



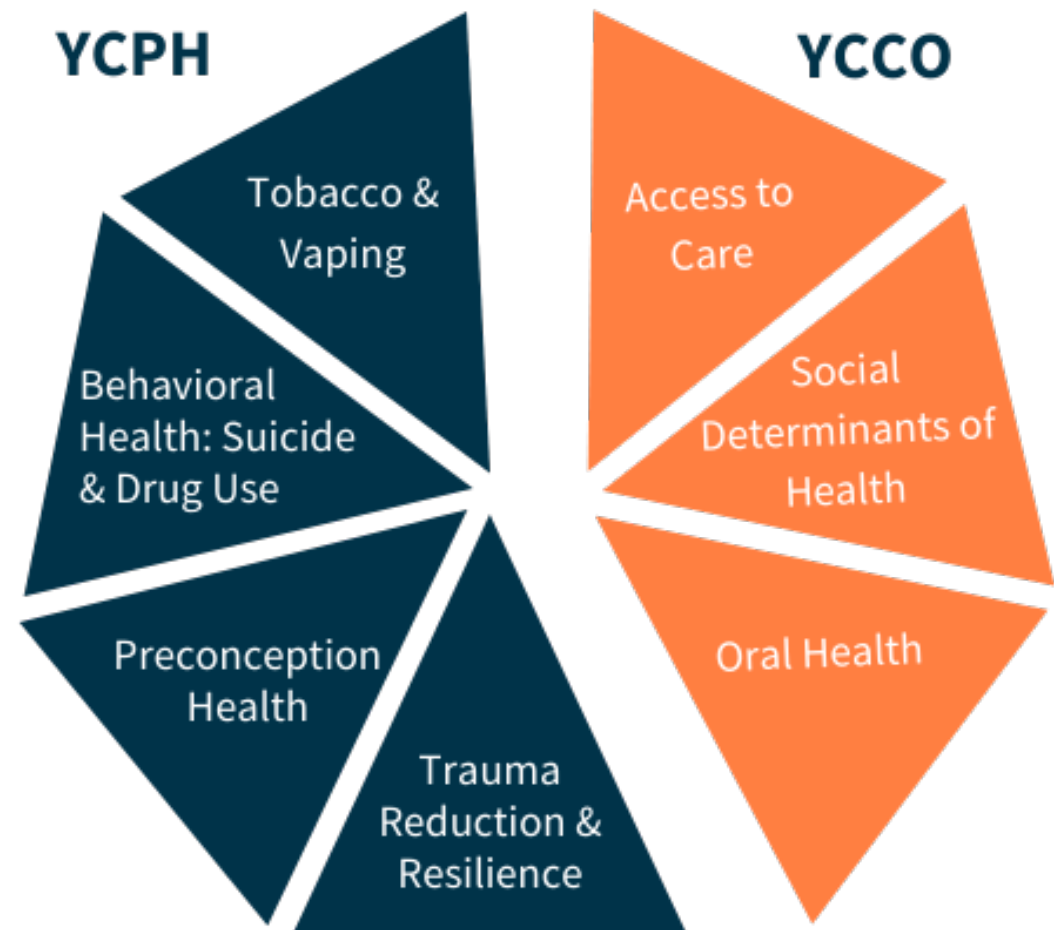
Community Prevention and Wellness

Blending and Braiding Funds
to Support Local Well-Being

understanding
leadership
assessment
standards
intellectual business-build challenge
prevent^{ing} of members serve
access Yamhill disease
invested student learning
public's differences together everyone
patients create learn principle cultures
intervention improve play Communities mobilizing
depends freedom abuse Working impacted
knowledge individual every social allowing varied
methods hope live health & healthy maintaining
compassionate leaders believe area power future lasting safe
services coordinating mental believe future person personal
promotes rigorous Oregon communities physical promote
improving strengthen quality rural use allow thrive County within
finding may child life dental conditions climate values
raising effort courage child life dental conditions climate values
education dialogue effective care work prevention creating respect
treatment piques provide succeed form cause moral prevention creating respect
texture common vision well-being unified local inquiry celebrating justice mutual
dignity well-being unified local inquiry celebrating justice mutual
lifetime People potential individuals diverse vision
wellness rich emotional low income opportunity
ways relationships development evidence-based thoughtful

Community Prevention & Wellness Committee Development

- Key partner alignment
- Population health and prevention focus
 - Lifespan
 - Universal approach
- Strategic Plan
- Funding process criteria development
- CHIP alignment
- Robert Wood Johnson and Georgia Health Policy Center engagement



Wellness Fund Development



Programs



PAX Good Behavior Game	Classroom intervention	Reduce behavioral issues, reduce teacher burnout, improve outcomes like substance use and incarceration
Collaborative Problem Solving	School intervention	Improve teacher, staff, and parent skills in supporting student behavioral issues and barriers
RULER	School intervention	Improve social-emotional learning skills, academic performance, reduce teacher burnout
Sources of Strength	Peer leader, adult advisor school intervention	Reduce suicide rate, reduce substance use and incidence of violence
Positive Family Support	School intervention and parenting support	Prevent medium-risk students from becoming high risk, improve caregiver and school connection
Family Core Outreach	Home visiting referral network	Increase rates of home visiting utilization, reduce rates of child abuse and neglect
Responder Life Peer Support (new)	First responder peer and behavioral health support	Increase rates of accessing behavioral health support for first responders

Multi-Sector Impact

- Early childhood
- Education
- Drug use
- Healthcare provision
- Criminal justice system
- Mental health

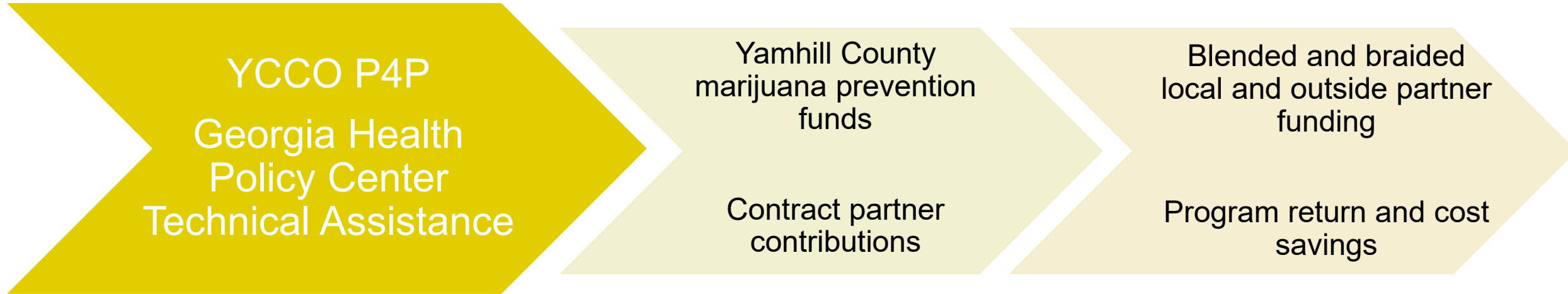
Benefits of PAX GBG compared to control classrooms in the same schools when the students were in their early 20's after 1-2 years of exposure to PAX GBG in 1st or 1st and 2nd grade.

$$\text{Relative Difference} = (\text{GBG}/\text{Control}) - 1$$

Increased Outcomes	Student Groups	Control Classrooms	PAX GBG Classrooms	Relative Benefit	PAX GBG Benefits
High school graduation	All girls	58.6%	73.6%	+125.5%	Increase
	All boys	44.8%	53.3%	+118.9%	Increase
College attendance	All girls	26.4%	40.3%	+152.6%	Increase
	All boys	12.8%	26.6%	+107.8%	Increase
Decreased Outcomes	Student Groups	Control Classrooms	PAX GBG Classrooms	Relative Benefit	PAX GBG Benefits
Any special education services	All girls	26.2%	19.5%	-25.5%	Reduction
	All boys	43.2%	24.6%	-56.9%	Reduction
Regular smoking	All boys	19%	6%	-68.4%	Reduction
	Aggressive boys	83%	29%	-65.0%	Reduction
Alcohol abuse	All boys & girls	20%	13%	-35%	Reduction
Heroin, crack cocaine use	All boys & girls	7.3%	2.6%	-64%	Reduction
Any drug abuse disorder	All boys	38%	19%	-50%	Reduction
Anti-social personality disorder	Hi-aggressive boys	100%	40%	-60%	Reduction
Violent & criminal behavior & ASPD	Hi-aggressive boys	50%	34%	-32%	Reduction
Any services for behavioral, emotional, drug or alcohol problems	All boys	42%	25%	-40.4%	Reduction
Suicidal thoughts	Boys & Girls	12%	7.1%	-51.3%	Reduction



Funding Streams



PRINCIPLES

- Building prevention as a value in business relationships
- Identifying cost savings in other areas and directing to prevention funds
- Recognizing social determinants of health and equity as key drivers of health

Future Plans

Strengths

Highly engaged community with compassion and understanding
Association with Robert Wood Johnson Foundation
Strong community partnerships

Weaknesses

Limited resources for implementation and evaluation
Limits to CPW Committee representation
Promotion and marketing
One-size-fits-all approach

Policy advocacy

Lifespan expansion

Social-emotional focus in schools

Partnerships with business community and federal, state, and local funders

Loss of funding

Political pressures

Program failure, misalignment

COVID response and outcomes

Becoming a grantmaking "foundation"

**A
Healthier
Community**

- Business & sustainability
- Membership considerations
- HRS alignment

Columbia Pacific CCO

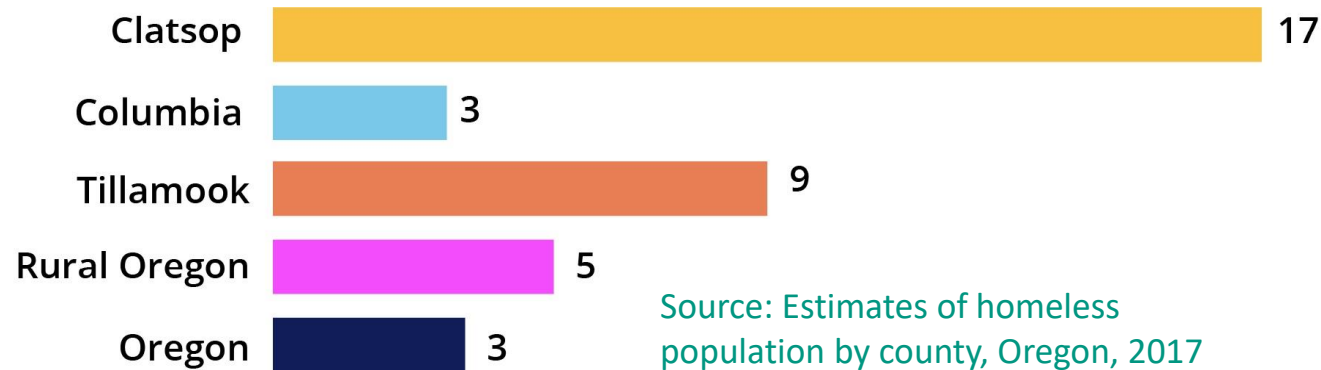
Regional Housing Impact Fund



Statement of Need – housing & health

In Oregon, three people in every 1,000 experience homelessness. In Columbia County, the rate is also 3 people per 1,000. In Tillamook County, the homelessness rate is 9 people per 1,000. However, the greatest housing disparity in the region exists in Clatsop County, where 17 out of every 1,000 people experience homelessness, nearly six times Oregon's homelessness rate. (CPCCO RHA & RHIP 2019)

Homeless population rates per 1,000 total population



Current State Mapping: Understanding Needs/Gaps

Steps Taken: Environmental Scan

- Key informant interviews
- Reviewing Housing Needs Assessments (each county has completed one in the last two years)
- Reviewing existing, insufficient, non-existent housing stock and level available/gaps

Focus Areas: Housing Stock

Housing Stock

- Permanent supportive housing
- Transitional/shelter housing
- Land banking
- Respite facilities

Focus Areas: Services & Supports

Houselessness services

- Eviction prevention
- Built for zero
- Development of one stop programs
- Landlord and tenant outreach and engagement

Housing Supports

- Support expansion of supported housing services
- Develop map for utilizing Health Related Services funding
- Housing focused supports to transitions of care services

Housing Populations of Focus:

Populations of Focus : Five Sub-Populations

- Behavioral Health: SPMI/SUD
- Houseless adults
- Houseless families
- Elders
- Transition-age youth

How to Prioritize: Weighted Priority Matrix

Value	Weight 1-4	Strategies							
		(for each value score 1-10 and the weighted value will be calculated below)							
		Stock			Houselessness Services			Housing Supports	
		Permanent Supportive	Transitional/shelter	Respite facilities	Eviction prevention	One-stop	Built for Zero	In-home support services	Care Coordination
ROI: number of members served	4	0	0	0	0	0	0	0	0
ROI: serves highest risk population	3	0	0	0	0	0	0	0	0
Low entry cost	1	0	0	0	0	0	0	0	0
Community priority	4	0	0	0	0	0	0	0	0
Readiness	3	0	0	0	0	0	0	0	0
Funding available	4	0	0	0	0	0	0	0	0
Leverage	3	0	0	0	0	0	0	0	0
TOTAL SCORE		0	0	0	0	0	0	0	0
TOTAL WEIGHTED SCORE		0	0	0	0	0	0	0	0
Priority rank based on score									

Grant Rating Sheet

Overall Score

Rank 0 – 2: Does not address, Low, High

Committee Scoring:	N/A (0)	Low (1)	High (2)
1. Program Overview			X
2. Population(s) to be Served:			X
3. Program Budget			X
4. Leverage			X
5. Lead Organization Summary			X
6. Partner Organization(s)			X
7. Readiness			X
8. Community Priority			X
9. Metrics			X
10. Equity/Health Disparities			X
			X
Total Score:	20		
	FUND		

Funding Model: Regional Impact Fund

- Reflects the priorities of the region
- Is designed to provide funding that can be used to leverage and secure additional funding
- Allows us to stretch the impact of our investment dollars by bringing in funding partners
- Allows us to adapt to opportunities in a rapid housing economy
- Supports the development of housing and housing supports in three broad areas: housing stock, houselessness services, housing supports.

Our First Project: Chelsea Gardens in Warrenton

- NOHA with CBH, CCA
- 42 Units – 12 one bed, 19 two bed, 11 three bed
- 5 for CBH referrals, 6 for agricultural workers
- 30-60% median family income
- \$400,000 toward a \$16,000,000 project (2.5%)



HRS Criteria Screening Checklist: Houselessness Services, Housing Supports

Must meet one of four criteria:	Notes	Notes	Must meet all four criteria:
Improve health outcomes and reduce health disparities	Supportive housing	Eviction Prevention In home supports Care Coordination	Designed to improve health quality
Prevent hospital readmissions	Care Coordination	One-stop collaboration Referral pathways consultation Care coordination	Increase the likelihood of desired health outcomes in ways that can be objectively measured and produce verifiable results and achievements
Improve patient safety, reduce medical errors, and lower infection and mortality rates	Eviction Prevention	Referral pathways consultation One-stop collaboration Eviction Prevention	Directed towards either individuals or segments of enrollee populations, or provide health improvements to the population beyond those enrolled without additional cost for the non-enrollees
Increase focus on wellness and health promotions activities	In home supports	Eviction prevention One stop collaboration Referral Pathways consultation In home supports Care Coordination	Grounded in evidence-based medicine, widely accepted best clinical practice, or criteria issued by accreditation bodies, recognized professional medical associations, government agencies or other national health care quality organizations