



2021 SHARE Initiative Spending Plan

September 2021

Advanced Health 2021 SHARE Initiative Spending Plan

CCO Name: **Advanced Health**

CCO Contact: **Anna Warner, Executive Program Director and Health Equity Administrator**

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](#))
\$500,000

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).

In compliance with its contractual obligations with the State of Oregon as a Coordinated Care Organization, Advanced Health made consultants available to assist the Community Advisory Councils (CACs) and their community stakeholders, one in Coos County and one in Curry County, to undertake a complete the development of *Community Health Assessments* (CHAs), which in turn, informed the development of *Community Health Improvement Plans* (CHPs). Although the CHAs were comprehensive in identifying the social determinants of health that resulted in health disparities in each county, the CHAs shared the commonality of not establishing causal linkages among the various social determinants of health and resulting health disparities. Similarly, the CHAs indicated that the health assessments were made in the absence of a gap analysis, and recommended that a gap analysis be forthcoming.

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To this end, the Program Committee of Advanced Health's board of directors, which is comprised of (largely retired) individuals who possess tremendous scholarly and applied experience in robust and complex program development, initiated a three-pronged special study that was purposed at: (1) Identifying causal linkages among community-based social determinants of health and health disparities (i.e., a root cause analysis); (2) Completing a cursory gap analysis; and, (3) Based on the foregoing, making *SHARE Initiative* funding recommendations to the CACs, and with the consent and approval of CACs, and together with the CACs, to Advanced Health's governing board of directors.

The Program Committee of Advanced Health began its work by developing grids that clustered causal socially determining factors and service delivery gaps, dichotomized by significant health disparities. As the Program Committee undertook this work, it determined that the work would be made more accurate and complete if additional community experts were consulted. To that end, the Program Committee developed a survey instrument and distributed it to twenty-five (25) key informants. A particular effort was made to include key informants who were not stakeholders in any CAC or otherwise affiliated with any social service agency or program. Data from each of the key informant surveys were then aggregated and summarized.

The Program Committee studied and analyzed the interplay of socially determined root causes for significant health disparities, drawing information from the *Community Health Assessments, Community Health Improvement Plans*, and key informant surveys, and concluded that the most prevalent and problematic social determinants of health disparities in Coos and Curry County are: housing and homelessness; inadequate nutrition; and employment participation and workforce development. Within these broad categories, there are decided gaps in affordable and available housing, access to nutritious foodstuffs, knowledge of proper nutrition, and trauma-informed child care supports (for ages 0 to 5) that permit adults to enter or re-enter the workforce, or to engage in training or education leading to employability.

The Coos County *Community Health Improvement Plan* identified nine (9) strategic priorities that specifically included housing and homelessness (i.e., increasing the availability of safe affordable housing; supporting projects that address homelessness), economic stability (i.e., supporting workforce development), and food and nutrition (i.e., increasing the availability of healthy, nutritious food for all ages). The Curry County *Community Health Improvement Plan* identified seven (7) strategic

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priorities that specifically included housing and homelessness (i.e., increasing the availability, affordability, and quality of housing and supporting projects that address homelessness); economic stability (i.e., workforce and economic development); and food and nutrition (i.e., increasing the availability of healthy, nutritious food for all ages). To this end, it can be easily determined that there is a direct and crucial link, representing a high degree of alignment, between the priorities of the *Community Health Improvement Plans* and selected *SHARE Initiative* spending priorities.

While Advanced Health's Coos and Curry *Community Health Improvement Plans* are not yet fully shared, as demonstrated in the 2021 *Community Health Improvement Plan Progress Reports*, the plans are shared by nearly all community partners, including local public health, hospitals, and an array of other organizations. In Curry County, where Advanced Health's service area overlaps with AllCare Health, the Curry CHP is shared by both CCOs. The Tribes serving Coos and Curry counties do not yet fully share the *Community Health Improvement Plans*, however, representatives from the Ko-Kwel Wellness Center (formerly the Coquille Indian Tribe Community Health Center) and the Tolowa Dee-ni' Nation participated in developing the priorities of the *Community Health Improvement Plans*. Both the Coquille Indian Tribe and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw have appointed a representative to the Coos and Curry CACs, which oversee Advanced Health's work on the Coos and Curry CHPs, respectively.

The Program Committee presented the results of its root cause and gap analyses, along with its resulting recommendations for *SHARE Initiative* priorities, to the Coos and Curry CACs in late February and early March meetings. At the recommendation of the Coos County CAC, revisions in target population were made to the intended beneficiaries of subsidized child care to create better alignment with workforce development initiatives identified in the Coos County *Community Health Improvement Plan*. *SHARE Initiative* funding priorities were jointly submitted by the CACs and the Program Committee to Advanced Health's board of directors at their regularly scheduled meeting in March, and unanimously adopted.

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

Prior to the outset of the *SHARE Initiative*, Advanced Health contributed community benefit funds to: housing needs assessment studies in both Coos and Curry Counties; a resulting Housing Action Plan in Coos County; and resources required to establish a Coos County Housing Trust Fund. Advanced Health, as a relatively small CCO,

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understand that it will not be able to make significant improvements to well-documented housing shortages on an independent basis, but rather, that it can effectively use its funding to leverage additional resources.

In addition, and with a combination of community benefit, health-related services, and Community Health Improvement funding, Advanced Health has, since the time of its inception, provided annual and direct operating support to The Nancy Devereux Center in Coos County, and intermittent support to the Curry Homeless Coalition, to address a wide array of unmet needs on behalf of persons who are unstably housed. Advanced Health understands that the housing needs among persons who are homeless are dire, extreme, and urgent, and gave priority consideration within its *SHARE Initiative RFA* to these needs – almost as a precursor to supported housing.

In aggregate, of the \$500,000 in *SHARE Initiative* funding allocated by Advanced Health's board of directors, more than half, \$260,000, was directed to the support of housing and homeless projects. In Coos County, Advanced Health allocated \$200,000 and solicited applications that would apply evidence-based strategies and a Collective Impact model to leverage a multidisciplinary array of community partners (i.e., homeless advocates, social service agencies, housing advocates, housing providers) to: (1) Work at the individual level to, as rapidly as possible, develop temporary housing for persons who are homeless; and, (2) Work at the community level to contribute funds to efforts to create (i.e., purchase, acquire, construct, or renovate) affordable permanent, leasehold, supportive housing. The Nancy Devereux Center, along with its collective impact partners, was the successful applicant. \$100,000 was allocated to the development and operation of a Pallet Home Community on behalf of individuals who are homeless. In addition, \$100,000 was allocated toward the acquisition of scattered-site permanent supportive housing. In specific, The Nancy Devereux Center will be required to leverage Advanced Health's resources on a 100 percent basis by December 31, 2022, and then to invest the resulting \$200,000 in resources toward the acquisition of a permanent housing facility (i.e., duplex) by December 31, 2023, that is capable of housing at least two families on a reduced-fee leasehold basis.

In Curry County, Advanced Health allocated \$60,000, and permitted applicants to make the determination as to whether their proposed project would work at the individual level or community level. It was not anticipated, that with \$60,000, a successful project could work concurrently at the individual and community levels. A single application was received from Curry County, and was entirely non-responsive. The application did not adhere to the application guidelines, did not apply a Collective

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Impact model, did not formulate any measurable outcome metrics, and did not meet OHA's definitions for permanent supported housing. Advanced Health staff then worked with The Curry Homeless Coalition to develop a multi-phase concept proposal into a SHARE Initiative project for 2021-22 that will leverage the \$60,000 in funding from Advanced Health to attain adequate funds to implement Phase I of the proposal, including purchasing an identified property, preparing the site, obtaining required permits, and establishing an encampment site. Infrastructure considerations for sanitation, trash service, meals, and showers are included in Phase I. In future years, Advanced Health anticipates supporting further development of the project to include rehabilitation of existing structures or acquisition of pallet shelters, and incorporation of on-site health services.

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.)**

Housing & Homelessness, Coos County: The successful bidder was The Nancy Devereux Center and its Collective Impact partners and/or sub-recipients (i.e., Bay Area First Step, a peer support organization; New Community Coalition to serve in the role of consortia convener and provider of formative evaluation services; Alternative Youth Activities, for assembly and maintenance of pallet homes; City of Coos Bay (to provide real property for the Pallet Home Community). The amount of the award is \$200,000.

Housing & Homelessness, Curry County: No award was made in response to the initial RFA. The single application that was received was non-responsive and non-compliant. Advanced Health staff worked directly with The Curry Homeless Coalition to develop a SHARE Initiative agreement in support of the first phase of a multi-phase proposal to address the immediate need for temporary and transitional housing in Curry County. The amount of the award is \$60,000.

Nutrition, Coos County: No applications were received in the initial request for applications. Advanced Health exercised its authority to identify an interested and worthy community partner, and to engage in direct contracting. The award was made to Coos Head Food Co-op in the amount of \$80,000.

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Nutrition, Curry County: Two proposals were received. The successful bidder was the Gold Beach Community Center and its Collective Impact partners. The amount of the award is \$20,000.

Subsidized, Trauma-Informed Child Care to Permit Parents to Enter the Workforce, or Engage in Training/Education Leading to Workforce Entry, Coos County: A single application was received from South Coast Business, and its Collective Impact partners, on behalf of a pre-school program in Bandon. This applicant sought (capital) funds for a new building to expand enrollment capacity. The amount of the award is \$15,000.

Subsidized, Trauma-Informed Child Care to Permit Parents to Enter the Workforce, or Engage in Training/Education Leading to Workforce Entry, Coos and Curry Counties, Combined: Only a portion of the funds allocated to this priority was awarded as a result of the initial RFA. The Program Committee of Advanced Health worked with the Southwestern Oregon Workforce Investment Board (SOWIB) to develop a project to increase the availability of childcare and provide subsidies for some eligible families. The amount of the award is \$85,000.

Program Evaluation: In addition to the amounts identified above, Advanced Health has reserved eight percent of the total *SHARE Initiative* awards, or \$40,000, to secure professional and independent program evaluation services through SCRIPT, a local and well-qualified nonprofit organization.

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

Advanced Health engaged in an open, transparent, and competitive application process. Following Advanced Health's board meeting in March, Advanced Health developed and widely disseminated a Request for Applications (RFA) for its SHARE Initiative program. A wide array of social service agencies, consortia, and councils were eligible to submit applications; however, any entity that held a clinical contract for services with Advanced Health, or that had the capacity to generate invoices for Medicaid services, were declared ineligible, with the exception of local public health departments and school districts. The RFA stated that if there was no successful bidder for any of the three priority areas (housing and homelessness, nutrition, child care), that Advanced Health had the right to work with community partners to engage in direct contracting. Because COVID-related concerns negated the potential for a bidder's conference, a period of time was permitted during which RFA questions could

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be asked on an anonymous basis, and responses to all questions were posted to Advanced Health's website. Finally, the RFA specified that the method of award would be through "Cooperative Agreements," rather than through grants or contracts. The Program Committee of Advanced Health developed application scoring criteria, copies of which were also included in the published RFA and available on Advanced Health's website. Attached to this SHARE Initiative Spending Plan is a copy of the RFA published by Advanced Health: *Advanced Health SHARE Initiative FINAL RFA 20200323*.

Advanced Health sought applications in each of three categories (housing and homelessness; nutrition; and trauma-informed early childcare), with the intent of making long-term strategic investments in these programs. The RFA indicated that if process and outcome objectives were attained during the first year, that successful projects would be funded for a second (and perhaps even third or fourth year). Advanced Health simply understands that making investments in the social determinants of health is a long-term strategy, and one that will not be accomplished with a single year's funding allocation.

At the same time, the RFA also required that the evidence-based Collective Impact model be applied to each application. Most nonprofit social service agencies in Coos and Curry County operate on relatively small scales. Advanced Health did not want to encounter the circumstance in which it provided nutrition funding at \$5,000 to one organization, nutrition funding at \$10,000 to a second organization, and \$7,000 in nutrition funding to a third organization. To a certain extent, Advanced Health was already doing this through Community Health Improvement Plan investments, using population-based Health-Related Services resources. These funded projects tended to purchase nutritious foods and make these available at food banks. However, when the grant resources were exhausted, the programs came to an end, or were "sustained" only by an infusion of additional grant resources. For its larger and longer-term SHARE Initiative, Advanced Health asked all nutrition organizations to come together, select a backbone organization, develop common metrics, and share resources amongst themselves, with the long-term goal of developing sustainable food chain supplies by engaging local agricultural and fisheries producers.

The Program Committee reviewed and scored all applications. The Program Committee submitted its recommendations to Advanced Health's board of directors, who ultimately (and appropriately) made the final funding decisions.

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In the priority areas for which initial applications were not received, and for which awards were not made in the initial application review, Advanced Health worked to identify community organizations and projects that would meet the priorities established for the SHARE Initiative program. Through the Program Committee of SCRIPT, the projects with Coos Head Food Co-op (for the priority of nutrition in Coos County) and Southwestern Oregon Workforce Investment Board (for the priority of child care in Coos and Curry Counties) were identified and developed. For the housing priority in Curry County, Advanced Health staff worked directly with The Curry Homeless Coalition to develop a project proposal that aligned with the SHARE priorities set forth by the Advanced Health board and the requirements of OHA.

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

Formal agreements with each SDOH-E Partner are attached:

- [Advanced Health SHARE Agreement_Coos Head Food CoOp_Signed](#)
- [Advanced Health SHARE Agreement_Curry Homeless Coalition_Signed](#)
- [Advanced Health SHARE Agreement_Gold Beach Community Center_Signed](#)
- [Advanced Health SHARE Agreement_Nancy Devereux Center_Signed](#)
- [Advanced Health SHARE Agreement_South Coast Business_Signed](#)
- [Advanced Health SHARE Agreement_SOWIB_Signed](#)

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

See the attached file:

- [Advanced Health SHARE Initiative Budget Proposal](#)

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.)

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Each of the two CACs participated in the selection of *SHARE Initiative* funding priorities: the Curry CAC in their February 2021 meeting, and the Coos CAC in their March 2021 meeting. Together the CACs and the Program Committee, submitted these recommendations to Advanced Health's board of directors at their March 2021 meeting. The recommendations of the CACs and Program Committee were approved by Advanced Health's board of directors, without revision.

It was initially intended that respective consumer-members from each CAC would participate in the scoring of each *SHARE Initiative* application. In Coos County, the only two CAC members who volunteered to participate in the scoring and selection process were not consumer-members of the CAC, but instead, were representatives of social service agencies – entities that were eligible to apply for *SHARE Initiative* resources. Given this potential conflict-of-interest, these volunteer services were declined. In Curry County, two consumer members of the CAC volunteered to participate in the scoring. However, because only one compliant application was received from Curry County, and that application had no competitors, consumer members of the CAC were not asked to complete the score sheets for this single, non-competing, application.

Going forward, it is Advanced Health's every intent that consumer members of the CACs will be integrally and meaningfully involved in the ongoing evaluation of all funded *SHARE Initiative* projects. Advanced Health has arranged for SCRIPT to provide neutral, independent, and professional program evaluation functions, and CAC members will be active participants in SCRIPT's evaluation team. Through this process, CACs will track and monitor the outcomes of *SHARE Initiative* programs. These outcomes will play a major role in determining future funding levels, if any, thereby assuring that the CACs have a voice in the continuation or discontinuation of *SHARE cooperative agreements*.

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.**

Advanced Health has entered into an agreement with SCRIPT, a local, private, Oregon, not-for-profit corporation, that enjoys tax-exempt status pursuant to IRS 501(c)(3), to provide neutral, independent, and professional program evaluation services. SCRIPT is comprised of a governing board of (largely retired) health and social services executives (i.e., the retired director of Coos County Public Health; the retired director of Coos County Mental Health; a retired executive director of a federally-qualified health center; an active executive affiliated with the local Coquille Tribe; the current local/regional

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director for DHS; a retired and locally esteemed educator; and individuals with technical knowledge in early childhood development and trauma-informed practices). Many of the professionals affiliated with SCRIPT have served as Principal Investigators or Project Directors on sophisticated federally funded grant programs, and are well-versed in matters of both program development and program evaluation.

SCRIPT will organize into teams to provide professional evaluation (and technical assistance) functions for each of the funded *SHARE Initiative* projects. Representative consumer-members of relevant CACs will serve as team members. At least one member of each evaluation team will be required to be a professional-level member of the American Evaluation Association.

SCRIPT's evaluation team will meet with, or review data from, each funded project according to the following schedule:

- a. Within thirty days of execution of the cooperative agreement, SCRIPT will meet with funded projects to review objectives, data collection systems, and expectations;
- b. Within ninety days of the execution of the cooperative agreement, SCRIPT will engage in data sampling at each funded site, and will review the source documentation for each data sample to test for data fidelity;
- c. At the six-month mark, SCRIPT will call for process and outcome data-to-date, and will complete a formative evaluation for each project that will be shared with Advanced Health's executive administrators, CACs, and board of directors. If there is need for corrective action, the formative evaluation report will so-specify;
- d. At the nine-month mark, SCRIPT will call for process and outcome data-to-date, conduct a desk review, and if corrective action was previously specified, will report on the progress of that corrective action; and,
- e. At the conclusion of the first project period, SCRIPT will complete a formal summative evaluation report for each funded project, specifically reporting on the degree of outcome attainment in quantifiable terms. This report will be shared with Advanced Health's executive leadership, CACs, and board of directors, and will formulate the basis upon which continued funding will be recommended or withheld.

The primary program evaluation techniques to be applied by SCRIPT will be that of the Goal-Attainment Model, and Pre/Post Comparison Model. The Goal-Attainment Model requires program planners to hypothesize and quantify their intended processes, outputs, and outcomes, and then statistically measures the degree to which those processes, outputs, and outcomes have been attained (or not). The Pre/Post Comparison Model examines pre- and post-program data to determine if positive

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change has occurred, and statistically examines any degree of change. Program evaluation techniques will not involve Quasi-Experimental or Experimental designs.

For every *SHARE Initiative* project summarized below, the intended target population is comprised of a subset of general community members who have developed, or are at risk of developing, health disparities. The *SHARE Initiative* projects funded by Advanced Health do not target the CCO's members or OHP members, and will not track data according to those criteria.

Advanced Health's largest project, at \$200,000, is the Housing and Homeless Project in Coos County. The objectives for smaller projects (i.e., nutrition in Curry County; child care in Coos County) are re-stated in the formal agreements that are attached to this Spending Plan Report, pursuant to Item 7, earlier. By way of illustration, the following summarizes the objectives for the largest housing and homelessness project in Coos County.

Objectives for Individual-Level Activities

- 1.0 During each of two performance periods, the Collective Impact Consortium, under the leadership of The Devereux Center, will provide 7,300 shelter nights in the Pallet home community; 1,300 hours of intensive case management services; 7,300 hot meals; and at least 1,500 units of supportive services, on behalf of a minimum of 25 unduplicated Pallet home residents, as will be documented by the Consortium's internal electronic data management systems. [Process Objective]
 - 1.1 As a direct result of Objective 1.0, within six months of occupancy of a Pallet shelter, at least 80 percent of Pallet home community residents will have completed at least 80 percent of their initial and individually negotiated case management objectives, as will be documented by electronic care management records. [Outcome Objective]
 - 1.2 As a direct result of Objective 1.0 and 1.1, within nine months of occupancy of a Pallet shelter, at least 90 percent of Pallet home community residents will either: establish a new disability claim; enter, complete or maintain behavioral health treatment; secure employment; enter a formal or informal vocational training program; or demonstrate work-like or work-preparatory behavior through regular and meaningful volunteer work that creates positive community attachments, as will be documented by electronic care management records. [Outcome Objective]
 - 1.3 As a direct result of Objectives 1.0, 1.1, and 1.2, within twelve months of occupancy of a Pallet shelter, at least 95 percent of Pallet home

