

Cross-Sector Case Conferencing

New in 2025

A New & Unique Conferencing Space

- New pilot program developed with HealthShare of Oregon
- Dedicated space for cross-system collaboration
- Opportunity to get support addressing Participants' unmet health and care needs
- Currently being offered in Washington, Clackamas, and Multnomah Counties

**What is
Cross-Sector
Case
Conferencing
(CSCC)?**

Cross-Sector Case Conferencing Partners

- Healthshare of Oregon
- Trillium Health Plan
- Health Systems and providers including Care Oregon, Providence, Kaiser, OHSU, and Legacy/PacificSource
- MultCoHealth Department Behavioral Health Division
- MultCo Aging, Disability, and Veterans Services
- Multco Homeless Services Department
- Service Providers who refer households

Resources We Can Connect Participants To

- Referral to Primary Care Doctor
- Physical Health
- Durable Medical Equipment
- Dental Health
- Medication Access
- Substance Use and/or Recovery Options
- Mental Health Support
- Medicaid Eligibility
- Supports for Daily Living Activities (bathing, toileting, grooming, etc)
- Home Health Care
- Hoarding support
- Wound Care
- Behavioral Health

Care Coordination Services

- Single point of contact for CareOregon Regional Care Teams
 - Primary care providers
 - Mental health providers
 - Specialists
 - Pharmacy
 - Social Services (through health plans)
- Develop and implement personalized care plans
- Ensures participants are optimizing health plans and care and receiving tailored solutions

Who is Eligible?



Open to those who are either experiencing homelessness or enrolled in a homeless service system housing program (e.g. Permanent Supportive Housing, Rapid Rehousing, etc)



Adults aged 55+ are prioritized; but any age is welcome

How to access Cross-Sector Case Conferencing

[Access Referral Form](#)



Cross Sector Case Conferencing Referral Form

Welcome! We are excited to share the referral form for Multnomah County's new Cross Sector Case Conferencing (CSCC) Pilot Program.

The goal of the CSCC Pilot is to create a dedicated space for cross-system collaboration to support participants who are experiencing unmet healthcare needs in our joined effort to increase pathways for access to healthcare and social services.

Eligibility:

- Open to those experiencing homelessness or enrolled in a homeless service system housing program (e.g. Permanent Supportive Housing, Rapid Rehousing, etc)
- Adults aged 55+ will be prioritized but any age is welcome to apply

Cross Sector Case Conferencing Partners:

- Health Share of Oregon (coordinated care organization for Oregon Health Plan members)
- Trillium Health Plan (coordinated care organization for Oregon Health Plan members)
- Health Systems and providers including Care Oregon, Providence, Kaiser, OHSU and

Steps in the Process

1

Service providers meet with participant to discuss Cross-Sector Case Conferencing (CSCC), goals for engaging in the process, and sign ROI(s) with participant

2

Service provider submits referral

3

Cross-Sector Case Conferencing (CSCC) Coordinator will respond within 3 business days to discuss the referral and next steps

Steps in the Process (continued...)



Service provider who submitted the referral attends a Case Conferencing session to discuss the participant's goals and needs.



CSCC convenes to provide resources

Two Release of Information (ROI) Options

General ROI

- Used anytime anyone is referred for Cross-Sector Case Conference
- *Must be signed with participant*

42 CFR ROI

- Optional Form
- Participant can sign if they want any substance use to be discussed

Both forms will
need to be
uploaded in HMIS

General ROI

*Must be signed
with participant
to consent to
CSCC

Coordinated Access for Adults and Families: Authorization for Disclosure of Confidential Information

Please note: Cross Sector Case Conferencing requires written authorization in order to proceed.

Coordinated Access for Adults and Families is a network of separate agencies that coordinate the delivery of rental assistance and supportive services to individuals and families, primarily who are homeless, with priority for those with the longest history of homelessness and most service needs. A full list of Coordinated Access for Adults and Families partner agencies is available upon request and published online at jobs.us/coordinated-access/coordinated-access-2/.

Coordinated Access for Adults and Families agencies will enter the information you provide into a vendor-hosted Homeless Management Information System (HMIS), a computerized and secured record-keeping system known as ServicePoint. These agencies are required by law to maintain the privacy of your personal information. Your information will not be disclosed to other agencies without your authorization except as required or permitted by law. Coordinated Access for Adults and Families is a collaborative effort that provides a centralized approach to assessing and prioritizing individuals and families experiencing homelessness for housing, social, and health services. Coordinated Access for Adults and Families collects personal information from individuals, including income, employment, disability status, veteran status, history of homelessness, current housing situation, and service needs. This information is used to assess eligibility for housing, social, and health services, prioritize need, refer to providers, track progress, and evaluate the system's effectiveness. The Coordinated Access for Adults and Families system may share personal information with housing, social and health service providers, government agencies, researchers, and other organizations working to end homelessness and erase health disparities. Individuals have the right to access, correct, delete, and opt-out of sharing their personal information with researchers. For more information, contact the Coordinated Access for Adults and Families system at the provided contact information.

By signing this form, I authorize the entities listed on Attachment A to disclose: my Client Record [Name, Social Security Number, and Veteran Status], Demographics [Date of Birth, Gender, Race, and Ethnicity], healthcare information [health plan enrollment, current and past providers, current and historic conditions and treatment], Coordinated Access related Program Enrollment and Exit Information, information about the nature of my situation, and Services and Referrals I receive, to Coordinated Access for Adults and Families partner agencies for the purpose of payment, health care operations activities and coordination of housing, healthcare, disability, and services addressing social determinants of health. I also authorize the disclosure of information to Housing Owners or Property Managers to facilitate access to housing opportunities.



Additionally, I authorize the disclosure of information between multiple Multnomah County agencies and external providers (See Attachment A) for the purpose of coordinating care and interventions that will help to improve my health and wellness and aid in my access to and retention of housing.

If you have questions about your privacy, please contact the Coordinated Housing Access Team (CHAT) Hotline at 844-765-9384.

42 CFR ROI

*Optional Form

Confidentiality release
of information for any
substance use to be
discussed in CSCC



COORDINATED ACCESS CROSS SECTOR CASE CONFERENCING
CONSENT TO RELEASE RECORDS
CONTAINING SUBSTANCE USE DISORDER INFORMATION
42 CFR Part 2 and HIPAA

REMEMBER: Information disclosed pursuant to consent must be accompanied by the notice prohibiting redisclosure.

I, _____, authorize
[name]

[name or general designation of individual or entity making the disclosure]

to disclose the following:

____ Psychiatric/medical/substance use evaluation.

____ Psychiatric/medical/substance use discharge summary.

____ Progress notes. ____ Psychological testing.

____ Educational testing.

____ Lab studies. ____ Other:

____ Medical tests/studies. ____ Other:

How often is CSCC Available?

Case Conferencing Sessions:

- Every 2nd and 4th Wednesday
- 11:00 am to 12:30 pm
- Virtual Google Meeting Atmosphere



Tri County Case Conferencing Overview

Washington County	Clackamas County	Multnomah County
Began in Spring 2023	Began in March 2024	Began in Nov 2024
Utilized specific data sharing agreement between county homeless services and health systems	Utilizing a release of information model (*ROI-Release of Information)	Utilizing data sharing agreement and release of information hybrid model
Sessions are every other week with health systems, county homeless services and numerous homeless service providers	Sessions are every other week with health systems, county homeless services, behavioral health, peer support, and multiple homeless service providers	Sessions are every other week with health systems, county homeless services, behavioral health, aging and disability services, onboarding new homeless services providers and expanding referral criteria

Essential Elements of the Regional Integration Continuum Model

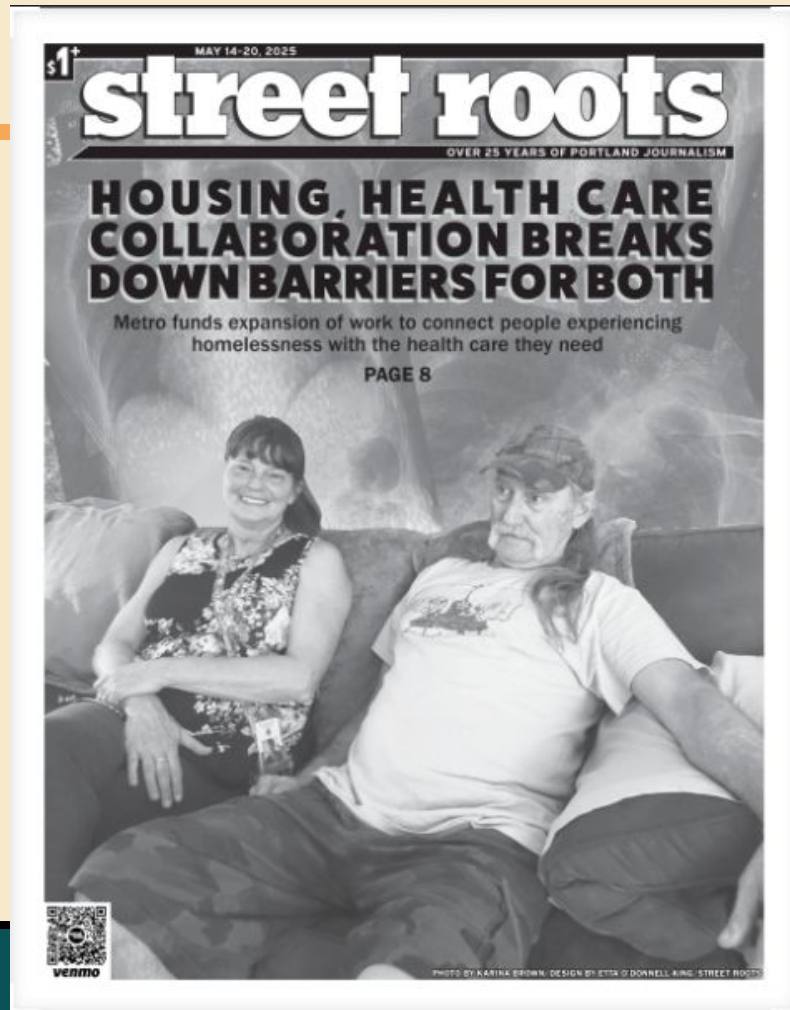
The main functions of the RIC are:

- Expanded data sharing agreements between county homeless services and Health Share
- Centralization of data, metrics for sustainability of cross sector work
- Health Share convening regional Health and Housing Integration Steering Committee
- Formalize commitment of all partners, solidifying case conferencing
- Hub for Homeless Services healthcare coordination

Early Outcomes

Initial regional data is demonstrating that participants who engage in case conferencing:

- *Have less emergency room utilization following their case conferencing session*
- *Engage with their primary care physician more than they did prior to their case conference*
- *Homeless services providers are experiencing greater support for their members*
- *Healthcare providers are engaging previously hard to reach members in care coordination*

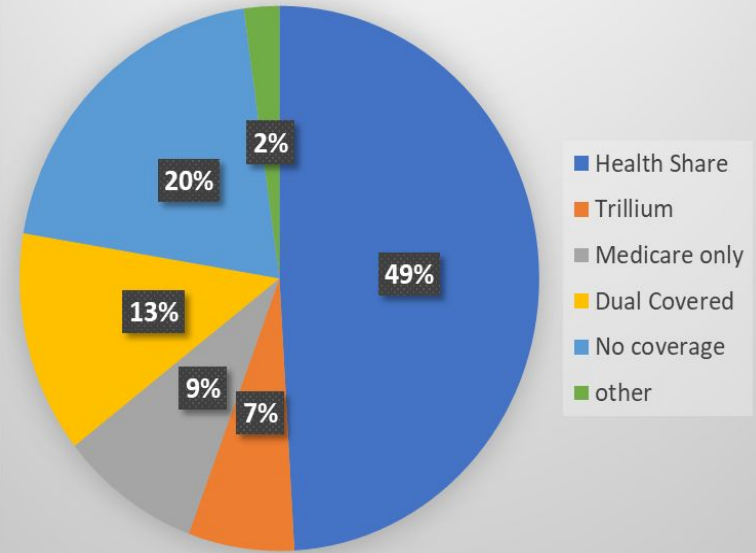


Review of participants

Total Number of Participants: 237

- Health Share: 124
- Trillium: 18
- Medicare Only: 24
- Dual Medicaid & Medicare: 36
- Other (open card, out of area CCO coverage): 6
- No Coverage: 55

Total Members



Questions/Feedback Section

- What resources do your medical resources do participants that your serve tend to need or have difficulty accessing?
- Do you have any thoughts about providing culturally responsive resources and how we could build on creating a culturally responsive space?
- Do you have people that you're working with that you are thinking of referring?
- What recommendations do you have for this pilot?



Questions?

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Homeless Services Department

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