



Stable Housing and Supports
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
<https://us02web.zoom.us/j/85201549389?pwd=TkV1Z0pEbk15aE1Ma3QzKzcza1lzdz09>

Join by phone:
+1 669 444 9171
Meeting ID: 852 0154 9389
Passcode: 908502

Friday, August 18, 2023

10:30am-12:00pm

Future State Metrics

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.

AGENDA

- | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10:30 - 10:45 | Welcome & Announcements |
| 10:45 - 11:45 | Implementation Plan <ul style="list-style-type: none">• Review• Development of Request for Proposals - Building Capacity for Advocacy by People with Experience Living Houseless |
| 11:45 - 12:00 | Next Steps; Information Sharing |

Google Slides: https://docs.google.com/presentation/d/1NFn88z5gXBzUMGFy_EyuxF9F4kji841Guluj-TFIOkg/edit?usp=sharing

Budget: <https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1olGhJRMloxf9pEUofj-KzU5WnscBbEX8/edit?usp=sharing>

Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."

Stable Housing & Supports

RHIP Workgroup Virtual Meeting



**Central Oregon
Health
Council**

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.

Partner with Priority Populations

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 chances, 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.

Stable Housing and Supports

Background: Why are we talking about this?	
1990s Mill Closures / Timber Industry Decline Federal Housing Policy 2000s Population Growth in Central Oregon Housing shortage The Great Recession Wage Vs. Housing Costs Single Income Households	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.

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"> In 2017, 18% of Central Oregon households were severely rent or mortgage burdened In 2018, only 30% of Housing Choice Voucher holders were able to find and lease a housing unit 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"> Decrease severely rent and mortgage-burdened households Increase Housing Choice Voucher holders able to find and lease a unit Accurately capture Central Oregonians experiencing homelessness

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> Inaccurate and accurate assumptions reduce acceptance of diverse housing Housing cost & supply outweigh wealth & income Uncoordinated common advocacy goals, problems & efforts Inconsistent disjointed & inaccurate systems of data collection Housing is considered a commodity not a human necessity Prohibitive income & background requirements

Strategic Direction: What are we going to try?	
Date updated: 2.23	
Creating and increasing housing resources and opportunities Developing and implementing advocacy strategies for housing policies and zoning Aligning efforts across systems to address the housing crisis and homelessness Educating the public to increase understanding and de-stigmatize housing needs	

Focused Implementation: What are our specific actions? (who, what, when, where?)			
Who	What	When	Where
Central Oregon Intergovernmental Council (COIC)	Regional Housing Council (Pilot)	2021-2023	Region
Central Oregon FUSE	Permanent Supportive Housing	2021-2024	Region
Homeless Leadership Coalition (HLC)	Housing Case Management Infrastructure	2021-2024	Region

Follow-Up: What's working? What have we learned?
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Stable Housing and Supports

Root Cause Barriers: What is blocking us from moving toward our future state measures?

Inaccurate and accurate assumptions reduce acceptance of diverse housing	Housing is considered a commodity not human necessity	Uncoordinated common advocacy goals, problems and efforts	Prohibitive income & background requirements	Housing cost / supply outweigh wealth and income	Inconsistent, disjointed, & inaccurate systems of data collection
Landlord perceptions of Housing Choice Vouchers Program	Empty seasonal and investment homes	Unformed Central Oregon Housing Advocacy org.	Qualifying factors creating barriers for rentals/hcvs	Construction labor shortages	Area Median Income policy is not representative of population
Willingness/fear to admit homelessness and seek services	Decrease housing stock/increase pop.	Resource allocated advocacy	Income/ background requirements	Rent/ mortgage burden	Functional Definition of Homelessness
Community Education/awareness of population is lacking	Density allows more multifamily	501c3 regulations on lobbying	Skills on how to interview for housing	Living wages	Service provider access to system to document/ count
Negative assumptions of voucher holders	Land use UGB limitations	Language barriers to advocacy	Security deposit up front	Wealth/Income gap	Homeless Count- Definition of Homeless
Public policy is discriminatory			Eviction and Credit Barriers		Resources does not support actionable data
Systemic racism			High application fees		
Community of not welcoming low income housing			Felony Background		

STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

Create New Affordable Housing Opportunities	Develop Renter Supports
<ul style="list-style-type: none"> • Development of housing that is affordable to individuals who ear 80%, 60%, and 30% and less of area median income • Partner with AirBnB for short-term housing in the off-season • Develop process for transitional housing • Develop subsidized housing and market rate housing for people who depend on local wages • Partner with developers to build affordable housing • Fund Housing Works and EPIC Properties • Create incentives for landlords to be more flexible • Create a landlord mitigation program to cover liability 	<ul style="list-style-type: none"> • Provide a security deposit fund • Develop a class to prepare for housing interviews • Support housing barriers removal fund (rental assistance, deposit, utility, property debt forgiveness) • Translation of housing-related outreach materials • Enforce existing tenant rights regulations

Creating and increasing housing resources and opportunities

Advocate for Local Zoning	Advocate for State Policy
<ul style="list-style-type: none"> • Align building of all levels of housing with transportation networks, walkable areas, and food access • Enact and/or restructure local ordinances and policies to prioritize the preservation • Inclusionary zoning and restructuring the Construction Excise Tax • Amend local zoning to allow for variety of housing types • Local ordinances to prioritize housing preservation and production to serve low and middle income • Work directly with communities to co-create policies, programs and strategies to ensure that housing interventions are equitable and culturally responsive • Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote health in all policies 	<ul style="list-style-type: none"> • Advocate for more vouchers • Review the Oregon Housing Alliance 2020 endorsements. Ask them what is a priority in the next legislative session • Differentiate between advocacy & lobbying

Developing and implementing advocacy strategies for housing policies and zoning

<p>Collaborate to Serve People Experiencing Homelessness</p>	<p>Unify our Community Approach</p>
<ul style="list-style-type: none"> • Develop partnerships with agencies that serve marginalized homeless populations • Incorporate people with lived experience of homelessness and housing insecurity into identifying gaps and goals • Build community coalition capacity to address health inequities related to substance use and mental health • Collaborate with law enforcement to ensure critical connection for outreach to individuals experiencing homelessness 	<ul style="list-style-type: none"> • Need regional housing council group or add more building and landlords to Health Council • Identify and resource existing housing advocacy groups to be point of contact and lead city/city council housing issues working with state advocacy groups • Build coordination/ partnership/ transparency/ de-duplicate efforts between regional housing actors (HLC, Housing Works, NeighborImpact, H4A, county, city, COHC) • Create a regional housing council (Housing 4 All? Reach out to Scott) • Develop a method for counting that can be used by all • Better, robust (coordinated) continuum of care/ data collection “HLC” • Which system works best? Then consolidate, streamline, create centralized dashboard. Have an entity that holds this and funds this. • Involve relevant stakeholder to update regional 10-Year Plan to End Homelessness. Assess gaps & include tangible goals & responsibilities • Identify and implement strategies to assure more diverse representation on local committees • Ensure that members of this workgroup have access to information about current needs (are metrics still relevant?)

Aligning efforts across systems to address the housing crisis and homelessness

<p>Education to increase understanding and access</p>	<p>Educate the Public</p>
<ul style="list-style-type: none"> • Education campaign about vouchers • Education/ Info campaign for landlords/ property management groups about the benefit of HUD vouchers • Provide culturally appropriate training, engagement and education for landlords and housing service providers • Develop a PR campaign about vouchers 	<ul style="list-style-type: none"> • Develop forums and other opportunities to educate elected officials and other decision-makers on the housing crisis and the nexus between insecure housing and health • Build awareness of existing affordable housing policies, projects, and what various funding sources are currently used for (ESG, SHAP, HOME, Sec. 8, CoC, CDBG, LIHTC, etc.) • Identification of commodity, education campaign about housing as expensive commodity

Educating the public to increase understanding and de-stigmatize housing needs

**HOUSING
2023 Budget**

Overview

	Budget	Spent	Available
5-Year	\$2,000,000	\$1,129,654	\$870,346
Cycle to Date	\$1,500,000	\$1,129,654	\$370,346
Yearly	\$500,000	\$5,000	\$370,346
Yearly Mini-Grant	\$10,000	\$5,000	\$5,000
Yearly Standard Grant	\$490,000	\$0	\$490,000

By Future State Measure (5 year)

	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Rent Mortgage Burden	\$651,666.67	\$117,500.00	\$534,166.67		\$534,166.67	
Housing Choice Vouchers	\$651,666.67	\$574,827.00	\$76,839.67		\$76,839.67	
System for Counting Houselessness	\$651,666.67	\$407,327.00	\$244,339.67		\$244,339.67	

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared minigrant budget.

2023 Investments

Organization	Process	Project	Award	Decision Date	Future State Measure	Latest Report
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St. Vincent de Paul Society Bend	Mini-Grant	St. Francis Conference – Transitional Housing for Homeless and Low-Income Community	\$5,000.00	1.20.23	pulled from Mini Grant Budget	Rent and Mortgage Burden
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Five-Year Investment Overview
All Workgroups
 January 2020–December 2024

Budget	Spent	Available
\$12,000,000	\$7,184,584.04	\$4,815,416

Workgroup	Spent	Available
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,954,157.00	\$45,843.00
Physical Health	\$1,117,158.56	\$882,841.44
Stable Housing	\$1,129,654.00	\$870,346.00
Substance and Alcohol Misuse	\$617,494.69	\$1,382,505.31
Upstream Prevention	\$1,424,126.00	\$575,874.00



Request for Proposals (RFP). DRAFT

**Central Oregon Health Council Regional Health Improvement Plan
Regional Health Improvement Plan
Stable Housing and Supports Workgroup**

Project Name:

Access Code:

Future State Measures:

Decrease severely rent and mortgage-burdened households
Increase Housing Choice Voucher holders able to find and lease a unit

Contact Person: Gwen Jones

Email: Gwen.jones@cohealthcouncil.org

Phone Number: 541-306-3523

About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon.

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most

of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini grants [HERE](#).

Description of Grant Opportunity

Maximum Award Amount:

Available Funds:

Funding Duration: Single and multi-year projects will be considered.

The RHIP Stable Housing and Supports Workgroup is accepting applications to support development and/or expansion of capacity building activities. The focus of the capacity building must be related to the themes of decreasing severely rent and mortgage-burdened households and increasing Housing Choice Voucher holders able to find and lease a unit. This includes capacity building at the individual-with-lived-experience level, organizational and community levels.

Why are these efforts needed?

Fulfilling Central Oregon's visions of improving health for all people living in the region requires larger social change efforts.

Stimulating health and social service delivery systems improvements requires enhancing organization decision-making structures, communications, relationships with external stakeholders, connections to grassroots partners, staff training and skills, and responsiveness to changing conditions.

It requires increasing staff, volunteer and client ownership, creating opportunities for clients to speak for themselves, strengthening their leadership skills and leading improvement efforts.

However, organizations, individuals and communities often have developing, limited or varied skills, resources and opportunities to promote their needs and recommendations for improvements in health and social service delivery systems.

The intent of this project is to strengthen and develop skills, instincts, processes and resources of individuals, organizations and communities to continue, initiate, promote and support health-related, housing policy changes at all levels of our communities (individual, organizational, city, regional, state, federal). Efforts should be related to decreasing severely rent and mortgage-burdened households and increasing Housing Choice Voucher holders ability to find and lease a unit.

Types of outcomes may include, and are not limited developing and expanding:

- Individual knowledge, skill and confidence navigating housing, health care and social service delivery systems.
- Client advisory councils.
- Opportunities and skills of people with lived experiences to be in system-changing spaces (eg. advocacy training, communications strategies, training to serve on a board of directors, meeting with decision-makers, etc.).
- Technical support for policies, practices and procedures within an organization and/or system to create a welcoming and safe environment for people with lived experience to fully participate.

Prioritized audiences for this community investment include, and are not limited to, organizations serving and people who:

- Identify under COHC definition of priority population (see below).
- Live in rural Central Oregon (see below).
- Cannot access Medicaid.
- Do not have access to transportation.

Proposal Requirements

Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the Future State Measures of the Regional Health Improvement Plan specified above.
3. Projects must take place within Central Oregon:
 - Crook, Deschutes, and Jefferson Counties
 - The Confederated Tribes of Warm Springs
 - Northern Klamath County, limited to:
 - Gilchrist, Chemult, Crescent, and Crescent Lake Junction
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU).
5. Projects must include **prioritized populations*** & communities that are intentionally excluded from power, access, and privilege.
6. Projects must be culturally and linguistically responsive for prioritized populations.
7. Project must have an education, training, or awareness component.
8. **Applicant must:**

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Advocacy or lobbying

- CCO provider administrative activities
- Any product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, etc.)
- Indirect costs
- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)
- Brick and mortar construction
- Project benefitting a single individual or single household
- Health Information Technology that goes against PacificSource's one vendor policy
- COHC staff and household members cannot apply
- OHA and DHS cannot apply

Evaluation Criteria

The RHIP Stable Housing and Supports Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal. Programs serving individuals at high risk of overdosing and those that are in contact with them are prioritized.

Funding Details and Important Information

Maximum Award Amount:

Available Funds:

Funding Duration: Single and multi-year projects will be considered.

Anticipated Selection Schedule

Request For Proposal (RFP) Released:

Application Submission Closes:

Notification of Award:

How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant:

XXX

Support

The RHIP Stable Housing and Supports Workgroup is available to support this project in a collaborative, advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Gwen Jones by email at gwen.jones@cohealthcouncil.org or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at Kelley.adams@cohealthcouncil.org or by phone at 541.306.3523.

Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

*COHC definition of *prioritized populations*:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

**COHC definition of *rural*:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty**
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)

- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

**Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.

Capacity building is defined as the process of developing and strengthening skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. An essential ingredient in capacity-building is transformation that is generated and sustained over time from within; transformation of this kind goes beyond performing tasks to changing mindsets and attitudes.

At the individual level, this may look like training programs, workshops and conferences. At the organizational or institutional level, this may be development of internal policies, organizational and procedural restructuring. At the systemic level, this may look like advocacy initiatives, consultations, open dialogue, and reforms.

<https://www.un.org/en/academic-impact/capacity-building>

<https://www.learlab.com/insights/capacity-building-is-it-only-a-matter-of-training/>

People with Lived Experience is defined in this way: Lived experience is the things that someone has experienced themselves, especially when these give the person a knowledge or understanding that people who have only heard about such experiences do not have. A person with lived experience is someone who has gained knowledge through direct, first-hand involvement in everyday events, rather than through assumptions and constructs from other people, research, or media.

<https://www.oxfordreference.com/display/10.1093/oi/authority.20110803100109997>

<https://communityscience.com/blog/what-evaluators-mean-when-they-talk-about-lived-experience/>