



Stable Housing and Supports

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://zoom.us/j/264340446>

Join by phone:

+1 669 900 6833

Meeting ID: 264 340 446

March 20, 2020

10:30am-12:00pm

Aim/Goal
Central Oregonians experiencing homelessness and those most at-risk of homelessness will have increased and equitable access to housing and supports that offer opportunities for housing stability and increased individual well-being.
Future State Metrics
<ol style="list-style-type: none">1. Decrease severely rent and mortgage-burdened households2. Increase Housing Choice Voucher holders able to find and lease a unit3. Accurately count Central Oregonians experiencing homelessness

AGENDA

10:30-10:35	Welcome, Introductions & Guiding Principles - All
10:35-10:40	Housekeeping - Facilitator
10:40-11:50	Root Cause Analysis - All
11:50-12:00	Closing – Facilitator



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Future State Metrics – Full Detail

1. By December 2023, decrease the combined severely rent and mortgage burdened households in Central Oregon by 2 percentage points to 16%.
2. By December 2023, 50% of Housing Choice Vouchers (HCV) holders will be able to find and lease a housing unit.
3. By December 2023, a comprehensive system for accurately capturing the extent of Central Oregonians experiencing homelessness will be in place and utilized.



Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Involve Targeted Population

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

Regional Health Improvement Plan (RHIP) Workgroup Frequently Asked Questions

Do large organizations with many different departments only count as one vote?

It is important to give equitable value and weight to each partner voice in decision making. To do that, large organizations that completely reside within the same community sector will have one vote. If a large organization resides within multiple sectors, that organization will get one vote per sector. For example, if there are two people from a large organization such as St. Charles Health System, and one of them is from inpatient hospital care and the other is from primary or family care, they will share one vote because both of those departments reside within the healthcare sector.

If there are two people from the same umbrella organization (for example Deschutes County), with one of them working in the judicial system and the other is working in public health, they will each have one vote because justice and health care are two separate sectors. Employees of these departments represent significantly different community perspectives.

Can I send a representative to vote in my place if I'm not able to attend a decision-making discussion?

There are multiple, on-going discussions and a lot of shared learning leading up to formalizing a decision. Regularly participating gives you a better understanding of these complexities. A representative, or proxy, attending an isolated decision-making discussion will not have the depth of understanding of the topic. Only partners who have maintained their voting partner status will be invited to formalize a decision by voting. See Participation Practices for details.

If you are one of two members representing the same organization and your coworker has attended enough meetings to be a voting partner, they will be able to vote for your organization. However, if your coworker does not qualify as a voting partner, they will not be able to vote in your place.

Is a final decision made when 75% agreement is reached by voting partners present in the meeting? Or by all voting partners?

We approach final decisions using the Focused Conversation method to bring partners closer to consensus. When we say consensus, we mean: "Finding and creating areas of shared understanding; A coming together of the common sense of the total group; An agreement that everyone can live with". After coming to consensus, a decision is made when 75% of all voting partners are in agreement. For example, any partner present for the discussion, will work to reach consensus during the meeting time. The formal decision will be made by all voting partners through an email vote. This applies to both a positive or negative vote. For instance, if the vote is split 50/50, partners must work to agree by 75% in favor of, or against, an issue.

How long will it take to work through the Structured Problem Solving (SPS) to develop a Strategic Direction? When will funding be available?

The process will take a few months, however each workgroup may progress at different rates, depending on the number of priority area metrics, and deliberation of the workgroup. Mini-grants (up to \$5,000) are available now through the Central Oregon Health Council (COHC) website. Standard grants (over \$5,000) will be available once each workgroup develops their strategic direction and decides how they want to disseminate funds. All funding must directly impact the workgroup metrics.

With our priority areas as broad as they are, how will we prioritize where to start?

Prioritization will be determined through the Structured Problem Solving (SPS) process and development of a Strategic Direction over the next few months.

Who is allowed to apply for workgroup funds?

Organizations with Tax ID numbers who serve Central Oregon can apply for funding. It is not required that an organization is on a workgroup to apply for funding. All are welcome to apply. The workgroup can choose to use the funds to implement workgroup driven activities that directly impact the metrics, in which case no applications would be accepted. The workgroup can also request proposals (Call for Community Projects) from the region which are available to everyone, including workgroup partners. Calls for Community Proposals will be listed on the COHC website as they become available:
<https://cohealthcouncil.org/how-to-apply-2/>

Does each workgroup have \$1.6 million? Does the funding need to be spent over 4 years?

Yes, each workgroup will receive \$1.6 million to invest in the workgroup's strategic direction. Remaining funds that have not been invested by December 31, 2023, will be returned to the Community Impact Fund for future community investment.

Why can't funding be used for brick & mortar investments?

There is ambiguity in whether or not State and Federal Laws prohibit us from using Community Impact Funds for capital investments. In response, the COHC Board of Directors accepted a recommendation to avoid brick and mortar requests.

What is the application process and reporting requirements for each type of grant?

The mini grant application and requirements are available on the COHC website:
<https://cohealthcouncil.org/how-to-apply-2/>

We will be discussing the standard grant application process in more detail as we develop workgroup strategic directions in the coming months.

Where do you get your training for the “tools” we use?

The COHC staff comes from a variety of different backgrounds, education and professional training. We pull from different sources and adjust to meet the needs of the workgroups, but here are a few of our favorites:

- Technology of Participation (ToP) <https://www.top-training.net/w/>
- Lean Enterprise Institute <https://www.lean.org/>
- Collective Impact Forum <https://www.collectiveimpactforum.org/>

How will we assure that funds are distributed in a way that helps ensure equity overall?

Equity is a priority for the 2020-2023 Regional Health Improvement Plan (RHIP) and therefore we are working to integrate equity-focused questions into our workgroup discussions and decision making. The Central Oregon Diversity, Inclusion and Equity (CODIE) workgroup will serve to provide expertise, focus and actionable strategies to advance diversity, equity and inclusion in support to the goals of the Central Oregon Health Council (COHC) as articulated in the RHIP. We invite workgroup partners and their organizations to join us in these efforts.

Can funding be used for a grant writer to bring more money into the community?

Yes, workgroup funds can be used to leverage additional funding that directly impacts the priority area metrics.

Can funding be used for professional development?

Funds may be used for education and training related to the strategic direction that impacts priority area metrics. Education and training could be used for the community at large or the workgroup as a whole. Examples might include train the trainer models, equity and diversity training for workgroups, or practitioner trainings for underserved populations.

Can current and past applicants/projects submit multiple grant applications?

There is no limit to submissions. However, historically workgroups favor projects that are innovative, pilot programs, or projects that demonstrate a strong sustainability plan.

Who is the Operations Council?

The Operations Council is made up of people who represent all parts of the healthcare delivery system. This includes physical health, oral health, behavioral health, public health and education. Their responsibilities are to improve health care coordination and apply a systems level lens to the Regional Health Assessment and Regional Health Improvement Plan.

What was the amount of \$ for workgroups during the last 4 years? Are there current investments that come under the umbrella of each workgroup?

For the 2016-2019 RHIP cycle each workgroup received \$250,000 per year for a total of \$750,000. Any projects still in progress will be adopted into the new workgroups for continued guidance, however any of these projects seeking additional funding are not guaranteed additional financial support.

How will we keep partners informed who are unable to attend the meetings?

All meeting packets will be available on the COHC website: <https://cohealthcouncil.org/workgroups/>

Stable Housing and Supports



Background: Why are we talking about this?	
1990s Mill Closures / Timber Industry Decline Federal Housing Policy	Stable, healthy housing is a basic need. Insecure housing and an unhealthy living environment impact both physical and behavioral health conditions. By spending much of their income on housing, individuals and families must cut corners on other living expenses such as food, transportation, and medications, which can also significantly influence their health outcomes and overall well-being.
2000s Population Growth in Central Oregon Housing shortage	
The Great Recession	
Wage Vs. Housing Costs Single Income Households	

Current Condition: What’s happening right now?
<ul style="list-style-type: none">• In 2017, 18% of Central Oregonians paid more than half of their income for rent and mortgage• In Central Oregon, minority households experience more housing challenges than their white counterparts• Central Oregon has a critical shortage of supportive housing units to meet the needs of people with disabilities, with co-occurring mental health or substance use disorders, and/or extended history of homelessness Current State Metrics: <ol style="list-style-type: none">1. In 2017, 18% of Central Oregon households were severely rent or mortgage burdened2. In 2018, only 30% of Housing Choice Voucher holders were able to find and lease a housing unit3. No system to determine an accurate number of those experiencing homelessness exists in Central Oregon

Goal Statement: Where do we want to be in 4 years?
Aim/Goal Central Oregonians experiencing homelessness and those most at-risk of homelessness will have increased and equitable access to housing and supports that offer opportunities for stability and increased individual well-being. Future State Metrics - By December 2023: <ol style="list-style-type: none">1. Decrease severely rent and mortgage-burdened households2. Increase Housing Choice Voucher holders able to find and lease a unit3. Accurately capture Central Oregonians experiencing homelessness

Analysis: What’s keeping us from getting there?

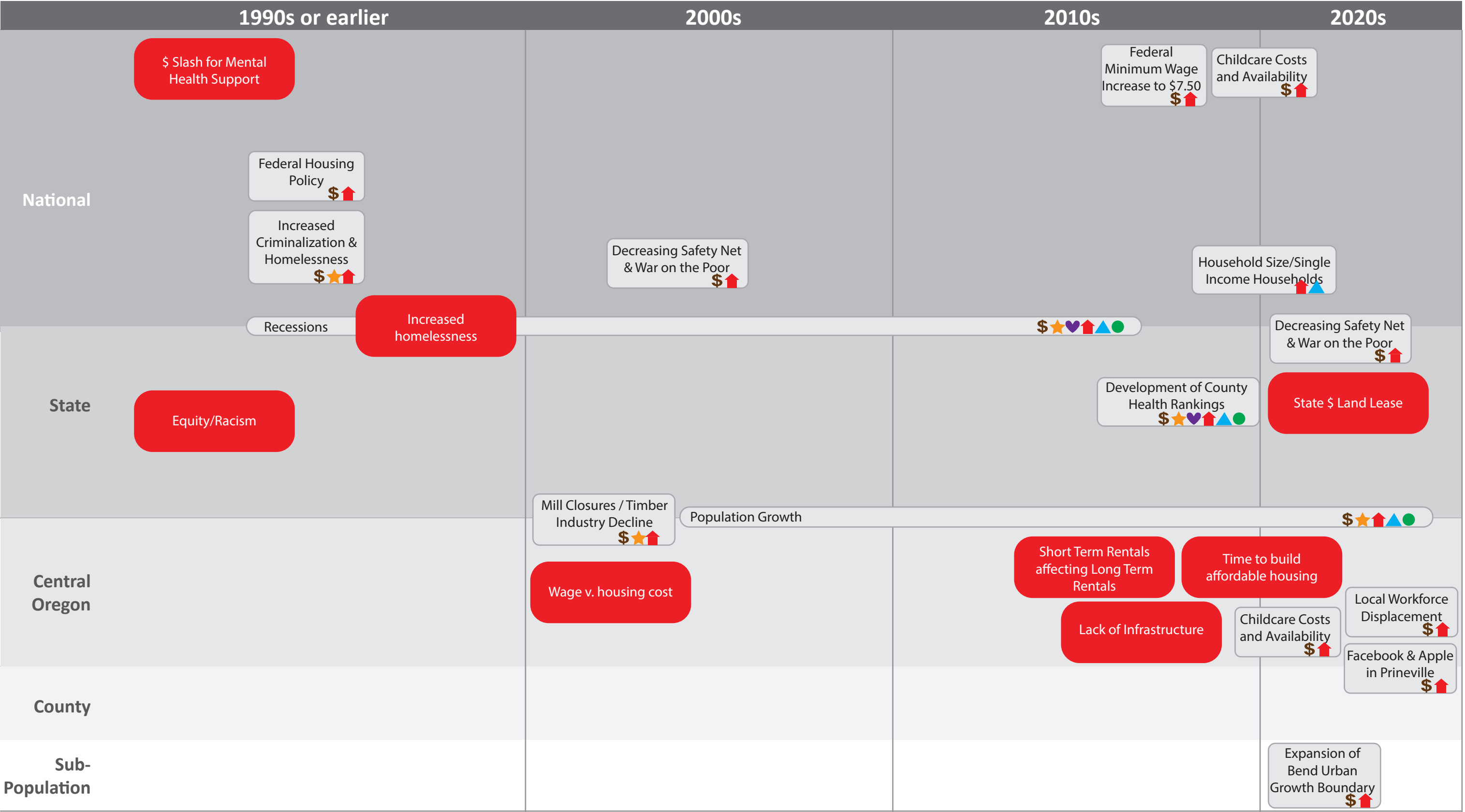
Date updated:	Workgroup:	Version:
Strategic Direction: What are we going to try?		
{insert}		

Focused Implementation: What are our specific actions? (who, what, when, where?)
{insert}

Follow-Up: What’s working? What have we learned?
{insert}

Stable Housing and Supports

Background Timeline



Partnership Action Plan – Stable Housing and Supports

Level of Engagement	Sector	Organization	Person	Who will contact them?
Core	Practitioners	St. Charles		Elaine Knobbs-Seasholtz
	Voluntary	Redemption House, Prineville		Erik Nelson
	Policy Partners	Elected Officials – State and Local		
	Practitioners	Bethlehem Inn	Gwenn	Bethany Benefield
	Practitioners	Warm Springs Housing Enterprise		
	Beneficiaries	Community Representative		
	Public	Warm Springs Housing authority	Daniel Wood	Molly Heiss
	Public	Housing Works	David Brent	Sarah Kelley
Circle of Engagement	Private	Central OR Rental Association		Kathy Sabatier
	Voluntary	Band of Brothers		
	Voluntary	League of Women Voters		
	Policy	Developer	Ian Schmidt	Bethany Benefield
	Resource	Legal Aid	Erin Levenick	Colleen Thomas
	Resource	J Bar J		
	Resource	Allyship in Action	Kerani Mitchell	Amy Warren
	Practitioners	Council On Aging	Robin	Steve Pine
Circle of Champions	Resource	Yes In My Backyard		
	Resource	NAMI		Elaine Knobbs-Seasholtz
	Resource	P-Flag		
	Resource	Pacific Crest Affordable Housing		Bethany Benefield
	Resource	Abilitree		Bethany Benefield
	Resource	CODSN		
	Public	District Attorney		
	Public	Parole and Probation, Jefferson Co.		Morgan Greenwood
Circle of Information & Awareness	Resource	Human Dignity Coalition		Elaine Knobbs-Seasholtz
	Resource	Foundation		
	Public	OSU / COCC		
	Public	DHS Foster		
	Private	Media		
	Private	Terry Llewellyn – Rental Owners		
	Voluntary	Latino Community Association	Brad	Bethany Benefield
	Practitioners	Association of Ministers	Chris kramer	Don Senecal
Circle of Possibilities				