

# JOHS Provider Conference

## June 6, 2025

Notes from Session: Cross Sector Case Conferencing: Healthcare and Homeless Services Connections

Presenters: Lori Kelley (HSD), Adam Peterson

Moderators: [Jaidra Hennessey](#)

Notetaker: Emily #1

### **-Main Points from Session Overview/Presentation (high level; detail not required):**

- New case conferencing venue - Healthshare, Legacy, Trillium, ADVSD, MCBHD, MCHSD, service providers, Providence, Kaiser, OHSU, Care Oregon
- Any partner can identify a referral; participant identifies what they want to have coordinated care around.
- Can connect with folks who are stably housed to provide referrals to a variety of resources.
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### **-Questions/Answers (summarization):**

- Can the participant come to case conferencing? Possibly in the future, but not now. May discuss systems issues that may be triggering to the participant.
  - Would be nice to add tele-health into the case conferencing space
- Re: referrals: provider identifies need, but can't identify a provider to fill the need. Many times related to mental health. Will this project make finding and completing a referral more efficient?
  - The folks that will know how to make referrals are present in this space, and will be able to facilitate referrals.
- IS this a recurring meeting that happens on a regular basis and all entities are present at the same time? If I were to refer a client in my program to cross sector case conferencing, would their case manager join and advocate on their behalf? How many people are conferenced in a session?
  - Meets twice a month, about five people are case conferenced at a time, currently trying to figure out how to scale, but currently no waiting list
- If you need an ROI, is just one ROI needed, or multiple ROIs?
  - Just one general ROI that must be signed by participant, trying to finesse so it's just one ROI for entire system

- Optional 42 CFR ROI is participant wants to discuss substance use
- Wondering about case conferencing in Clackamas County
  - Each county is doing their own case conferencing, so need to reach out to coordinated entry for each specific county; all three counties are working together on this process
  - Washington county has been doing case conferencing since 2023, now case conferencing 10-15 individuals per session
- Criteria is 'homeless' or 'involved in a homeless service providers' services'.? - YES
- Can case-conferencing help someone with an RLRA voucher, to get healthcare in the home? Can this space help get someone into assisted living facilities?
  - Space can get home health in place and provide other accommodations - which might help get them into assisted living.
  - Can encourage collaboration with ADVSD.
- Can this assist with mental health services? Sometimes participant doesn't recognize that they need mental health services.
  - BH and SUD resources can be challenging to access, especially if participant isn't identifying it as a need.
- Gang activity, Morgellons syndrome? Need an 'ER' like project respond for folks with these issues.
- Can health navigators/peer supports be assigned thru this? To attend appointments with folks?
  - Yes, peer services are on the radar to develop in the future
- Is a mobile version of this resource in the works? - YES, also a 'resource hub' or 'healthcare navigation hotline'.
- What does referral process look like for family system?
  - Email [adultca@multco.us](mailto:adultca@multco.us)
- Is dental care part of this landscape?
  - Bring this to case conferencing! Group might be able to sort it out.

**Question for group - what does 'culturally responsive case conferencing' look like?**

- International partnerships - non-white healthcare providers, providers outside of Oregon/U.S.
- Providers should have Assertive Engagement training
- Include non-provider community members from non-dominant culture
- Do outreach to identify culturally inclusive providers
- Maybe create smaller, breakout room to discuss specific participants - only the partners/services that are relevant to the situation
- Incentivize providers who step into navigation roles, or who are already doing it

- Have culturally responsive providers on-call who can buzz into the meeting as needed

**Any other recommendations?**

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**-Main Discussion Points not captured above:**

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**-Takeaways or Follow-Ups for JOHS**

**(expectations/priorities/recommendations/etc):**

- Explore adding a tele-health option, so participants can take part of their own case conferencing
- Continue doing outreach, seemed like it was new info for many attendees and they had lots of questions about various, highly nuanced ways that the case conferencing might benefit their clients.