

MEMORANDUM

TO: Metro, Tri County Partners, Stakeholders

FROM: Ben West, MSN, BSN, RN
Clackamas County Commissioner, Metro President Work Group Co-Chair

DATE: April 15, 2025

RE: Recovery Policies in a Care Continuum Framework

I drafted the below overview as an individual commissioner, informed by my experience as a registered nurse, public servant and policy maker. Ultimately, it comes down to the truth that we are all called to care. This is an overview of a continuum of care system that addresses homelessness through the lens of recovery policy. In 2023 the Clackamas County Board of County Commissioners adopted a resolution *“Supporting a Recovery Oriented System of Care in Responding to the Addictions, Mental Health and Homelessness Crisis.”* I have tried to capture in the outline the holistic approach of this work.

This is not an all-inclusive list, nor an inventory of all of Clackamas County’s programming. The funding sources and policies are complex and are not totally controlled by local jurisdictions.

This document is an illustration to start a regional conversation. What parts resonate with you? What do you see in your system already? What elements are missing? What is key to a functional, balanced, coordinated system?

Core Philosophy

Homelessness is not a one-size-fits-all problem, and solutions must be tailored to different populations based on their needs, capabilities, and willingness to engage with services. This plan integrates housing, treatment, accountability, economic incentives, and workforce sustainability to create a holistic, results-driven approach.

1. Prevention & Early Intervention

A. Diversion for Situational Homelessness

- Expand emergency rental assistance, mediation services, and targeted support to prevent people from entering homelessness due to temporary crises (job loss, medical bills, eviction).
- Implement real-time assessment and service matching at eviction courts and crisis response centers.

B. Addressing “Treat Them and Street Them” in ERs

- Shift hospital discharge policies to prevent premature discharges of homeless individuals with untreated medical conditions.
- Create dedicated recuperative care centers to provide short-term medical stabilization before placement in housing or treatment programs.

- Implement hospital partnerships to coordinate care with shelter systems and long-term support services.

2. Housing with Accountability & Readiness

A. Tiered Housing Model

- Rapid Rehousing (RRH): For individuals with temporary setbacks who can maintain housing with minimal support.
- Transitional & Sober Housing: For those needing structure before moving to independent living.
- Permanent Supportive Housing (PSH): For the chronically homeless who require long-term case management and services.
- Secured Psychiatric Care: For individuals with severe mental illness who are incapable of self-sufficiency.

B. Housing Readiness Programs

- Implement behavioral, mental health, and addiction recovery readiness programs before housing placement.
- Provide structured pathways from shelter to housing, with increasing responsibility and independence.

C. Oversight & Retention Strategies

- Require case management check-ins and participation in services for individuals in supportive housing.
- Establish housing retention programs that help tenants develop life skills, financial literacy, and conflict resolution strategies.

3. Substance Abuse & Mental Health Treatment Continuum

A. Full-Spectrum Addiction Treatment

- Detox → Inpatient → Intensive Outpatient Plan → Sober Living → Therapeutic Communities
- Ensure seamless transitions between levels of care to prevent relapse.
- Expand access to Medication-Assisted Treatment (MAT) for opioid addiction while integrating behavioral therapy.

B. Secured Psychiatric Care for the Severely Mentally Ill

- Redefine “harm to self and others” to include chronic self-neglect and inability to function. (2025 legislation HB 2467, SB 171)
- Establish long-term psychiatric care facilities for those unable to live independently.

C. Crisis Stabilization & Recuperative Care

- Create crisis response centers to stabilize individuals in psychiatric or addiction crises.

- Implement recuperative care programs to help medically fragile individuals recover before being placed in housing or programs.

4. Reentry & Workforce Readiness

A. Extended & Tiered Reentry Programs

- Implement stair-step reintegration programs for individuals leaving incarceration, treatment, or street life.
- Provide transitional housing, workforce training, and structured mentorship.

B. Job Matching & Workforce Development

- Conduct meaningful assessments to place individuals in jobs suited to their skills and abilities.
- Establish apprenticeship programs, job training, and business partnerships.

5. Criminal Justice & Public Safety Reforms

A. Expanding the Intercept Model

- Divert individuals into mental health and addiction treatment before incarceration.
- Expand specialty courts (drug court, mental health court, veterans court) to provide structured alternatives to jail.

B. Addressing Chronic Offenders

- Establish a specialized program for individuals with repeated low-level offenses tied to homelessness, addiction, or mental illness.
- Require structured rehabilitation instead of repeated incarceration.

6. Economic & Policy Reforms

A. Addressing Welfare Benefits

- Reform benefit structures to provide gradual phase-outs instead of sudden cutoffs that discourage employment.
- Allow individuals to keep some benefits while earning income to encourage upward mobility.

B. Property Compensation for Frontline Workers

- Increase salaries and benefits for shelter staff, outreach teams, and program workers.
- Implement financial incentives and mental health support for workers to reduce burnout and turnover.

7. Aging & End-of-Life Care

A. Homeless Hospice & Nursing Homes

- Develop specialized facilities for elderly and terminally ill homeless individuals.

- Partner with healthcare providers to ensure dignity in care.

8. Changing Public Perception & Policy Momentum

A. Public Messaging & Narrative Shift

- Frame homelessness solutions around accountability, public safety, and economic benefits, not just compassion.
- Highlight success stories of tiered solutions and structured programs.

B. Grassroots Education & Political Engagement

- Mobilize community stakeholders through education campaigns.
- Engage policymakers with data-driven success models to push for funding and policy changes.

IMPLEMENTATION ROADMAP - Where to Start

Phase 1 (0-2 Years): High-Impact, Low-Resistance Changes

- Establish diversion programs for situational homelessness.
- Pilot recuperative care centers to reduce ER cycling.
- Launch structured reentry programs with workforce pathways.
- Expand crisis stabilization and intercept model for specialty courts.

Phase 2 (3-5 Years): Structural Policy Reforms

- Implement tiered housing models with accountability measures.
- Reform benefit systems to remove welfare traps.
- Increase wages and support for frontline homeless service workers.

Phase 3 (5+ Years): Long-Term Systemic Change

- Develop secured psychiatric care for the severely mentally ill.
- Expand homeless hospice and long-term care facilities.
- Fully integrate structured addiction recovery pipelines.

Final Thoughts

This plan offers a balanced, structured, and realistic approach to homelessness that prioritizes prevention, accountability, economic incentives, and sustainability. By integrating housing with behavioral readiness, workforce development, and long-term care, we can create a scalable and results-driven model that addresses homelessness holistically and effectively.

The challenge is not just funding but shifting public perception, aligning policy with reality, and creating a system that empowers people rather than enabling cycles of failure.

The next step? Pilot this model in a targeted city or region and measure the outcomes—proving that real solutions require more than just housing.