching participants with the newly funded resources as quickly as possible, and eliminating extensive and exceedingly personal questions. Washington County greatly increased both the number of agencies who are contracted to complete intake assessments and the number of staff at those agencies who are trained to complete intake assessments. Additional work is underway to expand organizations that can provide initial assessments

beyond contracted service providers through a pilot launched this year. Washington County focused on contracting with culturally specific providers to ensure participants who are part of historically marginalized groups could more easily find access points which feel safe and comfortable. Washington County has made strides to increase data quality through additional training opportunities and accessibility of the Homeless Management Information System (HMIS) support staff. More data entry training increases the number of front-line staff willing to completing CES assessments with good data quality, especially those who do not explicitly work in homeless services. Better data quality provides consistent information that allows the system to move people to programs quickly. Washington County has participated in ongoing, collaborative meetings with Clackamas and Multnomah counties to share best practices in assessment and data collection which has continued to increase the strength of our regional system.

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 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 regional Coordinated Entry 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 experiences of housing discrimination and systemic racism that influence access to housing programs for Black, Indigenous, and Other Communities of Color, immigrants and refugees, and LGBTQ+ communities, have an impact on people's ability to gain stable housing. These strategies aim to increase participant choice, expand access for historically oppressed communities, and reduce disparities among historically marginalized groups.

To this end, the counties and Metro have established ongoing coordination among coordinated entry and equity staff with a goal of ensuring all strategies contribute to the reduction of racially disparate outcomes. The Coordinated Entry Regional Alignment workgroup recently completed an equity lens analysis using the racial equity lens tool (RELT), developed by Multnomah County.

The RELT analysis took place on Monday, September 9th, 2024. The conversation was facilitated by Alexandra Appleton (Equity Manager) and Abby Ahern (Sr. Housing Policy Analyst) with Metro, with assistance from consultants from Homebase. Representatives from all three counties participated in the conversation. The RELT analysis consists of seven questions. The first question, relating to context and level-setting, was answered during prior conversations. The remaining six questions were discussed during the meeting on September 9th. Based on this discussion, the group agreed on two changes to this proposal, which are listed below and reflected in the relevant sections of this proposal:

- *Adding a RELT analysis to each strategy of this proposal.* Each strategy includes a step to create additional proposals and recommendations. A RELT analysis will be included prior to the approval of those proposals and recommendations.

- *Including steps related to provider feedback in each relevant strategy.* Most strategies include feedback from people with lived experience. Where relevant, a step will be added to each plan to engage providers as well.

Additional questions and notes from this discussion are included in the Appendix.

Planning and Implementation Considerations:

- **Compliance with TCPB Charter:**
The TCPB charter states that the TCPB is, “responsible for developing and implementing a tri-county initiative that 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 the regional goals, strategies and outcome metrics established in the plan.
- **Feasibility**
The counties and Metro have determined that this implementation plan is feasible to fulfill given the requested funding allocation, appropriate timeline and necessity to include feedback from various advisory bodies.
- **Staff Capacity**
The implementation plan primarily counts on leveraging existing staff capacity and meetings to work together in the operationalization and on-going coordination of the work. The goal related to case conferencing is an exception. It proposes one additional FTE for each community to support coordination of case conferencing. Upon plan implementation, the jurisdictions acknowledge that additional staff capacity may be needed to fulfill the strategies outlined below. This plan also identifies specific tasks to be supported by qualified consultants, extending staff capacity.
- **Infrastructure**
It will take our region time to create a responsive system that addresses regional and local needs in our high-rent, low vacancy communities. As new initiatives launch, roles and responsibilities for each county and Metro must be collaboratively identified. This plan proposes to utilize the expanded capacity of the Metro Housing Department and within each county to lead this work. In addition, Coordinated Entry relies heavily on a well-functioning Homeless Management Information System (HMIS). Coordination between regional HMIS efforts and regional Coordinated Entry efforts remains important.
- **LIP alignment**
Strategies to improve CE on a regional level has been identified as a need in Washington County’s LIP (p. 18), Multnomah County’s LIP (p. 28) and Clackamas County’s LIP (p. 26).

- Unintended consequences

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

Other potential consequences include a general change burden on the system and improper data sharing. Because CE is central to all, or a significant portion of, the homeless services system, making changes to CE has a domino effect across the system. CE staff, program staff, leadership, service providers, and CoC and other review boards 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.

- Building on existing efforts-

As highlighted in the background section above, this regional effort would not have been possible without the hard work of each county to create highly functioning CE systems in the first place. Below is a summary of a small portion of the work each county has done to improve their Coordinated Entry systems over the past decade.

Clackamas expanded the CE team, drafted a policy for client inactivity to be approved soon, expanded prevention and diversion programs, strengthened regional alignment, and increased lived experience voice in decision-making. The Multnomah County CES has used SHS funds to expand CE outreach, client assistance, and supportive services. Culturally specific providers were prioritized in this expansion. Multnomah County recently completed a redesign of their coordinated access tool, with the specific goal of addressing racial disparities. Washington County updated CE assessments, increased the number of assessors, focused on contracting with culturally specific providers, increased data quality, and collaborated regionally.

The proposals in this draft plan build on the improvements to coordinated entry made across all three counties. Increased assessment capacity in all three counties have created a solid foundation for a more regional approach to assessment. Multnomah County's recent improvements to their coordinated entry system will provide valuable building blocks and lessons learned for further work taking place across the region.

Regional Implementation Fund (RIF) Budget

To fund these strategies as outlined, it will cost \$1.2 million or less. Milestones will be shared in the TCPB's monthly progress reports, and more substantial information, including budget expenditure, will be provided quarterly starting in Q3 2025.

Item	Cost
Strategy #1: Data Sharing	\$200,000
Strategy #2: Assessment Alignment	\$50,000
Strategy #3: Prioritization	\$200,000
Strategy #4: Case Conferencing Alignment	\$745,000
Total	\$1,195,000

Strategy #1: Regionalize Visibility of Participant Data

Program Description

Through this strategy, the three counties will make the necessary changes to their data infrastructure to facilitate the other goals outlined in this plan, as well as increasing visibility of client records in instances where clients seek services in multiple counties. The three counties will develop and implement a list of changes to cross-county data visibility, with input from providers and people with lived experience, as well as the local HMIS Governance/Control Board. The counties will consider both technical aspects of the changes to HMIS, as well as changes to releases of information (ROI's) and privacy notices in the three counties.

This strategy will increase client-level data visibility across county lines via HMIS, both in terms of individual assessment responses and information about movement through the homeless response systems in all three counties. Allowing for visibility into clients' movement and service history across the region acknowledges the regional nature of homelessness, improves the ability of service providers to collaborate, reduces duplication of efforts, and improves the quality of services that can be provided to clients with ties to multiple communities across the region.

Timeline and Milestones

Milestones will be shared in the TCPB's monthly progress reports, and more substantial information will be provided quarterly starting in Q3, 2025, to align with current SHS program reporting frequency.

It is anticipated that the items listed in the chart below will be complete between August 2026 and February 2027, with an interim benchmark in October 2025 described in the chart below. Staff will work on developing timelines for each deliverable listed below which will be reported to the committee in the monthly or quarterly progress reports.

Phase	Deliverables	Details/Steps	Responsible Party
1	<p>List of proposed changes to the regional data-sharing infrastructure – vetted and approved by providers, people with lived experience, and the HMIS Control / Governance Board</p> <p>INTERIM BENCHMARK: This list of proposed changes will be prepared by <i>October 2025</i>.</p>	<ol style="list-style-type: none"> 1. Confirm current data visibility capabilities between counties and create initial draft "wish list" for proposed changes to cross-county data visibility. 2. Discuss draft changes with HMIS Control/Governance Board. 3. Collect and incorporate feedback from providers and people with lived experience regarding desired changes to visibility. 4. Run proposed changes to data 	Contracted consultant (Metro), county staff (Coordinated Entry leads)

		<p>visibility by County Counsel offices and other coordinated entry partners.</p> <ul style="list-style-type: none"> a. Work with County Counsel to identify necessary changes to county privacy notices and ROI's. <p>5. Close the loop with providers, people with lived experience, and the HMIS Control/Governance Board.</p> <p>6. Conduct RELT analysis on proposed changes to data sharing capabilities</p>	
2	Implement proposed changes to HMIS, and relevant ROI's and privacy notices	<ul style="list-style-type: none"> 1. Make changes in county HMIS systems, including changes to ROI's and privacy notices, to reflect increased visibility between counties. 2. Train frontline staff on changes to visibility in HMIS. 	County staff (Coordinated Entry leads and HMIS leads)

Regional Investment Fund Utilization

Exact cost determinations will be developed as this strategy is implemented, staffing needs arise within counties, and scopes of work are defined with consultants.

Budget
Consultant to facilitate feedback processes with providers and people with lived experience
Compensation for people with lived experience who participate in feedback processes
Funding for HMIS admins to implement changes to data visibility between counties
Total: \$200,000

Metrics

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

Strategy #2: Align Assessment Questions

Program Description

Through this strategy, the three counties and Metro will align assessment practices to streamline cross-county access to housing by reducing the need for reassessment in different counties.

Clients with connections to multiple counties, wishing to access services in those counties, face the burden of extensive re-assessment and potential re-traumatization. The three counties and Metro will undertake an analysis of assessment question sets in the Metro region, map out similarities, and explore related data sharing actions to reduce the need for reassessment and burden on clients to continue to share their stories and housing journeys. Assessment questions and any related necessary data sharing actions will be reviewed by county coordinated entry staff and other invested parties. Leveraging the existing Coordinated Entry Regional Alignment Workgroup meetings, county and Metro staff will work together in the ongoing coordination and implementation of this strategy.

The role that each county will play in conducting assessments on behalf of other counties, and making referrals across county lines will be determined collaboratively, with the approval of CoC Boards in each county, as this plan is implemented. This effort will increase system alignment through the identification of same or similar assessment questions and implementation of assessment question and process changes to reduce the need for reassessment. This effort will also make it easier for people to access services, while minimizing to the extent possible how much of their story they need to repeat. This effort will allow providers to more consistently and easily assess participants, view assessment responses across county lines, and provide more trauma-informed coordinated entry services.

Timeline and Milestones

Milestones will be shared in the TCPB's monthly progress reports, and more substantial information will be provided quarterly starting in Q3, 2025, to align with current SHS program reporting frequency.

It is anticipated that the items listed in the chart below will be complete between August 2026 and February 2027, with an interim benchmark in August 2025 described in the chart below. Staff will work on developing timelines for each deliverable listed below which will be reported to the committee in the monthly or quarterly progress reports.

Phase	Deliverables	Details/Steps	Responsible Party
1	Assessment question map highlighting similar and identical questions across communities	<ol style="list-style-type: none">1. Share most recent assessment questions and response options2. Map assessment questions using the most recent versions of assessments for each community3. Identify questions that are identical or similar enough across county lines that counties can share responses for coordinated entry participants seeking housing in multiple counties4. Decide whether to conduct unique	Contracted consultant (Metro), county staff (Coordinated Entry leads)

		questions as an added community-specific assessment or identify an alternative approach	
2	INTERIM BENCHMARK: Prioritized list of proposed assessment workflow changes by August 2025	<ol style="list-style-type: none"> 1. Explore how participants may access community-specific assessments when seeking housing in multiple counties 2. Consider additional questions as needed to support Medicaid eligibility, medical case conferencing, PSH eligibility, and prioritization 3. Organize assessment workflow changes by priority and ease of implementation, with a proposal to consider changes that are easily implementable, and incorporate learnings into future changes 4. Conduct RELT analysis on proposed new assessment and process 	County staff (Coordinated Entry leads), contracted consultant (Metro)
3	Assessment and workflow changes are implemented	<ol style="list-style-type: none"> 1. Run proposed changes to questions and assessment process by coordinated entry partners and CoC Boards 2. Share client-level assessment response data amongst communities 3. Address HMIS set-up needs to reflect assessment overlaps and unique community questions 4. Train front-line staff on changes to HMIS and assessment visibility options 5. Pursue continuous quality improvement to continue to align assessments as time goes on 	County staff (Coordinated Entry leads), contracted consultant (Metro)

Regional Investment Fund Utilization

Exact cost determinations will be developed as this strategy is implemented, staffing needs arise within counties, and scopes of work are defined with consultants.

Budget
Consultant to conduct research and analysis, create a proposal for assessment workflow changes by priority and ease of implementation, and begin continuous quality improvement process
Total: \$50,000

Metrics

These metrics may be changed or refined during the first phase of implementation after mapping assessment questions and organizing assessment changes by priority and ease of implementation, and new metrics may be added.

Metric	Goal	Data Source
Assessor experience is improved	A goal will be set as part of the CQI action step (#12)	Future qualitative data source to be identified
People seeking housing experience is improved	A goal will be set as part of the CQI action step (#12)	Future qualitative data source to be identified
Coordinated entry participants experience streamlined connections to service options fitting their needs	A goal will be set as part of the CQI action step (#12)	HMIS data on time between date of initial assessment to referral Future qualitative data source to be identified

Strategy #3: Regionalize Approaches to Prioritization for Racial Equity

Program Description

This strategy proposes one unified process for all three counties to conduct an analysis of racial/ethnic groups disproportionately impacted by homelessness and to identify and test coordinated entry prioritization strategies to address those disparities. This strategy will build on the ongoing efforts of the counties to monitor and evaluate racial equity and implement equity-focused prioritization strategies.

Through this strategy, the three counties and Metro will identify vulnerability factors that disproportionately impact communities of color in the Metro region and conduct a pilot to leverage coordinated entry systems to prioritize persons affected by these vulnerabilities for housing referral. To identify vulnerability factors, the three counties and Metro will undertake an analysis of racial and ethnic groups disproportionately impacted by homelessness in the Metro region. These potential factors will be evaluated to the extent possible using existing data collected by the counties and will be reviewed by legal counsel, county-specific coordinated entry partners, CoC Boards, and people with lived experience of homelessness. Current strategies leveraged by counties will be examined and research will be conducted to identify potential coordinated entry prioritization factors to address existing disparities. Once the factors and any new assessment questions are finalized, the Counties and Metro will develop a pilot to test their impact. As certain counties are still in the process of evaluating previous efforts to change their prioritization systems, counties will have latitude to choose how much they engage in the pilot, or which aspects of the proposed new system they will pilot. The pilot will run for six months, after which the results will be evaluated to identify the new prioritization factors' effectiveness in advancing equity.

Leveraging the existing Coordinated Entry Regional Alignment Workgroup meetings, county and Metro staff will work together in the operationalization and on-going coordination of the implementation of this strategy.

In addition to advancing equity in prioritization for housing across all three coordinated entry systems, this effort will increase system alignment through the completion of the standardized equity analysis and implementation of common or similar prioritization strategies to address shared equity issues.

Timeline and Milestones

Milestones will be shared in the TCPB's monthly progress reports, and more substantial information will be provided quarterly starting in Q3, 2025, to align with current SHS program reporting frequency.

It is anticipated that the items listed in the chart below will be complete between December 2026 and June 2027, with an interim benchmark in July 2025 described in the chart below. Staff will work on developing timelines for each deliverable listed below which will be reported to the committee in the monthly or quarterly progress reports.

Phase	Deliverables	Details/Steps	Responsible Party
1	<ul style="list-style-type: none"> • Standardized equity analysis across Metro region • Landscape assessment of existing prioritization strategies leveraged by counties to address inequities • Initial draft list of prioritization factors to consider for broader regional implementation 	<ol style="list-style-type: none"> 1. Identify racial/ethnic groups disproportionately impacted by homelessness in the Metro region <ul style="list-style-type: none"> ○ Review existing equity analyses that have been completed by the counties ○ If needed, develop a data analysis framework in consultation with county data teams to collect and analyze additional data to understand disparities 2. Identify and evaluate current/emerging prioritization strategies leveraged by counties to advance equity 3. Develop a list of potential prioritization factors to consider for broader regional implementation 	County staff (Coordinated Entry leads), Contracted consultant (Metro)
2	<ul style="list-style-type: none"> • Finalized proposed list of prioritization factors to pilot • INTERIM BENCHMARK: Approved list of prioritization factors (including any new assessment questions as needed) by July 2025. 	<ol style="list-style-type: none"> 1. Run list of potential prioritization factors by county counsel offices and legal counsel specializing in Fair Housing and county coordinated entry partners 2. Identify and evaluate any alignment with current assessment questions and explore opportunities to model prioritization factors using existing data 3. Conduct RELT analysis of potential prioritization factors and make any changes that emerge 	County staff (Coordinated Entry leads), contracted consultant (Metro)

Phase	Deliverables	Details/Steps	Responsible Party
		<ol style="list-style-type: none"> 4. Obtain feedback on prioritization factors from persons with lived experience of homelessness 5. Obtain feedback from providers, with a specific focus on culturally specific providers. 6. Reach consensus re: prioritization factors to pilot and counties that will participate in piloting 	
3	<ul style="list-style-type: none"> • Standardized plan to pilot them and evaluate their impact 	<ol style="list-style-type: none"> 1. Run new prioritization factors by county counsel offices, legal counsel specializing in Fair Housing, CoC Boards, and other county-specific coordinated entry partners 2. Develop any new assessment questions needed to implement new prioritization factors in piloting counties 3. Conduct RELT analysis of new prioritization factors and assessment questions and make any changes that emerge 4. Define pilot parameters 5. Create accessible communication materials describing the new proposed prioritization system, to be shared with providers and people with lived experience of homelessness 6. Close the feedback loop with persons with lived experience of homelessness and providers. 	County staff (Coordinated Entry leads), contracted consultant (Metro)

Phase	Deliverables	Details/Steps	Responsible Party
4	<ul style="list-style-type: none"> Completed pilot impact evaluation 	<ol style="list-style-type: none"> Pilot new prioritization factors (including any new assessment questions) and re-evaluate after 6 months 	County staff (Coordinated Entry leads), contracted consultant (Metro)
5	<ul style="list-style-type: none"> Updated prioritization policy adopted by counties 	<ol style="list-style-type: none"> Draft changes to counties' prioritization policies based on results of pilot Review and approval of these policies by coordinated entry partners 	County staff (Coordinated Entry leads), contracted consultant, Metro

Regional Investment Fund Utilization

Exact cost determinations will be developed as this strategy is implemented, staffing needs arise within counties, and scopes of work are defined with consultants.

Budget
Consultant to conduct research and analysis, draft new prioritization protocols and assessments, facilitate the framing of the pilot, and engage providers and people with lived experience of homelessness
Compensation for people with lived experience of homelessness
Legal counsel to review prioritization factors considering Fair Housing requirements
Consultant to support in administering and evaluating the pilot
Total: 200,000

Metrics

These metrics may be changed or refined as the plan develops, particularly during the third phase of implementation of this plan as part of the process of defining pilot parameters. New metrics may also be added.

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

Strategy #4: Regionalize an Approach to Case Conferencing

Program Description

Through this strategy, the three counties will identify and adopt standardized case conferencing practices, aiming to reduce the length of time that people experiencing homelessness spend in the coordinated entry system. Counties will create an infrastructure for inter-community learning and collaboration on the topic of case conferencing, adopt a shared statement of purpose for case conferencing across the three counties, and adjust community infrastructure to support more efficient and participatory case conferencing meetings.

Case conferencing is a critical tool in each county’s coordinated entry system. This strategy proposes to align the three counties in a shared purpose for case conferencing and to adopt common practices across all three counties. More uniform case conferencing practices will create a more consistent experience for those seeking services, allow counties to share information and successful practices, create a more uniform experience for providers, and allow each county to capitalize on the opportunities for alignment outlined in other areas of this plan—prioritization, assessment, and data sharing.

Timeline and Milestones

Milestones will be shared in the TCPB’s monthly progress reports, and more substantial information will be provided quarterly starting in Q3, 2025, to align with current SHS program reporting frequency.

It is anticipated that the items listed in the chart below will be complete between August 2026 and February 2027, with an interim benchmark in June 2025 described in the chart below. Staff will work on developing timelines for each deliverable listed below which will be reported to the committee in the monthly or quarterly progress reports.

Phase	Deliverables	Details/Steps	Responsible Party
1	<p>Statement of shared purpose for case conferencing, co-created by the three counties, and approved by coordinated entry partners and other interested parties in each county.</p> <p>INTERIM BENCHMARK: Statement of shared purpose approved by June 2025.</p>	<ol style="list-style-type: none"> 1. Case conferencing information exchange – Representatives from each county attend case conferencing meetings in each of the two other counties in the Metro region, and document key learnings and potential practices to implement in their home counties. 2. National scan of case conferencing best practices. 3. In-person tri-county case conferencing design meeting(s), including representatives from provider organizations, to 	<p>Contracted consultant (Metro), county staff (Coordinated Entry leads)</p>

Phase	Deliverables	Details/Steps	Responsible Party
		<p>discuss potential solutions for aligning a shared purpose for case conferencing across the region, improving meeting attendance, and automating key case conferencing functions.</p> <ol style="list-style-type: none"> 4. Finalizing statement of shared purpose. 5. Obtaining approval of statement of shared purpose from Coordinated Entry partners in each county. 6. Conduct RELT analysis on statement of shared purpose for case conferencing 	
2	Identifying and implementing strategies to automate key case conferencing functions, and improve meeting attendance.	<ol style="list-style-type: none"> 1. Identify strategies to automate case conferencing functions and improve meeting attendance. 2. Obtain feedback on proposed changes from coordinated entry partners. (e.g. any changes to HMIS infrastructure, contracts or MOU's with providers, or other changes requiring higher level approval) 3. Implement strategies to automate case conferencing functions. 4. As needed, train frontline staff on changes. 	Contracted Consultant, county staff (Coordinated Entry leads and HMIS leads)

Regional Investment Fund Utilization

Exact cost determinations will be developed as this strategy is implemented, staffing needs arise within counties, and scopes of work are defined with consultants.

Budget
Consultant to conduct national scan and facilitate case conferencing design meeting(s)
Technical consultant to manage automation process with HMIS.
Funding for HMIS admins to implement changes related to automating case conferencing functions
New designated staff, representing full or partial FTE's in each county, to coordinate case conferencing meetings in each community
Total: \$745,000

Metrics

Metrics may be changed or refined as the plan develops, particularly during phase 2 of the implementation of this plan, after a shared statement of purpose for case conferencing has been adopted, and some potential changes have been identified to improve meeting attendance and automate some key case conferencing functions.

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

Appendix: RELT Analysis Notes

Data and Historic Experience: How is data and historic experience informing decision making? How are you collecting, reviewing, and analyzing demographic data to inform the proposal?

These data sources informed this draft implementation plan, and will inform its implementation: HMIS, provider conversations, census data, and data from Unite Us. From regular review of coordinated entry data, counties have knowledge of the racial disparities that exist for clients connecting to and moving through coordinated entry. Homebase also conducted focus groups with 55 people with lived experience of homelessness across the three counties in the Metro region. Some feedback from those focus groups was incorporated into this plan, and will continue to be reviewed during the implementation of this plan.

Strategies for Racial Equity: 1. Who will benefit or be burdened by the proposal? Identify impacted communities and groups. A. Which group(s) may experience disparities related to the proposal? B. What are the racial demographics impacted by the proposal? C. What intersectional identities will be impacted by the proposal? D. Will the proposal have different impacts within different geographic areas? E. Are those most burdened, represented at the decision-making table? (If not, why not?) 2. What are your strategies for advancing racial equity or mitigating unintended consequences?

The proposal intends to benefit people experiencing homelessness, with a focus on people who identify as BIPOC, by reorganizing the system with an aim to reduce disparities. More granular demographic data should be reviewed during implementation of this plan, and extra care should be taken to ensure that those in rural parts of counties are represented in decision making. Providers may experience an extra burden as more people who identify as BIPOC are prioritized for services with culturally specific providers whose services are targeted to BIPOC populations being particularly at risk. Proposed strategies to mitigate this burden include: providing financial support to culturally specific providers, identifying flexibilities in other deadlines for providers that would help prioritize this work, and more mindful communication with providers (e.g. combining requests and rolling out strategies and training together, as opposed to piecemeal). The group also proposed doing a RELT analysis during each relevant phase of the implementation for each strategy.

Community and Stakeholder Engagement and Input: How have communities and stakeholders been engaged? What is the objective of the engagement? What opportunities exist to expand or enhance community/stakeholder engagement and input?

Counties, CoC Boards, and people with lived experience have been engaged in the development of this proposal. Provider engagement needs to be added to the implementation strategies. Providers and people with lived experience spend a lot of time providing feedback to homeless services systems, and there needs to be more robust coordination to ensure that feedback is taken into consideration appropriately, and to ensure that requests for feedback are not duplicative. For example, the region could explore using a database to track different kinds of feedback across the relevant jurisdictions. This

would be especially impactful for access to readily available input from people with lived experience of homelessness.

Barriers: Please share any systemic barriers that have been identified related to this project or process.

Barriers identified by participants include: the lack of affordable housing across all three counties; differing definitions of homelessness among funders, providers, and people experiencing homelessness, especially in some culturally specific communities; many different approaches to addressing homelessness between funders, providers, jurisdictional staff and elected officials can sometimes make it hard to be successful on any one approach; resistance to access coordinated entry among some people currently experiencing homelessness, due to perceptions of safety or previous negative experiences; challenges obtaining accurate and comprehensive data through HMIS.

Draft Plan Revision: Based on your response to the previous question, what are possible revisions to the proposal under construction? What other processes in this proposal will need a racial equity lens tool application? When will the racial equity lens be applied during these processes?

Based on this discussion, the group agreed on two changes to this proposal, which are listed below and reflected in the relevant sections of this proposal:

- *Adding a RELT analysis to each strategy of this proposal.* Each strategy includes a step to create additional proposals and recommendations. A RELT analysis will be included prior to the approval of those proposals and recommendations.
- *Including steps related to provider feedback in each relevant strategy.* Most strategies include feedback from people with lived experience. Where relevant, a step will be added to each plan to engage providers as well.

This RELT analysis included additional suggestions and recommendations, which will be considered during the implementation of the plan.

Implementation: What is the plan for the proposal implementation? Who is accountable for the implementation? How will the proposal be evaluated? Who is responsible for evaluating the proposal's success? What communication strategies will be used to notify communities of the proposal, implementation and evaluation plan(s)?

The counties will be largely responsible for the implementation of the plan. Metro, in partnership with the three counties, will hold responsibility for leadership, convening, communication, regional alignment, and ensuring timelines and outcomes. This proposal also includes requests for consultation support with data analysis, drafting of additional proposals and recommendations, and some facilitation support. The group noted that communication and evaluation plans will be developed during the implementation of each of the strategies.