



RHIP Social Determinants of Health Workgroup  
Housing Subcommittee  
Deschutes County Health Services—Stan Owen Room  
2577 NE Courtney Drive, Bend

Agenda: April 15, 2016 from 10:00 am-11:00 am

1. **10:00-10:05**    **Introductions—All**
2. **10:05-10:30**    **Review Subcommittee Work and Agreement**  
**Action:** Agreement from full workgroup on:
  - Criteria for evaluation
  - Potential Projects to develop
  - Recommendation on COVO project
3. **10:30-10:40**    **Project Presentations**
  - Review proposals
4. **10:40-10:50**    **Housing Workgroup Work plan**
  - What elements do we want to include?
5. **10:50-11:00**    **Action Items—All**
  - Next steps
  - Who agrees to do what before May 20

Next Meeting: May 20 from 10 am – 11 am (in Redmond)

## **Social Determinants of Health – Housing Workgroup Subcommittee (3-31-2016)**

**In attendance** - Bruce Abernethy (Bend-La Pine Schools), Kristin Chatfield (OHSU), Holly Wenzel (Crook County Health Department), Geoff Wall (Housing Works), Kim Bangerter (COIPA), Don Senecal (Homeless Leadership Coalition), Jim Long (City of Bend), MaCayla Arsenault (COHC), Molly Mardesich (PacificSource), Donna Mills (COHC), Lynne McConnell (NeighborImpact)

**SDH-Housing Workgroup Chair** - Donna Mills reported that Bruce Abernethy has agreed to chair the SDH-Housing Workgroup. He brings a lot of experience to this role having been involved with drafting the 10 Year Plan to End Homelessness and previously serving on the Homeless Leadership Coalition and the Meth Action Coalition. Bruce commented (tongue in cheek) that his facilitation style is along the lines of “Richard’s Rules of Order”, which is less formal than the more commonly known Roberts Rules of Order. It gives more power to the chair to facilitate discussion, with the tradeoff being that he will make sure that all opinions are brought to the table and heard.

**Background on the Regional Health Improvement Plan** – because there were some new people around the table, Donna Mills provided a quick recap of how we have gotten to where we are now. She described the Central Oregon Health Council (COHC), which is the community governing board for the region’s Coordinated Care Organization (PacificSource). The COHC has a number of advisory committees (Operations, Community Advisory Council, Provider Engagement Panel, Finance Committee) that provide critical community input. She stated that the very first Regional Health Improvement Plan (RHIP), developed back in 2012, had been too general and not able to really drive policies and projects. The most recent RHIP, which was released in early February 2016, is much more focused and has identified several key health improvement priorities:

- 1) Behavioral Health: Identification and Awareness – and – 2) Substance Use and Chronic Pain
  - 3) Cardiovascular Disease
  - 4) Diabetes
  - 5) Oral Health
  - 6) Reproductive and Maternal Child Health
- Social Determinants of Health (SDH)\*

\* SDH is a much broader category which looks at social and physical environments that promote good health for all – education, economic stability, health care access, built environment, etc. Within SDH, the RHIP identified two key factors on which it wanted to focus: 7) Early Learning (Kindergarten Readiness) and 8) Housing

**Role of the SDH – Housing Workgroup** - These 8 “priority pillars” are the heart of the current RHIP and as such each one of them has established its own workgroup. The first 6 pillars have very prescribed targets and goals while the two under Social Determinants of Health are broader and have more flexibility. Each workgroup is tasked with developing a formal workplan for each year of the 2016-2019 RHIP and help facilitate collaboration amongst the entities applying for Regional Health Improvement Resources (RHIR) The RHIR are funds generated by

means of the Joint Management Agreement between the Coordinated Care Organization (CCO) and the Central Oregon Health Council (COHC) The RHIR is generated based on the CCO making communities healthier, lowering claims expense, and achieving certain performance goals. Right now, the RHIR sits at \$6.6 mill (based on 2014 performance) and the COHC expects to soon receive approximately another \$5 mill (based on 2015 performance). This money is to be reinvested into the 8 health priorities listed above within the region (Crook, Deschutes, Jefferson counties). In fact, proposals to the RHIR – an application process which is open to any public, private or nonprofit organization – must closely align with the RHIP.

Donna Mills stressed that the individual workgroups are **not** decision-makers within a given area. The ultimate decision as to which projects get funded will rest with the RHIR Committee for proposals <\$150,000 and with the full COHC Board for proposals >\$150,000. The workgroups should be thought of more as a vetting process that can provide important technical assistance and support and bestow a seal of approval (or not) that the applicant can then include in their proposal. Given this role, Donna is strongly encouraging every potential applicant to run their proposal/project by the respective workgroup. There is already a requirement that every RHIR applicant meet with the OHSU Central Oregon Research Coalition to ensure alignment and that project outcomes can be measured. MaCayla Arsenault will send out the formal RHIR application so people can see what exactly is involved/required.

Donna was asked “Would we still have the workgroups even if there wasn’t this large pot of money available?” Yes! While it is wonderful to have these resources, there are lots of ways to move the needle on these priority areas that may not require funding. These include changes in policy, attitudes/perceptions, improved communication and coordination, etc. The workplans that are developed should help identify all the options. Given that workplans might look different in different workgroups, COHC is working on a template for what a workplan might look like.

#### **Review of proposed criteria to be used to evaluate/assess potential housing projects -**

The group recognized that we won’t be able to generate/secure enough resources for everything we want to do so it might be valuable to find a way to assess the strengths and weaknesses of various proposals (which will also help us develop a timeline for determining which projects we focus on and when). It was proposed to develop a grid or table with different categories/criteria that will allow us to evaluate different projects and ideas. We would then try to find those ideas with a high return and low cost. Each project/idea would be described and/or assessed using the following proposed categories:

- **Concept/Description** – straightforward, include what, why, where, when, etc.
- **Cost** – this can be measured in a variety of ways – on a per person served basis or if it is a discrete one-time occurrence or an ongoing fee. This is important for determining scope of work and ability to go after grants (is it a \$5,000 project or a \$50,000 or a \$500,000 project?)
- **Hurdles/Barriers** (why isn’t it happening now?) – are the hurdles/barriers largely financial, regulatory, policy, geographical, cultural/community perception, etc.? Are these hurdles

that we have the power to overcome or are they really beyond our control/influence? (in which case, they may still be important, but probably not a focus for this workgroup)

- **Rural investment** – everyone agreed that the smaller, more rural communities faced significant challenges in terms of access to services so it was proposed that projects be weighted slightly as a way of “evening the field” among the different communities of Central Oregon?
- **Opportunities for leverage/partnerships** – are there other funding sources or resources that can be brought to the table if we make progress on this idea/project? This was seen as a very important consideration - it not only leverages additional resources, but can be seen as a proxy for having secured community support
- **Impact/Quality of life** – this would be an admittedly subjective assessment of the difference such a project would have on an individual or a neighborhood or a community over a certain length of time. It is intended to help us draw a distinction and give more weight to something that is life-saving or life altering vs nice to have and something that provides a long-term benefit vs a short-term or one-time benefit.
- **Best case scenario** – describe the difference made in the community or the lives of individuals if this project is successful

Other criteria we might want to consider include:

- **Must align with the RHIP** – this is a given
- **Regional focus** – proposals with a regional focus would score higher than if it was in a single community or it would be strengthened if it was replicable to other parts of the community
- **Ability to gather meaningful outcome measures** – this is a given; should be addressed by the mandatory meeting with the OHSU Central Oregon Research Council. Qualitative is also okay to use as it is difficult to measure what was prevented.
- **Detailed budget or proforma (if a construction project)** – the group felt this would be a good secondary criteria – it may be difficult to have enough expertise around the table to review a proforma plus we are not sure we want to put the workgroup in the position of “approving” or giving a thumbs-up to a budget. The group also felt that it was okay to mentor those who presented strong proposals, but lacked expertise in a particular area.

**Items/housing needs and potential projects** – the group then continued brainstorming to see if there were particular ideas or projects that might be part of our workplan and/or others that we might want to formally review using the criteria just developed:

- New policies from HUD re: coordinated entry – this is a shared system with lots of data entry, but is primarily unfunded and proving to be a burden (Scott Cooper)
- Redo a FMR (Fair Market Rental) analysis – this would allow FMR to rise to more realistic levels (Scott Cooper). It was pointed out this would certainly help increase the quality of

available housing stock, but would likely not impact the quantity. Jim Long noted that this could have an unintended consequence of raising rent prices in general.

- Establish a pool of funds/insurance policy to incentivize landlords to rent to a riskier population (Bruce Abernethy) In past years, people who took a “Ready to Rent” workshop through Housing Works had this additional support, but the thinking here is this might be expanded beyond just those in publicly supported housing
- Need to provide transportation subsidies otherwise affordable housing may be built far away from other critical services (COIC rep)
- Wrap-around services – these may be necessary to keep someone in the affordable housing (Scott Cooper)
- More affordable housing in Prineville and outlying communities
- Veterans housing in NE Bend (COVO)
- Gap financing for affordable housing in general (Jim Long)
- Homeless shelter (need another women’s shelter like Shepherd’s House) – we will need to check to see if there are any restrictions on faith-based projects using federal dollars (RHIR)
- Projects that help people “age in place” – weatherization, minor home repairs, reverse mortgage, etc. (Lynne McConnell)
- Innovative projects tied to the City of Bend’s Urban Growth Boundary (UGB) expansion (Lynne McConnell)
- Project in Madras where investment upgraded slum area (Rick Treleaven)
- There is a very large pool of state funds for affordable housing, but no one in Central Oregon is accessing them because of the requirements for state ownership (Scott Cooper)

**Presentation on affordable housing for veterans in NE Bend** – the group decided to run a potential housing project through the criteria we had just developed. Jim Long gave a brief presentation on an affordable housing project by COVO (Central Oregon Veterans Organization) for veterans in NE Bend. Over the past 10 years, COVO has significantly expanded their capacity in this area, growing from overseeing zero units in 2006 to 30 units in 2016. They are proposing to build 8-10 units on land that would be donated by the City of Bend. The project would likely cost \$1.2-\$1.5 mill and is highly leveraged as it would be able to access or at least apply for several other sources of funding (donated City land, Community Development Block Grant (CDBG), other state and federal sources).

The group felt this project would score very high on most of the criteria – impact, leverage, partnerships, explicit tie to health, strong developer track record, long-term investment - the two exceptions being that it was located in Bend so not regional nor did it have a rural component. When asked what was the “gap” or amount that he estimated might be needed to be filled by RHIR after other sources of funding were secured, Jim estimated around \$300,000-\$400,000. The group felt comfortable making a recommendation to RHIR that this was a very strong project (at that target ask range) and that COVO should take whatever steps were necessary to submit a proposal.

**Next steps** – what do we want the April 15 SDH – Housing Workgroup meeting to look like?

The group spent a few minutes developing a DRAFT agenda for the next Workgroup meeting:

- Review the work of the subcommittee and get agreement from the full workgroup – criteria, potential projects, recommendation on COVO project
- Presentations of potential projects (if applicable – we will need to let people know we are looking to review proposals so they are prepared – looking for 10 minutes max) The group would like a conceptual overview sent out to them ahead of time.
- Discussion on the Housing Workgroup Workplan – what elements do we want in it?

# COHC Regional Health Improvement Resource Application Narrative

## 1 Requestor/Agency Background

- Provide project organization or individual leading information.
- Provide requestor/agency(s) location(s).
- List the team members/project participants, including their roles in the project.
- Will your project include all counties in the region; Crook, Deschutes, Jefferson, and northern Klamath County? If not, why?

## 2 Project Description/Overview

- What is the project trying to accomplish?
- Please provide SMART objectives for your project. (SMART: Specific Measureable, Attainable, Relevant, Time-Bound)
- Who is the target population?
- How will the project benefit the lives of this population?
- What, if any, are the emerging best practices and/or evidence-based guidelines upon which the project is based?
- Are there any existing initiatives or collaborations that are similar to this project?
- What are the unique traits and capabilities of the requesting agency that will be employed to make this project successful?
- What are the ways other clinicians, groups, or members of the community will learn **from** your project?
- What are the ways other clinicians, groups, or members of the community learn **about** your project?

## 3 Measurement

- How will your project be measured? How will you know the project objectives have been met?
- Did you meet with OHSU's Central Oregon Research Coalition? What was the outcome of your project review?

Contact:

Erin Solomon

Community Liaison Central Oregon

OHSU Community Research Hub – Central Oregon Office (CORC)

963 SW Simpson Avenue #100, Bend, OR 97702

Office: 541-728-0665 solomone@ohsu.edu



# COHC Regional Health Improvement Resource Application Narrative

- Are the measures relatable to any best-practice or evidence-based care guidelines?
- What method and tools will be used to collect data?
- Who will collect the data?
- How will you ensure the data is reliable? (i.e. consultants, outside staff, systems, planned system upgrades, OHSU-CORC, etc.)

## 4 Timeline

- Provide a detailed one-year timeline for the project (include subsequent years if applicable), including key steps, phases, and objectives.
- Provide detail on how information and data will be compiled for mid-year and end-of-year progress reports.

## 5 Project Budget

- Please complete the RHIR Proposal Budget worksheet.
- Note: For multi-year grant proposals, you may either complete one budget template to include the entire grant timeframe, or complete one for each year, depending on which method makes the most sense for your organization and your project. In addition, feel free to add line items within categories as necessary.

# COHC Regional Health Improvement Resource Proposal Budget

## Part I: Projected Project Revenue from COHC

\$	-
----	---

Please check one

Other Project Revenue (e.g., funds from the Global Budget; outside sources of revenue such as grants or support from other community partners; etc).*	Planned	Requested / Pending	Committed	\$	-
<b>Total Project Revenue</b>				\$	-

## Personnel Costs

Name	Position (FTE dedicated to this project)	Salary	Benefits	Total Cost	Amount Requested
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	<b>Sub-Total: Personnel</b>	\$ -	\$ -	\$ -	\$ -

Materials & Supplies	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Materials &amp; Supplies</b>	\$ -	\$ -

Travel Expenses	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Travel Expenses</b>	\$ -	\$ -

Consultants & Contracted Services	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Contracted Services</b>	\$ -	\$ -

Meeting Expenses	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Meeting Expenses</b>	\$ -	\$ -

Professional Training and Development	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Training and Development</b>	\$ -	\$ -

Other Budget Items	Total Cost	Amount Requested
	\$ -	\$ -
	\$ -	\$ -
<b>Sub-Total: Other</b>	\$ -	\$ -

<b>Total Project Budget</b>	\$	-	\$	-
-----------------------------	----	---	----	---

# COHC Regional Health Improvement Resource Application Checklist

## Application Checklist

- |  |     |    |
|--|-----|----|
| • Did you complete all portions of the application?  | Yes | No |
| • Did you include a proposed budget?   | Yes | No |
| • Are the proposed use of funds aligned with the RHIP and Triple Aim?  | Yes | No |
| • Does the project have reach to all counties in the Region (Crook, Deschutes, Jefferson and Northern Klamath) Yes No If not, why? |     |    |
| • Did you have your project reviewed by OHSU?  | Yes | No |

## Application Submission

- Completed applications and attached budget proposals must be submitted via email to [Donna.Mills@cohealthcouncil.org](mailto:Donna.Mills@cohealthcouncil.org).
- If you have questions or need any assistance, please contact any member of the COHC staff at 541-306-3523.

## Process Following Submission

- Projects will be assigned a RHIR Project identifier.
- Projects will be reviewed for minimum requirements as indicated in the application checklist.
- Projects will be emailed to the RHIR committee members prior to the monthly RHIR meeting for review.
- RHIR committee members may reach out to ask for more information.
- Projects will be reviewed during the RHIR monthly meeting – determinations for award decisions will be:
  - Approved (follow scope of fund request)
  - Not-approved (more information requested)
  - Not-approved (amendment requested)
  - Not-approved
- Award decisions for projects that request \$150,000 or more:
  - The COHC Board will determine FINAL approval to fund the project.
- Award decisions that request less than \$150,000:
  - RHIR will determine whether to fund the project.

