

CCO name: InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

CCO contact: Charissa Young-White

Section 1: SHARE Initiative Designation

1. What is the dollar amount for your CCO’s SHARE Initiative Designation? (as recorded in cell E30 in [Exhibit L – Report L6.7](#))

\$1,076,144.00

September 24, 2024: The following projects were added to the IHN-CCO SHARE Spending Plan

Edit: Community Partnership Alliance	Add: Linn County Health Services
Add: Corvallis Police Department	Add: Linn County Health Services—Crisis Center
Add: Jackson Street Youth Services	Add: Lincoln County Health and Human Services

SHARE Designation Increased to \$1,815,409.00
SEE Appendix for details, pages 144-153

Section 2: SHARE Initiative Spending Plan

Spending plan summary

2. Summarize the work your CCO is funding through this year’s SHARE Initiative. At a high level, briefly describe 1) project titles; 2) what activities are being funded; and 3) what populations will be served.

Project	Summary/Activities	Populations Served
Community Partnership Alliance	Community Partnership Alliance brings together partners in Albany to make it possible for unhoused and housing insecure individuals to successfully access and obtain needed services by overcoming system barriers. Activities: <ul style="list-style-type: none"> • Determine gaps and creating a pathway for closure of those gaps by inventorying the gaps and developing a strategy for correction • Streamline collaboration between agencies • Utilize existing community resource software to be a focal point of requesting and disseminating resources and information interagency. • Create MOUs that are consistent between organizations and facilitate rendering needed services • Facilitate seamless referral loop • Facilitate agency collaborative strategies with 5 high-utilizing clients to create stabilization 	Unhoused and underhoused or housing insecure individuals
Emergency Hotel Sheltering	Emergency Housing Sheltering (EHS) provides individuals and families, most of which are situationally homeless, with a safe place to stay for up to 90 days while they navigate resources and transition to more permanent and stable housing. Activities: <ul style="list-style-type: none"> • Collaborate with EHS lead staff on intake and move-in 	Unhoused and underhoused or housing insecure individuals

	<ul style="list-style-type: none"> • Assist with daily room checks of each occupied hotel room • Be an additional point-of-contact for hotel staff and respond to questions, concerns, and issues in a timely manner • Assist clients in navigating resources, referrals, and paperwork 	
Homeless Data Harmonization	<ul style="list-style-type: none"> • Key partners (Community Services Consortium (CSC), Samaritan Health Services (SHS), Linn/Benton Community Health Centers) sign data use agreements with OSU Policy Analysis Laboratory (OPAL) • Key partners pull data from their respective data systems and send to OPAL • OPAL team cross references health data (SHS and Linn/Benton CHC) with CSC data to correlate health needs & healthcare utilization for patients served by a CSC housing program • OPAL summarizes how health status/needs differ among subpopulations of people experiencing homelessness in the region • Key results and key takeaways are shared with key stakeholders and local decisionmakers, including Linn, Benton and Lincoln County Board of Commissioners and local city councils in the region; local housing service collaboratives that meet monthly (e.g. HEART Board, Linn County; HOPE Board, Benton County; and the Lincoln County Affordable Housing Providers group) 	Unhoused and underhoused or housing insecure individuals with a focus on people of color that have experienced systemic racism
Housing Supports and Life Stabilization	<p>Housing Supports and Life Stabilization provides housing support services that stabilize people, engage them in conversations and activities that springboard them towards housing, and help them secure stable, short- and long-term respite and living solutions that meet both their immediate and future housing needs.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Provide first and next step conversations about housing, shelter, and living indoors • Conduct VI-SPIDAT Coordinated Entry assessments (required for individuals to access shelter/housing) • Establish direct connections to HUD, Linn-Benton Housing Authority, and DevNW 	Unhoused and underhoused or housing insecure individuals with a focus on people of color that have experience systemic racism, LGBTQIA2S+, and the disabled

	<ul style="list-style-type: none"> • Offer direct referrals for emergency housing vouchers • Facilitate direct connections, as well as case conferencing, with Unity Shelter, Corvallis Housing First, and Samaritan Health caseworkers for access to respite beds, emergency shelter, micro shelters, and Permanent Supportive Housing • Help with searching for available housing and rental spaces, occasionally funding rental applications • Enable all the above referrals, connections, and conversations during direct street outreach to people in encampments 	
<p>InterCommunity Health Research Institute Research & Analytics</p>	<p>The InterCommunity Health Research Institute, IHRI, established in early 2022, is a collaboration to build a robust community partnership that leverages shared resources to evaluate and improve population health and health equity. IHRI, convened by InterCommunity Health Network Coordinated Care Organization (IHN-CCO), includes community partners, key policymakers, researchers, and health care system representatives. Funding for IHRI is in-kind by IHN-CCO and funding for the focused SDoH work and staff supporting the SDoH data analysis and evaluations is through the SHARE Initiative. The SHARE Initiative funds do not pay for IHN-CCO staff coordinating and supporting IHRI. IHN-CCO is interested in braided/blended funding streams to support SDoH work in the community, including administrative funding directly from IHN-CCO. For the purposes of clarity, we have provided overall IHRI information. <i>See Attachment 1. InterCommunity Health Research Institute Description.</i></p> <p>The SDoH-E priorities established through IHRI include collaborative strategies to impact housing, income disparities or access to wealth, and culturally appropriate services including antiracism, language access, implicit bias, and trauma informed care. Other areas IHRI prioritized that may include SDoH-E, such as transportation, include barriers to accessing care and access along the behavioral health continuum. The findings discovered through the collaborative IHRI will support decision-making for funding, grant applications, and other program support primarily for</p>	<p>IHRI serves the entire community but prioritizes research, programs, and resources that serve children and youth, people and communities of color, and people with disabilities/disabled people</p>

	<p>community-based organizations. The findings will also be used at the CCO level to understand more fully community needs and where the CCO can apply resources to fill in gaps around SDoH-E in the community. IHRI is striving for the equitable distribution of resources and power to achieve true health equity in the region. The definition of population health the collaborative is utilizing focuses on the fact that health care is only a portion of positive health outcomes for community members, including IHN-CCO members. The social determinants of health and equity are the foundation with which IHRI determines priorities and activities, including utilizing a health equity lens in all work, with a focus on racism and discrimination.</p> <p>Activities:</p> <p>IHRI provides actionable evidence to inform community health investments and initiatives in Benton, Lincoln, and Linn counties in Oregon. The institute is creating an inclusive, collaborative environment that promotes curiosity, discovery, and innovation through rigorous program evaluation and research in the following areas:</p> <ul style="list-style-type: none"> • Finding the best approaches to support the needs of the community • Providing academic rigor to health-related program evaluation and research • Strengthening community relationships and resources between diverse partners • Aligning resources and health education with the community • Facilitating diverse funding sources to support population health initiatives 	
<p>Low Barrier Housing Solution</p>	<p>Family Assistance and Family Center Group provides a holistic solution to a critical respite/emergency housing need by expanding many of our services and programs, including wraparound services, into rural communities in Linn County.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Provide respite housing • Provide emergency housing 	<p>Unhoused and underhoused or housing insecure individuals, specifically those in a highly underserved rural community</p>

	<ul style="list-style-type: none"> • Improve acceptance and inclusion to reduce stigmas • Create a sense of community and belonging • Treat physical health through non-traditional health care methods (currently non-covered Medicaid services, this funding will not support Medicaid-covered services) • Reduce mental health disparities by providing in the moment crisis intervention and follow up plans • Relieve compound trauma through all-in-one treatment group and plan 	
Northwest Oregon Works Workforce Project	<p>The Northwest Oregon Works Workforce Project will improve behavioral health capacity by developing the Behavioral Health Workforce, including bilingual and bicultural workers, and building equitable programs to improve pay equity and sustainability of the workforce. The project focuses on equitable hiring and outreach to ensure the majority of people developed are non-dominant culture and/or bilingual/bicultural. The project addresses SDoH through improving pay equity in order to impact members with historical and intergenerational trauma, discrimination, and social exclusion. Social and community health will improve through the increased support of the non-dominant culture workforce. Specific groups in the community impacted also include refugees and people that may be undocumented. It will also provide resources and support through navigation of culturally appropriate services.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Outreach to discuss the program in the 3 communities • Culturally specific outreach • Interpretation and translation services as needed • Creation of program including tuition, scholarships not including social worker licensing and exam fees waived by the State 	<p>People with mental health concerns, substance use disorder, refugees, undocumented people, and any other behavioral health concerns with a focus on people who do not speak English as a first language</p>
ReConnections Counseling Supportive Housing	<p>ReConnections Counseling, in partnership with Turnkey-Coastal Phoenix Rising (CPR), offers wrap-around transitional housing support, case management, training, peer, & tenancy navigation for the unhoused people in these three motel rooms.</p> <p>Activities:</p>	<p>Unhoused and underhoused or housing insecure individuals with a focus on those with</p>

	<ul style="list-style-type: none"> • Rent rooms to provide “Safe Housing” which will allow participants the ability to fully engage in substance use services through THW-Peer Support Specialists • Provide wrap-around transitional housing support, case management, training, peer, & tenancy navigation 	behavioral health concerns
<p>TIDES Young Adult Transitional Housing Program</p>	<p>Lincoln County Community Justice (LCCJ) under the Juvenile Department, runs Youth Tides, a runaway homeless shelter, licensed by Oregon Department of Human Services to provide emergency shelter and Transitional Living Program (TLP) for youth 21-year-old and younger. Through this funding, TIDES will develop individualized independent living curriculum to weave into the current and soon to be expanded Transitional Beds.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Develop curriculum to include the following topics: <ul style="list-style-type: none"> o Basic Life Skills: Budgeting/money management, housekeeping, food preparation, healthy grocery shopping • Provide educational opportunities: GED, vocational education, special trainings • Work with WorkSource and local business to build a network to support the youth in stepping forward into their independent future • Provide service Coordination and referrals to social services, law enforcement, education, legal services, health care, etc. 	Unhoused and underhoused or housing insecure youth

CHP/statewide priorities

3. Describe how your SHARE Initiative spending aligns with your CCO’s shared community health improvement plan.

For the bulk of the funds, IHN-CCO developed a Request for Proposal through community and workgroup engagement and Community Advisory Council (CAC) discussions. The CAC provided feedback and chose housing as the primary SHARE Initiative priority area. Specific priorities within housing are medical respite (stable housing upon discharge from hospital or emergency room visit) and housing supports (housing-related, closed-loop referral between clinical community services, evictions prevention and reduction). The IHN-CCO CAC’s Community Health Improvement Plan (CHIP) has housing as a focus area under the larger Social Determinants of Health

Health Impact Area. *See Attachment 2. IHN-CCO Priority Areas and Feedback on SHARE Initiative.*

IHN-CCO CHIP Health Impact Area: Social Determinants of Health and Equity

Outcomes Indicator Concepts and Areas of Opportunity

SD1: Increase the percentage of Members who have safe, * accessible, affordable housing.

*Safe housing: a structurally sound, secure, sanitary, nontoxic residence with basic utilities, timely repairs, and adequate space for residents.

Indicator Concepts

- Number of homeless persons
- Number of homeless students

Areas of Opportunity

- Stable housing upon discharge from hospital or emergency room visit
- Evictions prevention and reduction
- Housing-related, closed-loop referral between clinical and community services
- Social Determinants of Health claims data

IHN-CCO also prioritized building the workforce for behavioral health licensed providers including developing equitable recruitment practices for a bilingual/bicultural workforce and supporting pay equity for members of historically marginalized communities. This aligns with the IHN-CCO CHIP Health Impact Area: Behavioral Health.

IHN-CCO CHIP Health Impact Area: Behavioral Health

Outcomes Indicator Concepts and Areas of Opportunity

BH1: Reduce stigma and increase community awareness that behavioral health issues are normal and widely experienced.

Indicator Concept

- Peer-delivered behavioral health education and services

Areas of Opportunity

- Behavioral health stigma within the community
- Community supports to normalize behavioral health issues

BH2: Increase the behavioral health expertise of healthcare providers and staff to reduce stigma and improve access and appropriate utilization of services.

Indicator Concept

- Oregon Psychiatric Access Line about Adults (OPAL-A) utilization

Areas of Opportunity

- Members receive behavioral health services, screenings, and referrals in primary care settings
- Co-located primary care and behavioral health providers
- Primary care providers and Emergency Department staff exposed to behavioral health education, information, and Continuing Medical Education

BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support.

Indicator Concepts

- Screening, Brief Intervention, Referral to Treatment (SBIRT) rates
- Rate of suicidal ideation, attempts, suicide, and/or self-harming behavior
- Overdose rates

Areas of Opportunity

- Mental health and substance use services, screenings, and referrals in venues other than traditional medical facilities, including schools
- Peer delivered education and support
- Mental health service wait-times
- Lack of mental health services for those not in crisis

BH4: Improve care for members experiencing mental health crisis.

Areas of Opportunity

- Quality of mental health care
- Appropriate care at the appropriate time and place for people experiencing a mental health crisis
- Time from appointment request to appointment with a mental health care provider
- Care Coordination

BH5: Improve care for members experiencing severe and persistent mental illness.

Areas of Opportunity

- Non-mental health care (i.e., physical & oral)
- Continuity of care
- Ongoing engagement with a behavioral health provider
- Health equity for this marginalized population
- Stigma reduction
- Assertive Community Treatment (ACT)

BH6: Behavioral Health funded and practiced with equal value and priority as physical health.

Indicator Concept

- Implement and report progress on behavioral health parity plan

Areas of Opportunity

- Number of mental health providers
- Preventative behavioral healthcare and promotion of general wellbeing

4. Describe how your SHARE Initiative spending addresses the statewide priority of housing-related services and supports, including supported housing.

Through community and workgroup engagement and Community Advisory Council (CAC) discussions, feedback, and decisions, IHN-CCO chose housing as the primary SHARE Initiative priority area, and behavioral health workforce capacity building and training as an additional focus. Additional priorities within housing are medical respite (stable housing upon discharge from hospital or emergency room visit), housing supports (housing-related, closed-loop referral between clinical community services, evictions prevention and reduction), and building a regional coalition to further housing efforts in Benton, Lincoln, and Linn counties. This aligns precisely with the statewide priority of housing related services and supports, including Supported Housing. The priority was part of the foundational discussions when deciding the focus of funding for the SHARE Initiative. Behavioral workforce development is aligned with all the SHIP priorities: behavioral health, economic drivers of health, institutional bias, adversity, trauma, and toxic stress, and access to equitable preventive health care. See Attachment 2. IHN-CCO Priority Areas and Feedback on SHARE Initiative.

SDOH-E partners and domains

5. Using the box below, respond to items A–C for each SDOH-E partner. Duplicate the box for each partner included in your spending plan.

A) Identify each SDOH-E partner that will receive a portion of SHARE Initiative funding.

B) Identify the SDOH-E domains applicable to your SHARE spending for each partner.

C) Indicate whether the partner agreement is a subcontract and if yes, attach an updated Subcontractor and Delegated Work Report.

<p>A. Partner name: Oregon Cascade West Council of Governments</p> <p>B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Neighborhood and built environment<input checked="" type="checkbox"/> Economic stability<input type="checkbox"/> Education<input checked="" type="checkbox"/> Social and community health <p>C. Is your CCO’s agreement with this SDOH-E partner a subcontract as defined in CCO contract?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.</p>
<p>A. Partner name: Unity Shelter</p> <p>B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Neighborhood and built environment<input checked="" type="checkbox"/> Economic stability<input type="checkbox"/> Education<input checked="" type="checkbox"/> Social and community health <p>C. Is your CCO’s agreement with this SDOH-E partner a subcontract as defined in CCO contract?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, your submission must include the Subcontractor and Delegated Work Report updated for</p>

the subcontract/s, as required by the CCO contract.

A. Partner name: [Samaritan Health Services](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: [Corvallis Daytime Drop-in Center](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: [Samaritan Health Services & Oregon State University](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: [Family Assistance And Resource Center Group](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: Northwest Oregon Works

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: Reconnections Alcohol And Drug Treatment, Inc.

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: Lincoln County

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

6. Describe how each of the SDOH-E partners identified above were selected for SHARE Initiative project(s) or initiative(s).

IHN-CCO released a Request for Proposal (RFP) in Fall 2022 to allocate the bulk of the funding. See Attachment 3. IHN-CCO SHARE Initiative Request for Proposal Guidelines. The RFP was widely distributed to community partners through a press release as well as email lists and announcements at the IHN-CCO CAC, Delivery System Transformation Committee, Regional Planning Council, System of Care Committee, and all workgroups and subcommittees. Technical assistance was required for all

proposals.

IHN-CCO leadership and SDOH-E experts reviewed each proposal and rated based on priority areas and scorecard and scoring rubric developed by the Community Advisory Council (CAC) and chose seven of the nine funded projects through this process. *See Attachment 4. IHN-CCO SHARE Initiative Proposal Evaluation Scorecard & Rubric.*

After evaluation and discussion, IHN-CCO leadership and SDOH-E experts chose seven projects for approval. *See Attachment 5. IHN-CCO SHARE Initiative Spending Process.*

The Northwest Oregon Works Workforce Project was chosen by IHN-CCO leadership and Behavioral Health experts as a much-needed resource for our community. The Community Health Improvement Plan and State Health Improvement Plan, as well as current network adequacy stats in IHN-CCO's region and statewide, show the high-need for increased access to behavioral health providers. The CHIP & SHIP call out the lack of behavioral health providers as a core reason for lack of access to behavioral health services, including long wait lists and time from referral to visit.

The InterCommunity Health Research Institute was chosen by IHN-CCO leadership as a much-needed resource for our community in order to build capacity for social determinants of health programs and analyze best practices on reducing health disparities. IHN-CCO invested initial funding to support year one activities including:

- Foundational gift and agreement with Oregon State University Center for Health Innovation for strategic planning and evaluation support
- Contracting with Samaritan Health Services Research and Development Department for full time research, support, and statistician
- In-kind resources from IHN-CCO including hours for the Program Owner, Administrative Assistant, Finance director, Medicaid Engagement Manager, and Program Manager

7. **Attach your formal agreement with each of the SDOH-E partners described in item 5.** (See guidance for required contract components.) Have you attached an agreement for each of your SHARE partners?
 Yes No

See Attachment 6: IHN-CCO SHARE Initiative Formal Agreements

If no, please explain why not. *Not applicable.*

8. **Attach a budget proposal indicating the amount of SHARE Initiative funding that will be allocated to each project or initiative, including the amount directed to each SDOH-E partner. Did you attach a simple budget proposal with this submission?** Yes No

See Attachment 7: IHN-CCO SHARE Initiative Budget

Community advisory council (CAC) role

9. **Describe your CAC's designated role in SHARE Initiative spending decisions.** (As appropriate, describe the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)

Community Assessment and Priority Areas:

IHN-CCO reviewed foundational documents to prioritize Social Determinants of Health (SDoH) spending through the SHARE Initiative and provide structure for discussions with the Local Advisory Committees of the Community Advisory Council (CAC). *See Attachment 2. IHN-CCO Priority Areas and Feedback on SHARE Initiative.* This is also aligned with current known community sentiment. When housing is accessible, safe, and affordable, long-term health outcomes improve and medical care costs drop. Transitional housing supports for the homeless including shelters and camps, medical respite after hospital discharge or incarceration, and resources to support staff and traditional health workers are a primary need in all three counties.

The CAC was also presented with a process for their approval on how decisions were being made. *See Attachment 5. IHN-CCO SHARE Initiative Spending Process.* Discussions and feedback occurred, and the CAC approved the final process including pre-spending decision making and the RFP process. The CAC was presented with the final priority areas including the full RFP process. The CAC approved finalizing the RFP prior to release.

Project Funding Decisions:

The CAC approved the Request for Proposal process with the role of the CAC being developing a scorecard and rubric for IHN-CCO leadership and SDOH-E experts to make the final decisions. IHN-CCO staff presented information to the CAC and received feedback in the first meeting that the CAC would like IHN-CCO to present to the Local Advisory Committees in each county to get feedback as well. IHN-CCO staff brought the process and received feedback from the Local Advisory Committees and presented a synthesized scorecard and rubric for the Regional CAC's final approval. IHN-CCO leadership and SDOH-E experts then utilized that scorecard for final decision making, approving the top seven ranked proposals. *Attachment 9. IHN-CCO SHARE Initiative Proposal Rankings.*

Continuing Tracking and Feedback:

The CAC was also asked for feedback on the tracking and reviewing process. The CAC approved the process for project implementation, semi-annual reporting, presentations to the CAC, feedback loops with the CAC and project champions, and final reporting and presentation to the CAC by project champions. *See Attachment 10. IHN-CCO SHARE Initiative Tracking and Reviewing.*

Section 3: Additional details

10. (Optional) Describe the evaluation plan for each project or initiative, including expected outcomes; the projected number of your CCO’s members, OHP members, and other community members served; and how the impact will be measured.

See tables below. All projects must have a SMART goals table and plan for evaluation.

Community Partnership Alliance Oregon Cascade West Council of Governments			
Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By
Need to have continuity of engagement between agencies regardless of employee contact	Memorandums of Understanding	Agencies are able to freely communicate needed information and collaborate on actions.	8/2023
Gaps in services for care continuation throughout the community	Determining gaps and create pathway for closure	Inventory of gaps and strategy for correction	12/2023
Multiple information data bases that don't speak to each other	Information referral data bases	Streamlined access to data and referrals by all community partners	12/2023
Staff at agencies spend too much time trying to find out who to talk to for resources for consumer.	Communication strategy through coordinator	Agencies have the ability to relay needs and disseminate to other agencies who can respond with resources.	12/2023
Disjointed referral process	Identify and warm transfer clients to partner agencies	Have a seamless referral loop	12/2023
Frequent utilizers of services are receiving intermittent service responses which lead to cyclical needs	bring together agencies to strategize plan with consumers	5 high utilizers are housed and/or stabilized within the period of the grant	12/2023

Emergency Hotel Sheltering Unity Shelter				
Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Provide shelter for families who cannot utilize other resources due to capacity or other issues.	COI provides only family shelter in Benton County, maintains a waitlist, and cannot serve any with substance issues.	Number of families served	Families who are not served by COI have an option for housing/shelter	12/2023
Provide shelter for medically fragile seniors who cannot utilize other services	Few options exist for fragile seniors entering homelessness. COI often at capacity. Congregate shelters at capacity and offer an option foreign to their experience.	Number of seniors served	Seniors entering homelessness have a more graceful transition and are more rapidly connected to appropriate resources	12/2023
Provide additional staff support to meet the demand and needs of families and individuals seeking shelter	Current staff capacity cannot meet needs and maintain daily room checks of all individuals and families in hotel program.	Number of families and individuals that are provided referrals, resource navigation, and housing assistance.	All participants of emergency hotel sheltering are immediately offered necessary resources, and staff has the capacity to assist in reaching goals.	12/2023

Homeless Data Harmonization Samaritan Health Services				
Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Housing Supports	Fragmented, siloed data collected across sectors serving homeless/housing insecure individuals	Progress towards integrating cross-sector data	Ability to harmonize cross-sector data sources to generate a new analytic dataset	12/2023
Housing Supports	Limited analysis of siloed data across sectors serving homeless/housing insecure individuals	Share analytic progress with key stakeholders	Generation of actionable knowledge about differences in health needs/costs for different sectors of the homeless population in the BLL region	12/2023

Housing Supports and Life Stabilization Corvallis Daytime Drop-in Center				
Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Unhoused community members use CDDC services to access housing and respite supports as they are ready and willing	Not all CDDC guests are aware that they can move forward with respite and housing supports (as locally available) through direct referral and services at the Center	Amplified outreach and education around CDDC housing and stabilization supports; better communication in street outreach; peer to peer support around housing at CDDC initial intake; objectively less unsheltered people in Benton and beyond	100% of CDDC guests know they can access these supports	12/2023
Minoritized community members use CDDC services to access housing and respite supports as they are ready and willing	BIPOC individuals, people with mental health disabilities, and individuals with substance use disorders are at higher risk for chronic poverty and falling through service gaps--and the data reflects this fact	Minoritized and underserved guests (BIPOC individuals; people with mental health disabilities; individuals with substance use disorders) are more intentionally supported; interested individuals receive targeted outreach via Basic Needs Navigators and SORT; at-risk populations are priority for services tailored toward their needs; objectively less high-risk, unsheltered people in Benton	30% more individuals who are typically underserved and at greater risk due to SDoH and systemic oppression are directly connected in some way to housing/respite/shelter	12/2023

		and beyond		
Unhoused community members help identify greatest barriers to their own housing and safety	Assessment of greatest needs (and possible solutions) come predominately from social service providers, not people with current, lived experience	Increased community engagement; more listening sessions; survey distribution, and data gathering and collection	100% of guests have the opportunity to voice where they see barriers to their own housing, respite, and safety	12/2023
Unhoused community members living in encampments receive services to access housing and respite supports as they are ready and willing	SORT supports guests, but could do even more in terms of housing specific resources and referrals	Increased number of folks in encampments coming in to CDDC for services; more partner agencies providing support staff during outreach; objectively less unsheltered people in Benton and beyond	30% more individuals living rough on the streets or in encampments are directly connected in some way to housing/respite/shelter	12/2023

InterCommunity Health Research Institute Samaritan Health Services & Oregon State University				
Specific Goal	Measurable	Attainable	Relevant	Timebound
Strengthen community relationships	Number of community partners participating in IHRI activities and impacted by grant work	A well established IHRI will be able to secure diverse grant funding to support population health	The IHRI focus aligns with several strategic priorities related to population health and bringing resources to the community	Two year to appropriately measure outcomes
Provide academic rigor to health-related analyses	OSU faculty participation and academic study papers as a result of grant work	Strong partner engagement and sound strategy for preparing for and executing grants will ensure success	Collaboration and academic experience will provide greater success in obtaining grant opportunities to support IHN's goal for population health and sustainability	Two year to appropriately measure outcomes

Bring much needed resources and health education to the community	Amount of grant funding obtained and outcomes of grant work	Strong partner engagement and sound strategy for preparing for and executing grants will ensure success	Greater resources and support IHN's goal for population health and sustainability	Two year to appropriately measure outcomes
Provide a diverse funding source	Number and amount of secured grant funding	Successful grant attainment will secure diverse funding streams	The IHRI will support IHN's sustainability goals as a Medicaid managed care organization and work to reduce health care costs by supporting a healthier and better health educated population	Three years to be able to consistently measure of funding ranges and capabilities
Strengthen IHN-CCO's position to secure an additional five-year contract with the Oregon Health Authority (OHA) as a Medicaid managed care organization	The ability to demonstrate active community partnerships and support and a secured five-year contract with the Oregon Health Authority (OHA) as a Medicaid managed care organization	Successful grant attainment and closing will mark achievement	The IHRI will support IHN-CCO's sustainability goals as a Medicaid managed care organization	2025 (next five-year contract cycle start year)

Low Barrier Housing Solution Family Assistance And Resource Center Group				
Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Increase number of medical respite/recuperative beds in Linn County	Linn County:	Increase the number of beds available for respite care	>90% occupancy for respite bed days provided	12/2023
Increase number of emergency housing requests met	There is a need every day that needs to be fulfilled	Increase the number of beds available for low barrier emergency housing	>90% occupancy for emergency housing bed days provided	12/2023
Provide work training and work for unhoused clients	No program in east Linn other than formal educational institutions	Enroll unhoused individuals into work program	Clients complete program and obtain employment	12/2023

Life Skills training for unhoused individuals	Previous to Covid County provided some classes (Cooking, Finance)	Successfully complete assessment goals	FAC unhoused clients complete self needs assessment and completes identified life goals	12/2023
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Northwest Oregon Works Northwest Oregon Works Workforce Project		
Monitoring Activities	Benchmark or Future State	Met By
Number of new candidates enrolled	11 new candidates for Licensed Behavioral Health Clinician enrolled, over 50% non-dominant culture and/or bilingual/bicultural	12/31/2023
Number of events, tracking attendance.	Increase number of applicants interested in pursuing a licensed therapist track by exposing them to the program	12/31/2023

ReConnections Alcohol And Drug Treatment, Inc. ReConnections Counseling Supportive Housing				
Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Example: Increase number of medical respite/recuperative beds in the region	Benton County: number of current beds Lincoln County: number of current beds Linn County: number of current beds	Count of beds per county available to IHN-CCO members	Projected number of beds due to the activities of the project	12/2023
Example: Establish regional coalition for housing	X number of advisory boards, committees, councils, and organizations exist in all three counties	Connect and align with all housing efforts (number) Establish regular (monthly, quarterly) meetings with partners	All regional advisory boards, committees, councils, and efforts have the opportunity to join the coalition X number have joined and regularly engage	12/2023
By January 1, 2023 Identify Three Persons or Families that are houseless engaged in the HARM REDUCTIONS programs at ReConnections Counseling.	Identify three Houseless persons or families that are interested in Nurture Oregon, PRIME PLUS, or the FAIR Programs at ReConnections Counseling	Upon Identification of person or families complete the Application Process for Turnkey-CPR	3 Rooms at Turnkey-CPR for 12 months- The goal is to serve up to 10 families, as when a person successfully find housing to identify another family in need.	2/2023

<p>By March, 2023 have three houseless persons or families moved into Turnkey-CPR and actively engaged in peer and navigational supports.</p>	<p>ReConnections Counseling to move in three Houseless persons or families living in transitional housing that are engaged in the Harm Reductions Programs</p>	<p>Three Persons Or Families moved into Turnkey-CPR in "safe, decent, & stable housing with compassion & integrity" Goal is to serve up to 10 families in one year.</p>	<p>3 Rooms at Turnkey-CPR for 12 months- Establishes quality of individual and community life and wellbeing as the criteria for successful interventions</p>	<p>3/2023</p>
<p>Goal 3: By December, 2023 support up to 10 families to find long term sustainable housing options through peer supports and navigational services.</p>	<p>Help Support through Peer Supports and Navigation services a minimum of three persons or families out of Turnkey-CPR into a long term housing option.</p>	<p>A minimum of three persons or families moved out of Turnkey1CPR into their own long term housing options supported by their Peer Supports and Navigation/Case Management.</p>	<p>Participant Centered Services: ReConnections Peers offer nonjudgmental, non-coercive provision of services and resources to participants who use drugs and the communities in which they live in order to assist them in reducing use and gaining long term stability. Participant Involvement: ReConnections Counseling feels that communities impacted have a real voice in the creation of programs and policies designed to serve them, and should be involved in their plans of care. Participant Autonomy: ReConnections Counseling affirms participants as the primary agents of change, and seeks to empower participants to share information and support each other in strategies to develop their plans of care.</p>	<p>12/2023</p>

**TIDES Young Adult Transitional Housing Program
Lincoln County**

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Implement program that is a client centered transitional program (TP)	Program has not started yet, no such questionnaire or results at the present time.	Develop Exit survey for TP (Transitional Program) Participants within first 30 days of the program starting	90% of program participants to complete exit surveys- provides feedback on ways to change and improve services, adjust future outcomes and meet the needs of the youth served.	2/2023
Address barriers to safe and stable housing for youth age 16-21	Develop formal Transitional/Impendent Living curriculum	Program will focus on Basic Life Skills; provides Educational Opportunities, Job Attainment Services, Service Coordination and Community Referrals	Ability to start working the curriculum with youth at the end of the first quarter, and enroll 2-3 youth	3/2023
Engage Community Support and Awareness of Transitional Living Program	Current outreach has been focused on RHY program (21 day shelter for those under 18). 2 outreach events in the past 6 months.	*Preform Community Outreach to include Transitional Housing for Youth 16-21. *Build a list of local businesses willing to provide job opportunities to Transitional Living Program youth. *Reach out to other community agencies able to assist with youth needs as they transition into independent living.	Participate in 6 outreach events- Attend 10 community meetings to improve the service coordination plan	12/2023

Complete the remodel/expansion of Youth Tides Shelter to include Transitional housing beds	Current Shelter Beds available: 4 Runaway Homeless Youth-(RHY) Beds (under 18 yrs. old) limited to 21 days; 6 DHS Foster /respite (12-17 yrs. old), 2 All others - Voluntary Placement by partnering agencies, Homeless youth not eligible for RHY Beds (exceeds timeframe and/or age and/or other eligibility requirement)	Opening of the new Transitional Program Beds- (annex to Youth Tides Shelter)	Add 8 additional beds for the older youth to provide Transitional Housing for youth enrolled in the TP (Transitional Program)	12/2023
Prepare youth to be self-sufficient (16-21 years old)- implement a Transitional Program (TP)	Currently do not have a formal independent living curriculum	Develop, identify and enroll 15+ youth/young adults to start the independent living curriculum.	By the end of the program period enroll 15+ youth in the TILP curriculum. Have 4 young adults transition into independent living	12/2023

11. If the project or initiative requires data sharing, attach a proposed or final data-sharing agreement that details the obligation for the SDOH-E partner to comply with HIPAA, HITECH and other applicable laws regarding privacy and security of personally identifiable information and electronic health records and hard copies thereof. Does the project require data sharing? Yes No

INTERCOMMUNITY HEALTH RESEARCH INSTITUTE

MELISSA ISAVORAN, MS, AVP OF MEDICAID PROGRAMS & GABRIEL PARRA, JD, VP/Chief Strategy Officer

InterCommunity Health Network Coordinated Care Organization, Oregon State University, Samaritan Health Services



The InterCommunity Health Research Institute, IHRI, established in early 2022, is a collaboration to build a robust community partnership that leverages shared resources to evaluate and improve population health and health equity. IHRI, convened by InterCommunity Health Network Coordinated Care Organization (IHN-CCO), includes community partners, key policymakers, researchers, and health care system representatives.

IHRI provides actionable evidence to inform community health investments and initiatives in Benton, Lincoln, and Linn counties in Oregon. The institute is creating an inclusive, collaborative environment that promotes curiosity, discovery, and innovation through rigorous program evaluation and research in the following areas:

- Finding the best approaches to support the needs of the community
- Providing academic rigor to health-related program evaluation and research
- Strengthening community relationships and resources between diverse partners
- Aligning resources and health education with the community
- Facilitating diverse funding sources to support population health initiatives

STRUCTURE

Led by IHN CCO, IHRI is structured to include diverse collaborative partners that will work together to direct and contribute to the success of IHRI's goals and the results it facilitates in our community's future related to health and health equity.



INVESTMENT

- IHN-CCO invested initial funding to support year one activities including:
- Foundational gift and agreement with Oregon State University Center for Health Innovation for strategic planning and evaluation support
 - Contracting with Samaritan Health Services Research and Development Department for full time research, support, and statistician
 - In-kind resources including hours for the Program Owner, Administrative Assistant, Finance director, Medicaid Engagement Manager, and Program Manager

PRIORITIES AND EVALUATION CONCEPTS

- Priority populations** include:
- Children and youth
 - People and communities of color
 - People with disabilities/disabled people.
- Priority areas** include:
- Barriers to accessing care
 - Behavioral/mental health including access along the continuum of care, substance abuse, trauma, toxic stress, and working to reduce ACEs (Adverse Childhood Experiences)
 - Collaborative strategies to impact housing
 - Income disparities or access to wealth
 - Culturally appropriate services including antiracism, language access, implicit bias, and trauma informed care
- Overall themes:**
- Community-focus
 - Needs assessments and understanding of community structure from an equity lens
 - Do not duplicate infrastructure but analyze gaps based on community-identified areas
 - Recognize assets and strengths, not only needs
 - Strong equity-based program evaluation to learn from and spread promising practices

- Evaluation concepts:**
- ❖ Sustainability Efforts
 - ❖ Sustainability Scale
 - ❖ Scalability
 - ❖ Regional Impact
 - ❖ Cross-Sector Collaboration
 - ❖ Level of Integration
 - ❖ Integration Outcomes
 - ❖ Direct Health Care Outcomes
 - ❖ Positive Impacts to Families
 - ❖ Impact to Social Determinants of Health
 - ❖ Referral Counts
 - ❖ Health Equity Impacts
 - ❖ Impacts on Specific Populations
 - ❖ Stories from the Field
 - ❖ Barriers (e.g., state-level policy, staffing, funding)

CURRENT ACTIVITIES

- Establish priority areas and secure funding
- Define short-term and long-term IHRI goals and strategies (strategic plan development)
- Align collaborative partnership to facilitate goals and strategies
- Determine collaborative resources to carry out IHRI activities
- Develop data access and shared publications parameters
- Guide IHRI branding and inform the creation of informational materials/resources to communicate the IHRI across partnership staff and phased communication with community partners

STRATEGIC PLANNING

Mission: Collaboratively working to improve population health and health equity.

Vision: To build a robust community partnership that leverages coordinated care organization and grant resources to evaluate and improve population health and health equity.

Values: Equity, honoring the community voice and strengths, embracing a holistic view of health, and innovation through learning.

- Steps:**
- Agreement about how the IHRI will operate and the expected end result
 - Review and clarify mandates, mission, vision, and values
 - Review the external and internal environment through a SWOT/C analysis (Strengths, Weaknesses, Opportunities, Threats, Constraints)
 - Identify strategic issues facing the IHRI
 - Set goals (Specific, Measurable, Attainable, Relevant, and Time-bound)
 - Formulate strategy to meet goals and manage identified issues
 - Create the work (action) plan



SMART GOALS

Specific Goal	Measurable	Attainable	Relevant	Timebound
What is the goal you are trying to accomplish?	How will we measure success? (Define the target)	Is this possible to achieve?	How is this goal relevant to the Strategic Priorities?	What is the timeline to meet this goal?
Strengthen community relationships	Number of community partners participating in IHRI activities and impacted by grant work	A well established IHRI will be able to secure diverse grant funding to support population health	The IHRI focus aligns with several strategic priorities related to population health and bringing resources to the community	Two year to appropriately measure outcomes
Provide academic rigor to health-related analyses	OSU faculty participation and academic study papers as a result of grant work	Strong partner engagement and sound strategy for preparing for and executing grants will ensure success	Collaboration and academic experience will provide greater success in obtaining grant opportunities to support IHN's goal for population health and sustainability	Two year to appropriately measure outcomes
Bring much needed resources and health education to the community	Amount of grant funding obtained and outcomes of grant work	Strong partner engagement and sound strategy for preparing for and executing grants will ensure success	Greater resources and support IHN's goal for population health and sustainability	Two year to appropriately measure outcomes
Provide a diverse funding source	Number and amount of secured grant funding	Successful grant attainment will secure diverse funding streams	The IHRI will support IHN's sustainability goals as a Medicaid managed care organization and work to reduce health care costs by supporting a healthier and better health educated population	Three years to be able to consistently measure of funding ranges and capabilities
Strengthen IHN-CCO's position to secure an additional five-year contract with the Oregon Health Authority (OHA) as a Medicaid managed care organization	The ability to demonstrate active community partnerships and support and a secured five-year contract with the Oregon Health Authority (OHA) as a Medicaid managed care organization	Successful grant attainment and closing will mark achievement	The IHRI will support IHN-CCO's sustainability goals as a Medicaid managed care organization	2025 (next five-year contract cycle start year)

COLLECTIVE IMPACT MODEL & PARTNERSHIPS

The IHRI shall ensure a cooperative environment aligned with the Collective Impact Model that promotes curiosity, discovery, and innovation.

- Common Agenda** Shared vision for change
- Shared Measurement** Collecting data and measuring results consistently
- Mutually Reinforcing Activities** Differentiated while still being coordinated
- Continuous Communications** Consistent and open communication
- Backbone Support** IHN-CCO is the backbone organization for the initiative and coordinates participating organizations

The IHRI shall have a varied and diverse committee driving outcomes to ensure strategic evaluation of interventions that address population health and health equity upstream.



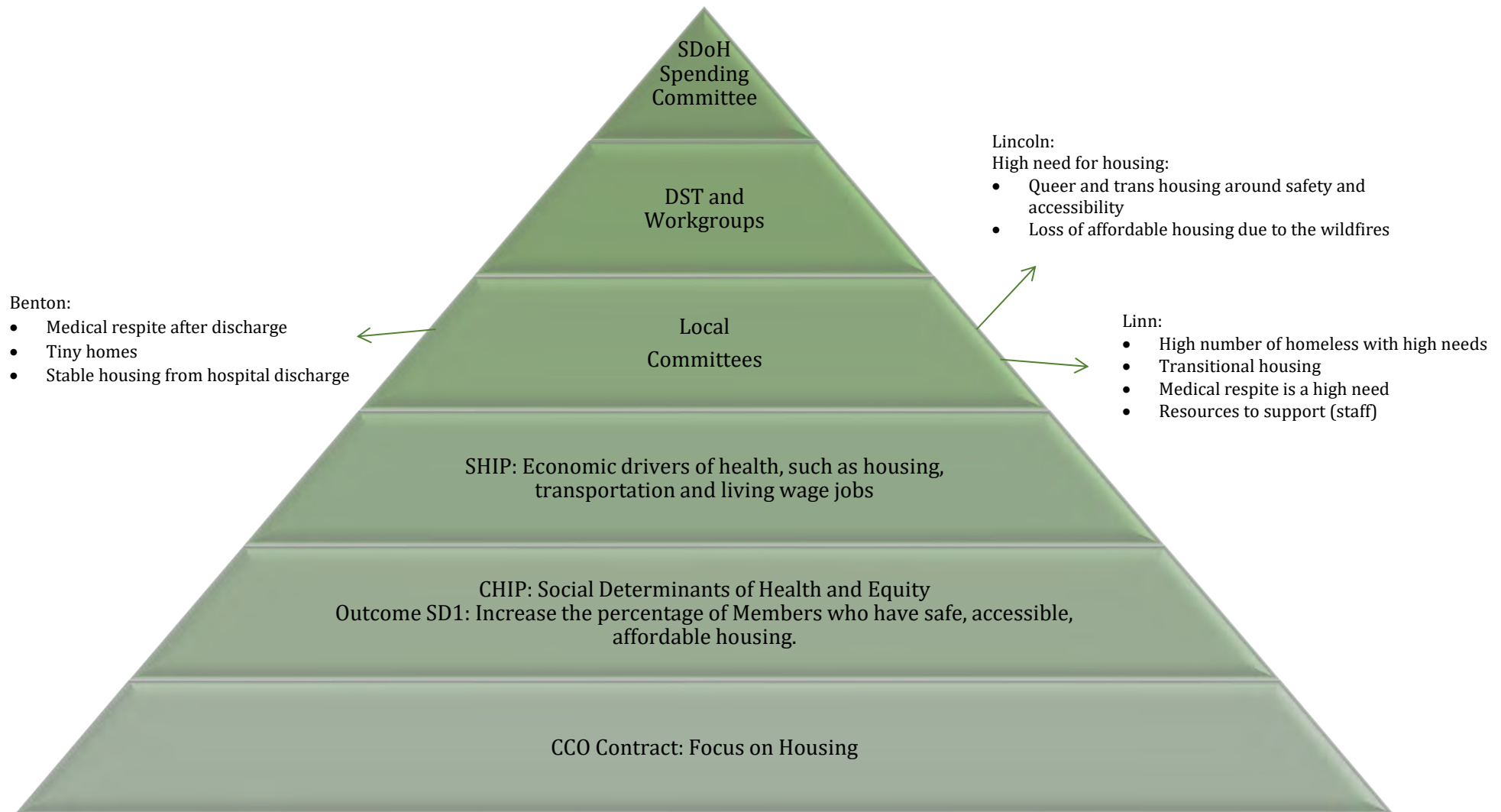
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Attachment 2. IHN-CCO SHARE Initiative Priority Areas and Feedback

Priority Areas and Feedback on SHARE Initiative

IHN-CCO reviewed foundational documents to prioritize Social Determinants of Health (SDoH) spending through the SHARE Initiative and provide structure for discussions with the Local Advisory Committees of the Community Advisory Council (CAC). Following these assessments and review by the internal SDoH Spending Committee as well as the DST and its workgroups, housing arose as the common theme. This is also aligned with current known community sentiment. When housing is accessible, safe, and affordable, long-term health outcomes improve and medical care costs drop. Transitional housing, supports for the homeless including shelters and camps, medical respite after hospital discharge or incarceration, and resources to support staff and traditional health workers are a primary need in all three counties.



Priority Areas and Feedback on SHARE Initiative

IHN-CCO Community Health Improvement Plan (CHIP) Priority Areas

- Behavioral Health
- Child and Youth Health
- Healthy Living
- Maternal Health
- Social Determinants of Health and Equity: Food Security, **Housing**, Transportation, and Health Equity

State Health Improvement Plan (SHIP) Priority Areas

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Economic drivers of health, such as **housing**, transportation and living wage jobs
- Access to equitable preventive health care

Delivery System Transformation Committee (DST) Priority Areas

- Access: Traditional Health Workers
- Behavioral Health: Integration
- Food Security
- **Housing**
- Transportation

Social Determinant of Health Workgroup Priority Areas

- Food Security
- **Housing**
- Transportation

Local Advisory Committee of the Community Advisory Council Needs Assessments:

Linn

- **Housing – homeless camps – versus shelter availability**
- **Transitional housing is needed too but there is this huge homeless population needs proper supports prior to transitional housing**
- **Medical respite is a high need**
- **People to support the initiative (staff)**
- **Need for housing/respite for those that have co-morbid conditions**
- **Those with addictions/mental health/chronic condition**
- **Money management program – assistance paying bills to reduce risk of eviction/reducing housing**

Priority Areas and Feedback on SHARE Initiative

- CAHOOTS

Benton

- **Medical respite after D/C**
- Behavioral health
- Health disparities
- **Tiny homes (IHN-CCO cannot pay for the building)**
- **Stable housing from hospital discharge**
- Healthy foods
- Leverage the Well Care a non-emergent medical transportation (NEMT) program that allows transportation to place around health (grocery, gym, health education, etc.) and is in all three counties
- Two Weeks Ready is a committee from Ask Oregon that is focusing on children/childcare providers that have supplies ready for two weeks.
 - Potentially increase this initiative

Lincoln

- **Housing**
 - **Queer and trans housing specifically called out regarding safety and accessibility**
 - **North Lincoln county (Otis) lost many units of affordable housing due to the wildfires**
- Foster youth in transition out of foster care

Attachment 3. IHN-CCO SHARE Initiative Request for Proposal Guidelines

In compliance with the Americans with Disabilities Act, this document can be made available in alternate formats such as large print, Web-based communications, and other electronic formats. To request an alternate format, please e-mail transformation@samhealth.org.

InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

Issues the Following Request for Proposals Supporting Health for All through REinvestment (SHARE) Initiative

Date of Issuance: September 1, 2022
Proposal Due Date: October 4, 2022 at 8:00 AM
Issuing Office: IHN-CCO
Point of Contact: IHN-CCO Engagement & Transformation
transformation@samhealth.org

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I. OVERVIEW

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) is committed to improving the health of our communities by building on current resources and partnerships within the tri-county region to support transformation of the delivery system. IHN-CCO is a part of the greater health system, Samaritan Health Services (SHS), a not-for-profit network of hospitals, clinics and health services caring for more than 250,000 residents in the mid-Willamette Valley and central Oregon Coast. IHN-CCO welcomes partners and strategies that support ensuring all IHN-CCO members have equal opportunities to be healthy where they live, work, learn, and play.

Equity Statement

IHN-CCO, together with Samaritan Health Services, strives towards an inclusive, respectful, equitable and responsive health care delivery system that ensures everyone feels welcomed and supported. We are committed to treating all patients, visitors, employees, members and partners with compassion and dignity regardless of their race, ethnicity, national origin, sex, gender, sexual orientation, gender identity, religious belief/non-belief, physical or mental abilities, age, culture, veteran's status, marital status or socioeconomic status.

IHN-CCO Priorities

- Keeping the Quadruple Aim as the focus; reduced costs, increased access, improved health outcomes, and better provider and staff satisfaction.
- Developing a person-centered behavioral health system.
- Increased access to health information technology (HIT) for all providers.
- Increased investment in social determinants of health and health equity (SDoH/HE).
- Increased transparency and efficiency and controlled cost growth.
- Continuing to move from paying for volume of services to paying for value, or outcomes (value-based payments).

II. SHARE INITIATIVE FOCUS & REQUIREMENTS

IHN-CCO invites proposals from interested parties that have the capacity and the ability to provide housing supports in the following priority areas:

- Medical Respite
- Housing Supports including Traditional Health Workers and Transitional Housing

Proposal applications may be for funding through December 2023 (1 year).

Medical Respite

- Increase number of respite/recuperative beds in Benton, Lincoln, and Linn counties.

Housing Supports including Traditional Health Workers and Transitional Housing

- Support traditional health workers (THWs) in the housing sector to connect members to supportive services.
- Temporary housing support such as transition to stable housing, temporary rental assistance, and budgeting gaps.
- Improve discharge planning to better meet the needs of those who are or are at risk of becoming homeless (e.g. screening for stable housing and having closed loop referral pathway for those who present as high risk).

Community Health Improvement Plan (CHIP)

The information below is from IHN-CCO's Community Advisory Council's 2020 Community Health Improvement Plan (CHIP). Proposals should provide data to support the CHIP outcomes, indicator concepts, or identify areas of opportunity in the below components:

1. Increase the percentage of members who have safe*, accessible, affordable housing.

*Safe housing: a structurally sound, secure, sanitary, nontoxic residence with basic utilities, timely repairs, and adequate space for residents

Indicator Concepts

- Number of homeless persons.
- Number of homeless students.

Areas of Opportunity

- Stable housing upon discharge from hospital or emergency room visit.
- Evictions prevention and reduction.
- Housing-related, closed-loop referral between clinical and community services.
- Social Determinants of Health claims data.

2. Increase health equity.

Areas of Opportunity

- Health disparities experienced by members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc.
- Availability of health equity data.

Additional Evaluation Measures and Considerations

- Ensuring rural communities are included and recognize lack of resources in these communities.
- Alignment of funding streams.

- Evaluate Return on Investment (ROI) utilizing community-based organization metrics as well as health system or health plan metrics.
- Review projected numbers for homelessness due to COVID-19 and reduce impact.
- Transitional housing including stable housing upon discharge from hospital, emergency room, or incarceration.
- Evictions prevention and reduction.
- Integration of Traditional Health Workers in the housing sector.

III. DEFINITIONS

Social Determinants of Health

SDoH are “the conditions in which people are born, grow, live, work and age” per the World Health Organization (WHO). These conditions include housing, food, employment, education, and many more. SDoH can impact health outcomes in many ways, including determining access and quality of medical care.

Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Housing

A broad definition of housing is used to include not only under-housed, but also safe housing, assuring housing is free from health risks, and affordable housing options for individuals and families.

IV. BUDGET

Cost Allocation or Indirect Rate: Indirect cost may not exceed 15% of the Total Direct Costs. Expenses, such as equipment and/or supplies, should not be included in the Indirect Expenses category but should be itemized in the other budget categories. IHN-CCO reserves the right to request additional detail on cost allocation or indirect rates.

V. TECHNICAL ASSISTANCE

Technical assistance is required for anyone submitting a proposal. Meetings must be scheduled by September 16, 2022 to be considered for funding. Please use [this link](#) to choose a date/time that works best for you.

[Schedule a Meeting](#)

If you have issues or concerns, please reach out to transformation@samhealth.org and we can schedule with you directly.

VI. PRESENTATIONS

To foster learning and allow for projects to be community and member driven, presentations at the Regional Community Advisory Council (CAC) and local advisory committees will be expected. Proposers may also be asked to present to IHN-CCO leadership, the Delivery System Transformation Committee (DST), the Regional Planning Council (RPC), and more.

VII. TIMELINE

Activity	Expected Date(s)
Request for Proposal (RFP) Announcement	September 1, 2022
Question and Answer (Q&A) Session	September 14, 2022
Schedule Technical Assistance Meeting By	September 16, 2022
Technical Assistance Offered	September 1, 2022 to October 3, 2022
Proposals Due	October 4, 2022
IHN-CCO Review and Decisions	October 5, 2022 to October 19, 2022
IHN-CCO Board of Directors Review and Decisions	October 26, 2022
Community Advisory Council (CAC) Informed	November 14, 2022
Proposers Notified of Denial or Approval	By October 31, 2022
Although we do our best to adhere to this timeline, it is subject to change as circumstances occur.	

VIII. REQUEST FOR PROPOSAL APPLICATION COMPONENTS

Required: All components of the application will need to be submitted with the IHN-CCO SHARE Template. You can get these templates by emailing transformation@samhealth.org or when you schedule your Technical Assistance meeting.

Cover Sheet (template is in Microsoft Word)

- Organization
- Point of contact
- Projected budget amount
- Focus area
- Executive Summary

Proposal Narrative (template is in Microsoft Word)

Expected length is 4-7 pages.

- Project description:
 - Activities and goals including the definition of success
 - Description of organization including capacity for carrying the project out
 - Region impacted (at least county-specific)
 - Health equity approach/plan
 - Environmental scan/competitive landscape
 - Populations impacted
 - Partnerships and collaboration
- Budget narrative: how will these funds be spent?
- Sustainability plan

Timeline (template is in PowerPoint)

Provide a timeline listing short- and long-term goals including activities.

Budget (template will be in Microsoft Excel)

Provide a budget using the Budget Template.

SMART (Specific, Measurable, Attainable, Relevant, Time-Bound) Goals and Measures Table

Use the Measures and Evaluation Template to show the evaluation plan.

Attachment 4. IHN-CCO SHARE Initiative Proposal Evaluation Scorecard & Rubric

IHN-CCO SHARE Proposal Scorecard

Response Scale (write in box to the right)
See Proposal Scoring Rubric

Disagree/not included

Agree

Strongly Agree



Criteria	Score
Health Equity: The project has a defined approach for fair opportunities for members to be as healthy as possible.	
Health Improvement: The project holds promise for making a significant improvement in the health or health care of IHN-CCO members.	
Improved Access: The project activities will result in improved access of healthcare; availability of services, culturally considerate care, and quality and appropriate care to IHN-CCO members.	
Need: The proposer has established that there is a substantial need for this project and has indicated the demographics of the Medicaid population impacted.	
Total Cost of Care: The project will likely result in improvement in the total cost of care for IHN-CCO Members. The project targets areas of health care associated with rising costs or provides upstream healthcare that will reduce costs long-term.	
Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the project goals. The project has exhibited consideration for other funding sources.	
Priority Area: The addresses housing, specifically medical respite or navigation in the housing sector.	
Financial Sustainability: The project has a sustainability plan including continued funding and new reimbursement models. The project will likely continue after SHARE funding ends.	
Replicability: The project has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community.	
Depth of Support: The proposer showed clear and strong depth of sponsoring organization support as well as community backing.	
Partnerships & Collaboration: The project brings together organizations and/or resources and describes how team members, providers, and partner organizations will work together effectively.	
Outcomes & Evaluation: Proposal outcomes and measures are aligned to project goals and will be sufficient to evaluate project success. The project outcomes are aligned with the Community Health Improvement Plan's Outcomes and Indicator Concepts.	
TOTAL PROPOSAL SCORE	
Comments:	

IHN-CCO SHARE Initiative Scoring Rubric Criteria

	0	3	5	7	10
Health Equity	No health equity plan	Focus on IHN-CCO members but plan unclear OR does not clearly focus on IHN-CCO members but has a health equity plan	Little context, approach not clear	Clear approach, focus population identified OR plan not clear, but focus population obviously high-risk	Hits high-risk population and outlines plan for health equity approach clearly and effectively
Health Improvement	Unlikely to result in improvement in the health or healthcare of IHN-CCO members	May result in improvement in the health or healthcare of IHN-CCO members	Likely to result in improvement in the health or healthcare of IHN-CCO members	Likely to result in significant improvement in the health or healthcare of IHN-CCO members	Will result in significant improvement in the health or health care of IHN-CCO members
Improved Access	No improved access for IHN-CCO members	Some improved availability of services, culturally considerate care, or quality and appropriate care	Likely to result in some improved access (availability of services, culturally considerate care, and quality and appropriate care)	Likely to result in improved access (availability of services, culturally considerate care, and quality, appropriate care)	Will result in significantly improved access (availability of services, culturally considerate care, and quality, appropriate care)
Need	No need established and demographics not indicated	Need is not clearly defined but demographics are indicated	Need defined, demographics outlined	Need established and demographics of IHN-CCO members clearly defined	Substantial need established and demographics of IHN-CCO clearly defined
Total Cost of Care	Unlikely to result in improvement of the total cost of care for IHN-CCO members	May result in improvement in the total cost of care for IHN-CCO members	Likely to result in improvement in the total cost of care for IHN-CCO members	Likely to result in significant improvement in the total cost of care for of IHN-CCO members	Will result in significant improvement in the total cost of care for IHN-CCO members
Resource Investment	Budget is unreasonable and inappropriate to the work proposed	Budget is not well justified and not tied to project goals	Reasonable and appropriate budget	Budget is reasonable, appropriate to the work, and well justified	Budget is reasonable, appropriate to the work, and well justified. Directly tied to the project goals; exhibits consideration for other funding sources
Priority Area	Does not address any priority area	Addresses priority area somewhat but not clearly defined	Addresses priority area	Clearly addresses priority area	Clearly addresses priority area: either in an evidence based way or spreads promising practices in that area
Financial Sustainability	No financial sustainability plan	Plan not clearly defined	Has a defined plan, potential to sustain	Clearly defined financial sustainability plan; likely to continue after SHARE funding ends	Clearly defined sustainability plan including continued funding and new reimbursement models; likely to continue after SHARE funding ends
Replicability	No plan for replicability	Plan not clearly defined	Has a defined plan, potential to replicate to new organizations or regions	Clearly defined replicability plan; likely to spread after SHARE funding ends	Clearly defined replicability plan including plans for spreading promising practices to new organizations and regions; likely to spread after SHARE funding ends
Depth of Support	Does not have potential for community or sponsoring organization support	Has potential for either community or sponsoring organization support	Has potential for community and sponsoring organization support	Clearly defined community and sponsoring organization support; likely to continue after SHARE funding ends	Clearly defined capacity for sponsoring organization and community support to continue after SHARE funding ends; very likely to continue after SHARE funding ends
Partnerships & Collaboration	No partnerships or collaborations identified	Similar partners identified not clear how collaborative the partnerships will be	New partners identified, not clear how collaborative the partnerships are	Defined plan for partnerships and collaborations; either not cross-sector or not new or unrelated organizations and resources	Brings together organizations and/or resources and describes how team members, providers, and partner organizations will work together effectively. Cross-sector partnerships identified with a clearly defined plan for collaboration.
Outcomes & Evaluation	Outcomes are not aligned with the Community Health Improvement Plan (CHIP)	Outcomes and measures are aligned to the CHIP but not project goals	Outcomes and measures are aligned to project goals and the CHIP, allows for evaluation	Outcomes and measures are aligned to project goals, the CHIP, and evaluation will be sufficient to evaluate project success	Outcomes and measures are aligned to project goals, the CHIP, will be sufficient to evaluate success, and yields outcomes

Attachment 5. IHN-CCO SHARE Initiative Spending Process

IHN-CCO SHARE Initiative Process

Pre-Spending Decision-Making Process Flow



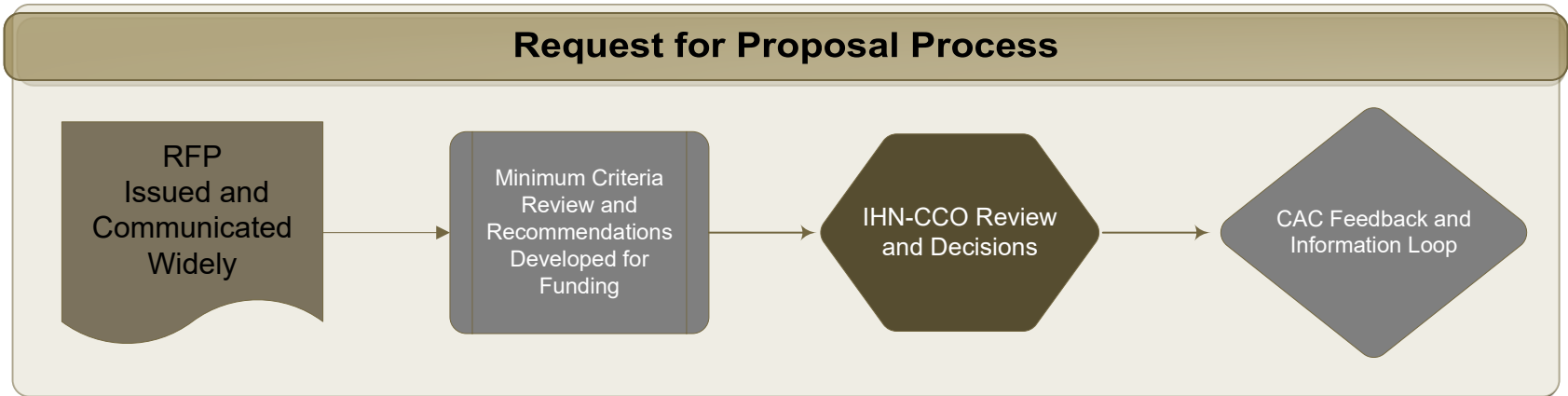
Key

Community Advisory Council (CAC) Role

IHN-CCO Internal Operations Role

Community or External Committee Role

Request for Proposal Process



*RFP created based on the CAC's Community Health Improvement Plan, the State Health Improvement Plan, and the SDoH Workgroup's priority areas

Attachment 6. IHN-CCO SHARE Initiative Formal Agreements

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IHNS-CPA-22A*

AGREEMENT

INTERCOMMUNITY HEALTH PLANS and Oregon Cascade West Council of Governments

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **Oregon Cascade West Council of Governments (herein referred to as “OCWCOG”)** to provide facilitation and coordination of services, developing and maintaining communication and collaboration among all key social services agencies to assist unhoused and housing insecure individuals.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by OCWCOG to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 OCWCOG shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment;**
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements;** and

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Community Partnership Alliance
IHNS-CPA-22A*

- 2.01.4 OCWCOG shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.
- 2.02 IHN-CCO shall provide
- 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
- 2.02.2 Guidance and support.
- 3.0 PAYMENT: IHN-CCO shall pay OCWCOG an amount not to exceed \$151,570.00 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO. Invoice shall be submitted to IHN-CCO including a unique invoice number, brief description of the work performed, and project number (IHNS-CPA-22A). IHN-CCO shall process all invoices within 30 days of receipt.
- 3.01 Submit Invoices by email: transformation@samhealth.org
- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.
- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by OCWCOG prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to OCWCOG a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.
- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive

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IHNS-CPA-22A*

- contract requirements. Failure of OCWCOG to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and OCWCOG thereafter shall be entitled to no compensation whatsoever for the performance of such work.
- 8.0 OCWCOG shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.
- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which OCWCOG may assume under the terms of this Agreement. All OCWCOG subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by OCWCOG shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. OCWCOG agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the OCWCOG, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and OCWCOG billing. This agreement does not prohibit OCWCOG from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit OCWCOG from pursuing any available legal remedy. OCWCOG further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, OCWCOG agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services

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Community Partnership Alliance
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provided by Participating Hospitals and IHN-CCO Participating Provider, OCWCOG shall inform Beneficiary of his or her right to receive service from such hospital or OCWCOG subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary's sole responsibility. OCWCOG may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from OCWCOG after being informed of the termination or expiration of OCWCOG relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between OCWCOG and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by OCWCOG that do not contract with IHN-CCO.

11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. OCWCOG shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of OCWCOG clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

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Community Partnership Alliance
IHNS-CPA-22A*

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

Oregon Cascade West Council of Governments

DocuSigned by:

Signature: _____
5D9AC1C6536F4DE...

Name: Ryan Vogt
Title: Senior Disability Services Director
Date: 12/20/2022

IHN-CCO

DocuSigned by:

Signature: _____
EAC77B987C8B48A...

Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/1/2022

OCWCOG, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT OCWCOG HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

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 Community Partnership Alliance
 IHNS-CPA-22A

ATTACHMENT A
Work Expectations and Payment

THE COMMUNITY PARTNERSHIP ALLIANCE project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> • Determining gaps and creating a pathway for closure of those gaps by inventorying the gaps and developing a strategy for correction • Streamlined collaboration between agencies • Utilizing existing community resource software to be a focal point of requesting and disseminating resources and information interagency. • Creation of MOU's that are consistent between organizations and facilitate rendering needed services • Facilitate seamless referral loop • Facilitate agency collaborative strategies with 5 high-utilizing clients to create stabilization 	
1. General & Contracted Services	
<ul style="list-style-type: none"> • Coordinated care services for unhoused and housing-unstable individuals in Albany 	\$120,000.00
Subtotal General & Contracted Services Costs	
	\$120,000.00
2. Materials & Supplies	
<ul style="list-style-type: none"> • Computer and Phone 	\$600.00
Subtotal Materials & Supplies Costs	
	\$600.00
3. Travel Expenses	
<ul style="list-style-type: none"> • Mileage reimbursement 	\$1,200.00
Subtotal Travel Expenses Costs	
	\$1,200.00
4. Meeting Expenses	
<ul style="list-style-type: none"> • Stipends • Food and Drinks 	\$3,000.00
	\$3,000.00
Subtotal Meeting Expenses Costs	
	\$6,000.00
5. Professional Training & Development	
<ul style="list-style-type: none"> • Training Fees 	\$4,000.00
Subtotal Professional Training & Development Costs	
	\$4,000.00
Total Direct Costs	
	\$131,800.00
6. Indirect 15%	
	\$19,770.00
TOTAL	
	\$151,570.00
<u>Payment Schedule:</u>	
Monthly Invoices of \$12,630.83 to OCWCOG will be processed monthly.	

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IHNS-CPA-22A*

ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By
Need to have continuity of engagement between agencies regardless of employee contact	Memorandums of Understanding	Agencies are able to freely communicate needed information and collaborate on actions.	8/2023
Gaps in services for care continuation throughout the community	Determining gaps and create pathway for closure	Inventory of gaps and strategy for correction	12/2023
Multiple information data bases that don't speak to each other	Information referral data bases	Streamlined access to data and referrals by all community partners	12/2023
Staff at agencies spend too much time trying to find out who to talk to for resources for consumer.	Communication strategy through coordinator	Agencies have the ability to relay needs and disseminate to other agencies who can respond with resources.	12/2023
Disjointed referral process	Identify and warm transfer clients to partner agencies	Have a seamless referral loop	12/2023
Frequent utilizers of services are receiving intermittent service responses which lead to cyclical needs	bring together agencies to strategize plan with consumers	5 high utilizers are housed and/or stabilized within the period of the grant	12/2023

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

Sustainability Plan

Albany lacks a central coordination of services. Bringing area agencies together to problem solve a viable solution through the facilitation of a coordinator allows for continuity of support. Because it is needed by the organizations within the city, there is a strong interest in the increased success that this project can bring to all the organizations involved. As shown previously, many organizations have stepped up to lead, train, provide office space and collaborate with this project with the belief that their organization will benefit from this kind of integrative support.

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The success of this project is the key to sustaining ongoing coordination. Focusing on a small number of high utilizers and other unhoused individuals allows for project success. Project support increases as referrals become more seamless and higher utilizers are resourced rather than continuing to scramble for unmet needs.

As part of the project, the collaboration meetings will allow the agencies to assess and budget for this coordination as they see the benefit of decreased workload, increased employee support, decreased service duplication and reallocation of resources within each organization. As additional collaborators join the project, the funding pool will increase, and budget demands will be reduced for each utilizer of this coordination. Finally, because of OCWCOG presence in multiple counties, the opportunity to replicate this process will be possible in other areas of high need.

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Community Partnership Alliance
IHNS-CPA-22A*

ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023 to June 30, 2023	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date. Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023 to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the COMMUNITY PARTNERSHIP ALLIANCE contract, OCWCOG may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the COMMUNITY PARTNERSHIP ALLIANCE contract terms, OCWCOG will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the COMMUNITY PARTNERSHIP ALLIANCE contract period.

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

AGREEMENT

INTERCOMMUNITY HEALTH PLANS and UNITY SHELTER

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **UNITY SHELTER (herein referred to as “UNITY”)** to provide individuals and families, most of which are situationally homeless with a safe place to stay for up to 90 days while they navigate resources and transition to more permanent and stable housing.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by UNITY to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 UNITY shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment;**
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements;** and
 - 2.01.4 UNITY shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

- 2.02 IHN-CCO shall provide
 - 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
 - 2.02.2 Guidance and support.
- 3.0 PAYMENT: IHN-CCO shall pay UNITY an amount not to exceed \$110,000.00 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO.
- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.
- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by UNITY prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to UNITY a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.
- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of UNITY to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and UNITY thereafter shall be entitled to no compensation whatsoever for the performance of such work.
- 8.0 UNITY shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which UNITY may assume under the terms of this Agreement. All UNITY subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by UNITY shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. UNITY agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the UNITY, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and UNITY billing. This agreement does not prohibit UNITY from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit UNITY from pursuing any available legal remedy. UNITY further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, UNITY agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, UNITY shall inform Beneficiary of his or her right to receive service from such hospital or UNITY subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary's sole responsibility. UNITY may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

from UNITY after being informed of the termination or expiration of UNITY relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between UNITY and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by UNITY that do not contract with IHN-CCO.

- 11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. UNITY shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of UNITY clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

UNITY SHELTER

DocuSigned by:
Shawn Collins
Signature: _____
DC0246B7C47744F...
Name: Shawn Collins
Title: Executive Director
Date: 12/1/2022

IHN-CCO

DocuSigned by:
Bruce Butler
Signature: _____
EAC77D087C8B48A...
Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/1/2022

UNITY, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT UNITY HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

ATTACHMENT A
Work Expectations and Payment

THE EMERGENCY HOTEL SHELTERING project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> • Collaborate with EHS lead staff on intake and move-in. • Assist with daily room checks of each occupied hotel room. • Be an additional point-of-contact for hotel staff and respond to questions, concerns, and issues in a timely manner. • Assist clients in navigating resources, referrals, and paperwork. 	
1. General & Contracted Services	
<ul style="list-style-type: none"> • Staff to support Emergency Hotel Shelter program 	\$40,000.00
Subtotal General & Contracted Services Costs	\$40,000.00
2. Other Budget Items	
<ul style="list-style-type: none"> • Hotel expenses to sustain program 	\$70,000.00
Subtotal Other Budget Items Costs	\$70,000.00
TOTAL	\$110,000.00
<u>Payment Schedule:</u>	
A one-time payment of \$110,000.00 to UNITY will be processed upon receipt of executed contract.	

Transformation
EMERGENCY HOTEL SHELTERING
 IHNS-EHS-22A

ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Provide shelter for families who cannot utilize other resources due to capacity or other issues.	COI provides only family shelter in Benton County, maintains a waitlist, and cannot serve any with substance issues.	Number of families served	Families who are not served by COI have an option for housing/shelter	12/2023
Provide shelter for medically fragile seniors who cannot utilize other services	Few options exist for fragile seniors entering homelessness. COI often at capacity. Congregate shelters at capacity and offer an option foreign to their experience.	Number of seniors served	Seniors entering homelessness have a more graceful transition and are more rapidly connected to appropriate resources	12/2023
Provide additional staff support to meet the demand and needs of families and individuals seeking shelter	Current staff capacity cannot meet needs and maintain daily room checks of all individuals and families in hotel program.	Number of families and individuals that are provided referrals, resource navigation, and housing assistance.	All participants of emergency hotel sheltering are immediately offered necessary resources, and staff has the capacity to assist in reaching goals.	12/2023

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

Sustainability Plan

Depending on the success of the program as it continues, Unity Shelter staff will continue to seek grants and donations that support this type of program. If funding and hotel partnerships are sustainable for the duration of the program, Unity Shelter will consider adding an EHS program to the regular operations of the organization.

Transformation
EMERGENCY HOTEL SHELTERING
IHNS-EHS-22A

ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023 to June 30, 2023	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date.

Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023 to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the EMERGENCY HOTEL SHELTERING contract, UNITY may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the EMERGENCY HOTEL SHELTERING contract terms, UNITY will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the EMERGENCY HOTEL SHELTERING contract period.

*Transformation
Homeless Data Harmonization
IHNS-HDH-22A*

AGREEMENT

INTERCOMMUNITY HEALTH PLANS and SAMARITAN HEALTH SERVICES

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **SAMARITAN HEALTH SERVICES (herein referred to as “SHS”)** to bring together data on individuals with Housing Insecurity/Homelessness (HI/H) from three community organizations serving Benton, Lincoln, and Linn counties.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by SHS to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 SHS shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment;**
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements;** and
 - 2.01.4 SHS shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.

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- 2.02 IHN-CCO shall provide
 - 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
 - 2.02.2 Guidance and support.

- 3.0 PAYMENT: IHN-CCO shall pay SHS an amount not to exceed \$65,032.50 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO. Invoice shall be submitted to IHN-CCO including a unique invoice number, brief description of the work performed, and project number (IHNS-HDH-22A). IHN-CCO shall process all invoices within 30 days of receipt.
 - 3.01 Submit Invoices by email: transformation@samhealth.org

- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.

- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.

- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by SHS prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to SHS a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.

- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of SHS to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract

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time due to such unauthorized extra work and SHS thereafter shall be entitled to no compensation whatsoever for the performance of such work.

- 8.0 SHS shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.
- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which SHS may assume under the terms of this Agreement. All SHS subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by SHS shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. SHS agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the SHS, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and SHS billing. This agreement does not prohibit SHS from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit SHS from pursuing any available legal remedy. SHS further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, SHS agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, SHS shall inform Beneficiary of his or her right to receive service from such hospital or SHS subsequent to his/her termination; provided, however, that the

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cost of such services shall be the Beneficiary's sole responsibility. SHS may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from SHS after being informed of the termination or expiration of SHS relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between SHS and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by SHS that do not contract with IHN-CCO.

- 11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. SHS shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of SHS clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

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IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

SAMARITAN HEALTH SERVICES

DocuSigned by:
Paulina Kaiser
Signature: _____
Name: Paulina Kaiser
Title: Director, Samaritan Health Outcomes Research & Evaluation
Date: 12/1/2022

IHN-CCO

DocuSigned by:
Bruce Butler
Signature: _____
Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/1/2022

SHS, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT SHS HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

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ATTACHMENT A
Work Expectations and Payment

THE HOMELESS DATA HARMONIZATION project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> • Key partners (Community Services Consortium (CSC), SHS, Linn/Benton CHCs) sign data use agreements with OSU Policy Analysis Laboratory (OPAL). • Key partners pull data from their respective data systems and send to OPAL. • OPAL team cross references health data (SHS and Linn/Benton CHC) with CSC data to correlate health needs & healthcare utilization for patients served by a CSC housing program. • OPAL summarizes how health status/needs differ among subpopulations of people experiencing HI/H in the BLL region. • Key results and key takeaways are shared with key stakeholders and local decisionmakers, including Linn, Benton and Lincoln County Board of Commissioners and local city councils in the BLL region; local HI/H service collaboratives that meet monthly (e.g. HEART Board, Linn County; HOPE Board, Benton County; and the Lincoln County Affordable Housing Providers group). Project partners will also share updates through their regular marketing channels. 	
1. General & Contracted Services	
<ul style="list-style-type: none"> • OPAL (director, 1 Master's student, 1 PhD student) • Community Services Consortium data analyst • Benton County Health Services data analyst • Samaritan data analyst 	\$48,550.00 \$3,500.00 \$1,000.00 \$1,000.00
Subtotal General & Contracted Services Costs	\$54,050.00
2. Materials & Supplies	
<ul style="list-style-type: none"> • Computer for OPAL data analysis 	\$2,500.00
Subtotal Materials & Supplies Costs	\$2,500.00
Total Direct Costs	\$56,550.00
3. Indirect 15%	\$8,482.50
TOTAL	\$65,032.50
<u>Payment Schedule:</u>	
Monthly payments of \$5,419.38 to SHS will be processed upon receipt of invoice provided.	

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ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Example: Increase number of medical respite/recuperative beds in the region	Benton County: number of current beds Lincoln County: number of current beds Linn County: number of current beds	Count of beds per county available to IHN-CCO members	Projected number of beds due to the activities of the project	12/2023
Example: Establish regional coalition for housing	X number of advisory boards, committees, councils, and organizations exist in all three counties	Connect and align with all housing efforts (number) Establish regular (monthly, quarterly) meetings with partners	All regional advisory boards, committees, councils, and efforts have the opportunity to join the coalition X number have joined and regularly engage	12/2023
Housing Supports	Fragmented, siloed data collected across sectors serving homeless/housing insecure individuals	Progress towards integrating cross-sector data	Ability to harmonize cross-sector data sources to generate a new analytic dataset	12/2023
Housing Supports	Limited analysis of siloed data across sectors serving homeless/housing insecure individuals	Share analytic progress with key stakeholders	Generation of actionable knowledge about differences in health needs/costs for different sectors of the homeless population in the BLL region	12/2023

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

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Sustainability Plan

Successful completion of this project will provide important information about holistic Housing Insecurity/Homelessness (HI/H) service and health care utilization that currently does not exist. Once completed, the de-identified results of the project will be provided to the HOPE Advisory Board, the Corvallis City Council, the Benton County Commissioners, CSC, SHS, Benton County Health Department, and local HI/H service providers.

Importantly, successful completion of the project proposed here is only the beginning of the process to optimize data systems related to HI/H in the BLL region. This project will generate important lessons learned about the challenges and feasibility of the process of harmonizing data across sectors, which will inform future projects to incorporate data from additional partners and plan for ongoing analysis of available data.

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ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023 to June 30, 2023	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date.

Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023 to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the HOMELESS DATA HARMONIZATION contract, SHS may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the HOMELESS DATA HARMONIZATION contract terms, SHS will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the HOMELESS DATA HARMONIZATION contract period.

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AGREEMENT

INTERCOMMUNITY HEALTH PLANS and CORVALLIS DAYTIME DROP-IN CENTER

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans Dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **CORVALLIS DAYTIME DROP-IN CENTER (herein referred to as “CDDC”)** to direct life stabilization and housing supports to our guests and provide first/next step conversations about housing, shelter, and living indoors; conduct Coordinated Entry; establish housing direct connections and referrals, including emergency housing vouchers; facilitate direct connections to housing case management; and help with rental and housing applications.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by CDDC to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 CDDC shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment**;
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements**; and

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- 2.01.4 CDDC shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.
- 2.02 IHN-CCO shall provide
 - 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
 - 2.02.2 Guidance and support.
- 3.0 PAYMENT: IHN-CCO shall pay CDDC an amount not to exceed \$104,440.16 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO.
- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.
- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by CDDC prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to CDDC a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.
- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of CDDC to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and CDDC thereafter shall be entitled to no compensation whatsoever for the performance of such work.

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- 8.0 CDDC shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.
- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which CDDC may assume under the terms of this Agreement. All CDDC subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by CDDC shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. CDDC agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the CDDC, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and CDDC billing. This agreement does not prohibit CDDC from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit CDDC from pursuing any available legal remedy. CDDC further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, CDDC agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, CDDC shall inform Beneficiary of his or her right to receive service from such hospital or CDDC subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary's sole responsibility. CDDC may bill and collect, as allowed by and applicable federal or

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state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination of expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from CDDC after being informed of the termination or expiration of CDDC relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between CDDC and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by CDDC that do not contract with IHN-CCO.

- 11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. CDDC shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of CDDC clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

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IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

CORVALLIS DAYTIME DROP-IN CENTER

DocuSigned by:
Allison Hobgood
Signature: _____
Name: Allison Hobgood
Title: Executive Director, CDDC
Date: 12/1/2022

IHN-CCO

DocuSigned by:
Bruce Butler
Signature: _____
Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/1/2022

CDDC, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CDDC HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

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 Housing Supports and Life Stabilization
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ATTACHMENT A
Work Expectations and Payment

THE HOUSING SUPPORTS AND LIFE STABILIZATION project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> • Provide first and next step conversations about housing, shelter, and living indoors • Conduct VI-SPIDAT Coordinated Entry assessments (required for individuals to access shelter/housing) • Establish direct connections to HUD, Linn-Benton Housing Authority, and DevNW • Offer direct referrals for emergency housing vouchers • Facilitate direct connections, as well as case conferencing, with Unity Shelter, Corvallis Housing First, and Samaritan Health caseworkers for access to respite beds, emergency shelter, micro shelters, and Permanent Supportive Housing • Help with searching for available housing and rental spaces, occasionally funding rental applications • Enable all the above referrals, connections, and conversations during direct street outreach to people in encampments 	
1. Personnel Services	
<ul style="list-style-type: none"> • Basic Needs Navigator - Anne Snell 0.75 FTE @ \$20.50/hr. • Basic Needs Navigator - Ellie Ruble 0.5 FTE @ \$17.00/hr. • Data and Information Coordinator - Val Goodness 0.5 FTE @ \$17.00/hr. • SORT Coordinator - Maddie Bean 0.50 FTE @ \$21/hr. • Employer Taxes @ 8.85% 	\$31,980.00 \$17,680.00 \$17,680.00 \$21,840.00 \$7,892.43
Total Direct Costs	\$97,072.43
2. Indirect	\$7,367.73
TOTAL	\$104,440.16
<u>Payment Schedule:</u>	
A one-time payment of \$104,440.16 to CDDC will be processed upon receipt of executed contract.	

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ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Unhoused community members use CDDC services to access housing and respite supports as they are ready and willing	Not all CDDC guests are aware that they can move forward with respite and housing supports (as locally available) through direct referral and services at the Center	Amplified outreach and education around CDDC housing and stabilization supports; better communication in street outreach; peer to peer support around housing at CDDC initial intake; objectively less unsheltered people in Benton and beyond	100% of CDDC guests know they can access these supports	12/2023
Minoritized community members use CDDC services to access housing and respite supports as they are ready and willing	BIPOC individuals, people with mental health disabilities, and individuals with substance use disorders are at higher risk for chronic poverty and falling though service gaps--and the data reflects this fact	Minoritized and underserved guests (BIPOC individuals; people with mental health disabilities; individuals with substance use disorders) are more intentionally supported; interested individuals receive targeted outreach via Basic Needs Navigators and SORT; at-risk populations are priority for services tailored toward their needs; objectively less high-risk, unsheltered people in Benton and beyond	30% more individuals who are typically underserved and at greater risk due to SDoH and systemic oppression are directly connected in some way to housing/respite/shelter	12/2023
Unhoused community members help identify greatest barriers to their own housing and safety	Assessment of greatest needs (and possible solutions) come predominately from social service providers, not people with current, lived	Increased community engagement; more listening sessions; survey distribution, and data gathering and collection	100% of guests have the opportunity to voice where they see barriers to their own housing, respite, and safety	12/2023

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	experience			
Unhoused community members living in encampments receive services to access housing and respite supports as they are ready and willing	SORT supports guests, but could do even more in terms of housing specific resources and referrals	Increased number of folks in encampments coming in to CDDC for services; more partner agencies providing support staff during outreach; objectively less unsheltered people in Benton and beyond	30% more individuals living rough on the streets or in encampments are directly connected in some way to housing/respite/shelter	12/2023

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

Sustainability Plan

CDDC’s Executive Director has ensured CDDC’s financial stability and ability to sustain and enhance services. Since Dr. Hobgood started in June 2020, grant income is up over 75%, and the total income is up well over 500%. CDDC has seen a 75% increase in committed donors. CDDC has been able to increase direct assistance to guests (e.g., transit, lost identification, vital records, medical co-pays, shelter supplies) by over 50%. CDDC now has a very diverse staff of eight individuals who enable support across data collection, basic needs navigation, employment, street outreach, and behavioral health. The agency Executive Director has evolved the organizational model and solidified data technology as well as the policies, processes, and procedures. The Executive Director has engaged excellent interns from OSU and PSU to help with this work, and she continues to manage over 50 volunteers who offer their time and energy at the Center. CDDC aims for precise, transparent, and accurate financials that reflect all grant income and expenditures. CDDC takes in timely, accurate reporting for all grants, both major and minor. CDDC works closely with the accountant to manage all grants and funds. The internal control structures insist that all grant expenditures are reconciled twice monthly and submit monthly reports to CDDC’s Board of Directors. If any issues were ever to arise, CDDC would connect with a partnering agency in timely and transparent ways to ask for technical support and clarification.

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ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023, to June 30, 2023,	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date.

Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023, to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the HOUSING SUPPORTS AND LIFE STABILIZATION contract, CDDC may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the HOUSING SUPPORTS AND LIFE STABILIZATION contract terms, CDDC will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the HOUSING SUPPORTS AND LIFE STABILIZATION contract period.

MASTER SERVICE LEVEL AGREEMENT (SHS/HEALTH PLANS)

This MASTER SERVICE LEVEL AGREEMENT (“Agreement”), dated as of February 1, 2022 (“Effective Date”), is by and between INTERCOMMUNITY HEALTH PLANS, INC., an Oregon nonprofit corporation (“IHP”), SAMARITAN HEALTH PLANS, INC., an Oregon taxable nonprofit corporation (“SHP”) (IHP and SHP are referred to collectively herein as “Health Plans”), and SAMARITAN HEALTH SERVICES, INC., an Oregon nonprofit corporation (“SHS”).

WHEREAS, SHS and Health Plans have agreed that it is mutually beneficial to formally document the various work that is performed between them; and

WHEREAS, SHS and Health Plans intend to memorialize the terms of their various agreements as outlined in this Agreement;

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

1. Statements of Work. Attached to this Agreement will be various Statements of Work, each referred to as an “SOW” pursuant to which SHS agrees to provide various goods and/or services to Health Plans. Each SOW will be attached as an Exhibit to this Agreement. The work performed pursuant to a SOWs is referred to herein as the “Service” or collectively, with all SOWs, as the “Services.” Each Service shall be described in a written SOW executed by the Parties that references this Agreement. The Parties shall enter into on or after the Effective Date of this Agreement a separate SOW for each Service performed and delivered under this Agreement. Unless specifically provided otherwise in a SOW, each SOW, including any additional obligations of each Party set forth in the SOW, shall be deemed to be incorporated fully (Statements of Work) into this Agreement and shall be performed subject to the terms of this Agreement and any additional provisions set forth in that SOW. In the event of any conflict between a SOW and the terms of this Agreement, the terms of this Agreement shall control, unless the SOW references a particular section of this Agreement and provides that the particular section is expressly amended for the purposes of the applicable SOW or otherwise, and that amendment will be valid only for that particular SOW and will not amend this Agreement generally (unless otherwise expressly set forth in that SOW).

The first SOWs between the Parties are attached to and incorporated into this Agreement as Exhibits 1, 2 and 3. Additional SOWs may be added by mutual written agreement of the Parties at mutually agreed upon pricing.

2. Term. The term of this Agreement shall commence on January 1, 2022 and continue until terminated by the parties. Either party may terminate this Agreement without cause upon 180 days notice to the other party. This Agreement may also be terminated in the event of a breach by either party upon written notification to the other party setting forth the basis of the breach. The breaching party will have fifteen (15) days in order to cure the breach. In the event the breach is not cured to the reasonable satisfaction of the party claiming the breach the contract shall be terminated on the date the party claiming the breach provides written notice that the breach has not been cured.
3. Compensation. Health Plans will pay SHS the amounts set forth in each SOW. Unless otherwise provided in the applicable SOW, SHS will invoice Health Plans by SOW on a monthly basis for all fees, charges or other amounts incurred by Health Plans under this Agreement.

4. Hold Harmless and Indemnification.

- a. SHS shall hold harmless and indemnify Health Plan against any and all claims, liabilities, damages, or judgments asserted against, imposed upon or incurred by Health Plan which may arise out of services provided or to be provided by SHS under this Agreement, for the malpractice or negligence of SHS, or in the discharge of professional responsibilities to Health Plan patients/administration, subject to the limitations imposed by appropriate state and federal statutes.
- b. Health Plan shall hold harmless and indemnify SHS against any and all claims, liabilities, damages, or judgments asserted against, imposed upon, or incurred by SHS which may arise out of services provided or to be provided by Health Plan, for the malpractice or negligence of Health Plan or its employees, agents, and other contractors of Health Plan in the discharge of the professional responsibilities to the Health Plan patients, subject to the limitations imposed by appropriate state and federal statutes.

5. Notices. Notices or other communication shall be deemed sufficiently given or received for all purposes at such time as they are delivered to the addressee at the addresses listed below. Each party may designate a new address, by notice in writing, to which any notice or communication may thereafter be so given, served, or sent.

Samaritan Health Services
Attn: Daniel B. Smith
3600 NW Samaritan Dr.
Corvallis, OR 97330

Health Plans
Attn: Bruce Butler
2300 NW Walnut Blvd
Corvallis, OR 97330

6. Miscellaneous.

- a. Severability. The invalidity or unenforceability of any provisions of this Agreement shall not affect the validity or enforceability of any other provisions.
- b. Time of Performance. In performing any acts under this Agreement and the obligations secured hereby, time shall be of the essence.
- c. Governing Law. The interpretation and enforcement of this Agreement shall be governed by the laws of the State of Oregon.
- d. Modifications. This Agreement may not be modified without the written consent of both IHP and SHS.
- e. Assignability. Neither party may not assign its rights or obligations under this Agreement without the others' written consent.
- f. No Waiver. No waiver of a breach of any provision of this Agreement will be construed to be a waiver of any other breach of this Agreement, whether of a similar or dissimilar nature.
- g. Survival. Any provisions of this Agreement creating obligations extending beyond the term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason for such termination.

- h. Captions. The captions or headings used in this Agreement are for convenience only and are not a part of this Agreement and do not in any way limit or amplify its terms or provisions.
- i. Amendments. Amendments to this Agreement will be effective only if in writing and signed by both SHP and Health Plan.
- j. Entire Agreement. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as the Effective Date above.

SAMARITAN HEALTH SERVICES, INC.

DocuSigned by:
Daniel B. Smith
50D40FF9410D40B...
Daniel B. Smith

INTERCOMMUNITY HEALTH PLANS, INC.
SAMARITAN HEALTH PLANS, INC.

DocuSigned by:
Bruce Butler
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Bruce Butler

EXHIBIT 1 to SHS/Health Plan Master Service Level Agreement

SOW #1

Intercommunity Health Research Institute

This Statement of Work #1 (“SOW #1”) entered into as of February 1, 2022 (“Effective Date”) by and between SHS and IHP. All terms used in this SOW#1 shall be the same as such terms are defined in the Master Service Level Agreement to which this SOW #1 is attached and this SOW #1 is subject to all terms and conditions of that Agreement.

WHEREAS, IHP has determined to create the Intercommunity Health Research Institute (IHRI); and

WHEREAS, IHP and SHS have agreed that it is mutually beneficial to work toward the creation and operation of IHRI in a joint manner; and

WHEREAS, IHP and SHS intend to memorialize the terms of their agreement as outlined in this Agreement;

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

1. Services. This SOW#1 covers the following services (“Services”):

1.1 Research Analytics and Staff Time. SHS shall provide trained staff to perform complex research and analysis on IHN member populations and related communities. At a minimum SHS will provide IHP with the following staff time dedicated to IHRI work:

- Director for Research & Evaluation and IHRI Research Director (Academic Affairs): 50% of 0.8 FTE appointment or 16 hours per week, as directed by AVP IHP Operations and Health Plans CEO.
- Biostatistician (Academic Affairs), will provide data/analytic support as directed by Director for Research & Evaluation and IHRI Research Director.
- Population Insights Program Manager (SHP): Up to 50% of 1.0 FTE appointment or 20 hours per week, as agreed upon by Director for Research & Evaluation and IHRI Research Director and IHP Chief Medical Officer.

SHS may, with IHP’s prior written consent, partner with others in performing such work. SHS will routinely, and upon request by IHP, report to IHP the results of its research and of any conclusions resulting from its analysis.

1.2 Progress Updates: Research Analytics staff will provide regular progress updates on research and analysis, and related activities, to IHP staff and to the IHRI Governance Committee as determined appropriate by SHP staff.

1.3 Data. IHP shall, subject to applicable laws, including without limitation HIPAA, provide SHS access to IHP data in the course of performing research and analysis.

1.4 Joint Responsibilities. SHS and IHP agree that they will each act consistent with, and perform such other services or acts as may be reasonably assigned to them in the IHRI

Business Plan (“Business Plan”), a copy of which is attached to this SOW#1 as Attachment 1.3.

- 1.5 Service Level Agreements. SHS and IHP agree that they will maintain certain mutually agreeable service levels. Those agreements are listed on Attachment 1.5 to this Agreement.

2. Administrative Reimbursement. In consideration for performance of the Services by SHS, IHP agrees to pay SHS \$10,488 per month beginning February 2022. The parties agree that they may, by mutual written agreement, modify that amount at any time.

3. Term and Termination. This SOW#1 shall become effective on the Effective Date and shall continue in effect unless terminated sooner, pursuant to this Section 3. Either party may terminate this SOW#1 by giving the other party thirty (30) days written notice.

4. Project Prioritization & Governance. IHRI projects will be aligned with IHN-CCO goals and strategic plans. IHRI activities and strategic direction will be directed by the IHRI Steering Committee, chaired by Melissa Isavoran (AVP Medicaid Operations for SHP).

EXHIBIT 2 to SHS/Health Plan Master Service Level Agreement

SOW #2

SHS Ambulatory Care Pharmacists

This Statement of Work #2 (“SOW #2”) entered into as of January 1, 2022 (“Effective Date”) by and between SHS and IHP. All terms used in this SOW#2 shall be the same as such terms are defined in the Master Service Level Agreement (“Agreement”) to which this SOW #2 is attached and this SOW #2 is subject to all terms and conditions of that Agreement. Additional SOWs may be added by mutual written agreement of the Parties at mutually agreed upon pricing.

WHEREAS, IHP has determined to provide ambulatory pharmaceutical care to IHN CCO members; and

WHEREAS, IHP and SHS have agreed that IHN CCO members can benefit by the services based on the particular training, ability knowledge, and experience possessed by SHS Ambulatory Care Pharmacists; and

WHEREAS, IHP and SHS intend to memorialize the terms of their agreement as outlined in this SOW#2;

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

1. Services. This SOW#2 covers the following services (“Services”):

4.1 Pharmacy Care Coordination for High-Risk Members. SHS Ambulatory Care Pharmacists shall provide the following:

- Contact members to schedule a comprehensive medication review to better manage their diabetes.
- Perform a Social Determinants of Health (SDOH) assessment to help facilitate access to resources that will help the patient.
- Assess and refer to board certified psychiatric pharmacotherapy pharmacist specialist on patients with mental health disorder and/or substance use disorders that require additional medication review and follow up.
- Diabetes management is by collaborative practice and with Primary Care Provider (PCP) agreement and coordination. Pharmacists may adjust/discontinue or start medications as appropriate to manage the member’s diabetes.
- For mental health, if members are not being already managed by a mental health specialist, a recommendation/referral may be made by treating pharmacist.

5. Performance Standards and Outcomes. SHS Ambulatory Care Pharmacists will adhere to the following performance standards and outcomes:

Goals	Measure(s)	Methodology	Frequency	Definition of Success
Document all IHN-CCO members served by the pilot	IHN-CCO members served by the pilot	Tracking document with member IDs and dates served	Quarterly	Submit documentation to IHN-CCO
Decrease in Emergency Department (ED) utilization	Average number of diabetes related ED visits	Tracking member ED utilization through Arcadia Analytics utilization dashboard	Quarterly	10% decrease in average diabetes related ED utilization from baseline by December 31, 2022.
Increase in cohort members whose diabetes is in control	Cohort average HbA1c level	Member HbA1c level	Quarterly	1% decrease in Average HbA1c of the member cohort from base line by December 31, 2022

6. Administrative Reimbursement. In consideration for performance of the Services by SHS Ambulatory Pharmacists, IHN CCO agrees to pay SHS \$85 per member per month for work performed from January 1, 2022 to December 31, 2022. The parties agree that they may, by mutual written agreement, modify that amount at any time.
7. Term and Termination. This SOW#2 shall become effective on the Effective Date and shall have a term of twelve (12) months unless terminated sooner. Either party may terminate this SOW#2 by giving the other party thirty (30) days written notice.
8. Changes to SOW: Only IHN-CCO Identified Staff may authorize changes to this SOW#2 or additional services. IHN-CCO Identified Staff under this agreement is/are: SHP CEO (Bruce Butler) and Director, SHP Pharmacy Services (Nana Ama Kuffour). The Identified Staff will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to make changes to this SOW#2, request additional Services be provided or waive contract requirements. Failure of SHS Ambulatory Care Pharmacists to secure IHN-CCO's authorization for changes to this SOW#2 shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized changes and SHS Ambulatory Care Pharmacists thereafter shall be entitled to no compensation whatsoever for the performance of such work.
9. IHN-CCO Accountability and Oversight. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which SHS Ambulatory Care Pharmacists may assume under the terms of this Agreement. All SHS Ambulatory Care Pharmacists subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by SHS Ambulatory Care Pharmacists shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
10. Billing and Collection from IHN CCO Member. SHS Ambulatory Care Pharmacists agrees that in no event including but not limited to nonpayment by IHN CCO, or breach of this SOW#2, shall SHS Ambulatory Care Pharmacists, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a IHN CCO member or a person (other than IHN CCO) acting on behalf of the IHN CCO member for services provided pursuant to this SOW#2. SHS Ambulatory Care Pharmacists further agrees that this provision shall survive termination or expiration of this SOW#2.

11. Provision of Services, Standard of Care, and Non-Discrimination. SHS Ambulatory Care Pharmacists shall provide and/or arrange for delivery of services in accordance with the terms and conditions of this SOW#2 and in the same manner and in the same quality as services are provided to or arranged for all other of SHS Ambulatory Care Pharmacists clients. IHN CCO members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are members of IHN-CCO.

EXHIBIT 3 to SHS/Health Plan Master Service Level Agreement

SOW #3

Treatment Initiation for New Diagnosis of Substance Use Disorder

This Statement of Work #3 (“SOW #3”) entered into as of April 1, 2022 (“Effective Date”) by and between SHS and IHP. All terms used in this SOW#3 shall be the same as such terms are defined in the Master Service Level Agreement (“Agreement”) to which this SOW #3 is attached and this SOW #3 is subject to all terms and conditions of that Agreement. Additional SOWs may be added by mutual written agreement of the Parties at mutually agreed upon pricing.

WHEREAS, IHP has determined to provide engagement and care to IHN CCO members newly diagnosed with a substance use disorder; and

WHEREAS, IHP and SHS have agreed that IHN CCO members can benefit from the services and the particular training, ability knowledge, and experience possessed by SHS staff; and

WHEREAS, IHP and SHS intend to memorialize the terms of their agreement as outlined in this SOW#3;

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

1. Services. This SOW#3 covers the following services (“Services”):
 - 1.1. Treatment Initiation for New Diagnosis of Substance Use Disorder (SUD). SHS shall hire or assign a currently employed Certified Drug and Alcohol Counselor (Addiction Counselor) that has the appropriate experience and qualifications, as described in Section 2 below, to identify, engage, and initiate care for IHN members newly diagnosed with SUD, as follows:
 - 1.1.1. Conducts confidential, quality assessments, that are gender-responsive and trauma-informed, utilizing ASAM criteria and other evidenced based assessment tools to determine the appropriate level of care. Assessments may be conducted in the community or at Samaritan Treatment and Recovery Facility.
 - 1.1.2. Uses a strengths-based and trauma-informed approach to work collaboratively with clients and internal and external Samaritan Treatment and Recovery treatment team members to help support clients in their treatment and recovery.
 - 1.1.3. Provides clinical consultation to referral resources, Recovery Mentors and Peer Support, family members, and others to help support clients in their recovery.
 - 1.1.4. Collects and reviews referral and collateral information upon assignment of clients from the referral source and consults with others as needed to support coordination of services and scheduling of client interviews.
 - 1.1.5. Makes referrals to the most appropriate programs and agencies to help clients access the right level of care to best meet their treatment needs.
 - 1.1.6. Monitors client access to and involvement with treatment and other providers to help address barriers to treatment and the recovery process. Follows up with client within seven days of referral to assess process and client’s satisfaction with adjusting to the program.
 - 1.1.7. Works cooperatively and collaboratively with stakeholders involved in patient care to ensure coordination of services.

2. Addiction Counselor Required Qualifications. The Addiction Counselor hired or employed by SHS will have the following qualifications:

- 2.1 Education or Experience: The Addiction Counselor will have one (1) of the following:
 - 2.1.1 Associate degree in Human Services, Addiction Studies track (must include successful completion of two (2) internships related to Addiction Studies degree program).
 - 2.1.2 Bachelor’s Degree in Addictions Counseling, Social Work, Counseling, or a related field plus one (1) year experience in Alcohol and Drug treatment.
 - 2.1.3 Five (5) years’ experiences in Alcohol and Drug treatment.
- 2.2 Certification: CADCR, CADCI or NCACI required within one (1) year of hire. Higher certification (including CADCII, CADCIII, NCACII, MAC and LCPC) preferred.
- 2.3 Experience: The Addiction Counselor will have the following experience:
 - 2.3.1 Experience in a substance use or addiction treatment setting required.
 - 2.3.2 Experience with trauma informed evidence-based practices required.
- 2.4 Documentation: Documentation of current and continuous abstinence required in accordance with certification requirements of MHACBO in the case of a recovering candidate.
- 2.5 Preferred Qualifications. Preference given to Addiction Counselor who has the following:
 - 2.5.1 Master’s degree in Addictions Counseling, Social Work, Counseling, or a related field preferred.
 - 2.5.2 Experience and/or training in the following preferred:
 - 2.5.2.1 Working in various levels of care including IOP and residential.
 - 2.5.2.2 Medication Assisted Treatment.
 - 2.5.2.3 Recovery support systems.
 - 2.5.2.4 Group facilitation.
 - 2.5.2.5 Computer applications.

3. Performance Standards and Outcomes. SHS staff providing Services will adhere to the following performance standards and outcomes:

Goals	Measure(s)	Methodology	Frequency	Definition of Success
Document all IHN-CCO members served by the pilot	IHN-CCO members served by the pilot	Tracking document with member IDs and dates served	Quarterly	Submit documentation to IHN-CCO
Increase in initiation with SUD services	IHN IET Engagement metric	Tracking members diagnosed with SUD subsequently being initiated to SUD Services	Quarterly	Meeting OHA IET Metric Target

4. Administrative Reimbursement. In consideration for performance of the Services by SHS staff, IHN CCO agrees to pay SHS \$3,025 per month for work performed from hire date of

Addictions Counselor to December 31, 2023. The parties agree that they may, by mutual written agreement, modify the monthly compensation amount or at any time.

5. Term and Termination. This SOW#3 shall become effective on April 1, 2022, and shall remain in effect until December 31, 2023, unless extended by mutual agreement of the parties. Either party may terminate this SOW#3 at any time by giving the other party ninety (90) days written notice. The Services described in this SOW#3 may be paused in the event the Addiction Counselor position is terminated or becomes vacant. Services will be reinstated at such the time that the position is filled again. IHN-CCO shall have no obligation to pay SHS for Services during any period when those Services are paused due to the termination or vacancy of the Addition Counselor position.
6. Changes to SOW: Only IHN-CCO Identified Staff may authorize changes to this SOW#3 or additional services. IHN-CCO Identified Staff under this agreement is/are: SHP CEO (Bruce Butler) and Director, SHP Behavioral Health Services (Sheryl Fisher). The Identified Staff will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to make changes to this SOW#3, request additional Services be provided or waive contract requirements. Failure of SHS to secure IHN-CCO's authorization for changes to this SOW#3 shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized changes and SHS thereafter shall be entitled to no compensation whatsoever for the performance of such work.
7. IHN-CCO Accountability and Oversight. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which SHS may assume under the terms of this Agreement. All SHS subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by SHS shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
8. Billing and Collection from IHN CCO Member. SHS agrees that in no event including, but not limited to, nonpayment by IHN CCO, or breach of this SOW#3, shall SHS, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a IHN CCO member or a person (other than IHN CCO) acting on behalf of the IHN CCO member for services provided pursuant to this SOW#3. SHS further agrees that this provision shall survive termination or expiration of this SOW#3.
9. Provision of Services, Standard of Care, and Non-Discrimination. SHS shall provide and/or arrange for delivery of services in accordance with the terms and conditions of this SOW#3 and in the same manner and in the same quality as services are provided to or arranged for all other of SHS clients. IHN CCO members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are members of IHN-CCO.



Oregon State University
Foundation

4238 SW Research Way
Corvallis, Oregon 97333-1068

541-737-4218
ForOregonState.org

I N T E R C O M M U N I T Y H E A L T H R E S E A R C H I N S T I T U T E F U N D

Current-Use Fund Gift Agreement

InterCommunity Health Network Coordinated Care Organization (“IHN-CCO”) wishes to make a gift for the benefit of the College of Public Health and Human Sciences at Oregon State University (“University”). Recognizing that Oregon State University Foundation (“Foundation”) will rely upon IHN-CCO’s gift in engaging in activities for the benefit of the University and taking into account IHN-CCO’s interest in the College of Public Health and Human Sciences, IHN-CCO hereby pledges to the Foundation an amount equal to \$100,000.00 to be paid on or before May 31, 2022.

IHN-CCO has made this pledge to the Foundation to create the InterCommunity Health Research Institute Fund (“Fund”). The Fund is to be used to support strategic planning, evaluation of pilot projects, and academic dissemination. The Fund may be used to cover salary expenses, benefits, materials, supplies, services, travel, and the Foundation’s gift management fee. This purpose is consistent with the Foundation’s policies and with its status as a tax-exempt organization. The Fund shall be for current use and may be expended in part or in full at any time. The assets of the Fund may be commingled with other Foundation assets for investment purposes.

IHN-CCO understands and agrees that the Foundation may assess reasonable fees to meet the costs of gift acceptance and administration. All fees shall be assessed in accordance with the Foundation’s fee schedule as approved by the Foundation Board of Trustees. foregonstate.org/finance

IHN-CCO understands and agrees that, should it ever become impossible or impractical to use the Fund for the purposes specified, the Foundation Board of Trustees may change the designated use of the Fund to support the University in a way that is most similar to IHN-CCO’s original interest and intent.

*InterCommunity Health Network Coordinated Care Organization
for InterCommunity Health Research Institute Fund
January 6, 2022*

Page 1 of 2

GRATEFULLY ACKNOWLEDGED BY:

Oregon State University

DocuSigned by:
Vicki Ebbeck
BE7B5209A6AD479...

1/13/2022

VICKI EBBECK, ACTING DEAN,
COLLEGE OF PUBLIC HEALTH AND HUMAN SCIENCES

DATE

AGREED BY:

Donor

DocuSigned by:
Melissa Isavoran
5D3F81328FBA4E3...

1/31/2022

INTERCOMMUNITY HEALTH NETWORK
COORDINATED CARE ORGANIZATION, DONOR
MELISSA ISAVORAN, ASSISTANT VICE PRESIDENT
FOR OPERATIONS

DATE

Oregon State University Foundation

DocuSigned by:
Shawn L. Scoville
63A7CE37AA1A4D7...

1/31/2022

SHAWN L. SCOVILLE
PRESIDENT AND CHIEF EXECUTIVE OFFICER

DATE

*InterCommunity Health Network Coordinated Care Organization
for InterCommunity Health Research Institute Fund
January 6, 2022*

*Transformation
Low Barrier Housing Solution
IHNS-LBHS-22A*

AGREEMENT

INTERCOMMUNITY HEALTH PLANS and FAMILY ASSISTANCE AND RESOURCE CENTER GROUP

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **FAMILY ASSISTANCE AND RESOURCE CENTER GROUP (herein referred to as “FAC”)** to provide shelter/Housing along with wrap services for IHN-CCO and community members.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by FAC to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 FAC shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment;**
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements;** and
 - 2.01.4 FAC shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.

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Low Barrier Housing Solution
IHNS-LBHS-22A*

- 2.02 IHN-CCO shall provide
 - 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
 - 2.02.2 Guidance and support.

- 3.0 PAYMENT: IHN-CCO shall pay FAC an amount not to exceed \$126,000.00 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO. Invoice shall be submitted to IHN-CCO including a unique invoice number, brief description of the work performed, and project number (IHNS-LBHS-22A). IHN-CCO shall process all invoices within 30 days of receipt.
 - 3.01 Submit Invoices by email: transformation@samhealth.org

- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.

- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.

- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by FAC prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to FAC a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.

- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of FAC to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract

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time due to such unauthorized extra work and FAC thereafter shall be entitled to no compensation whatsoever for the performance of such work.

- 8.0 FAC shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.
- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which FAC may assume under the terms of this Agreement. All FAC subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by FAC shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. FAC agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the FAC, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and FAC billing. This agreement does not prohibit FAC from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit FAC from pursuing any available legal remedy. FAC further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, FAC agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, FAC shall inform Beneficiary of his or her right to receive service from such hospital or FAC subsequent to his/her termination; provided, however, that the

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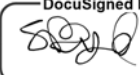
cost of such services shall be the Beneficiary's sole responsibility. FAC may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from FAC after being informed of the termination or expiration of FAC relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between FAC and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by FAC that do not contract with IHN-CCO.

11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. FAC shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of FAC clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

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IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

FAMILY ASSISTANCE AND RESOURCE CENTER GROUP

DocuSigned by:

Signature: _____
Name: Shirley Byrd
Title: ED
Date: 12/8/2022

IHN-CCO

DocuSigned by:

Signature: _____
Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/7/2022

FAC, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT FAC HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

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ATTACHMENT A
Work Expectations and Payment

THE LOW BARRIER HOUSING SOLUTION project shall consist of the following:

<p>Project Goals:</p> <ul style="list-style-type: none"> • Provide respite housing • Provide emergency housing • Improve acceptance and inclusion to reduce stigmas • Create a sense of community and belonging • Treat Physical health through non-traditional health care methods • Reduce Mental health disparities by providing in the moment crisis intervention and follow up plans • Relieve compound trauma through all-in-one treatment group and plan • Increase the number of individuals served • Increase entrance into long term housing 	
<p>1. General & Contracted Services</p> <ul style="list-style-type: none"> • Housing for Respite/Emergency Housing • Wrap Around services <ul style="list-style-type: none"> a. Respite intake coordination, patient oversight, meals, meds, transportation b. Emergency services intake, assessment, food boxes, transportation, housing navigation, clothing, Employment other partner services 	<p>\$60,000.00</p> <p>\$60,000.00</p>
Total Direct Costs	\$120,000.00
2. Indirect 5%	\$6,000.00
TOTAL	\$126,000.00
<p><u>Payment Schedule:</u></p> <p>12 monthly payments of \$10,500.00 to FAC will be processed upon receipt of monthly invoices.</p>	

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ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Increase number of medical respite/recuperative beds in Linn County	Linn County:	Increase the number of beds available for respite care	>90% occupancy for respite bed days provided	12/2023
Increase number of emergency housing requests met	There is a need every day that needs to be fulfilled	Increase the number of beds available for low barrier emergency housing	>90% occupancy for emergency housing bed days provided	12/2023
Provide work training and work for unhoused clients	No program in east Linn other than formal educational institutions	Enroll unhoused individuals into work program	Clients complete program and obtain employment	12/2023
Life Skills training for unhoused individuals	Previous to Covid County provided some classes (Cooking, Finance)	Successfully complete assessment goals	FAC unhoused clients complete self needs assessment and completes identified life goals	12/2023

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

Sustainability Plan

This program is innovative, scalable, and transferable. There is no program like this in the County. This program is critically needed in any community and recently at the National Homeless and Health conference was highlighted and successful proof of concepts from other areas of the country showed to massive benefits and payback.

With great partners like the City of Sweet Home, Linn County Health and others, FAC plans on contracts and investments being part of the sustainability of this proposal. FAC also has community, private and corporate donors as well as giving partners. Internal fundraising will also be used. New community awareness will help develop/grow the program.

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This program will include many new partners community, health, and resource solutions.

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ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023 to June 30, 2023	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date. Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023 to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the LOW BARRIER HOUSING SOLUTION contract, FAC may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the LOW BARRIER HOUSING SOLUTION contract terms, FAC will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the LOW BARRIER HOUSING SOLUTION contract period.

AGREEMENT

INTERCOMMUNITY HEALTH PLANS and NORTHWEST OREGON WORKS

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **Northwest Oregon Works (herein referred to as “NOW”)** providing behavioral health capacity, creating nine new scholarship opportunities for workers to complete their required master’s programs and post-graduate clinical internship hours towards becoming a Licensed Counselor or Social Worker in Linn, Benton and Lincoln County.

WHEREAS, IHN-CCO has the need for innovative approaches toward serving IHN-CCO members that focus on higher quality, better access, and lower overall costs.

WHEREAS, IHN-CCO has the need for innovative approaches toward serving IHN-CCO members that focus on the following components:

- Developing Behavioral Health Workforce
- Where possible, but not limited to, developing a bilingual and bicultural workforce
- Improving access to behavioral health services
- Increasing and improving access to behavioral health care in light of COVID-19
- Innovative programs in developing workforce
- Pay equity through building and sustaining the workforce

WHEREAS IHN-CCO can benefit by the services with the training, ability, knowledge, and experience possessed by NOW to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2022 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.

2.0 SERVICES TO BE PROVIDED:

- 2.01 NOW shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expansion**.
 - 2.01.2 Documentation of outcomes on a quarterly basis
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements**; and
 - 2.01.4 NOW shall deliver all services paid for through this Contract in accordance with their approved proposal, which is hereby incorporated into this Contract by this reference.
- 2.02 IHN-CCO shall provide
 - 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
 - 2.02.2 Guidance and support.
- 3.0 PAYMENT: IHN-CCO shall pay NOW an amount not to exceed \$250, 000 for work performed from January 1, 2022 to December 31, 2022 as specified in **Attachment A**. This amount includes any and all associated expenses.
- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.
- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by NOW prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to NOW a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.
- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are the: Chief Executive Officer (Bruce Butler) and Chief Strategy Officer (Gabriel Parra). The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized

to either order extra work (and/or changed) work or waive contract requirements. Failure of NOW to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and NOW thereafter shall be entitled to no compensation whatsoever for the performance of such work.

8.0 NOW shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.

9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which NOW may assume under the terms of this Agreement. All NOW subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by NOW shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.


10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. To the extent applicable, NOW agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the NOW, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and NOW billing. This agreement does not prohibit NOW from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit NOW from pursuing any available legal remedy. NOW further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, NOW agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable

benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, NOW shall inform Beneficiary of his or her right to receive service from such hospital or NOW subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary's sole responsibility. NOW may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from NOW after being informed of the termination or expiration of NOW relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between NOW and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by NOW that do not contract with IHN-CCO.

- 11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. NOW shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of NOW clients. Members shall not be discriminated against based on race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

NOW

Signature  Digitally signed by Heather DeSart
DN: cn=Heather DeSart, o=IHN,
email=heather@ihsmb.org, c=US
2022.03.07 14:55:14 -0800

Name: Heather DeSart

Title: Executive Director

Date: ~~December 6, 2021~~ 3/7/2022

IHN-CCO

Signature:  DocuSigned by:
Bruce Butler
EAC77B987C8B48A...

Name: Bruce Butler

Title: Chief Executive Officer

Date: 3/7/2022 | 14:55:14 PST

NOW, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT NOW HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

ATTACHMENT A
Work Expectations and Payment

THE NOW Workforce project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> • Building a Licensed Behavioral Health Workforce • Where possible, but not limited to developing a bilingual and bicultural workforce • Increasing and Improving access through the completion of the program. • Supporting Pay Equity through building and sustaining the Licensed Behavioral Health Workforce. 	
1. General & Contracted Services	
<ul style="list-style-type: none"> • Speakers/Presentations • Outreach to discuss the program in the 3 communities • Culturally specific outreach. • Interpretation and translation services as needed • Project Consultant • Creation of program including tuition, scholarships 	\$1,000 \$1,000 \$1,000 \$1,000 \$20,000 \$215,000
Subtotal Resource Costs	
	\$239,000
2. Materials & Supplies	
<ul style="list-style-type: none"> • Marketing materials and advertising • Materials for events (art supplies, food, drinks, goody bags) 	\$1,000 \$1000
Subtotal Materials & Supplies	
	\$2,000
3. Travel Expenses	
<ul style="list-style-type: none"> • Scout talent for center • Travel to venues for events 	\$1,000 \$1,000
Subtotal Travel Expenses	
	\$2,000
4. Professional Training & Development	
<ul style="list-style-type: none"> • Behavioral Health and Workforce (MH & SUD) Training 	\$2,000
Subtotal Training & Development	
	\$2,000
Total Direct Costs	
	\$245,000
5. Indirect 2%	\$5,000
TOTAL	
	\$250,000
<u>Payment Schedule:</u>	
One-time payment of \$250,000 to NOW will be processed upon receipt of signed executed contract.	

ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Met By
	Number of new candidates enrolled	11 new candidates for Licensed Behavioral Health Clinician enrolled	12/31/2022
.	Number of events, tracking attendance.	Increase number of applicants interested in pursuing a licensed therapist track by exposing them to the program	12/31/2022

ATTACHMENT C
Reporting Requirements

Progress Reports

Reporting periods	Report submission dates
January 1, 2022 to March 30, 2022	April 7, 2022
April 1, 2022 to June 30, 2022	July 7, 2022
July 1, 2022 to September 30, 2022	October 7, 2022
October 1, 2022 to December 31, 2022	With Completed report January 31, 2023

Final Report

Final reporting period	Report submission dates
January 1, 2022 to December 31, 2022	January 31, 2023

Presentations

Updates: During the duration of the NOW contract, NOW may be scheduled to provide at least one update presentation

Closeout: Upon completion of the contract terms, NOW will prepare and provide an in-person final presentation.

Follow up: An additional in-person 12- or 18-month presentation may be requested beyond the completion of the contract period.

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AGREEMENT

INTERCOMMUNITY HEALTH PLANS and RECONNECTIONS ALCOHOL AND DRUG TREATMENT, INC.

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **RECONNECTIONS ALCOHOL AND DRUG TREATMENT, INC. (herein referred to as “RECONNECTIONS”)** to provide three transitional motel rooms to unhoused people that are voluntarily engaged in services at ReConnections Counseling in Lincoln County. ReConnections Counseling will offer wrap-around transitional housing support, case management, training, peer, & tenancy navigation for the unhoused people in these three motel rooms.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by RECONNECTIONS to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 RECONNECTIONS shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment;**
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements;** and

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- 2.01.4 RECONNECTIONS shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.
- 2.02 IHN-CCO shall provide
- 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
- 2.02.2 Guidance and support.
- 3.0 PAYMENT: IHN-CCO shall pay RECONNECTIONS an amount not to exceed \$66,000.00 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO. Invoice shall be submitted to IHN-CCO including a unique invoice number, brief description of the work performed, and project number (IHNS-RCSH-22A). IHN-CCO shall process all invoices within 30 days of receipt.
- 3.01 Submit Invoices by email: transformation@samhealth.org
- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.
- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by RECONNECTIONS prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to RECONNECTIONS a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.
- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive

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contract requirements. Failure of RECONNECTIONS to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and RECONNECTIONS thereafter shall be entitled to no compensation whatsoever for the performance of such work.

- 8.0 RECONNECTIONS shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.
- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which RECONNECTIONS may assume under the terms of this Agreement. All RECONNECTIONS subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by RECONNECTIONS shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. RECONNECTIONS agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the RECONNECTIONS, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and RECONNECTIONS billing. This agreement does not prohibit RECONNECTIONS from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit RECONNECTIONS from pursuing any available legal remedy. RECONNECTIONS further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, RECONNECTIONS agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may

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be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, RECONNECTIONS shall inform Beneficiary of his or her right to receive service from such hospital or RECONNECTIONS subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary's sole responsibility. RECONNECTIONS may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from RECONNECTIONS after being informed of the termination or expiration of RECONNECTIONS relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between RECONNECTIONS and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by RECONNECTIONS that do not contract with IHN-CCO.

- 11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. RECONNECTIONS shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of RECONNECTIONS clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

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IHNS-RCSH-22A*

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

RECONNECTIONS ALCOHOL AND DRUG TREATMENT, INC.

DocuSigned by:
Lalori Lager
Signature: _____
Name: Lalori Lager
Title: Executive Director
Date: 12/1/2022

IHN-CCO

DocuSigned by:
Bruce Butler
Signature: _____
Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/1/2022

RECONNECTIONS, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT RECONNECTIONS HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

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ATTACHMENT A
Work Expectations and Payment

THE RECONNECTIONS COUNSELING SUPPORTIVE HOUSING project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> To offer people in need of housing a safe place to reside! To offer “Safe Housing” which will allow participants the ability to fully engage in substance use services through THW-Peer Support Specialists. ReConnections Counseling will offer wrap-around transitional housing support, case management, training, peer, & tenancy navigation for the unhoused people in these three motel rooms by utilizing the THW-Peer Support Specialists assigned to specific Harm Reduction Programs. 	
1. General & Contracted Services	
<ul style="list-style-type: none"> ReConnections Counseling will pay Turnkey-Coastal Phoenix Rising (CPR) \$20,000 per room \$20,000/365 nights = \$54.79 per night/per room 	\$60,000.00
Total Direct Costs	
	\$60,000.00
2. Indirect 10%	\$6,000.00
TOTAL	
	\$66,000.00
<u>Payment Schedule:</u>	
One-time payment of \$66,000 to RECONNECTIONS will be processed upon receipt of executed contract.	

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ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Example: Increase number of medical respite/recuperative beds in the region	Benton County: number of current beds Lincoln County: number of current beds Linn County: number of current beds	Count of beds per county available to IHN-CCO members	Projected number of beds due to the activities of the project	12/2023
Example: Establish regional coalition for housing	X number of advisory boards, committees, councils, and organizations exist in all three counties	Connect and align with all housing efforts (number) Establish regular (monthly, quarterly) meetings with partners	All regional advisory boards, committees, councils, and efforts have the opportunity to join the coalition X number have joined and regularly engage	12/2023
By January 1, 2023 Identify Three Persons or Families that are houseless engaged in the HARM REDUCTIONS programs at ReConnections Counseling.	Identify three Houseless persons or families that are interested in Nurture Oregon, PRIME PLUS, or the FAIR Programs at ReConnections Counseling	Upon Identification of person or families complete the Application Process for Turnkey-CPR	3 Rooms at Turnkey-CPR for 12 months-The goal is to serve up to 10 families, as when a person successfully find housing to identify another family in need.	2/2023
By March, 2023 have three houseless persons or families moved into Turnkey-CPR and actively engaged in peer and navigational supports.	ReConnections Counseling to move in three Houseless persons or families living in transitional housing that are engaged in the Harm Reductions Programs	Three Persons Or Families moved into Turnkey-CPR in "safe, decent, & stable housing with compassion & integrity" Goal is to serve up to 10 families in	3 Rooms at Turnkey-CPR for 12 months- Establishes quality of individual and community life and wellbeing as the criteria for successful interventions	3/2023

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		one year.		
Goal 3: By December, 2023 support up to 10 families to find long term sustainable housing options through peer supports and navigational services.	Help Support through Peer Supports and Navigation services a minimum of three persons or families out of Turnkey-CPR into a long term housing option.	A minimum of three persons or families moved out of Turnkey-C PR into their own long term housing options supported by their Peer Supports and Navigation/Case Management.	Participant Centered Services: ReConnections Peers offer nonjudgmental, non-coercive provision of services and resources to participants who use drugs and the communities in which they live in order to assist them in reducing use and gaining long term stability. Participant Involvement: ReConnections Counseling feels that communities impacted have a real voice in the creation of programs and policies designed to serve them, and should be involved in their plans of care. Participant Autonomy: ReConnections Counseling affirms participants as the primary agents of change, and seeks to empower participants to share information and support each other in strategies to	12/2023

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			develop their plans of care.	
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All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

Sustainability Plan

Approval of this grant funding allows ReConnections Counseling to demonstrate to IHN/CCO that housing can be offered at \$54.79 per night with extensive support services.

ReConnections Counseling has applied in partnership with North West Coastal Housing for TURNKEY 2.0, which will allow for another motel in Newport. ReConnections Counseling will rent the 39 unit motel from North West Coastal Housing and offer safe, supportive housing to 39 people and families in Lincoln County. Currently, we are on the “waiting list” for funding based on the ten identified entities funded and their ability to follow through with their proposals.

ReConnections Counseling and Turnkey-CPR are working together to identify long term sustainable grants and funding. The connections to community partners that include; Samaritan House, CSC, Samaritan Health Services, Lincoln County Health and Human Services, Olalla Center and Faith Based Communities will support funding for the future.

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IHNS-RCSH-22A*

ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023 to June 30, 2023	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date.

Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023 to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the RECONNECTIONS COUNSELING SUPPORTIVE HOUSING contract, RECONNECTIONS may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the RECONNECTIONS COUNSELING SUPPORTIVE HOUSING contract terms, RECONNECTIONS will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the RECONNECTIONS COUNSELING SUPPORTIVE HOUSING contract period.

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TIDES Young Adult Transitional Housing Program
IHNS-TIDES-22A*

AGREEMENT

INTERCOMMUNITY HEALTH PLANS and LINCOLN COUNTY

THIS IS AN AGREEMENT by and between **InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”)** and **LINCOLN COUNTY (herein referred to as “LINCOLN COUNTY”)** to develop individualized independent living curriculum to weave into current and soon to be expanded Transitional Beds. The Transitional Independent Living Program (TILP) will be for homeless/at risk of homelessness youth/young adults in the community.

WHEREAS, IHN-CCO has the need for programs that focus on higher quality, better access and lower overall costs through improved housing supports and medical respite or recuperative services.

WHEREAS, IHN-CCO can benefit by the services with the particular training, ability, knowledge, and experience possessed by LINCOLN COUNTY to fulfill the needs as stated above and wishes to purchase them.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

- 1.0 TERM OF CONTRACT: This contract shall become effective on January 1, 2023 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.
- 2.0 SERVICES TO BE PROVIDED:
 - 2.01 LINCOLN COUNTY shall provide
 - 2.01.1 Services as outlined in **Attachment A: Work Expectations and Payment;**
 - 2.01.2 Documentation of outcomes according to **Attachment B: Performance Standards and Outcomes**, to include tracking of all IHN-CCO members served;
 - 2.01.3 Report on systems changes and processes implemented according to **Attachment C: Reporting Requirements;** and

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TIDES Young Adult Transitional Housing Program
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- 2.01.4 LINCOLN COUNTY shall deliver all services paid for through this Contract in accordance with their IHN-CCO approved proposal, which is hereby incorporated into this Contract by this reference.
- 2.02 IHN-CCO shall provide
- 2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and
- 2.02.2 Guidance and support.
- 3.0 PAYMENT: IHN-CCO shall pay LINCOLN COUNTY an amount not to exceed \$82,875 for work performed from January 1, 2023 to December 31, 2023 as specified in **Attachment A**. This amount includes any and all associated expenses any cost-savings associated with the contractor bids or estimate should be returned to IHN-CCO.
- 4.0 ASSIGNMENT/DELEGATION: Neither party shall assign, sublet or transfer any interest in or duty under this agreement without the written consent of the other, and no assignment shall be of any force or effect whatsoever unless and until the other party has so consented.
- 5.0 TERMINATION: Either party may terminate this agreement by giving the other party 30 days written notice. Such written notice shall be deemed given when sent by certified mail, return receipt requested.
- 6.0 OWNERSHIP OF WORK PRODUCT: IHN-CCO shall be the owner of and shall be entitled to possession of any computations, plans, correspondence, or other pertinent data and information gathered by or computed by LINCOLN COUNTY prior to termination of this agreement OR upon completion of the work pursuant to this agreement. Full ownership of the copyright in all original works shall remain the sole property of IHN-CCO. IHN-CCO grants to LINCOLN COUNTY a license to use the copyright in the tangible work products produced under this Agreement for an unlimited period of time.
- 7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of LINCOLN COUNTY to secure IHN-CCO's authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and LINCOLN

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TIDES Young Adult Transitional Housing Program
IHNS-TIDES-22A*

COUNTY thereafter shall be entitled to no compensation whatsoever for the performance of such work.

- 8.0 LINCOLN COUNTY shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.
- 9.0 IHN-CCO ACCOUNTABILITY AND OVERSIGHT. Notwithstanding any provision in the Agreement, IHN-CCO remains accountable to the Oregon Health Authority (OHA) for any obligations, functions, or responsibilities which LINCOLN COUNTY may assume under the terms of this Agreement. All LINCOLN COUNTY subcontracted services rendered in relation to satisfaction of IHN-CCO's Department of Human Services (DHS) contractual obligations shall be subject to oversight and monitoring on an ongoing basis by IHN-CCO and subject to revocation under the terms of this Agreement if IHN-CCO determines that such obligations are not being performed to the satisfaction of IHN-CCO, OHA, and/or DHS. Any services or other activity performed by LINCOLN COUNTY shall be consistent and comply with IHN-CCO's contractual obligations to OHA and/or DHS.
- 10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. LINCOLN COUNTY agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the LINCOLN COUNTY, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and LINCOLN COUNTY billing. This agreement does not prohibit LINCOLN COUNTY from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit LINCOLN COUNTY from pursuing any available legal remedy. LINCOLN COUNTY further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, LINCOLN COUNTY agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by

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TIDES Young Adult Transitional Housing Program
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Participating Hospitals and IHN-CCO Participating Provider, LINCOLN COUNTY shall inform Beneficiary of his or her right to receive service from such hospital or LINCOLN COUNTY subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary's sole responsibility. LINCOLN COUNTY may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination or expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from LINCOLN COUNTY after being informed of the termination or expiration of LINCOLN COUNTY relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between LINCOLN COUNTY and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by LINCOLN COUNTY that do not contract with IHN-CCO.

- 11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. LINCOLN COUNTY shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of LINCOLN COUNTY clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.

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TIDES Young Adult Transitional Housing Program
IHNS-TIDES-22A*

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

LINCOLN COUNTY

DocuSigned by:
Claire Hall
Signature: E885072F3700405...

Name: Claire Hall
Title: County Commissioner
Date: 12/29/2022 | 09:31:27 PST

IHN-CCO

DocuSigned by:
Bruce Butler
Signature: EAC77B007C0B40A...

Name: Bruce Butler
Title: Chief Executive Officer
Date: 12/2/2022

LINCOLN COUNTY, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT LINCOLN COUNTY HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Transformation
 TIDES Young Adult Transitional Housing Program
 IHNS-TIDES-22A

ATTACHMENT A
Work Expectations and Payment

THE TIDES Young Adult Transitional Housing Program project shall consist of the following:

Project Goals:	
<ul style="list-style-type: none"> • Basic Life Skills: Budgeting/money management, housekeeping, food preparation, healthy grocery shopping, • Educational Opportunities: GED, vocational education, special training. • Job Attainment: The goal is to work with WorkSource and local business to build a network to support the youth in stepping forward into their independent future. • Service Coordination and Referrals to social services, law enforcement, education, legal services, health care, etc. 	
1. General & Contracted Services	
<ul style="list-style-type: none"> • Job assistance- DMV (ID cards, testing, etc) \$75.00 x 10 youth • Rental Assistance - Deposit + monthly rent 16,000 per youth x 4 • Rental/Housing Application Fees 25.00 each x 25 • Utilities Deposit + monthly graduated assistance 500 per youth x 4 • Education assistance GED, Job Training costs 1000 per youth x 15 	\$750.00 \$64,000.00 \$625.00 \$2,000.00 \$15,000.00
Total Direct Costs	\$82,375.00
2. Other Budget Items	
<ul style="list-style-type: none"> • Curriculum supplies 	\$500.00
TOTAL	\$82,875.00
<u>Payment Schedule:</u>	
One-time payment of \$82,875.00 to LINCOLN COUNTY will be processed upon execution of contract.	

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TIDES Young Adult Transitional Housing Program
IHNS-TIDES-22A*

ATTACHMENT B
Performance Standards and Outcomes

Outcome Measures

Primary Strategic Goal	Baseline or Current State	Metrics for Success	Benchmark or Future State	Met By
Implement program that is a client centered transitional program (TP)	Program has not started yet, no such questionnaire or results at the present time.	Develop Exit survey for TP (Transitional Program) Participants within first 30 days of the program starting	90% of program participants to complete exit surveys- provides feedback on ways to change and improve services, adjust future outcomes and meet the needs of the youth served.	2/2023
Address barriers to safe and stable housing for youth age 16-21	Develop formal Transitional/Impendent Living curriculum	Program will focus on Basic Life Skills; provides Educational Opportunities, Job Attainment Services, Service Coordination and Community Referrals	Ability to start working the curriculum with youth at the end of the first quarter, and enroll 2-3 youth	3/2023
Engage Community Support and Awareness of Transitional Living Program	Current outreach has been focused on RHY program (21 day shelter for those under 18). 2 outreach events in the past 6 months.	*Preform Community Outreach to include Transitional Housing for Youth 16-21. *Build a list of local businesses willing to provide job opportunities to Transitional Living Program youth. *Reach out to other community agencies able to	Participate in 6 outreach events- Attend 10 community meetings to improve the service coordination plan	12/2023

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TIDES Young Adult Transitional Housing Program
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		assist with youth needs as they transition into independent living.		
Complete the remodel/expansion of Youth Tides Shelter to include Transitional housing beds	Current Shelter Beds available: 4 Runaway Homeless Youth- (RHY) Beds (under 18 yrs. old) limited to 21 days; 6 DHS Foster /respite (12-17 yrs. old), 2 All others - Voluntary Placement by partnering agencies, Homeless youth not eligible for RHY Beds (exceeds timeframe and/or age and/or other eligibility requirement)	Opening of the new Transitional Program Beds- (annex to Youth Tides Shelter)	Add 8 additional beds for the older youth to provide Transitional Housing for youth enrolled in the TP (Transitional Program)	12/2023
Prepare youth to be self-sufficient (16-21 years old)- implement a Transitional Program (TP)	Currently do not have a formal independent living curriculum	Develop, identify and enroll 15+ youth/young adults to start the independent living curriculum.	By the end of the program period enroll 15+ youth in the TILP curriculum. Have 4 young adults transition into independent living	12/2023

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).

Sustainability Plan

The goal is to start a transitional independent living program before the additional transitional beds space is open. Youth Tides opened their 21-day emergency shelter in 2019, this program, because of funding limitations is only available to youth under 18, along with other disqualifying factors. Lincoln County has identified many youth/young adults that need additional transitional support. Youth Tides will use the outcomes from this pilot program to secure additional funding and seek to improve the program and services needed to assist youth in ending homelessness.

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ATTACHMENT C

Reporting Requirements

Progress Reports

Progress reporting templates will be sent one month prior to submission due dates as follows:

Reporting periods	Report submission dates
January 1, 2023 to June 30, 2023	July 7, 2023

Final Report

Final reporting template will be sent by Transformation one month prior to submission due date. Report consists of an overview and findings.

Final reporting period	Report submission dates
January 1, 2023 to December 31, 2023	January 31, 2024

Presentations

Updates: During the duration of the TIDES Young Adult Transitional Housing Program contract, LINCOLN COUNTY may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the TIDES Young Adult Transitional Housing Program contract terms, LINCOLN COUNTY will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the TIDES Young Adult Transitional Housing Program contract period.

Attachment 7. IHN-CCO SHARE Initiative Budget

IHN-CCO SHARE Initiative Budget 2022

2022 SHARE Budget (reserved in 2021)

Budget	\$	1,076,144.00
BH Education, NOW program	\$	250,000.00
OSU	\$	100,000.00
IH Research Institute	\$	126,000.00
Community Partnership Alliance	\$	45,796.00
Emergency Hotel Sheltering	\$	110,000.00
Low Barrier Housing Solution	\$	126,000.00
Homeless Data Harmonization	\$	65,033.00
Housing Supports and Life Stabilization	\$	104,440.00
ReConnections Counseling Supportive Housing	\$	66,000.00
TIDES Young Adult Transitional Housing Program	\$	82,875.00
Total Allocated	\$	1,076,144.00
Remaining Budget	\$	-

SUPPORTING HEALTHCARE FOR ALL THROUGH REINVESTMENT (SHARE) INITIATIVE

June 2022



Agenda

- SHARE Initiative requirements
- Process Overview
- Scoring Criteria Examples & Ideas
- Discussion

Overview and Background

Social Determinant of Health (SDoH) Spending Program

- Legislative requirement defined by state law and Oregon Administrative Rules
- Coordinated care organizations (CCOs) must invest some of their profits back into their communities by spending a portion of their net income or reserves
- One way that CCOs respond to SDoH, health inequities, and social needs of members
 - IHN-CCO also does through the Delivery System Transformation Committee (DST) as well as flexible services

SHARE Initiative Requirements

- Align with community priorities in the community health improvement plan (CHIP);
- Include any statewide priorities for SHARE spending in the contract;
- Include a role for the community advisory council in directing and tracking;
- Involve community partnerships with a portion of dollars going to SDoH partners; and
- Fit into at least one of the four domains related to the social determinants of health and equity:
 - Economic stability
 - Neighborhood and built environment
 - Education
 - Social and community health

Last Year's Work

- Focus on housing entirely
 - Aligned with SHIP/CHIP/SDoH WG/housing as a requirement
 - Based on feedback from the SDoH Workgroup & Community Advisory Council (CAC)
- Seven projects funded – all were SDoH-E partners



2022 Process

Evaluation based on scorecard developed by the CAC

1. Discuss scoring criteria and brainstorm
2. CAC finalizes scorecard
3. IHN-CCO releases Request for Proposal based on CAC Scorecard
4. IHN-CCO evaluates proposals based on CAC scorecard
5. Proposals approved and contracting begins

Timeline



Today

- Review results of IHN-CCO's brainstorming on how to score SHARE projects
- Get input from you to make sure the way IHN-CCO evaluates the projects is objective and aligned with the CAC and CHIP
- Questions to think about:
 - What is important to make a good project?
 - Is there anything missing?
 - Is there anything that doesn't feel as important or doesn't fit?

Possible:

- Health Equity
- Health Improvement
- Improved Access
- Need
- Outcomes
- Total Cost of Care
- Resource Investment
- Priority Area
- Financial Sustainability
- Replicability (spread across the region or organizations)
- Depth of Support (community or organizational)
- Behavioral Health Plan
- Return on Investment (upstream health improvement or long-term improvement)
- Partnerships & Collaboration

Health Equity: The project has a defined approach for fair opportunities for members to be as healthy as possible.

Health Improvement: The project holds promise for making a significant improvement in the health or health care of IHN-CCO members.

Improved Access: The project activities will result in improved access of healthcare; availability of services, culturally considerate care, and quality and appropriate care to IHN-CCO members.

Need: The project has established that there is a substantial need for this project and has indicated the demographics of the Medicaid population impacted.

Outcomes: Proposal outcomes and measures are aligned to project goals and will be sufficient to evaluate project success. The project outcomes are aligned with the Community Health Improvement Plan's Outcomes and Indicator Concepts.

Total Cost of Care: The project will likely result in improvement in the total cost of care for IHN-CCO Members. The project targets areas of health care associated with rising costs or provides upstream healthcare that will reduce costs long-term.

Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the project goals. The project has exhibited consideration for other funding sources.

Priority Areas: The project has a new or innovative way to address at least one of the priority areas.

Financial Sustainability: The project has a sustainability plan including continued funding and new reimbursement models.

Replicability: The project has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community.

Depth of Support: The project showed clear and strong depth of sponsoring organization support as well as community backing.

Behavioral Health Plan: The project shows connections to behavioral health and will impact member's behavioral health through a well-defined plan.

Return on Investment: The project allows for the ability of IHN-CCO to evaluate and demonstrate return on investment and will impact upstream health for the community.

Partnerships & Collaboration: The project brings together organizations and/or resources and describes how team members, providers, and partner organizations will work together effectively.

IHN-CCO SHARE Initiative Scoring Rubric DRAFT Components

	0	3	5	7	10
Health Equity	No health equity plan	Focus on IHN-CCO members but plan unclear OR does not clearly focus on IHN-CCO members but has a health equity plan	Little context, approach not clear	Clear approach, focus population identified OR plan not clear, but focus population obviously high-risk	Hits high-risk population and outlines plan for health equity approach clearly and effectively
Health Improvement	Unlikely to result in improvement in the health or healthcare of IHN-CCO members	May result in improvement in the health or healthcare of IHN-CCO members	Likely to result in improvement in the health or healthcare of IHN-CCO members	Likely to result in significant improvement in the health or healthcare of IHN-CCO members	Will result in significant improvement in the health or health care of IHN-CCO members
Improved Access	No improved access for IHN-CCO members	Some improved availability of services, culturally considerate care, or quality and appropriate care	Likely to result in some improved access (availability of services, culturally considerate care, and quality and appropriate care)	Likely to result in improved access (availability of services, culturally considerate care, and quality, appropriate care)	Will result in significantly improved access (availability of services, culturally considerate care, and quality, appropriate care)
Need	No need established and demographics not indicated	Need is not clearly defined but demographics are indicated	Need defined, demographics outlined	Need established and demographics of IHN-CCO members clearly defined	Substantial need established and demographics of IHN-CCO clearly defined
Outcomes	Outcomes are not aligned with the Community Health Improvement Plan (CHIP)	Outcomes and measures are aligned to the CHIP but not project goals	Outcomes and measures are aligned to project goals and the CHIP	Outcomes and measures are aligned to project goals, the CHIP, and will be sufficient to evaluate project success	Outcomes and measures are aligned to project goals, the CHIP, will be sufficient to evaluate success, and yields outcomes that are new or different
Total Cost of Care	Unlikely to result in improvement of the total cost of care for IHN-CCO members	May result in improvement in the total cost of care for IHN-CCO members	Likely to result in improvement in the total cost of care for IHN-CCO members	Likely to result in significant improvement in the total cost of care for of IHN-CCO members	Will result in significant improvement in the total cost of care for IHN-CCO members
Resource Investment	Budget is unreasonable and inappropriate to the work proposed	Budget is not well justified and not tied to project goals	Reasonable and appropriate budget	Budget is reasonable, appropriate to the work, and well justified	Budget is reasonable, appropriate to the work, and well justified. Directly tied to the project goals; exhibits consideration for other funding sources
Priority Area	Does not address any priority area	Addresses priority area somewhat but not clearly defined	Addresses priority area	Clearly addresses priority area	Clearly addresses priority area: either in a new and innovative way or spreads promising practices in that area
Financial Sustainability	No financial sustainability plan	Plan not clearly defined	Has a defined plan, potential to sustain	Clearly defined financial sustainability plan; likely to continue after SHARE funding ends	Clearly defined sustainability plan including continued funding and new reimbursement models; likely to continue after SHARE funding ends
Replicability	No plan for replicability	Plan not clearly defined	Has a defined plan, potential to replicate to new organizations or regions	Clearly defined replicability plan; likely to spread after SHARE funding ends	Clearly defined replicability plan including plans for spreading promising practices to new organizations and regions; likely to spread after SHARE funding ends
Depth of Support	Does not have potential for community or sponsoring organization support	Has potential for either community or sponsoring organization support	Has potential for community and sponsoring organization support	Clearly defined community and sponsoring organization support; likely to continue after SHARE funding ends	Clearly defined capacity for sponsoring organization and community support to continue after SHARE funding ends; very likely to continue after SHARE funding ends



SUPPORTING HEALTHCARE FOR ALL THROUGH REINVESTMENT (SHARE) INITIATIVE

July 2022

Overview and Background

Social Determinant of Health (SDoH) Spending Program

- Legislative requirement defined by state law and Oregon Administrative Rules
- Coordinated care organizations (CCOs) must invest some of their profits back into their communities by spending a portion of their net income or reserves
- One way that CCOs respond to SDoH, health inequities, and social needs of members
 - IHN-CCO also does through the Delivery System Transformation Committee (DST) as well as flexible services

SHARE Initiative Requirements

- Align with community priorities in the community health improvement plan (CHIP);
- Include any statewide priorities for SHARE spending in the contract;
- Include a role for the community advisory council in directing and tracking;
- Involve community partnerships with a portion of dollars going to SDoH partners; and
- Fit into at least one of the four domains related to the social determinants of health and equity:
 - Economic stability
 - Neighborhood and built environment
 - Education
 - Social and community health

2022 Process

Evaluation based on scorecard developed by the CAC

1. Discuss scoring criteria and brainstorm
2. CAC finalizes scorecard
3. IHN-CCO releases Request for Proposal based on CAC Scorecard
4. IHN-CCO evaluates proposals based on CAC scorecard
5. Proposals approved and contracting begins

Timeline



Priority Areas

Focus on housing entirely

- Aligned with SHIP/CHIP/SDoH WG/housing as a requirement
- Based on feedback from the SDoH Workgroup & Community Advisory Council (CAC)
- Medical Respite
- Navigation in the housing sector

Today

- IHN-CCO brainstormed criteria
- Took the criteria to the local committees
- Discussed and received feedback
- Integrated the feedback into the scorecard

- Today: review changes and decide whether to move forward with the scorecard criteria

- Notes:
 - Color coding key:
 - Green indicates general approval
 - Yellow was a requested change
 - Orange felt unneeded or duplicative
 - Rubric attached for reference as needed.

IHN-CCO SHARE Proposal Scorecard DRAFT

Response Scale (write in box to the right)
See Proposal Scoring Rubric

Disagree/not included

Agree

Strongly Agree

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Criteria	Score
Health Equity: The project has a defined approach for fair opportunities for members to be as healthy as possible.	
Health Improvement: The project holds promise for making a significant improvement in the health or health care of IHN-CCO members.	
Improved Access: The project activities will result in improved access of healthcare; availability of services, culturally considerate care, and quality and appropriate care to IHN-CCO members.	
Need: The proposer has established that there is a substantial need for this project and has indicated the demographics of the Medicaid population impacted.	
Total Cost of Care: The project will likely result in improvement in the total cost of care for IHN-CCO Members. The project targets areas of health care associated with rising costs or provides upstream healthcare that will reduce costs long-term.	
Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the project goals. The project has exhibited consideration for other funding sources.	
Priority Area: The addresses housing, specifically medical respite or navigation in the housing sector.	
Financial Sustainability: The project has a sustainability plan including continued funding and new reimbursement models. The project will likely continue after SHARE funding ends.	
Replicability: The project has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community.	
Depth of Support: The proposer showed clear and strong depth of sponsoring organization support as well as community backing.	
Partnerships & Collaboration: The project brings together organizations and/or resources and describes how team members, providers, and partner organizations will work together effectively.	
Outcomes & Evaluation: Proposal outcomes and measures are aligned to project goals and will be sufficient to evaluate project success. The project outcomes are aligned with the Community Advisory Council's (CAC's) Community Health Improvement Plan's (CHIP's) Outcomes and Indicator Concepts.	
Behavioral Health Plan: The project will impact behavioral health through a clearly defined plan.	
Return on Investment: The proposer clearly defined the measures and outcomes that allow for the ability for IHN-CCO to evaluate and demonstrate return on investment.	
TOTAL PROPOSAL SCORE	
Comments:	

IHN-CCO SHARE Initiative Scoring Rubric DRAFT Criteria

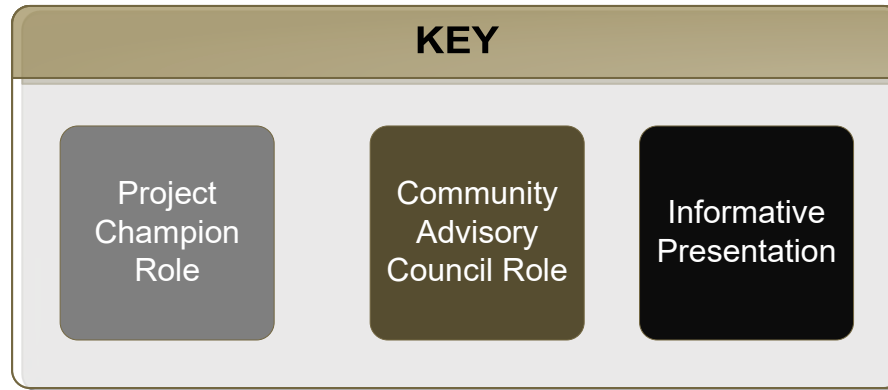
	0	3	5	7	10
Health Equity	No health equity plan	Focus on IHN-CCO members but plan unclear OR does not clearly focus on IHN-CCO members but has a health equity plan	Little context, approach not clear	Clear approach, focus population identified OR plan not clear, but focus population obviously high-risk	Hits high-risk population and outlines plan for health equity approach clearly and effectively
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Improved Access	No improved access for IHN-CCO members	Some improved availability of services, culturally considerate care, or quality and appropriate care	Likely to result in some improved access (availability of services, culturally considerate care, and quality and appropriate care)	Likely to result in improved access (availability of services, culturally considerate care, and quality, appropriate care)	Will result in significantly improved access (availability of services, culturally considerate care, and quality, appropriate care)
Need	No need established and demographics not indicated	Need is not clearly defined but demographics are indicated	Need defined, demographics outlined	Need established and demographics of IHN-CCO members clearly defined	Substantial need established and demographics of IHN-CCO clearly defined
Total Cost of Care	Unlikely to result in improvement of the total cost of care for IHN-CCO members	May result in improvement in the total cost of care for IHN-CCO members	Likely to result in improvement in the total cost of care for IHN-CCO members	Likely to result in significant improvement in the total cost of care for of IHN-CCO members	Will result in significant improvement in the total cost of care for IHN-CCO members
Resource Investment	Budget is unreasonable and inappropriate to the work proposed	Budget is not well justified and not tied to project goals	Reasonable and appropriate budget	Budget is reasonable, appropriate to the work, and well justified	Budget is reasonable, appropriate to the work, and well justified. Directly tied to the project goals; exhibits consideration for other funding sources
Priority Area	Does not address any priority area	Addresses priority area somewhat but not clearly defined	Addresses priority area	Clearly addresses priority area	Clearly addresses priority area: either in an evidence based way or spreads promising practices in that area
Financial Sustainability	No financial sustainability plan	Plan not clearly defined	Has a defined plan, potential to sustain	Clearly defined financial sustainability plan; likely to continue after SHARE funding ends	Clearly defined sustainability plan including continued funding and new reimbursement models; likely to continue after SHARE funding ends
Replicability	No plan for replicability	Plan not clearly defined	Has a defined plan, potential to replicate to new organizations or regions	Clearly defined replicability plan; likely to spread after SHARE funding ends	Clearly defined replicability plan including plans for spreading promising practices to new organizations and regions; likely to spread after SHARE funding ends
Depth of Support	Does not have potential for community or sponsoring organization support	Has potential for either community or sponsoring organization support	Has potential for community and sponsoring organization support	Clearly defined community and sponsoring organization support; likely to continue after SHARE funding ends	Clearly defined capacity for sponsoring organization and community support to continue after SHARE funding ends; very likely to continue after SHARE funding ends
Partnerships & Collaboration	No partnerships or collaborations identified	Similar partners identified not clear how collaborative the partnerships will be	New partners identified, not clear how collaborative the partnerships are	Defined plan for partnerships and collaborations; either not cross-sector or not new or unrelated organizations and resources	Brings together organizations and/or resources and describes how team members, providers, and partner organizations will work together effectively. Cross-sector partnerships identified with a clearly defined plan for collaboration.
Outcomes & Evaluation	Outcomes are not aligned with the Community Health Improvement Plan (CHIP)	Outcomes and measures are aligned to the CHIP but not project goals	Outcomes and measures are aligned to project goals and the CHIP, allows for evaluation	Outcomes and measures are aligned to project goals, the CHIP, and evaluation will be sufficient to evaluate project success	Outcomes and measures are aligned to project goals, the CHIP, will be sufficient to evaluate success, and yields outcomes
Behavioral Health Plan	Is not connected to behavioral health and will not improve behavioral health in the community	Has potential to impact behavioral health in the community	Likely will impact behavioral health in the community; not clearly defined	Clearly defined behavioral health plan; likely will impact behavioral health	Will impact behavioral health through a clearly defined behavioral health plan
Return on Investment	The measures and outcomes do not allow for project evaluation; the project is not evidence-based	Measures and outcomes allow for the ability for IHN-CCO to evaluate and demonstrate return on investment; unclear if the return on investment will be positive or meaningful	Measures and outcomes allow for the ability for IHN-CCO to evaluate and demonstrate return on investment; may have a positive and meaningful return; evidence-based plan not clearly defined	Clearly defined measures and outcomes allow for the ability for IHN-CCO to evaluate and demonstrate return on investment; likely to impact upstream health for the community; likely to result in a positive return on investment	Clearly defined measures and outcomes allow for the ability for IHN-CCO to evaluate and demonstrate return on investment; will impact upstream health for the community; will result in a positive return on investment

Attachment 9. IHN-CCO SHARE Initiative Proposal Rankings

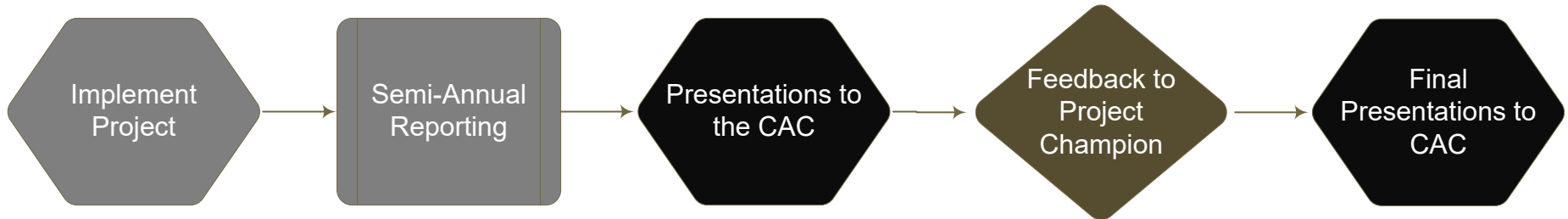
IHN-CCO SHARE Initiative Proposal Decisions 2022

Title	Organization	Budget	Score	10/18 Meeting Decision
ReConnections Counseling Supportive Housing	ReConnections Counseling	\$66,000.00	95.17	APPROVED
Homeless Data Harmonization	Samaritan Health Services/Community Services Consortium	\$65,033.00	92	APPROVED
Housing Supports and Life Stabilization	Corvallis Daytime Drop-in Center	\$104,440.00	89.25	APPROVED
Bridging Gaps in Student Houselessness	Linn County Public Health/Greater Albany Public Schools	\$99,350.00	87.77	APPROVED
Low Barrier Housing Solution	Family Assistance Center and Resource Group	\$126,000.00	86.77	APPROVED
Community Partnership Alliance	OCWCOG Senior and Disability Services	\$148,120.00	86.03	APPROVED
Emergency Hotel Sheltering	Unity Shelter	\$110,000.00	85.67	APPROVED
TIDES Young Adult Transitional Housing Program	Lincoln County Youth Tides Shelter	\$82,875.00	84.5	APPROVED
LGBTQ+/Single Parents Housing Support	Furniture Share	\$121,240.00	80.6	DENIED
Crossroads Communities Lebanon Service Initiative	Crossroads Communities	\$130,000.00	78.17	DENIED

Attachment 10. IHN-CCO SHARE Initiative Tracking and Reviewing IHN-CCO SHARE Initiative Tracking and Reviewing Process



Tracking and Reviewing Process



IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Appendix:

SHARE Spending Plan Amendment

September 2024

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Change:

ADD:

Corvallis Police Department	Situation Table	\$25,711
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Establishment of the Situation Table model, a unique, risk-based, rapid triage model that brings together multiple human service providers to address situations where individuals and/or families face a specific threshold of Acutely Elevated Risk (AER). It addresses those who often face the highest levels of composite risk in the community and too often fall through the cracks in the system. <https://o2sl.com/situation-table/>

Activities:	Contract for and receive Situation Table Training Implement the Situation Table model
Population(s)	Unhoused, housing insecure, SUD, behavioral health concerns, justice involved

Rationale:

IHN-CCO was approached by the Corvallis Police department to support the implementation of the Situation Table model as a means to collectively address the SDoH needs of severely high risk individuals with high rates of police encounters. Community members experiencing acutely elevated risk often require multiple resources to reduce their level of risk, and rapid intervention is needed to promote success. The Situation Table model of collaborative risk reduction has a demonstrated track record of positive community impacts in other communities in the US as well as Canada.

Community Impact:

The Corvallis Police Department (CPD) and Benton County Health Department (BCHD) have committed to utilizing existing staff in the Crisis Outreach Response and Engagement (CORE) Team to facilitate a Situation Table in Corvallis/Benton County. In order to successfully implement a Situation Table model of risk reduction, we must also secure funding to properly train the facilitators and community partners who will participate in the Situation Table. If funding is approved, we anticipate conducting this training in the fall of 2023 and beginning implementation of the Situation Table immediately thereafter.

Specific partners affected:

Recommended by the Home, Opportunity, Planning, and Equity Advisory Board, In addition to Corvallis Police Department and Benton County Health Department, providers related to housing, mental health, medical, substance abuse, and other services have expressed interest in participating in the Situation Table in Corvallis/Benton County, including:

- Corvallis Housing First
- Community Services Consortium
- Samaritan Health Services
- Unity Shelter
- Corvallis Daytime Drop-in Center
- Benton County Harm Reduction Team

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Change:

ADD

Jackson Street Youth Services	Youth Crisis Respite Beds	\$108,430
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Access to one respite bed at Albany House (1240 7th Ave. SE) and one respite bed at Corvallis House (555 NW Jackson Ave.) year round, 24/7.

Activities	<p>1 bed at each house Access 24/7/365</p> <p>The above cost is all inclusive with administrative overhead costs, personnel costs, supplies costs, basic needs (utilities, food) costs, facilities costs, etc.</p>
Population(s)	Unhoused, underhoused, housing insecure, youth, justice involved, LGBTIQ2S+

Rationale:

Jackson Street Youth Services offers youth a safe place to live and resources to work through crises and towards a brighter, more stable future. Founded to fill a gap in housing for homeless youth, we now serve youth throughout Linn and Benton Counties. SDoH need for youth respite beds with specific outreach and supports for runaway youth, youth with behavior health and SUD, and LGBTIQ2S+.

Community Impact:

Runaway and homeless youth flee conflict, abuse, or poverty in their homes. They can become disconnected from educational systems and the workforce and often do not have the skills and financial resources to live on their own. Some youth experience the highest risk of experiencing homelessness, with the strongest correlation being youth who have less than a high school diploma or GED. Low-income, LGBTQ+, non-white, and parenting youth are also at greater risk.

Specific partners affected:

- Cities of Albany and Corvallis
- Benton and Linn County Health Departments
- Area school districts

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Change:

ADD

Linn County Health Services	Bridging GAPS in Student Homelessness	\$99,350
<p>Greater Albany Public Schools (GAPS) and Linn County Public Health (LCPH) are partnering to support a community health worker (CHW) to focus on improving the housing status of GAPS students and their families who are experiencing homelessness and housing insecurity. This CHW will be employed by LCPH and positioned at GAPS, co-supervised by management from each organization.</p>		
<p>Activities:</p>	<p>Decrease number of GAPS students experiencing insecure housing Develop sustainability plan to maintain housing focused staff at GAPS Evaluate Use of Unite Us for GAPS SDoH referrals by social services team GAPS FACT Staff more effectively engage with community housing resources</p>	
<p>Population(s)</p>	<p>Unhoused, underhoused, housing insecure, youth</p>	

Rationale:

GAPS and LCPH are in the process of improving current referral systems to better provide students and their families with services. This includes the evaluation of GAPS' potential use of Unite Us/Connect Oregon referral system and connecting more broadly and more deeply with housing providers and supports in the community. The stronger organization-to-organization connection will enable the GAPS team to more expediently link students and their families to housing resources with fewer frustrations on all sides.

This CHW will be integrated into the existing Family and Community Together (FACT) team within the broader GAPS Health Services team. This will provide multiple benefits to the team and the people they serve: the CHW can be quickly introduced to the resources and relationships the FACT team has built over its years of work, and the CHW will support the entire FACT team by focusing on time-intensive housing referrals and freeing up more of the other team members' time to focus on all the other resource needs families bring to them.

Community Impact:

Ultimately, this project plans to develop a sustainable model to support resource navigation in schools that can be scaled up. There is interest in partnering with other school districts around Linn County to ensure that students and their families experiencing housing insecurity in more rural areas have access to the same kind of navigation supports in their local communities. This project will identify and problem-solve barriers to adoption of the model so any school district in Linn County that wants to can benefit from those lessons learned and offer more housing and resource navigation with minimal hoops to jump through.

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Specific partners affected:

LCPH and GAPS plan to engage the Linn-Benton Housing Authority, Community Services Consortium, Jackson Street Youth Shelter, Albany Partnership for Housing, Oregon Housing and Community Services, Helping Hands Shelter, Second Chance Shelter, local property management, and any other identified partners who could assist with improving the housing status of GAPS students.

GAPS currently supports a bilingual and bicultural community health worker in partnership with Casa Latinos Unidos to support linkages with students and families whose preferred language is Spanish. The bilingual housing-focused CHW in this project will benefit from those existing connections, as well as from the relationships that the existing Health Services team at GAPS has built in their other health and resource navigation work.

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Change:

ADD

Linn County Health Services	Crisis Receiving Center Feasibility and Planning	\$75,000
Project exploring the feasibility of developing a Crisis Receiving Center (CRC). Funds will be used to contract for initial design consultation and/or project manager.		
Activities	<p>Determine the feasibility of building a Crisis Receiving Center, including identifying potential revenue streams to fund the purchasing of real estate and/or building expenses as well as exploring the sustainability of a CRC in Linn County.</p> <p>Facilitation of community partnerships to determine current gaps, resources, and opportunities</p>	
Population(s)	Unhoused, underhoused, housing insecure, chronically unhoused, dual diagnosis, persons with disabilities, high medical need	

Rationale:

The feasibility of building a CRC, including identifying potential revenue streams to fund the purchasing of real estate and/or building expenses as well as exploring the sustainability of a CRC in Linn County needs to be assessed. There are efforts at the state level for a three-pronged approach to community crisis support. Two of these three efforts have been completed, including 988 and crisis mobile response. The CRC is the last project that needs to be addressed and will require devoted personnel time to facilitate community partnerships to determine the current gaps, resources and opportunities.

Community Impact:

CRCs are open 24/7 for walk in and provider/partner drop offs with 23-hour recliners, assessment and stabilization services. Ability to refer to higher levels of care and coordinate for basic needs, shelter bed referrals, and follow up outpatient SUD/MH services as needed. Development of a CRC would target decreasing ED utilization and law enforcement involvement in mental health crisis stabilization needs.

Specific partners affected:

The Oregon Health Authority, AOCMHP, IHN-CCO, Samaritan Health Services, law enforcement agencies and other community stakeholders recognize the need for crisis receiving centers that could serve the needs of individuals in crisis.

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Change:

ADD

Lincoln County Health and Human Services	Housing Supports for BH Providers	\$325,000
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Because affordable and available housing in Lincoln County is limited, Lincoln County Health and Human Services is proposing one potential housing solution: providing short-term, low cost rent to new employees seeking to settle in the County or the region, to employees in transition from one living situation to another, and/or to contracted workers or employees who may need short term, affordable housing while providing services to the individuals we serve in our clinics.

Activities:	6 short term usage agreements annually with new employees or employees in transition resulting in at minimum 6 months new/continued employment with LCHS 3 emergency stays annually for disasters, weather related issues or similar needs.
Population(s):	Behavioral Health, housing supports

Rationale:

Affordable housing for all is one of the nation’s biggest challenges. Too often, housing challenges are believed to be an issue solely for persons who are unemployed, underemployed, who require subsidies and other assistance for move in costs, rent, deposits, maintenance and repair costs. The current economic environment and housing crisis affects everyone, no matter what one’s employment or socio-economic status is.

Pair the housing crisis with the well documented workforce shortage crisis, employers are needing creative ways to attract to and keep potential new employees in the workplace. Governmental Agencies are needing to adapt many of their practices to compete for limited workers. In fact, in our 2023 Mental Health Symposium, housing, and specifically workforce housing, was identified as a challenge to access to care for the people we serve. In our research we found the following:

- There is a lack of immediately available/affordable housing for staff relocating to the coast to take a job with the County.
- On 1/10/23 there were approximately 20 units available in the county on Craigs List (most in Lincoln City, but some in Newport, Depoe Bay and Toledo)
- Rents range from around \$1450/\$1500 for a one-bedroom apt, around \$2,000 for a 2 bedroom, and around \$2500+ for 3 or more bedrooms.
- It is more expensive to rent in Lincoln City but less expensive in Toledo. Some of these units cover some utilities, some cover nothing. So, it's safe to think an additional \$200 is needed on top of the rent amount.

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Lincoln County HHS has lost several potential qualified and enthusiastic employees, who upon accepting a position with us, have later declined due to the inability to find housing by the agreed upon start date. We've also experienced people who have left employment with us after a very short time, after living with friends, relatives, or even in hotels, or (expensive) vacation rentals with the idea they will find housing within a month or 2 of coming here. Several of our employees have experienced personal changes resulting in transitions that involve housing needs, that have either left employment, or seriously considered it because of the stress of finding new housing in the area. Finally, we have entered the arena of hiring staff through staffing agencies (aka "Locums"), and occasionally we may need to provide short term housing for these individuals as well.

Community Impact:

Because affordable and available housing in Lincoln County is limited, Lincoln County Health and Human Services is proposing one potential housing solution: providing short -term, low cost rent to new employees seeking to settle in the County or the region, to employees in transition from one living situation to another, and/or to contracted workers or employees who may need short term, affordable housing while providing services to the individuals we serve in our clinics.

We are seeking funds to purchase a 1200 square foot, 2 bedroom house in Newport, as a housing option we can offer to new employees, contracted staff, and/or staff in transition as a place to stay in while seeking more permanent housing. Priority for housing will be given for Assertive Community Treatment (ACT) and behavioral health crisis staff/providers. The house we are considering is centrally located to our main clinics and other community resources in Newport. The house would be a shared space, with limited furnishings. Individuals using the space would be charged minimal usage fee, for up to six (6) months. The idea here is that as staff learn their new community, they will be better informed when choosing more permanent housing. We would use this resource as an additional marketing strategy to potential new employees. The home may also serve as housing in an emergency for staff who need to stay in Newport during a disaster response, in inclement weather (many of our staff live in the family, or in more rural areas of the County, and have been prevented from completing as assigned shift due to travel warnings), or another emergency situation such as having to work a double or extended shift.

Specific partners affected:

Local partnerships and collaboration will be primarily with local private entities (real estate agents, apartment complexes etc.) to help individuals identify permanent housing.

IHN-CCO Update to 2022 SHARE Spending Plan for spending in 2023:

Change:

Increase amount of project funds distributed in 2023

Oregon Cascades West Council of Governments	Community Partnership Alliance	\$105,774
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Rationale:

Community partners indicated a desire to build the program in 2023 rather than over several SHARE spending cycles. Lump funding allows for the hiring of a project coordinator

Community Impact:

Community Partnership Alliance brings together partners in Albany to make it possible for unhoused and housing insecure individuals to successfully access and obtain needed services by overcoming system barriers.

- Determine gaps and creating a pathway for closure of those gaps by inventorying the gaps and developing a strategy for correction
- Streamline collaboration between agencies
- Utilize existing community resource software to be a focal point of requesting and disseminating resources and information interagency.
- Create MOUs that are consistent between organizations and facilitate rendering needed services
- Facilitate seamless referral loop
- Facilitate agency collaborative strategies with 5 high-utilizing clients to create stabilization

Specific Partners Affected:

- Oregon Cascades West Council of Governments
- Creating Housing Coalition
- City of Albany
- Helping Hands Shelter
- Albany Police Department
- Samaritan Care Hub/Chronic Care Program

IHN-CCO Ammended SHARE Budget
Submitted 9/2024

IHN-CCO SHARE Initiative Budget 2022
AMMENDED 2022 SHARE Budget (reserved in 2021)

	BH Education, NOW program	\$	250,000.00
	OSU	\$	100,000.00
	IH Research Institute	\$	126,000.00
Edit	Community Partnership Alliance	\$	151,570.00
	Emergency Hotel Sheltering	\$	110,000.00
	Low Barrier Housing Solution	\$	126,000.00
	Homeless Data Harmonization	\$	65,033.00
	Housing Supports and Life Stabilization	\$	104,440.00
	ReConnections Counseling Supportive Housing	\$	66,000.00
	TIDES Young Adult Transitional Housing Program	\$	82,875.00
ADD	Corvallis Police Department	\$	25,711.00
ADD	Jackson Street Youth Services	\$	108,430.00
ADD	Linn County Health Services	\$	99,350.00
ADD	Linn County Health Services--Crisis Center	\$	75,000.00
ADD	Lincoln County Health and Human Services	\$	325,000.00
	Total Allocated	\$	1,815,409.00