

Overview

Supporting Health for All through REinvestment: the SHARE Initiative was created through House Bill 4018 (Oregon Legislature, 2018) and requires CCOs to invest a portion of profits back into communities to address health inequities and the Social Determinants of Health and Equity (SDOH-E). OHA's SHARE Initiative [guidance document](#) is provided on the SHARE Initiative [webpage](#).

In accordance with the requirements stated in [ORS 414.572\(1\)\(b\)\(C\)](#) and [OAR 410-141-3735](#), CCOs must designate a portion of annual net income or reserves that exceed the financial requirements for SHARE Initiative spending. According to contract requirements, a CCO's annual SHARE Initiative designation must be spent down within two years of OHA's approval of the same year's SHARE Initiative Spending Plan.

For Contract Years 2020 and 2021, CCOs that exceed minimum financial requirements are expected to define their own SHARE Initiative portion in compliance with the statute and rules referenced above.

As described in OHA's SHARE Initiative guidance document, SHARE Initiative spending must meet the following four requirements:

1. Spending must fall within SDOH-E domains and include spending toward a statewide housing priority;
2. Spending priorities must align with community priorities from Community Health Improvement Plans (CHPs);
3. A portion of funds must go to SDOH-E Partners; and
4. CCOs must designate a role for the Community Advisory Council(s) related to its SHARE Initiative funds.

By June 30 of each Contract Year, each CCO shall annually submit to OHA for review and approval its SHARE Initiative Spending Plan identifying how it intends to direct its SDOH-E spending based on net income or reserves from the prior year for the SHARE Initiative. This annual SHARE Initiative Spending Plan Report will capture from CCOs how they are meeting these contractual requirements.

SHARE Initiative Reporting

- A. Beginning in 2021, by no later than April 30, each CCO must report its **Annual SHARE Initiative Designation** in [Exhibit L6.7](#) to identify its SHARE Initiative designation based on the *prior year's financials*.
- B. Beginning in 2021, by no later than June 30, each CCO must complete the **Annual SHARE Initiative Spending Plan** described in this document for the *prior year's financials*.
- C. Beginning in 2022, by no later than April 30, each CCO must report its **Annual SHARE Initiative Spend-Down** in Exhibit L6.71 to track year-over-year spending from a CCO's SHARE Initiative and to tie such spending to the appropriate year's SHARE Initiative Spending Plan.

Annual SHARE Initiative Spending Plan Report Template

Report Template

CCO Name: **PacificSource Community Solutions-Columbia Gorge CCO**

CCO Contact: **Erin Fair Taylor**

Instructions:

- Respond to items 1-11 below using this template.
- Be clear and concise in your responses. Do not exceed 20 total pages for your report. (This page count does not include the attachments referenced in items 7, 8 and 11.)
- Your submission must include the formal agreement with each of the SDOH-E Partners as required by the CCO contract and referenced in item 7. If any agreement with an SDOH-E Partner is a “Subcontract” as defined in the CCO contract, then your submission must include the Subcontractor and Delegated Work Report updated for the Subcontract/s, as required by the CCO contract and referenced in item 7. Refer also to the OHA [memo](#) dated March 4, 2021, that clarifies SHARE Initiative SDOH-E Partner contract requirements.
- All file names must clearly reflect the content (e.g., CCOxyz_SHARE_Item7).
- When submitting materials, CCOs must ensure that only materials pertinent to the focus area are submitted.

Submit the completed report to CCO.MCOTDeliverableReports@dhsosha.state.or.us by June 30 of the Contract Year.

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](#))**
\$98,305.07

Section 2: SHARE Initiative Spending Plan

SDOH-E Domains and CHP/Statewide Priorities

2. **Identify the SDOH-E domains applicable to your CCO’s SHARE Initiative Spending. (Check all that apply.)**

- Neighborhood and Built Environment
- Economic Stability
- Education
- Social and Community Health

3. **Describe how your SHARE Initiative spending aligns with your CCO’s Community Health Improvement Plan (CHP).**

The CCO’s 2021 CHP (which was finalized late spring) includes seven priorities that consistently emerged as the most important to the Columbia Gorge communities. These include housing, food, sense of community, equitable access to health care services, children and youth, physical activity and the outdoors, and transportation. The selected projects align with three of these priorities as follows: 1. Mid-Columbia Community Action Council/Hood River Shelter Services’ (MCCAC/HRSS) mobile shower and laundry trailer supports those individuals in temporary shelter housing, improving their social connections as well as their access to equitable health by offering ways to stay clean, healthy and connected

Annual SHARE Initiative Spending Plan Report Template

in the community; 2. Helping Hands' Millie's Place offers improved social connection and communication for one of the CHP's priority populations by offering trauma-informed education for young children of survivors of domestic violence; and 3. HAVEN's project addresses the CHP's housing priority by offering housing assistance to survivors of domestic violence, some of whom are in the priority population of members with mental health conditions. The organizations listed here are described in further detail in Question 5.

4. Describe how your CCO's SHARE Initiative spending addresses the statewide priority of housing-related services and supports, including Supported Housing.

According to the region's Community Health Assessment, its respondents reported that without safe and stable housing, it is impossible for people and families to focus on other areas of health. They also added that the cost of housing in our area makes it very hard for people to find affordable housing options. Participants perceive that homelessness and housing insecurity are growing problems within our communities. They also see a need for housing that meets the accessibility needs of older adults and people with disabilities. The Community Health Improvement Plan (CHP) identifies housing as one of the key priority areas with two sub-goals specifically related to housing. The first goal is for people who experience homelessness or are housing insecure to have increase access to safe shelter, housing, and housing supports.

PacificSource Community Solutions-Columbia Gorge (PCS) released a Request for Proposals (RFP) for the SHARE Initiative, and, though it was distributed widely, specifically requested applications from organizations that support individuals with housing services and supports. This included doing targeted outreach to organizations in the communities that have a mission specifically related to serving individuals who are experiencing homelessness. See response to Question 3 for examples of specific housing supports offered by the selected SHARE Initiative projects.

SDOH-E Partners

5. Identify each of the SDOH-E Partner(s) that will receive a portion of SHARE Initiative funding. (SDOH-E partners must have demonstrated experience delivering services or programs, or supporting policy and systems change, or both, related to SDOH-E.)

The CCO's Community Advisory Council (CAC) used an established grant process in summer 2021 to determine who would receive the funds (see response to Question 6 for more details). The CAC selected the following nonprofit organizations and projects:

1. Mid-Columbia Community Action Council and Hood River Shelter Services – These nonprofits are partnering to purchase a mobile shower and laundry trailer for use at the warming shelter in Hood River. This project aligns with the statewide priority of housing-related services and supports.
2. Helping Hands – This social service agency is a nonprofit that serves survivors of domestic violence in Hood River County. Helping Hands' SHARE funds will support Millie's Place, a new childcare center serving 3-to-6-year-old children of clients. This project aligns with SDOH-E domains of education and social and community health.
3. HAVEN – This social service nonprofit agency serves survivors of domestic violence in Wasco County. HAVEN's funding will provide housing supports (e.g., rental assistance, application fees, etc.) to survivors as well as a small amount of additional funds to support the administrative costs of this program. This project aligns with the statewide priority of housing-related services and supports.

All four organizations (including the CAC) are strong community partners of the CCO. They are all established 501(c)(3) organizations with years of experience in their respective fields. The grant awards for each are listed in the budget for Question 8.

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

The CAC had decision making authority for allocation of SHARE Initiative funds for applicants who met minimum SHARE Initiative requirements (per the CCO's OHA contract). The CAC used an established grant process (previously

Annual SHARE Initiative Spending Plan Report Template

used for allocation of the 2020 Quality Pool portion of funds dedicated to social determinants of health). PCS released a simple Request for Proposals (RFP) to the broad community. Additionally, PCS did individual outreach to community organizations that specifically work with people experiencing homelessness and provide housing supports. After receiving back completed applications, PCS reviewed each to ensure that the projects met the requirements of the SHARE Initiative and were aligned with the CHP. After this initial vetting, each application was distributed to CAC members along with a plain-language scoring rubric. The CAC dedicated its full special-session July meeting to review applications, share opinions, and select recipients. Ultimately, the CAC selected applications that most closely aligned with the CHP and SDOH-E priorities.

It should be noted that, because of limited SHARE funds, the CAC was unable to fully fund two of the three favored projects. Thus, two of the applicants received partial funding relative to their original requested amounts in their applications. Those amounts tie directly to line items in the application budgets.

7. **Do you have a formal agreement with each of the SDOH-E Partners described in item 5** (Please be sure to submit the formal agreement for each SDOH-E Partner.)

Yes No

If no, please explain why not.

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

Community Advisory Council (CAC)

9. **Describe the designated role for your CAC with regard to decision-making on SDOH-E spending under the SHARE Initiative.** (As appropriate, please be sure to include in your description the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)

See response to Question 6. Additionally, the CAC requested that recipients report back at least annually on progress and outcomes. This feedback loop is also a requirement in recipient agreements (see attachments for Question 7).

To ensure that all CAC members were able to fully participate in the decision making process, PCS ensured that all applications were translated into Spanish. Additionally, PCS printed all applications, the plain-language scoring rubric, information about the SHARE Initiative, and CHP summary. PCS hand-delivered these packets, along with thank you cards and gift bags, to the CAC members. During the CAC meeting, simultaneous interpretation was available in English/Spanish.

Section 3: Optional: Additional Details

10. **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.**

Please see the attached SHARE Initiative grant application narratives (CCO_PSCG_SHARE_Items4a-c), specifically responses to Question 7. These applications have been included here as they are referenced in the MOUs, rather than copying that text and thereby unnecessarily lengthening the MOUs.

Annual SHARE Initiative Spending Plan Report Template

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

MEMORANDUM OF UNDERSTANDING SHARE INITIATIVE

This Memorandum of Understanding (“MOU”), by and between PacificSource Community Solutions (“PCS”) and Mid-Columbia Community Action Council in partnership with Hood River Shelter Services, hereinafter referred to as MCCAC/HRSS, collectively the “Parties”, is made for the purpose of memorializing the Parties’ support and commitment to the Columbia Gorge CCO’s Supporting Health for All through Reinvestment (SHARE) Initiative.

WHEREAS this MOU sets forth the Parties’ understandings and expectations with regarding to the CCO SHARE Initiative requirements as outlined by the Oregon Health Authority in its CCO contract with PCS.

- 1. Understanding.** It is mutually agreed upon and understood by and among the Parties to this MOU that MCCAC/HRSS hereby agrees to commit to all OHA-required terms of SHARE recipient requirements, as outlined in the grant agreement. Requirements are as follows:

SCOPE OF WORK
The MCCAC/HRSS "Hood River County Mobile Shower and Laundry Services Project" will offer shower and laundry services to anyone in need and will be one component of Housing Stabilization Services through MCCAC.
SDOH-E DOMAINS
MCCAC/HRSS’s project will address <i>Social and Community Health</i> , as specified in OAR 410-141-3735(3)(b), and housing supports.
COMPENSATION AND PAYMENT
PCS will distribute \$50,000 in funds to MCCAC/HRSS, pending the OHA’s approval of the CCO’s SHARE Spending Plan (which is due to the OHA on September 30, 2021). PacificSource will issue payment within 45 days of approval. These funds are intended to contribute to the purchase of a mobile shower and laundry trailer.
PROGRAM EVALUATION
MCCAC/HRSS’ “Hood River County Mobile Shower and Laundry Services Project" is projected to serve 75-100 individuals each year and provide an estimated 500-750 showers and laundry loads. These estimates are based on the number of people who have accessed shelter services through HRSS in recent years.
Expected final outcomes for this project include 1) Shower and laundry services, key to basic health and hygiene, will be available in Hood River County, 2) Community partners and people seeking hygiene services will be aware of these services and will access them, 3) Improved hygiene will lead to increased access to jobs and housing outcomes for service users, and 4) Homeless community members who elevated the need for shower and laundry services will feel their voices have been heard and that they have contributed to their community.

These outcomes will align with the *Housing, Improved Social Connection and Communication, and Improved Access to Equitable Health* priorities from the Columbia Gorge CCO's CHP.

REPORTING

MCCAC/HRSS will engage in data collection (as described in its grant application), sharing, and reporting, including:

1. Informal mid-cycle check-in between PS and MCAC/HRSS (winter 2022)
2. Outcome reporting to PS (based on program evaluation elements as described above), as well as a brief (5-10 minute) presentation to the Community Advisory Council (summer or fall 2022).


2. **Term.** The understandings and commitments made by the Parties pursuant to this MOU shall be in effect from September 1, 2021 and shall continue until October 31, 2022.
3. **Liability.** No liability will arise or be assumed between the Parties as a result of this MOU.
4. **Governing Law.** This MOU shall be governed by and construed in accordance with the laws of the State of Oregon, without regard to conflict of laws principles.
5. **Counterparts.** This MOU may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.


[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the day and year first above written.

PacificSource Community Solutions

Mid-Columbia Community Action Council

By:  _____

By:  _____

Name: Erick Doolen

Name: Kenny LaPoint

Title: Chief Operating Officer

Title: Executive Director

Date: August 31, 2021

Date: 08/05/2021

MEMORANDUM OF UNDERSTANDING SHARE INITIATIVE

This Memorandum of Understanding (“MOU”), by and between PacificSource Community Solutions (“PCS”) and Helping Hands Against Violence, hereinafter referred to as HHAV, collectively the “Parties”, is made for the purpose of memorializing the Parties’ support and commitment to the Columbia Gorge CCO’s Supporting Health for All through Reinvestment (SHARE) Initiative.

WHEREAS this MOU sets forth the Parties’ understandings and expectations with regarding to the CCO SHARE Initiative requirements as outlined by the Oregon Health Authority in its CCO contract with PCS.

- 1. Understanding.** It is mutually agreed upon and understood by and among the Parties to this MOU that HHAV hereby agrees to commit to all OHA-required terms of SHARE recipient requirements, as outlined in the grant agreement. Requirements are as follows:

SCOPE OF WORK
HHAV will perform the following scope of work: Offer an educational, supportive and trauma-informed curriculum for children of survivors of sexual assault and domestic violence. In addition to providing quality child's care, Millie’s Place will also support the development of trauma-informed parents and community, at large. Millie's Place will invite parents to attend Conscious Discipline learning sessions to help ensure that the families have strategies and skills to ensure their child’s social/emotional development.
SDOH-E DOMAIN(S)
HHAV’s project will address Education and Social and Community Health.
COMPENSATION AND PAYMENT
PCS will distribute \$25,834 in funds to HHAV, pending the OHA’s approval of the CCO’s SHARE Spending Plan (which is due to the OHA on September 30, 2021). PacificSource will issue full payment within 45 days of approval. Indirect costs are not an eligible component of this project budget.
PROGRAM EVALUATION
<p>HHAV will measure the following outcomes:</p> <ol style="list-style-type: none"> 1. Childcare Opportunities Impact: Upon completion of its first operating school year (September 2021-June 2022), Millie’s Place will provide up to 18 childcare slots for 3-6 year old children in the community. Of those 18 slots, 4-6 childcare slots will be reserved for children of survivors, seeking hope, shelter and advocacy through HHAV. The agency anticipates serving approximately 30 early learners and their families throughout the course of its first operating year. 2. Child Development & Learning Impact: To measure individual child development and learning, HHAV will use Teaching Strategy GOLD Objectives for Development & Learning to track each child's progression in specific areas of development (physical, cognitive, social-emotional, math, etc.) and provide data regarding

children's growth and development, as evidenced by teacher observation. Millie's Place teachers will dive deeper into their understanding of the 38 child development learning & objectives provided by Teaching Strategy GOLD. Each month, teachers will collaborate to develop lesson plans to include activities that address the strengths, needs and curiosities/interests of the children we serve. They will use observational data, organically collected by teachers, to assess children's development and plan accordingly. When reviewing the data, teachers may choose to focus on a few developmental areas for the class collectively, or a few objectives for individual children, as needed. From there, they will develop activities that help address the identified children/objectives. Once an objective is defined as a focus, Millie's Place staff will track the individual growth of each child to ensure developmental gains.

3. Social & Emotional Learning Impact:

Millie's Place will use Dr. Becky Bailey's Conscious Discipline as the instructional guide for social & emotional learning and trauma-informed care. Conscious Discipline involves research-based strategies to help children safely navigate their social world through adult interactions, a safe and loving environment and self-regulation techniques. Each month, Millie's Place teachers will receive training in Conscious Discipline and will dive deeper as a staff to ensure we are most effective in using consistent strategies with children individually and collectively. As the staff explores the strategies and skills in Conscious Discipline, the agency will set goals for themselves and the classroom environment; furthermore, it will track growth and effectiveness using informal observation and if deemed necessary, it will revise its goals.

These outcomes align with these community priorities from the Columbia Gorge CCO's CHP: *Improved Access to Equitable Health* and *Improved Social Connection and Communication*.

REPORTING

HHAV will engage in data collection, sharing, and reporting, including:

1. Informal mid-cycle check-in between PS and HHAV (winter 2022)
2. Outcome reporting to PS (based on program evaluation elements as described above), as well as a brief (5-10 minute) presentation to the Community Advisory Council (summer or fall 2022).


2. **Term.** The understandings and commitments made by the Parties pursuant to this MOU shall be in effect from September 1, 2021 and shall continue until October 31, 2022.
3. **Liability.** No liability will arise or be assumed between the Parties as a result of this MOU.
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[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the day and year first above written.

PacificSource Community Solutions

Helping Hands Against Violence

By: 

By: 

Name: Erick Doolen

Name: Stephanie Irving

Title: Chief Operating Officer

Title: Executive Director, HHAV

Date: August 31, 2021

Date: 8/2/21

MEMORANDUM OF UNDERSTANDING SHARE INITIATIVE

This Memorandum of Understanding (“MOU”), by and between PacificSource Community Solutions (“PCS”) and HAVEN, collectively the “Parties”, is made for the purpose of memorializing the Parties’ support and commitment to the Columbia Gorge CCO’s Supporting Health for All through Reinvestment (SHARE) Initiative.

WHEREAS this MOU sets forth the Parties’ understandings and expectations with regarding to the CCO SHARE Initiative requirements as outlined by the Oregon Health Authority in its CCO contract with PCS.

- 1. Understanding.** It is mutually agreed upon and understood by and among the Parties to this MOU that HAVEN hereby agrees to commit to all OHA-required terms of SHARE recipient requirements, as outlined in the grant agreement. Requirements are as follows:

SCOPE OF WORK
HAVEN will use SHARE Initiative funding to offer emergency supports and housing assistance for its participants. HAVEN prioritizes the delivery of culturally appropriate services to underserved women in the region, including Native Americans, Hispanics/Latinx/LGBTQIA+, youth survivors, incarcerated survivors, and those experiencing poverty.
SDOH-E DOMAINS
HAVEN’s project will address <i>Social and Community Health</i> , as specified in OAR 410-141-3735(3)(b), and housing supports.
COMPENSATION AND PAYMENT
PCS will distribute \$22,471 in funds to HAVEN, pending the OHA’s approval of the CCO’s SHARE Spending Plan (which is due to the OHA on September 30, 2021). PacificSource will issue payment within 45 days of approval. Of these funds, \$17,395 is intended for <i>emergency supports and housing assistance for participants</i> , per the grant application. The balance of \$5,076 is intended for related administrative costs.
PROGRAM EVALUATION
HAVEN will measure housing support outcomes as stated in its grant application. This will include offering rental assistance for two to four survivor households, as well as providing financial support for security deposits, first month’s rent, application fees, etc. These outcomes will align with housing priorities from the Columbia Gorge CCO’s CHP.
REPORTING
HAVEN will engage in data collection, sharing, and reporting, including: <ol style="list-style-type: none"> 1. Data collection for Housing Project as described in application. 2. Informal mid-cycle check-in between PS and HAVEN (winter 2022) 3. Outcome reporting to PS (based on program evaluation elements as described above), as well as a brief (5-10 minute) presentation to the Community Advisory Council (summer or fall 2022)

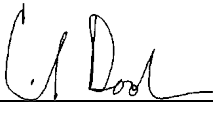
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[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the day and year first above written.

PacificSource Community Solutions

HAVEN From Domestic and Sexual Violence

By: 

By: 

Name: Erick Doolen

Name: Tara L. Gosh

Title: Chief Operating Officer

Title: Executive Director

Date: August 31, 2021

Date: 8/5/21

**PacificSource Community Solutions-Columbia Gorge
Response to SHARE initiative Spending Plan, Question 8**

The following table outlines the amount of funding from the SHARE Initiative that PCS has allocated for each project, including the amount of funds for each SDOH-E Partner.

Partner	Item/Activity	Total by Item/Activity	Total by Partner
MCCAC/HRSS	Shower and laundry trailer by Montondo trailer	\$ 50,000.00	\$ 50,000.00
HH/Millie's Place	Head Teacher and Visionary, 0.4 FTE	\$ 25,834.00	\$ 25,834.00
HAVEN	Emergency Supports and Housing assistance for Participants	\$ 17,395.00	\$ 22,471.07
	Support for administration of the above	\$ 5,076.07	
TOTAL FUNDS as reporting in 2020 Exhibit L – Report L6.7		\$ 98,305.07	

PCS has not allocated any of the SHARE funds for non-qualifying expenses as described in the Guidance.

SHARE GRANT GUIDELINES 2021

PacificSource Community Solutions (PCS)-Columbia Gorge announces the SHARE Initiative (Supporting Health for All through Reinvestment) funding opportunity for Gorge community organizations. SHARE is a statewide Initiative that requires CCOs to spend part of their profits in their communities to address health inequities and the Social Determinants of Health and Equity (SDOH-E). The primary goal of these funds is to improve member and community health by funding upstream factors that impact health such as housing, food, transportation. PacificSource has approximately \$100,000 to award through this process.

Please refer to the attached OHA document for examples of SDOH-E domains and projects. For more information about the SHARE Initiative, please visit the Oregon Health Authority (OHA) [SHARE website¹](#).

ELIGIBILITY

- Applying organizations must be a legally registered entity
- Projects must address needs of Oregon Health Plan (OHP) members living in Hood River and/or Wasco counties
- Projects must address at least one Project Focus areas listed below
- Projects do not need to *only* serve OHP members, but must be Oregon-based
- Projects can serve all community members, as long as OHP members are not excluded

PROJECT FOCUS

Proposed projects must address at least one of the following topics:

1. Social Determinants of Health / Equity (SDOH-E) as defined by the Oregon Health Authority, which includes the following:
 - Economic stability
 - Neighborhood and built environment
 - Education
 - Social and community health
2. Housing supports and/or services
3. Both of the above

An organization can apply to address both of these topics in a single application.

SIZE OF AWARDS

Up to two (2) grant awards of approximately \$50,000 each. One single grant award of approximately \$100,000 may be considered for projects that include both housing supports and an SDOH-E domain.

ELIGIBLE EXPENSES

The proposed project must address one of the above described FOCUS Areas and funds may be used cover the following expenses:

- Staffing
- Equipment
- Program Materials & Supplies
- Travel
- Other relevant costs

¹ Hover over link and press Ctrl+Click to follow link or go to <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx>.

- Administrative costs directly related to the proposed project

Funds may **NOT** be used for the following expenses:

- General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison);
- Sponsorships or advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- Costs for SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary;
- Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions;
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives); or
- Expenses that have been reported separately, such as Medicaid-covered services or health-related services.

APPLICATION PROCESS & TIMELINE

1. Applications will be available May 27, 2021
2. The applications will be **due by 5pm on June 25, 2021**
3. Email completed applications to elke.towey@pacificsource.com
4. Applications will be reviewed by CAC voting members and PacificSource Staff
5. Awards will be announced July 25, 2021
6. Funds will be distributed in late 2021

For questions or more information, please email Elke Towey, Director, Columbia Gorge Coordination Care Organization, PacificSource Community Solutions, elke.towey@pacificsource.com

Your proposal will be shared with the Oregon Health Authority as part of the Columbia Gorge CCO's SHARE Initiative Spending Plan.

APPLICANT INFORMATION

Organization's Legal Name:

Mid-Columbia Community Action Council (MCCAC) in partnership with Hood River Shelter Services Inc. (HRSS)

Project Title: Hood River County Mobile Shower and Laundry Services Project

Funding not to exceed: \$98,305. The Full SHARE award is for projects that address both an SDOH-E domain and housing supports; the Partial award is for a project that addresses either an SDOH-E domain or housing supports.

Applying for:

Full SHARE Award (\$98,305)

Partial SHARE Award (approx. \$50,000)

Completed by (Name, Title/Role): Sarah Kellems, Executive Director HRSS

Date Submitted: 6/23/21

Email and phone number: director@hoodrivercares.org, (509) 637-0771

Organization name and mailing address for initial payment:

Mid-Columbia Community Action Council, 606 State Street, Suite 1B, Hood River, OR 97031

PROPOSAL NARRATIVE

Please respond to each of the following questions. Clarity and concise responses are appreciated. Incomplete applications will not be considered. There are no word limits for each question, but the total of the Applicant Information section, Proposal Narrative sections should not exceed 5 pages (instructions and budget form not included in page limits).

A. PROJECT SCOPE & ALIGNMENT

1. Identify the domain(s) applicable to your SHARE Initiative project.

- Economic Stability
- Neighborhood and Built Environment
- Education
- Social and Community Health
- Housing Supports and/or Services

2. Describe how your SHARE Initiative proposal addresses either (1) the SDOH-E domain(s) or (2) the statewide priority of housing-related, services and supports, including Supported Housing, or (3) both. Define the SDOH-E and/or services and scope of work, specifically addressing sections 2(a) through (c) below:

(a) Specific services provided and populations and geographic areas to be served (for example: CCO members, community members, communities of color, Native communities, Hood River or Wasco counties)

The "Hood River County Mobile Shower and Laundry Services Project" will meet a basic need for hygiene, health and dignity for unhoused community members in Hood River County. Currently, there are no public showering options available in Hood River County for people experiencing homelessness and laundry services are limited, being provided by faith-based groups at a local laundromat once a week only. This project will make possible the purchase of a shower and laundry trailer so that on-going, year-round shower and laundry services would be available in Hood River County. The shower and laundry trailer will be purchased by MCCAC and initial operations would be located on site at the Warming Shelter operated by HRSS.

Access to showers and laundry is a key component of basic health hygiene and is currently an unmet need for people who do not have stable housing in our community. In addition, when people have access to the basic hygiene supports of shower and laundry, they are better able to engage in other community supports and services, leading to improved social connection and outcomes. In this way, this project connects to both OHA's statewide housing priority as a key housing-related support service as well as to the Social Determinant of Health and Equity: Social and Community Health.

One critical element of working toward health equity is centering the voices of people with lived experience. The need for shower and laundry services has been identified as a top priority by homeless community members through the Hood River Homeless Stakeholders Coalition and through exit surveys of Warming Shelter guests at the end of the 2020-2021 winter Warming Shelter season through Hood River Shelter Services.

The "Hood River County Mobile Shower and Laundry Services Project" will offer shower and laundry services to anyone in need and will be one component of Housing Stabilization Services through MCCAC. Both MCCAC and HRSS already serve and have existing relationships with local CCO/OHP members as well as historically-underserved individuals including Latinx and Native American community members. While this project is specific to Hood River County, MCCAC is also purchasing a shower and laundry trailer to mobilize in Wasco County.

(b) Whether/how members will be referred between PCS and your organization (e.g., case management)

MCCAC and HRSS will share information about the "Hood River County Mobile Shower and Laundry Services Project" with existing community partners, including at Columbia Gorge Health Council and Bridges to Health Pathways, One Community Health, Providence Hood River Memorial Hospital, and the Hood River County Health Department. People in need of shower and laundry services may learn about the "Hood River County Mobile Shower and Laundry Services Project" through their engagement with one of these partners or through contacts with HRSS shelter staff and/or MCCAC homeless outreach workers. MCCAC and HRSS staff will be informed about the project and able to respond to questions from primary care providers and other community partners as well as from people directly seeking services.

(c) How data will be shared, tracked and reported, and if applicable appropriate steps to protect patient privacy and compliance with HIPAA.

Both MCCAC and HRSS utilize the Homeless Management Information System, or HMIS, to track and report client data. HMIS is a HUD Exchange data management system wherein local providers collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Homeless service providers including MCCAC and HRSS engage in coordinated access and

entry through on-going collaboration and utilization of HMIS. This system works to minimize barriers for people seeking services and access is based on vulnerability, eligibility, and choice. There are privacy measures integrated into this system. If additional data sharing, tracking, and/or reporting is required by Pacific Source for this project, we are open to that as well.

- 3. Describe your organization’s experience delivering services or programs, or supporting policy and systems change, or both, related to SDOH-E and/or housing supports and services.

MCCAC and HRSS are currently actively engaged in delivering services and programs in the areas of emergency shelter and housing stabilization. Both of our organizations are also involved in collaborative work at a regional and statewide level to support policy and systems change, including participation on the Community Advisory Council of the Columbia Gorge Health Council, the Gorge Health Equity Collaborative convened by The Next Door Inc., and the Hood River Homeless Stakeholders Coalition.

- 4. Identify the Columbia Gorge Community Health Improvement Plan (CHP)² Priority(ies) with which your SHARE Initiative project align(s). Check all that apply.

- Housing
- Improved Access To Equitable Physical Activity And The Outdoors
- Food
- Improved Social Connection And Communication
- Transportation and Mobility
- Improved Access To Equitable Health
- Improved Access to Equitable Health

- 5. Describe how your SHARE Initiative spending aligns with the Columbia Gorge CHP.
The "Hood River County Mobile Shower and Laundry Services Project" aligns with the 2021 Columbia Gorge Regional CHIP Priorities of 1) Housing, 2) Improved Access to Equitable Health Care Services: Promotion and Prevention, and 3) Improved Social Connection and Communication. Because people experiencing homelessness do not have access to showers and laundry, basic needs that are typically tied to housing, this project aligns with the Housing Priority by filling this currently unmet need in our community. These basic hygiene supports are one aspect of addressing prevention and control of current and emerging health care issues, hence the alignment with the CHIP's Improved Access to Equitable Health Care Services: Promotion and Prevention Priority. Finally, this project aligns with the Improved Social Connection and Communication Priority because when basic hygiene needs are met, people are more comfortable connecting and receiving support from others and so are better able to develop a sense of community. And this project responds to the needs identified by homeless community members and centers their voices, which also aligns with the Improved Social Connection and Communication Priority.

B. EVALUATION

- 6. What does your project ultimately aim to achieve, what are project milestones/objectives, and what methods will you use to monitor progress on milestones/objectives?

² SHARE spending priorities must be based on shared priorities from the community health improvement plans. The Columbia Gorge CHP summary document can be found [here](#).

This project aims to meet the unmet need for shower and laundry services in Hood River County. Project objectives include 1) Securing funding to purchase the shower and laundry trailer, 2) Site planning for placement of the trailer, 3) Planning for project operations and procedures supported by HRSS and MCCAC staff and volunteers, 4) Launching shower and laundry services in our community and 5) Ongoing project monitoring to identify areas of success and opportunities for improvement. Methods to monitor these objectives may include collaboration with community partners such as this joint funding application, evaluation of program data and program staff notes, and seeking input from service users and community partners on what is going well with the project and what can be improved.

7. Describe the evaluation plan for your project, including expected final outcomes, the projected number of community members served, and how the impact will be measured (i.e. your SMART goals).

The "Hood River County Mobile Shower and Laundry Services Project" is projected to serve 75-100 individuals each year and provide an estimated 500-750 showers and laundry loads. These estimates are based on the number of people who have accessed shelter services through HRSS in recent years.

Expected final outcomes for this project include 1) Shower and laundry services, key to basic health and hygiene, will be available in Hood River County, 2) Community partners and people seeking hygiene services will be aware of these services and will access them, 3) Improved hygiene will lead to increased access to jobs and housing outcomes for service users and 4) Homeless community members who elevated the need for shower and laundry services will feel their voices have been heard and that they have contributed to their community.

The project will be evaluated as part of MCCAC and HRSS program evaluations at minimum on an annual basis and will include data gathered from the program as well as input from community partners and clients/service users. Evaluation and impact will have both a quantitative and qualitative component including number and demographics of people accessing services as well as feedback and commentary from clients and community partners.

8. How does your SHARE project meaningfully engage community members?
Community members experiencing homelessness prioritized the need for shower and laundry services through both the Hood River Homeless Stakeholders Coalition and exit surveys of Warming Shelter guests at the end of the 2020-2021 winter Warming Shelter season through Hood River Shelter Services. Development of this project and this request for support from the SHARE Initiative represents meaningful engagement of community members with lived experience around this project.

More broadly, community members may have the opportunity to volunteer to support operations and long-term sustainability of this project. HRSS has a broad network of community volunteers who have supported Warming Shelter operations over the past 11 years and who could be engaged around this project with support from HRSS and/or MCCAC program staff.

9. Will your project require any data requests from PacificSource?

Yes

No

If yes, please describe the data need.
N/A

C. BUDGET NARRATIVE

10. Please provide a brief narrative describing your budget. Funding restrictions are noted in the *Grant Guidelines* on page 2.

The \$50,000 in SHARE Initiative funds would be dedicated toward purchase of a shower and laundry combination trailer from Montondo Trailer. The estimated cost of the trailer is \$84,995, see accompany quote, spec sheet and photos from the company. HRSS and MCCAC have prioritized the need for shower and laundry services and have earmarked funds for this purpose and will meet the estimated \$34,995 gap between SHARE Initiative funds and the cost of the trailer. Staffing and related costs for planning and operations of this project will be covered by MCCAC and HRSS staff.

11. Attach a budget proposal indicating the amount of funding. Please use *2021 SHARE Budget Template Attachment A*.

See accompany attachment below.

SHARE Initiative Grant Application
Attachment A - Budget

PacificSource Community Solutions- Columbia Gorge

SHARE Initiative- Recipient Budget Description

Information in shaded boxes will be redacted before sharing this information

Date:	6/21/21
Organization:	MCCAC and HRSS
Person completing budget:	Sarah Kellems


Personnel name with Project Role and FTE	Salary Cost	35% Benefits	Sub-Total	%
		0	0	
		0	0	
		0	0	
		0	0	
Sub-total	\$0	\$0	\$0	0%

Category	Description	Cost	Sub-Total	%
Equipment costs <i>Itemize any item over \$500</i>	Shower & Laundry Trailer by Montondo Trailer	\$50,000		
		0		
		0	50,000	100%
Materials and supplies <i>Group in broad categories</i>		0		
		0		
		0	0	0%
Travel and Other Expenses <i>Group in broad categories</i>		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0	0	0%
Total amount requested for project			\$50,000	100%



D. OPTIONAL

12. Add any additional Information not included above.

Please see accompanying quote from Montondo Trailer, including shower/laundry trailer specifications. MCCAC has researched three possible vendors and selected Montondo due to best price and the fact that they are manufacturer direct rather than a brokerage service. The actual trailer mobilized for the "Hood River County Mobile Shower and Laundry Services Project" may differ slightly from the images and spec sheet in the attached quote as further customizations may be arranged.



2021 – 24' x 8' Handicap Accessible Hydraulic Drop 3 Station Combination Trailer With Laundry



Prepared For:
Sarah Kellems
Hood River Shelter Services
&
Mid-Columbia Community Action Council

Prepared By:
Montondo Trailer
June 22nd, 2021
Daniel Pfohl
716-308-0829
daniel@montondotrailer.com



6/22/2021

Sarah,

Thank you very much for the opportunity to work with you and your group to provide a portable shower, laundry and restroom solution. We at Montondo Trailer take tremendous pride in what we do and would welcome you to join our growing list of satisfied clients.

All trailers built by Montondo Trailer are designed for ease of use, cleaning, maintenance, and repairs. Using standard commercial building principles, we have incorporated access to all plumbing and systems. Interior walls are metal framed and insulated (2' x 4' - 16" O.C.) with smooth FRP, PEX supply lines and each seam is sealed to create a moisture resistant barrier. Our waste/greywater tanks are rotationally molded poly, designed for ease of cleaning and longevity. The focus, on all of our builds and designs, is on providing a high quality product made to last, which will protect our clients investments.

As each unit is custom built, we have to opportunity to fine tune and adjust the project should the need arise. We offer a wide variety of designs and configurations and will work with you to provide the best possible solution for each unique application.

We look forward to working with you and appreciate any and all feedback along the way.

Sincerely,

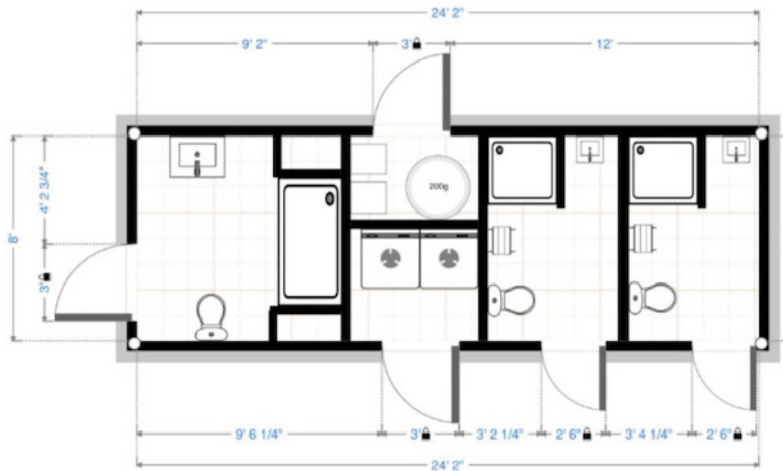
Daniel Pfohl
Montondo Trailer, LLC
Daniel@montondotrailer.com
www.montondotrailer.com
1-800-680-2902 office 716-308-0829 Cell



Montondo Trailer LLC Buffalo NY



24' x 8' – Handicap Accessible Hydraulic Drop 3 Station Combination Trailer With Laundry



Key Features:

- Standard Combo Room Featuring: 32" x 32" Shower Stall, Dometic China Bowl Toilet, Wall Sink, Folding Bench, Mirror and Bathroom Vent
- Handicap Accessible Shower Combo Featuring: ADA Shower, Bench, Sink, Toilet and Mirror With Fold Out Aluminum Ramp
- Laundry Room with 2 Stackable Washer/Dryer Units
- 15,000 BTU Air Conditioning
- Winter Package: 1,000 Watt Heaters In Each Room, Heated and Insulated Waste Tank
- 200 Gallon Fresh Water Tank
- Navien 199,000 BTU Hot Water On Demand Heater
- 2 x 100lb Propane Tanks
- 450 Gallon Waste Tanks
- Torsion Axles with Electric Runaway Brakes
- Commercial Flooring with Wash-down Package and floor drains
- White FRP wall cover
- LED Interior and Exterior Lighting

Page 1 of 2

Montondo Trailer LLC Buffalo NY



Purchase Agreement 24' x 8' – Handicap Accessible Hydraulic Drop 3 Station Combination Trailer With Laundry

\$84,995 Plus Shipping

****Financing Available****

Standard Trailer Features: White Gelcoat Exterior, Marine grade sub floor system, 2 5/16 Ball Hitch, LED entrance lights, Mechanics Room, Electric Runaway Breaks, DOT LED lighting, 3" Banjo Clean out Valve, 3/4 freshwater connection, Exterior power connection (to client spec), Heavy Duty Door Closures, Lockable doors knobs, Diamond Plate Rock Guard front of Trailer

Shipping Terms: Shipping to be determined at \$2.25 Per Mile From Buffalo NY

Standard Terms: 50% payment down to start the order. Balance due 10 business days prior to delivery.

Any Payment by the Customer indicates the Customer agrees to our Terms and Conditions whether its signed or not. Cancellation of order, post deposit, will be subject to a 30% restocking fee based on gross sale price.

Items are the sole property of Montondo Trailer until full payment is made and must be turned over if payment isn't made within 90 days of delivery.

I the undersigned would like to purchase the items above in agreement with Montondo Trailer LLC terms and conditions

Signature: _____

Print Name: _____

Date: _____



Sample Commercial Builds



REFERENCES:

Brian Griffin, Union County Sheriffs 704-506-6841
Dan Roy, Roys Barn 406-580-3463
Dr Joseph Wilson 919-698-2149
Alvin Migues, Salvation Army 682-300-2415

AFFILIATIONS:

NATM – National Association of trailer manufacturers
PSAI – Portable Sanitation Association International

Montondo Trailer LLC Buffalo NY

E. AGREEMENT TO PARTICIPATE ACCORDING TO OHA'S SHARE INITIATIVE REQUIREMENTS

Applicants must agree, by checking the box below, to funding requirements in order to be considered for funding.

- If selected as a SHARE grant recipient, my organization hereby agrees to commit to all OHA-required terms of SHARE recipient requirements, as outlined in the grant agreement. These requirements include:
- (a) Contract term and budget;
 - (b) Legal name for the entity;
 - (c) SDOH-E domain(s), as specified in OAR 410-141-3735(3)(b), in which your organization provides services;
 - (d) How PCS will distribute funds to your organization, including distribution schedule and allowable percentage of indirect costs;
 - (e) The scope of work to be performed, including:
 - i. Specific services to be provided; and
 - ii. Which populations will be provided services
 - (f) How outcomes will be measured and evaluated, including:
 - i. Specific, Measurable, Achievable, Relevant and Time-based (SMART) objectives; and
 - ii. How outcomes align with community priorities from the CCO's CHP
 - (g) Data collection, sharing, and reporting obligations of both your organization and PCS, including:
 - i. The data elements to be collected by the SDOH-E Partner;
 - ii. How data is related to outcomes; and
 - iii. Process and frequency of submission of reports and/or data exchange between your organizations and the PCS.

The sample final report below is included for your information only.

2021 SHARE Initiative – Recipient Final Report

Final Report – to be completed by late 2022 (exact date to be determined based on OHA plan approval in late 2021)	
What changed or happened?	
Were there any changes in your clients' experience? For OHP patients specifically?	
What did you learn?	
What would you do differently if you were starting to do this work again?	
Will you be taking additional actions that result from this work?	
Do you have any recommendations for others who might want to do this in the future?	

Other information:

With final report, please attach budget template depicting actual expenditures for this project.



PacificSource Community Solutions- Columbia Gorge 2021 SHARE Initiative

APPLICANT INFORMATION

Organization's Legal Name: Helping Hands Against Violence

Project Title: Millie's Place Child Care Center

Applying for:

Full SHARE Award (\$98,305)

Partial SHARE Award (approx. \$50,000)

Completed by (Name, Title/Role): Stephanie Irving, Director, HHAV **Date Submitted:**

Email and phone number: director@helpinghandsoregon.org; 541-386-4808

Organization name and mailing address for initial payment: Helping Hands Against Violence, PO Box 441, Hood River, OR 97031

PROPOSAL NARRATIVE

A. PROJECT SCOPE & ALIGNMENT

1. Identify the domain(s) applicable to your SHARE Initiative project.
 - Economic Stability
 - Neighborhood and Built Environment
 - Education
 - Social and Community Health
 - Housing Supports and/or Services
2. Describe how your SHARE Initiative proposal addresses either (1) the SDOH-E domain(s) or (2) the statewide priority of housing-related, services and supports, including Supported Housing, or (3) both. Define the SDOH-E and/or services and scope of work, specifically addressing sections 2(a) through (c) below:

(a) Specific services provided and populations and geographic areas to be served

Helping Hands Against Violence (HHAV) provides hope, healing and shelter for survivors of sexual assault and domestic violence. Millie's Place, a division of HHAV, officially opens this summer with week-long camp options and, by fall 2021, full-time child care to families in Helping Hands' 30-day shelter and our community. Child care addresses two domains of the SHARE Initiative Project. First, education: Millie's Place believes that all children should have access to quality early learning experiences and Millie's Place is committed to that vision. Millie's Place will offer an educational, supportive and trauma-informed curriculum. Secondly, Social and Community Health: In addition to providing quality child's care, Millie's Place will also support the development of trauma-informed parents and community, at large. During Friday training days, the Millie's Place team will invite our parents to attend our Conscious Discipline learning sessions. Our goal is to partner with our families and ensure that they also have strategies and skills to ensure their child's social/emotional development as well. While it is important for our teachers to receive

training in social-emotional development, it is a skill that is equally--if not more important--for parents to embody. Our hope is to create a trauma-informed community!

(b) Whether/how members will be referred between PCS and your organization: Most (virtually all) families who reside temporarily at Helping Hands are covered by OHP. Anyone who is not covered by OHP, advocates work with them to make sure they get enrolled with OHP. In addition, Helping Hands advocates work closely with DHS on case management of families both in and out of shelter. Advocates will be referring 3-5 year olds from both the HHAV shelter and non-shelter survivors to Millie's Place as needed.

(c) How data will be shared, tracked and reported, and if applicable appropriate steps to protect patient privacy and compliance with HIPAA.

To measure individual child development and learning, we will use Teaching Strategy GOLD Objectives for Development & Learning to track each child's progression in specific areas of development (physical, cognitive, social-emotional, math, etc) and provide data regarding children's growth and development, as evidenced by teacher observation. Millie's Place teachers will dive deeper into their understanding of the 38 child development learning & objectives provided by Teaching Strategy GOLD. Each month, teachers will collaborate to develop lesson plans to include activities that address the strengths, needs and curiosities/interests of the children we serve. We will use observational data, organically collected by teachers, to assess children's development and plan accordingly. When reviewing the data, teachers may choose to focus on a few developmental areas for the class collectively, or a few objectives for individual children, as needed. From there, they will develop activities that help address the identified children/objectives. Once an objective is defined as a focus, Millie's Place staff will track the individual growth of each child to ensure developmental gains. Over the course of the year, Millie's Place will continue to document each child's level of performance for each objective. Quarterly, our staff will report growth/gains to our parents as well.

Confidentiality is critical especially with survivors and their families, and it will be maintained at all times. Millie's Place staff will complete HHAV Staff Orientation and Policy review, as well as required advocacy training. Even though the teaching staff will not be directly supporting survivors as an advocate, they will be part of each survivor's support system. It is vital that our teaching staff hold to the same required confidentiality requirements that our advocates have. In addition to HHAV's Policy Review and Orientation, teaching staff will complete the following required trainings that orient them to Oregon's laws and requirements regarding confidentiality: Advocacy 101, Civil Rights and Advocate Privilege Training. In addition, during an employee's initial orientation to Millie's Place, they will review the policies regarding confidentiality as early childhood educators which includes: maintaining child records/family information, communicating with families, discussing issues/concerns on-site and discussion of children/families outside of the childcare center. Millie's Place will maintain personal records regarding the children in our care, as required by Oregon Early Learning Division; our required enrollment documentation includes sensitive and confidential information about the children in our care, as well as their families. This information is stored on site, in a locked file cabinet, to only be accessed when needed by the Director or Co-Director.

3. Describe your organization's experience delivering services or programs, or supporting policy and systems change, or both, related to SDOH-E and/or housing supports and services.
Helping Hands Against Violence has been delivering confidential advocacy and shelter services to sexual abuse and domestic violence survivors and their children for the past 40 years. Our advocates work with survivors on a daily basis to help steer them in the direction they need to secure permanent housing--and

stability for their family. That expertise, paired with the expertise of the very talented child care staff, will provide survivor's children and their parents critical tools for growth and learning throughout the year.

Specifically, Millie's Place will use Dr. Becky Bailey's Conscious Discipline as the instructional guide for social & emotional learning and trauma-informed care. Conscious Discipline involves research-based strategies to help children safely navigate their social world through adult interactions, a safe and loving environment and self-regulation techniques. Each month, Millie's Place teachers will receive training in Conscious Discipline and will dive deeper as a staff to ensure we are most effective in using consistent strategies with children individually and collectively. As our staff explores the strategies and skills in Conscious Discipline, we will set goals for ourselves and our classroom environment; furthermore, we will track our growth and effectiveness using informal observation and if deemed necessary, we will revise our goals.

4. Identify the Columbia Gorge Community Health Improvement Plan (CHP)¹ Priority(ies) with which your SHARE Initiative project align(s). Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Improved Access To Equitable Physical Activity And The Outdoors |
| <input type="checkbox"/> Transportation and Mobility | <input checked="" type="checkbox"/> Improved Social Connection And Communication |
| <input checked="" type="checkbox"/> Improved Access to Equitable Health | <input type="checkbox"/> Improved Access To Equitable Health |

5. Describe how your SHARE Initiative spending aligns with the Columbia Gorge CHP.

Millie's Place aligns with the critical need for children and youth in our community that they need to feel respected, safe and supported, provide families with affordable childcare, and ensure early learners have equitable access to activities to play, learn and grow through our preschool experiences. Millie's Place will provide high-quality early learning experiences, from highly qualified and dedicated staff. Staff will receive monthly training on best-practices in early childhood education and be regularly evaluated on their classroom environment and provided instructional coaching to ensure the best learning opportunities and environment possible. Furthermore, our mission ensures that youth who experience any kind of trauma are supported and have access to the help they need. Given that Millie's Place is providing early childhood development and child care, Millie's Place is providing a critical need in the community; our local community, as well as the state in general, has recently been categorized as a "childcare desert," indicating a dire need for childcare. Everyone--even survivors--will have access to cultural and language appropriate, high-quality, affordable childcare when and where they need it. Millie's Place will provide their children with top quality early childhood development supports and opportunities.

6. **B. EVALUATION**

7. What does your project ultimately aim to achieve, what are project milestones/objectives, and what methods will you use to monitor progress on milestones/objectives?

Teacher Effectiveness Measure: To measure Teacher Effectiveness, Millie's Place will use the Classroom Assessment Scoring System (CLASS). CLASS is an observation tool that focuses on the effectiveness of

¹ SHARE spending priorities must be based on shared priorities from the community health improvement plans. The Columbia Gorge CHP summary document can be found [here](#).

classroom interactions among teachers and children, because it is these daily interactions that promote children's social and cognitive development. Children thrive when teachers create nurturing, well-managed settings and provide frequent and engaging opportunities to learn.

The CLASS tool includes three main domain areas (Emotional Support, Classroom Organization and Instructional Support) that define an effective program, based upon research. According to CLASS, "Research in thousands of early childhood classrooms across the country shows that children in classrooms that score higher on the CLASS tool make greater gains in language, math and early literacy development. Children in these higher-scoring classrooms also show more positive social development over the course of the year than their peers in lower-scoring classrooms."

8. Describe the evaluation plan for your project, including expected final outcomes, the projected number of community members served, and how the impact will be measured (i.e. your SMART goals).

Childcare Opportunities Impact: Measure

Upon completion of our first operating school year (September 2021-June 2022), Millie's Place will provide up to 18 childcare slots for 3-6 year old children in our community. Of those 18 slots, 4-6 childcare slots will be reserved for children of survivors, seeking hope, shelter and advocacy through HHAV. We anticipate serving approximately 30 early learners and their families throughout the course of our first operating year.

Child Development & Learning Impact: Measure

To measure individual child development and learning, we will use Teaching Strategy GOLD Objectives for Development & Learning to track each child's progression in specific areas of development (physical, cognitive, social-emotional, math, etc) and provide data regarding children's growth and development, as evidenced by teacher observation. Millie's Place teachers will dive deeper into their understanding of the 38 child development learning & objectives provided by Teaching Strategy GOLD. Each month, teachers will collaborate to develop lesson plans to include activities that address the strengths, needs and curiosities/interests of the children we serve. We will use observational data, organically collected by teachers, to assess children's development and plan accordingly. When reviewing the data, teachers may choose to focus on a few developmental areas for the class collectively, or a few objectives for individual children, as needed. From there, they will develop activities that help address the identified children/objectives. Once an objective is defined as a focus, Millie's Place staff will track the individual growth of each child to ensure developmental gains.

Social & Emotional Learning Impact: Measure

Millie's Place will use Dr. Becky Bailey's Conscious Discipline as the instructional guide for social & emotional learning and trauma-informed care. Conscious Discipline involves research-based strategies to help children safely navigate their social world through adult interactions, a safe and loving environment and self-regulation techniques. Each month, Millie's Place teachers will receive training in Conscious Discipline and will dive deeper as a staff to ensure we are most effective in using consistent strategies with children individually and collectively. As our staff explores the strategies and skills in Conscious Discipline, we will set goals for ourselves and our classroom environment; furthermore, we will track our growth and effectiveness using informal observation and if deemed necessary, we will revise our goals.

9. How does your SHARE project meaningfully engage community members?

While our program is in its infancy, with our doors not set to fully open until September 2021, we are currently working to develop partnerships with several community organizations to share our knowledge

with others. We are currently building partnerships with Child Care Resource & Referral through Columbia Gorge Community College to explore the option of offering training in CLASS, Conscious Discipline and Best Practices in Early Childhood Education to preservice teachers, child care providers and college students. We are also exploring a partnership with Hood River County School District to offer opportunities for High School students taking Early Childhood Courses to join us at Millie's Place for hands-on learning and training.

In addition, Millie's Place teachers will collaborate with community partners and businesses to provide field trips and classroom visitors to our early learners; for example, we will partner with our local police department, fire department, county library, etc.

10. Will your project require any data requests from PacificSource?

Yes No

If yes, please describe the data need.

C. BUDGET NARRATIVE

10. Please provide a brief narrative describing your budget: *We are applying to fund a portion (.4 FTE each) of two highly skilled head teachers to support the trauma-informed and interactive experiences for .*

11. Attach a budget proposal indicating the amount of funding. *Budget is attached.*

E. AGREEMENT TO PARTICIPATE ACCORDING TO OHA'S SHARE INITIATIVE REQUIREMENTS Applicants must agree, by checking the box below, to funding requirements in order to be considered for funding.

- If selected as a SHARE grant recipient, my organization hereby agrees to commit to all OHA-required terms of SHARE recipient requirements, as outlined in the grant agreement. These requirements include:
- (a) Contract term and budget;
 - (b) Legal name for the entity;
 - (c) SDOH-E domain(s), as specified in OAR 410-141-3735(3)(b), in which your organization provides services;
 - (d) How PCS will distribute funds to your organization, including distribution schedule and allowable percentage of indirect costs;
 - (e) The scope of work to be performed, including:
 - i. Specific services to be provided; and
 - ii. Which populations will be provided services
 - (f) How outcomes will be measured and evaluated, including:
 - i. Specific, Measurable, Achievable, Relevant and Time-based (SMART) objectives; and
 - ii. How outcomes align with community priorities from the CCO's CHP
 - (g) Data collection, sharing, and reporting obligations of both your organization and PCS, including:
 - i. The data elements to be collected by the SDOH-E Partner;
 - ii. How data is related to outcomes; and
 - iii. Process and frequency of submission of reports and/or data exchange between your organizations and the PCS.

SHARE GRANT GUIDELINES 2021

PacificSource Community Solutions (PCS)-Columbia Gorge announces the SHARE Initiative (Supporting Health for All through Reinvestment) funding opportunity for Gorge community organizations. SHARE is a statewide Initiative that requires CCOs to spend part of their profits in their communities to address health inequities and the Social Determinants of Health and Equity (SDOH-E). The primary goal of these funds is to improve member and community health by funding upstream factors that impact health such as housing, food, transportation. PacificSource has approximately \$100,000 to award through this process.

Please refer to the attached OHA document for examples of SDOH-E domains and projects. For more information about the SHARE Initiative, please visit the Oregon Health Authority (OHA) [SHARE website¹](#).

ELIGIBILITY

- Applying organizations must be a legally registered entity
- Projects must address needs of Oregon Health Plan (OHP) members living in Hood River and/or Wasco counties
- Projects must address at least one Project Focus areas listed below
- Projects do not need to *only* serve OHP members, but must be Oregon-based
- Projects can serve all community members, as long as OHP members are not excluded

PROJECT FOCUS

Proposed projects must address at least one of the following topics:

1. Social Determinants of Health / Equity (SDOH-E) as defined by the Oregon Health Authority, which includes the following:
 - Economic stability
 - Neighborhood and built environment
 - Education
 - Social and community health
2. Housing supports and/or services
3. Both of the above

An organization can apply to address both of these topics in a single application.

SIZE OF AWARDS

Up to two (2) grant awards of approximately \$50,000 each. One single grant award of approximately \$100,000 may be considered for projects that include both housing supports and an SDOH-E domain.

ELIGIBLE EXPENSES

The proposed project must address one of the above described FOCUS Areas and funds may be used cover the following expenses:

¹ Hover over link and press Ctrl+Click to follow link or go to <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx>.

- Staffing
- Equipment
- Program Materials & Supplies
- Administrative costs directly related to the proposed project
- Travel
- Other relevant costs

Funds may **NOT** be used for the following expenses:

- General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison);
- Sponsorships or advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- Costs for SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary;
- Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions;
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives); or
- Expenses that have been reported separately, such as Medicaid-covered services or health-related services.

APPLICATION PROCESS & TIMELINE

1. Applications will be available May 27, 2021
2. The applications will be **due by 5pm on June 25, 2021**
3. Email completed applications to elke.towey@pacificsource.com
4. Applications will be reviewed by CAC voting members and PacificSource Staff
5. Awards will be announced July 25, 2021
6. Funds will be distributed in late 2021

For questions or more information, please email Elke Towey, Director, Columbia Gorge Coordination Care Organization, PacificSource Community Solutions, elke.towey@pacificsource.com

Your proposal will be shared with the Oregon Health Authority as part of the Columbia Gorge CCO's SHARE Initiative Spending Plan.

APPLICANT INFORMATION

Organization's Legal Name: HAVEN From Domestic and Sexual Violence (HAVEN)

Project Title: Sustaining Core Initiatives that Advance Health Equity and Housing Access for Survivors of Domestic Violence and Empower Our Community to End Gender-Based Violence

Funding not to exceed: \$98,305. The Full SHARE award is for projects that address both an SDOH-E domain and housing supports; the Partial award is for a project that addresses either an SDOH-E domain or housing supports.

Applying for:

Full SHARE Award (\$98,305)

Partial SHARE Award (approx. \$50,000)

Completed by (Name, Title/Role): Tara Koch, Executive Director

Date Submitted: June 25, 2021

Email and phone number: (541) 296-2065

Organization name and mailing address for initial payment: HAVEN, 420 E Third Street, The Dalles, OR 97058

PROPOSAL NARRATIVE

Please respond to each of the following questions. Clarity and concise responses are appreciated. Incomplete applications will not be considered. There are no word limits for each question, but the total of the Applicant Information section, Proposal Narrative sections should not exceed 5 pages (instructions and budget form not included in page limits).

A. PROJECT SCOPE & ALIGNMENT

1. Identify the domain(s) applicable to your SHARE Initiative project.

Economic Stability

Neighborhood and Built Environment

Education

Social and Community Health

Housing Supports and/or Services

2. Describe how your SHARE Initiative proposal addresses either (1) the SDOH-E domain(s) or (2) the statewide priority of housing-related, services and supports, including Supported Housing, or (3) both. Define the SDOH-E and/or services and scope of work, specifically addressing sections 2(a) through (c) below:

(a) Specific services provided and populations and geographic areas to be served (for example: CCO members, community members, communities of color, Native communities, Hood River or Wasco counties)

SPECIFIC SERVICES HAVEN WILL PROVIDE

HAVEN is seeking support for three current initiatives that advance the strategic priorities of the Columbia Gorge 2021 SHARE Program. These core initiatives have garnered state and philanthropic support, but

have significant funding gaps to sustain them into the 2021-2022 fiscal year. HAVEN seeks support from the Columbia Gorge 2021 SHAPE program to assist with filling funding gaps for the following core initiatives:

1) HEALTH PROJECT

There is a strong interconnection between intimate partner violence and health outcomes. HAVEN has been partnering with regional health care providers and health systems since 2010 to develop a coordinated response to domestic/sexual violence cases in health care settings. These efforts have included targeted initiatives for teen girls and women who are pregnant or newly parenting, a broader health equity response, clinician training and consultation, and the design of policies and protocols to address reproductive coercion, health equity, warm referrals and universal education.

HAVEN's Health Team is involved in both patient-level and provider-level activities. Patient-level activities include onsite services at clinic partner locations. These survivor advocacy support services include intake and assessment, safety planning, advocacy, and information and referral. Health Team advocates are also available to accompany survivors/patients to health care visits and assist them in navigating healthcare systems. The goal is to support survivors and ensure that they have equitable access to care and receive integrated and trauma-informed care that enhances their safety and wellbeing. Provider-level activities include provider training and one-on-one consultations regarding how to best utilize universal screening and respond to intimate partner violence, including how to make a warm handoff to HAVEN advocates for follow-up services. Provider training also includes contraceptive usage screening and counseling as it relates to reproductive coercion and other intimate partner violence related concerns.

In the last year, HAVEN has incorporated a mental health component into our Health Project. We have an MOU with Mid-Columbia Center for Living that delineates a referral process for survivors of domestic and sexual violence who have mental health needs, specifically around suicide prevention. All HAVEN staff are now certified in Adult Mental Health First Aid.

Currently, HAVEN partners with Columbia Gorge Health Council/Bridges To Health, Warm Springs Indian Health Services, North Central Public Health District, Mid-Columbia Medical Center, One Community Health, Home Visiting Network, and several other health care and social service providers to offer services to survivors in need of care. Our Bilingual Health Advocate is available to be out-stationed at partner locations throughout our 4-county service area and members of our Health Team offer outreach to four different orchards in The Dalles, as well as serve on community advisory committees and consortia such as the Mid-Columbia HealthEquity Alliance, Abogadores de la Comunidad, and Latinos en Accion. HAVEN Health Team members are also active members of the Gorge Wellness Alliance, to name a few.

FUNDING NEED = HAVEN received a three-year investment of \$150K to advance healthcare services, mental health/substance use into our Health Project, which sunsetted in January 2021. We seek support to maintain a .5 FTE Bilingual Health Advocate, plus related program expenses.

2) HOUSING PROJECT

Domestic and sexual violence is a leading cause of homelessness for women and children across Oregon. The need for safe and affordable housing is one of the most pressing concerns for survivors, yet they face unique barriers to accessing affordable housing as a result of the power and control dynamics of abuse and the economic impacts that result. These barriers are exacerbated for those living on the margins and with the least access to resources, including survivors of color, Native Americans, immigrants, those living

in poverty, and those living in geographic isolation. What's unique for survivors in need of affordable housing in rural areas, however, is the severe lack of housing assistance programs that offer an opportunity for survivors to break free from the abusive relationship, have space to heal from abuse, and access vocational and educational opportunities to achieve economic self-sufficiency. Funding through HAVEN allows the survivor's victimization to remain confidential without disclosing to multiple agencies, that can increase their ability to stay safe.

HAVEN began offering housing assistance in 2015 and launched a transitional housing pilot program in 2019, which includes rental assistance for 6-12 months plus wrap-around services. We are able to serve 2-4 survivor households in the program at any given time. Each participating household pays up to 30% of the costs for the rental unit. Wrap around services HAVEN provides includes safety planning, advocacy, systems navigation, planning for long-term housing stability, and referrals for economic empowerment resources.

FUNDING NEED = In 2019, HAVEN received one-time SHAP funding from the Oregon Dept. of Human Services to provide housing assistance and pilot the transition housing program. These funds are set to sunset June 30, 2021. HAVEN is seeking funding to retain a half-time Bilingual Housing Advocate because we believe preventing homelessness is critical for survivors and their confidentiality.

3) THE EMPOWERMENT PROJECT

The Empowerment Project is a comprehensive approach to prevention education that incorporates multiple interrelated strategies and activities that build on each other to meet our overall goals to (a) empower youth to develop healthy relationships, and (b) change community and cultural norms about healthy relationships, consent, power imbalances in relationships, and victim-blaming. The Empowerment Project is an rebrand of our previous prevention education approach and is intentionally designed to increase community engagement in meaningful conversations about what it means to support teens in building healthy relationships, in addition to prevention programming in K-12 schools. Specific project activities include:

- (1) Ongoing community needs assessment process to shape our strategies.
- (2) Enhanced community partnerships and building new ones.
- (3) Designated youth space for youth-driven activities and project planning meetings.
- (4) K-12 prevention curricula that accommodates different learning styles and reflect best practices.
- (5) Training and technical assistance for educators so that conversations about prevention are ongoing.
- (6) Opportunities for youth to assume leadership roles in co-creating and presenting prevention programs, designing the Healthy Teen Relationship Summit, and supporting the peer lead HAVEN Teen Troupe.
- (7) Engagement of the whole community through events that showcase our young leaders.

This project is important to our community because half of Oregon's female population has experienced sexual assault—higher than the national average—and most when they were under the age of 25. We know from the 2019 Healthy Teen Survey that adolescents in HAVEN's service area experience a higher rate of dating violence and forced sexual encounters than their peers in other parts of Oregon. Teens in general experience barriers to accessing information and support related to identity, dating violence or sexual assault because they lack social power, don't know where to go for help/resources, have concerns about parental consent, or they're afraid. These barriers are compounded for rural teens who lack youth-specific safety spaces and services, lack transportation across rural distances to available resources, express fear and anxiety about being in the same school as their perpetrator, fear social stigma if the

word gets out in their small community that there were raped or abused, and grapple with social norms that promote traditional gender roles and victim-blaming. Many rural schools lack policies to address harassment and violence and protect victims, further compounding the problem.

FUNDING NEED = HAVEN has been the recipient of a Rape Prevention Education grant from the Oregon Dept. of Justice for several years. Our most recent grant award was 50% of what we need to maintain momentum for prevention education and extend our activities to work toward community-level change. HAVEN is seeking support for to maintain staffing for this initiative.

POPULATIONS TO BE SERVED BY THESE CORE INITIATIVES

More than half of Oregon's female population has experienced sexual assault and over one-third has experienced domestic violence. Not only are rates of violence against women higher than elsewhere, but Oregon communities do not have sufficient capacity to serve women in danger. According to the National Advisory Committee on Rural Health and Human Services, Intimate Partner Violence in Rural America 2015 Policy Brief, rural women who experience domestic and sexual violence face unique barriers to accessing the health care system, criminal justice system, and human services. Isolation, distrust of criminal justice, lack of privacy in small communities, high rates of poverty, traditional gender norms, and limited access to services all have an impact on rural survivors and their ability to seek help. When they do seek services, they are almost twice as likely to be turned away as urban women due to lack of capacity.

HAVEN has prioritized designing and delivering culturally responsive accessible services to a number of underserved populations in our 4-county area, including Native American, Hispanic/Latinx, LGBTQIA+, youth survivors, survivors incarcerated at NORCOR and those experiencing poverty. American Indian/Indigenous women living on reservations experience unique challenges that intensify the epidemic of violence against them. If they report the abuse, they risk being ostracized by their community if the offender is another community member. HAVEN collaborates with Victim of Crime Services (VOCS) at Warm Springs to ensure that Tribal women and children have access to advocacy, resources, and trauma-informed support. Many of the Spanish-speaking people living in HAVEN's service area are connected to very tight friends/family/faith communities, however meet multiple intersectionality needs such as support with domestic/sexual violence, stalking/harassment and immigration issues, additionally we experience an influx of survivors from seasonal farm workers. Because these communities are so tight it can be hard to break out of abusive relationships, especially when the survivor is undocumented and the abuser is documented. These factors work to increase an individual's risk of domestic and sexual victimization and decrease the likelihood they will report crimes or access services out of fear of deportation. HAVEN has worked hard to ensure culturally responsive and linguistically specific services as we recognize and are committed to trust building with this community, especially with undocumented survivors. Because of this continued commitment to incorporate trust building practices in our outreach and service delivery, immigration issues have resulted in an increase need of 40% this last year at HAVEN.

The impacts of domestic/sexual violence on health outcomes are well documented. These health impacts vary and may be emotional, physical or psychological, and short- or long-term. In terms of physical health, national data from the National Resource Center on Domestic Violence indicate that 42% of women who have experienced physical or sexual violence at the hands of a partner experience injuries as a result. Other physical health problems reported by survivors include chronic pain, gastrointestinal disorders, psychosomatic symptoms, and eating problems. Victims who have suffered a traumatic brain injury have long-term impacts such as memory loss, trouble concentrating, headaches, sleep loss, and psychological symptoms. In terms of reproductive health, pregnant victims of abuse are 16% more likely to have a low

birth-weight baby. They are also more likely to experience pregnancy complications. Extreme physical violence can result in miscarriage or stillbirth. As far as mental health impacts, survivors are twice as likely to experience depression and twice as likely to have alcohol use disorders. They also experience high rates of anxiety and PTSD.

GEOGRAPHIC AREA TO BE SERVED BY THESE CORE INITIATIVES

HAVEN's serves the rural and frontier communities of The Columbia River Gorge, a 4-county 6,125 square mile service area that is home to over 31,000 people. HAVEN is the only provider of services to domestic and sexual violence in this area, and understand these funds may be limited to Wasco County. With this in mind, portions of the Confederated Tribes of Warm Springs Reservation are in our service area. While most tribal members live in the town of Warm Springs, which lies outside HAVEN's service area, there are a significant number of tribal members living in Wasco County, as well as along the river and Celilo. HAVEN has a collaborative agreement and shared funding source to coordinate services with the VOCS program at Warm Springs.

The rural and frontier communities served by HAVEN face some of the highest rates of gender-based violence in Oregon. Rural women who experience domestic/sexual violence face unique barriers to accessing the healthcare system, criminal justice system, and human services. Isolation, distrust of criminal justice, lack of privacy in small communities, high rates of poverty, traditional gender norms, and limited access to services all have an impact on rural survivors and their ability to seek help. When they do seek services, they are almost twice as likely to be turned away as urban women due to lack of capacity in a number of areas. HAVEN does not have a formalized process (required paperwork or documentation) for survivors accessing services and provides specialized training and linguistically appropriate staff to support all survivors of intimate partner violence.

In addition, in 2018, domestic and sexual violence hotlines across Oregon received 128,786 calls from survivors and others seeking help; and among these callers, 8,414 survivors had their requests for emergency shelter unmet. Over 44% of these calls were from service seekers in rural communities. This last year HAVEN received over 912 contacts for emotional support, safety services such as crisis response, emergency shelter/short-term shelter, other basic needs for food/gas/clothing. HAVEN received over 1624 Crisis-line calls.

(b) Whether/how members will be referred between PCS and your organization (e.g., case management) The advocates on HAVEN's Bilingual Housing Advocate and Bilingual Health Team are trained in health system navigation and will be the point of contact for referrals to and from PCS and other health care providers. HAVEN has strong partnerships in place with these agencies supporting housing needs and healthcare providers and a strong track record in coordinating services.

(c) How data will be shared, tracked and reported, and if applicable appropriate steps to protect patient privacy and compliance with HIPAA.

DATA SHARING, TRACKING & REPORTING

Program data will be tracked in HAVEN's internal screening and tracking database and in RELIANCE. All information in RELIANCE maintains survivor confidentiality in order to protect their safety. The program data we do share with community partners includes program outputs (e.g. # of referrals we have received and issued to partners, # and outcomes for co-casemanagement cases, training participation #s and evaluation responses, and # of students participating in prevention programs. We share information in the aggregate with community partners and funding partners. HAVEN commits to present project outcomes and learnings

from this initiative at the Community Action Council monthly meeting, as well as provide written reports to PCS.

SURVIVOR/PATIENT PRIVACY

HAVEN's confidentiality policies and practices are modeled after and in full compliance with VAWA Section 3 and FVPSA, which prohibit the sharing of personally identifying information about victims without informed, written, reasonable time-limited consent. These policies are also compliant with HIPAA. Participants have the right to limit the information that is shared. All Releases of Information (ROI) we use specify the information the participant has authorized to be released and the time frame the release is authorized for. Participants have a right to withdraw an ROI at any time.

3. Describe your organization's experience delivering services or programs, or supporting policy and systems change, or both, related to SDOH-E and/or housing supports and services.

EXPERIENCE DESIGNING & DELIVERING PROGRAMS & SERVICES

HAVEN is the only provider of services to survivors of domestic and sexual violence in its 4-county service area. HAVEN believes that survivors are the best experts on their lives and provides survivor-centered services that recognize and build on their inherent strengths and resiliencies. We use a strengths-based assessment in our intake process that identifies a survivor's assets and resources, rather than limiting our focus to the trauma resulting from abuse. Our philosophy and our process disrupts self-blaming beliefs and encourages survivors to recognize their coping skills, their ability to adapt to difficult circumstances, their problem-solving skills, their ability to seek safety for themselves and their children, and their ability to recover from the trauma of abuse.

HAVEN's programs and services represent a continuum of care designed to help survivors get out of immediate crisis and provide emotional and practical support at every step of their healing journey. We support 350+ survivors each year through these services and initiatives, which are offered bilingually-biculturally:

- 24-hour Crisis Line And Crisis Response
- Emergency Shelter
- Housing Assistance
- Financial Assistance
- Legal Advocacy (help filing for crime victims' compensation and protection orders)
- Systems Advocacy (help navigating the medical, civil, and criminal justice systems)
- Individual and Group Counseling
- Wellness programs

HAVEN has received national recognition for focused efforts and special initiatives to better address the health care needs of survivors and offer integrated models of service delivery. As a result of initiatives such as Project Connect, a national initiative to build collaborations between public health and domestic violence, and the Safer Futures Project, a statewide initiative to educate and provide technical assistance to healthcare systems and individual clinicians, HAVEN has built important collaborations with health care

providers and increased their capacity to effectively assess and provide care to survivors of domestic and sexual violence. The newest iteration of HAVEN’s work to advance health equity for survivors involves developing core competencies in healthcare navigation as the core focus of our Health Team Advocates.

HAVEN'S EXPERIENCE SUPPORTING SYSTEMS CHANGE

HAVEN engages in community awareness and coalition-building to prevent gender-based violence in addition to partnering with schools and agencies to educate young people. HAVEN speaks to the community about sexual violence through multiple mechanisms and platforms and works to build community-level knowledge, attitudes, and behaviors that (1) empower children and youth and educate them about healthy relationships; (2) train and support educators so they can engage youth in critical conversations about consent and healthy relationships; (3) challenge community norms that tolerate rape culture, traditional gender roles, victim-silencing, and victim-blaming; and (4) offer resources and info to community leaders and influencers who can advocate for better policies for survivors. We also provide training workshops to medical providers, law enforcement, and allied professionals to improve a coordinated response to sexual violence that centers the needs of victims. We regularly table at migrant outreach events and partner with culturally specific providers to educate them about the dynamics and prevalence of sexual violence and how to access services. The Empowerment Project is the latest iteration of our prevention efforts and includes strategies for community-level change.

4. Identify the Columbia Gorge Community Health Improvement Plan (CHP)² Priority(ies) with which your SHARE Initiative project align(s). Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Improved Access To Equitable Physical Activity And The Outdoors |
| <input checked="" type="checkbox"/> Food | <input checked="" type="checkbox"/> Improved Social Connection And Communication |
| <input checked="" type="checkbox"/> Transportation and Mobility | <input checked="" type="checkbox"/> Improved Access To Equitable Health |
| <input checked="" type="checkbox"/> Improved Access to Equitable Health | |

5. Describe how your SHARE Initiative spending aligns with the Columbia Gorge CHP.
HAVEN is seeking gap funding for core initiatives that align with the Columbia Gorge Health Improvement Plan, including:

- (1) Offering health systems navigation and working with health care providers to develop a coordinated response to domestic violence, which improves health outcomes and advances health equity.
- (2) Offering housing assistance with wrap-around supports to help survivors stabilize their housing and build financial self-sufficiency.

² SHARE spending priorities must be based on shared priorities from the community health improvement plans. The Columbia Gorge CHP summary document can be found [here](#).

(3) Offering comprehensive sexual assault prevention education that includes individual- and community-level interventions, which work together to improve social connection and communication, as well as advance health equity by reducing the incidence of gender-based violence.

B. EVALUATION

6. What does your project ultimately aim to achieve, what are project milestones/objectives, and what methods will you use to monitor progress on milestones/objectives?

HEALTH PROJECT GOALS:

- (1) Increase the safety and wellbeing of 400 survivors who seek health services, with an emphasis on underserved groups.
- (2) Increase health care providers' knowledge and understanding of the impacts of domestic violence on survivors' health and wellbeing, how to adequately screen for and respond to domestic violence, and how to make referrals and ensure a warm handoff to an advocate.
- (3) Hold 40 training sessions and one-on-one consultations to train 400 health care providers.

HOUSING PROJECT GOALS

- (1) Offer rental assistance + wrap-around services for 6-12 months for 2-4 survivor households annually, in scattered site transitional housing rental units.
- (2) Provide housing advocacy to an additional 20 survivors to help them obtain and retain stable housing, and provide financial support for security deposits, first months rent, apartment application fees, etc. depending upon available funding.
- (3) Secure additional funding to add financial literacy and employment supports to help participants build financial self-sufficiency.

THE EMPOWERMENT PROJECT GOALS

- (1) Enhance existing community partnerships with K-12 schools and build 3 new partnerships.
- (2) Deliver multi-session primary prevention curriculum to at least 200 elementary, middle, and high school students in Wasco, Sherman, Gilliam, and Wheeler County schools.
- (3) Offer training two workshops for educators to cover these topics: Title IX, gender-based violence, trauma-informed classrooms, digital citizenship, and the dynamics of teen dating violence.
- (4) Offer opportunities for 7-10 teens to assume leadership roles in co-creating and presenting prevention programs through the HAVEN Teen Troupe, Healthy Teen Relationships Summit, and SHIFT Coalition.
- (5) Host the annual Teen Healthy Relationships Summit with at least 100 youth and 20 adult participants.

METHODS WE WILL USE TO TRACK PROGRESS ON OUR GOALS

In addition to monitoring funding for each program area to meet our overall goal of closing the funding gap for these important initiatives, HAVEN will use a variety of methods and tools to track progress on program goals, including:

Health Project = Follow-up evaluation surveys administered to providers who complete our training program and quarterly check-ins with Bridges to Health staff (and others) who participate in provider training programs.

Housing Project = Service agreements that outline rental arrangements, regular review of service agreements to assess changes in the participants' financial status, and exit interviews.

The Empowerment Project = Pre- and post-test evaluation surveys with prevention participants, regular check-ins with participating school administrators and teachers, and facilitated conversations with youth leaders involved in our Teen Theater Troupe and SHIFT Coalition.

7. Describe the evaluation plan for your project, including expected final outcomes, the projected number of community members served, and how the impact will be measured (i.e. your SMART goals).

HEALTH PROJECT OUTCOMES

- (1) 90% of survivors will positively respond to survey questions about the value of advocacy services.
- (2) 40% of survivors will report that they accessed domestic violence advocacy services for the first time through health care services.
- (3) 50% increase in the number of survivors served over previous project periods.
- (4) 90% of participating health care providers will report increased knowledge about domestic violence, domestic violence screening, and the process to make a referral to an advocate.
- (5) Increase the number of referrals received from health care providers by 40% by project end date.

HOUSING PROJECT OUTCOMES

- (1) Stable housing for up to 12 months for 2-4 participating low-income survivor-headed households receiving transitional housing services.
- (2) Increase economic self-sufficiency for 2-4 participating survivor-headed households receiving transitional housing services.

THE EMPOWERMENT PROJECT OUTCOMES

- (1) At least 75% of elementary students who receive HAVEN's curricula will be able to (a) utilize scenarios or role play to demonstrate one way that emotional intelligence promotes healthy relationships, (b) suggest two ways their community can or does support a person in crisis, and (c) recall two characteristics of both healthy and unhealthy relationships.
- (2) At least 75% of middle school students who receive HAVEN's curricula will be able to (a) suggest one way their community can or does practice restorative justice or allyship, (b) utilize scenarios or role play to demonstrate the correlation of power and control to relationships, and (c) recall three characteristics of both healthy and unhealthy relationships.
- (3) At least 75% of high school students who receive HAVEN's curricula will be able to (a) suggest one way their community can or does practice restorative justice or allyship, (b) utilize scenarios or role play to demonstrate the impact privilege can have on relationships (negatively or positively), and (c) recall four characteristics of both healthy and unhealthy relationships.
- (4) At least 75% of surveyed community members will acknowledge The Empowerment Project as a program for all generations and identities.
- (5) At least 75% of surveyed community members (a) will self-report that they trust that The Empowerment Project will provide the most up-to-date and helpful information about healthy relationships and violence and (b) make a commitment to participate in at least two Empowerment Project events or activities within the next six months.

HOW WE WILL MEASURE IMPACT

Health Project = Tools to measure program outcomes will include pre- and post-test surveys to training participants and referral forms from providers.

Housing Project = Tools to measure program outcomes will include participants intakes, which will document income eligibility and change in income status over time; individual service plans; and exit interviews. We will also conduct phone interviews at 3, 6, and 9 months post exit to assess housing stability over time.

The Empowerment Project = Tools to measure program outcomes will include pre- and post-test surveys of students participating in prevention education workshops and the Healthy Teen Relationships Summit.

8. How does your SHARE project meaningfully engage community members?

Given that HAVEN's service area encompasses rural and frontier communities as well as marginalized groups within those geographic spaces, HAVEN is in a unique position to engage in meaningful dialogue around equitable access to services. HAVEN is the lead provider in networks that work to provide a coordinated response to domestic and sexual violence, and so we are in constant dialogue about gender and racial equity with members of law enforcement, criminal justice, the courts, and the healthcare system. Through these conversations we seek input into our program strategy and delivery model. We also solicit feedback from program participants through exit surveys.

In terms of prevention education programming, HAVEN currently partners with 19 public and private schools in the North Wasco School District, South Wasco School District, Sherman County District, Dufur School District 29, and Gilliam County School Districts 1, 3, 25J, and 55. All prevention education partners and stakeholders are invited to provide feedback about our strategy through our annual assessment process, which is used to inform our annual Prevention Education Program Plan. HAVEN is well-versed in community needs and opportunities with regard to prevention education because of our work in the schools and the work of the HAVEN Teen Troupe, which has exposed our staff and the young leaders in the Troupe to many of the community norms and behaviors that need to be changed through community-level education. Additionally, the annual Healthy Teen Relationships Summit offers important opportunities for teens to network and engage in critical conversations with other teens and adults across our rural service area.

9. Will your project require any data requests from PacificSource?

Yes

No

If yes, please describe the data need.

C. BUDGET NARRATIVE

10. Please provide a brief narrative describing your budget. Funding restrictions are noted in the *Grant Guidelines* on page 2.

HAVEN requests support from the SHARE initiative to support three positions essential for these core initiatives, for a total of 1.25 FTEs, including:

- .5 FTE Bilingual Health Advocate
- .5 FTE Bilingual Housing Advocate
- .25 FTE Bilingual Prevention Educator

Funding for the Bilingual Health Advocate position is critical for maintaining momentum for this initiative while we wait to hear from the Oregon Dept. of Justice about potential VOCA funding to sustain our Health Project. Funding for the Bilingual Housing Advocate position is critical for incorporating transitional housing as a regular program offering of HAVEN and while we wait to hear about Office of Violence Against Women funding for this work. Lastly, funding for the Bilingual Prevention Educator is critical for maintaining momentum for our prevention education work and meeting our goal to expand prevention activities to impact community-level change. This position is only partially funded by a Rape Prevention Education grant from the Dept. of Justice, which cut our grant allocation by 50% this year.

All of the positions we seek funding for our bilingual by design, to ensure equitable access to HAVEN services and prevention programs for Spanish speakers. We also seek financial support for nonpersonnel costs associated with these positions, including staff training, occupancy, and cell phone equipment and data plans. We included a line item for funding for assistance for housing participants, which will be used to cover emergency needs associated with securing and maintaining stable housing (e.g. rental applications, security deposits, moving costs, etc.)

We want you to know that we are open to a conversation about the request presented here and different options for PCS to assist HAVEN in closing our funding gap as we build sustainable funding for these strategic initiatives. Since this request is for gap funding, we are open to exploring a full or partial grant award through the SHARE initiative.

11. Attach a budget proposal indicating the amount of funding. Please use *2021 SHARE Budget Template Attachment A*.

Please see attached 2021 SHARE Project Budget.

D. OPTIONAL

12. Add any additional Information not included above.

In addition to designing and delivering comprehensive direct service and prevention education programs, HAVEN is also the backbone agency in provider networks that work together to ensure a coordinated response to domestic and sexual violence. These networks include: law enforcement, district attorneys' offices, family courts, health care providers and systems, child welfare, community organizations and culturally specific organizations, and K-12 schools. HAVEN staff are in constant dialogue with these networks about health equity, and changing community norms that tolerate gender based violence. We never shy away from a challenge to correct myths and assumptions about survivors, to center the experiences of survivors from marginalized communities in these conversations, and to broaden the cultural competency of those we coordinate with to achieve safety, justice, and health care access for all survivors.

E. AGREEMENT TO PARTICIPATE ACCORDING TO OHA'S SHARE INITIATIVE REQUIREMENTS

Applicants must agree, by checking the box below, to funding requirements in order to be considered for funding.



If selected as a SHARE grant recipient, my organization hereby agrees to commit to all OHA-required terms of SHARE recipient requirements, as outlined in the grant agreement. These requirements include:

- (a) Contract term and budget;
- (b) Legal name for the entity;
- (c) SDOH-E domain(s), as specified in OAR 410-141-3735(3)(b), in which your organization provides services;
- (d) How PCS will distribute funds to your organization, including distribution schedule and allowable percentage of indirect costs;
- (e) The scope of work to be performed, including:
 - i. Specific services to be provided; and
 - ii. Which populations will be provided services
- (f) How outcomes will be measured and evaluated, including:
 - i. Specific, Measurable, Achievable, Relevant and Time-based (SMART) objectives; and
 - ii. How outcomes align with community priorities from the CCO's CHP
- (g) Data collection, sharing, and reporting obligations of both your organization and PCS, including:
 - i. The data elements to be collected by the SDOH-E Partner;
 - ii. How data is related to outcomes; and
 - iii. Process and frequency of submission of reports and/or data exchange between your organizations and the PCS.

The sample final report below is included for your information only.

2021 SHARE Initiative – Recipient Final Report

Final Report – to be completed by late 2022 (exact date to be determined based on OHA plan approval in late 2021)	
What changed or happened?	
Were there any changes in your clients' experience? For OHP patients specifically?	
What did you learn?	
What would you do differently if you were starting to do this work again?	
Will you be taking additional actions that result from this work?	
Do you have any recommendations for others who might want to do this in the future?	

Other information:

With final report, please attach budget template depicting actual expenditures for this project.