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 September 30\(^1\) 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 September 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.

\(^1\)CCOs can submit their proposed Spending Plans at any time from 6/30/2021 through 9/30/2021. OHA will notify each CCO about the approval status of its plan within 30 days of receipt. In the event a CCO’s plan cannot be approved as submitted, OHA will work with the CCO to resolve the identified deficiencies as quickly as possible.
IHN-CCO reviewed foundational documents to prioritize Social Determinants of Health (SDoH) spending through the SHARE Initiative and provide structure for discussions with the Local Advisory Committees of the Community Advisory Council (CAC). Following these assessments and review by the internal SDoH Spending Committee as well as the DST and its workgroups, housing arose as the common theme. This is also aligned with current known community sentiment. When housing is accessible, safe, and affordable, long-term health outcomes improve and medical care costs drop. Transitional housing, supports for the homeless including shelters and camps, medical respite after hospital discharge or incarceration, and resources to support staff and traditional health workers are a primary need in all three counties.
Priority Areas and Feedback on SHARE Initiative

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

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

State Health Improvement Plan (SHIP) Priority Areas

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

Delivery System Transformation Committee (DST) Priority Areas

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

Social Determinant of Health Workgroup Priority Areas

- Food Security
- Housing
- Transportation

Local Advisory Committee of the Community Advisory Council Needs Assessments:

Linn

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

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

**Lincoln**
- **Housing**
  - Queer and trans housing specifically called out regarding safety and accessibility
  - North Lincoln county (Otis) lost many units of affordable housing due to the wildfires
- Foster youth in transition out of foster care
Social Determinants of Health Workgroup
Recommendations for Funding, Policy, and System Change in the Housing Sector

Background
The recommendation to IHN-CCO from the Social Determinants of Health Workgroup begins with establishing desired goals and outcomes for Social Determinants of Health (SDoH) work. This is achieved by aligning with CCO 2.0 metrics to develop more specific work plans to achieve desired outcomes and to establish promising practices to move to system integration or community commitments.

The SDOH workgroup would also like to encourage internal operations of IHN-CCO to consider integration of priority areas outlined within these recommendations through documentation (policies, processes, and procedures) to assist in fulfilling contractual obligations outlined by the State of Oregon for the use of Medicaid funds.

The priority areas of Housing, Food Security, and Transportation were developed through evaluation of the Community Advisory Council's Community Health Improvement Plan, the regional Community Health Improvement Plans, and the Delivery System Transformation (DST) Committee’s four workgroups; Social Determinants of Health (SDOH), Health Equity, Traditional Health Workers (THW), and Universal Care Coordination (UCC).

Vision
We can live in a community where everyone has access to a decent, stable and affordable place to call home.
When we focus on housing as a social determinant of health, we create a better future for all of us in the CCO service area.

A broad definition of housing is used to include not only under-housed, but also safe housing, assuring housing is free from health risks, and affordable housing options for individuals and families. Throughout these recommendations, the SDoH workgroup will strive for connectives of services to ensure closed loop referrals and assistance.

Key Takeaways:
- Ensure rural communities are included in the conversation and recognize lack of resources in these communities.
- Align funding streams.
- Create mechanism for communication about different assistive services.

Thank you to all the organizations and individuals that worked to create these recommendations:

Albany Partnerships for Housing and Community Development, C.H.A.N.C.E., Community Advisory Council Coordinator, Community Health Centers of Benton and Linn Counties, Creating Housing Coalition, Early Learning Hub, IHN-CCO Director of Government Affairs, Provider Network and Contracting, and Transformation, Jackson Street Youth Services, Lincoln County Health and Human Services, Linn Local Committee of the Community Advisory Council, Live Longer Lebanon, Olalla Center for Children and Families, Old Mill Center for Children and Families, Oregon State University Center for Health Innovation, Oregon West Cascades Council of Governments, Regional Health Assessment, RideLine, Samaritan Health Plans Care Coordinators, Samaritan Health Services Care Coordinators, Samaritan Health Services Public Relations, Signs of Victory.
# FUNDING RECOMMENDATIONS TO IHN-CCO

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Funding Stream</th>
</tr>
</thead>
</table>
| **1.** Support traditional health workers (THWs) in the housing sector to connect members to supportive services. Increase the number of THWs in the housing sector by at least one per county. Partnerships include:  
   o Current or past DST pilots such as DevNW, Creating Housing Coalition, and Corvallis Housing First.  
   o Engaged partners such as Albany Partnerships for Housing and Community Development and Signs of Victory.  
   o New ones such as with the Community Services Consortium, Lincoln County School District, and other like entities. | Delivery System Transformation Committee (DST) |
| **2.** Increase reimbursement and funding to improve mold abatement, home repair, pest management, and home safety modifications made by current residents and proactively by lot managers/owners.  
   o Convene agencies doing similar work to ensure gaps in current funding streams are addressed. Conduct environmental scan to reduce duplication of services. | SHARE Initiative |
| **3.** Prioritize flexible funding to support reimbursement and funding for temporary housing support such as transition to stable housing, temporary rental assistance, and budgeting gaps.  
   o The Social Determinants of Health Workgroup requests a conversation with the IHN-CCO Medical Management Department to discuss referral pathways for flexible services to ensure awareness of the community, members, and providers. | Health Related Services: Flexible Services |
### OTHER RECOMMENDATIONS

#### Policy
- Create and publish a policy statement for safe, healthy, and affordable housing supporting:
  - Improvements of substandard housing conditions;
  - Anti-discrimination laws in the housing sector; and
  - Equity in access to safe and affordable housing.

#### System Change
- Improve discharge planning to better meet the needs of those who are or are at risk of becoming homeless (e.g. screening for stable housing and having closed loop referral pathway for those who present as high risk).

#### Data
- Define, collect, measure, and report housing status outcomes of interest associated with housing and traditional health worker initiatives.
- Identify process for data collection regarding housing status.
- Utilize existing and future data to view disparities such as:
  - Neighborhood/zip code and indicators.
  - Pockets of members who are currently living in substandard or supportive living.

#### Trainings
- Increase awareness of prevention-oriented trainings in the housing sector such as Housing 101 for partners.
- Develop clinical staff training in:
  - Data collection
  - SDoh screening tools
  - Closed loop care model
InterCommunity Health Network
Coordinated Care Organization (IHN-CCO)

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

Date of Issuance: May 11, 2021
Letter of Intent Due Date: June 2, 2021 via IHNtogether.org/RFP
Proposal Due Date: June 21, 2021
Issuing Office: IHN-CCO
Point of Contact: Charissa Young-White
541-602-8712
transformation@samhealth.org
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I. OVERVIEW

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

Equity Statement

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

IHN-CCO Priorities

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

II. SHARE INITIATIVE FOCUS & REQUIREMENTS

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

- Medical Respite
- Housing Supports including Traditional Health Workers and Transitional Housing
- Regional Coordination of Housing Efforts

Proposal applications may be for funding through December 2022 (1 to 1.5 years).

Required Letter of Intent

A non-binding Letter of Intent (LOI) is required to be considered for funding. The LOI must be completed no later than June 2, 2021 at 8:00 am. The form can be found at IHNtogether.org/RFP.
Medical Respite

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

Housing Supports including Traditional Health Workers and Transitional Housing

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

Regional Coordination of Housing Efforts

Strategy: Create mechanism for communication and alignment between current housing groups in all three counties. Support gap analysis to determine needs for development of housing strategies in the region.

Goals:

- Hire coordinator for the regional project that IHN-CCO manages and supports.
- Create housing dashboard by leveraging current data/databases.
- Create housing coalition to ensure a coordinated regional effort that addresses high needs and gap areas.

Community Health Improvement Plan (CHIP)

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

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

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

   Indicator Concepts

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

   Areas of Opportunity

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

2. Increase health equity.

Areas of Opportunity

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

Additional Evaluation Measures and Considerations

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

III. DEFINITIONS

Social Determinants of Health

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

Health Equity

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

Housing

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

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

V.  TECHNICAL ASSISTANCE

Technical assistance is available for anyone submitting a proposal. Please direct all questions and inquiries to transformation@samhealth.org.

VI.  PRESENTATIONS

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

VII.  TIMELINE

<table>
<thead>
<tr>
<th>Activity</th>
<th>Expected Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Proposal (RFP) Announcement</td>
<td>May 11, 2021</td>
</tr>
<tr>
<td>Question and Answer (Q&amp;A) Session</td>
<td>May 25, 2021</td>
</tr>
<tr>
<td><strong>Letter of Intent Due</strong></td>
<td><strong>June 2, 2021</strong></td>
</tr>
<tr>
<td>Technical Assistance Offered</td>
<td>May 12, 2021 - June 18, 2021</td>
</tr>
<tr>
<td>Proposal Due</td>
<td><strong>June 21, 2021</strong></td>
</tr>
<tr>
<td>IHN-CCO Reviews</td>
<td>June 22, 2021 – July 2, 2021</td>
</tr>
<tr>
<td>Community Advisory Council Review</td>
<td>July 12, 2021</td>
</tr>
<tr>
<td>Proposers Notified of Denial or Approval</td>
<td>By August 31, 2021</td>
</tr>
</tbody>
</table>

Although we do our best to adhere to this timeline, it is subject to change as circumstances occur.
VIII. REQUEST FOR PROPOSAL APPLICATION COMPONENTS

Cover Sheet

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

Proposal Narrative

Medical respite and housing supports. Expected length is 3-5 pages.

- Project description:
  - Activities and goals including the definition of success
  - Description of organization including capacity for carrying the project out
  - Region impacted (at least county-specific)
  - Health equity approach/plan
  - Populations impacted:
    - Total number of people served
    - IHN-CCO members served
    - Demographics (zip code or neighborhood, race/ethnicity, age, language, disability, gender identity, etc.)
  - Partnerships and collaboration
  - Budget narrative: how will these funds be spent?

- Environmental scan/competitive landscape
- Sustainability plan

Regional coordination. Expected length is 1-2 pages.

- Activities and goals including the definition of success
- Description of organization including capacity for carrying the project out
- Health equity approach/plan
- Partnerships and collaboration plan

Timeline

Provide a timeline listing short- and long-term goals including activities (template is in PowerPoint).

Budget

Provide a budget using the Budget Template (template will be in Microsoft Excel).

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

Use the Measures and Evaluation Template to show the evaluation plan (this template will be in Microsoft Word).
IHN-CCO SHARE Initiative Process

Pre-Spending Decision-Making Process Flow

CAC Review and Decisions on Process → Local Advisory Committee Feedback Subprocess → Create Request for Proposal (RFP)* → DST and SDoH Workgroup Review and Feedback → CAC Reviews Recommended RFP and Feedback Loop Completed → RFP Finalized

Key

Community Advisory Council (CAC) Role

IHN-CCO Internal Operations Role

Community or External Committee Role

Request for Proposal Process

RFP Issued and Communicated Widely → Minimum Criteria Review and Recommendations Developed for Funding → CAC Review and Decisions → IHN-CCO Board of Directors Approval

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

INTERCOMMUNITY HEALTH PLANS
and
FAMILY TREE RELIEF NURSERY

THIS IS AN AGREEMENT by and between InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”) and Family Tree Relief Nursery (herein referred to as “FTRN”) providing services for families and individuals impacted by homelessness in rural East Linn County through the integration of Traditional Health Workers (THWs).

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

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

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

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

2.0 SERVICES TO BE PROVIDED:
2.01 FTRN shall provide
   2.01.1 Services as outlined in Attachment A: Work Expectations and Payment;
   2.01.2 Documentation of outcomes according to Attachment B: Performance Standards and Outcomes, to include tracking of all IHN-CCO members served;
   2.01.3 Report on systems changes and processes implemented according to Attachment C: Reporting Requirements; and
   2.01.4 FTRN shall deliver all services paid for through this Contract in accordance with their IHN-CCO and Community Advisory Council (CAC) approved proposal, which is hereby incorporated into this Contract by this reference.
2.02 IHN-CCO shall provide
Transformation
Hope Center Project
IHNS-HOPE-21A

2.02.1 Data and data analysis as necessary to support the program and as it is able within resource limitations, and

2.02.2 Guidance and support.

3.0 PAYMENT: IHN-CO shall pay FTRN an amount not to exceed $123,750 for work performed from January 1, 2022 to December 31, 2022 as specified in Attachment A. This amount includes any and all associated expenses. Invoices shall be submitted to IHN-CO on a monthly basis using the attached invoice form or other acceptable form and include a unique invoice number, brief description of the work performed, and project number (IHNS-HOPE-21A). IHN-CO shall process all invoices within 30 days of receipt.

3.01 Submit Invoices by email: invoices@samhealth.org and transformation@samhealth.org

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

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

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

7.0 EXTRA (CHANGED) WORK: Only IHN-CO Identified Staff may authorize extra (and/or changed) work. IHN-CO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of FTRN to secure IHN-CO’s authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and FTRN thereafter shall be entitled to no compensation whatsoever for the performance of such work.
8.0 FTRN shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.

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

10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. FTRN agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the FTRN, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and FTRN billing. This agreement does not prohibit FTRN from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit FTRN from pursuing any available legal remedy. FTRN further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, FTRN agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, FTRN shall inform Beneficiary of his or her right to receive service from such hospital or FTRN subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary’s sole responsibility. FTRN may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from
Transformation
Hope Center Project
IHNS-HOPE-21A

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

11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. FTRN shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of FTRN clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

FTRN

Signature: Renee H. Smith
Name: Renee H. Smith
Title: Executive Director
Date: 8/26/2021

IHN-CCO

Signature: Bruce Butler
Name: Bruce Butler
Title: Chief Executive Officer
Date: 8/26/2021 | 15:34:32 PDT

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

Work Expectations and Payment

THE HOPE CENTER PROJECT shall consist of the following:

<table>
<thead>
<tr>
<th>Project Goals:</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recruit and hire a THW/PWS (Peer Wellness Specialist) for Hope Center THW position by 6/30/2022</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>• Train and credential a THW/PWS for Hope Center by 9/30/2022</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>• Develop and document PWS service delivery model specific to Hope Center and East Linn houseless community 4/30/2022</td>
<td>$3,500.00</td>
</tr>
</tbody>
</table>

1. General & Contracted Services
   - PWS providing case management, peer services, care coordination, documentation, home visiting, 1on1 services, resource and referrals based upon IHN members enrolled at Hope Center's needs. $40,000.00
   - Development of PWS service model delivery for Hope Center program and East Linn County including enrollment, assessments and data collection $4,000.00
   - Identify and connect with community partners to establish referral pathways and closed loop referral system through Unite Us $3,500.00
   - Create and implement RN Respite program classroom and service delivery $5,000.00
   - Create data and outcome collection process through current data base and Unite Us systems $2,500.00
   - Providing best practice PWS employee support benefits through clinical supervision support $3,500.00

2. Materials & Supplies
   - Classroom supplies/equipment $7,000.00
   - Cell phone, internet service, laptop/tablet $7,000.00

3. Travel Expenses
   - Staff mileage used to transport client to need appointment, seek housing options and coordinate care. $6,000.00

4. +70*1 Meeting Expenses
   - Host 3 community meetings at Hope Center for community partners and attend regular monthly meets as required $1,500.00

5. Professional Training & Development
   - Training and certification for PWS $500.00

6. Other budget items
   - Space agreement with Hope Center for coloculation of services $12,000.00
   - Rental supports for IHN members $20,000.00

   **Total Direct Costs** $112,500.00

7. Indirect 10%
   **TOTAL** $123,750.00

Payment Schedule:

Monthly payment of $10,312.50 to FTRN will be processed upon receipt of invoice provided. Submit invoices pursuant to Section 3.0 not later than the 30th of each month.
## Outcome Measures

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit and hire a THW/Peer Support Specialist for Hope Center THW position by 6/30/2022</td>
<td>No current staff person at Family Tree RN</td>
<td>New staff person starts employment at Family Tree RN</td>
<td>Family Tree RN employee co-located at Hope Center offering case management services to IHN Members</td>
<td>6/30/2022</td>
</tr>
<tr>
<td>Train and credential a THW/Peer Wellness Specialist for Hope Center position 9/30/2022</td>
<td>No currently trained PWS at Family Tree RN</td>
<td>Family Tree RN employee attends training and is credentialed through OHA and THW Registry</td>
<td>Family Tree RN maintains employee who is certified as PWS</td>
<td>9/30/2022</td>
</tr>
<tr>
<td>Develop and document PWS/PS services delivery model specific to Hope Center and East Linn County Houseless Community 4/30/2022</td>
<td>Family Tree RN does not currently have program services model specific to the HOPE Center project with a focus on the Sweet Home and rural East Linn County area.</td>
<td>Program outline, documents, assessments, end of service evaluation and all other details created and completed</td>
<td>Family Tree RN delivers services to model details</td>
<td>4/30/2022</td>
</tr>
<tr>
<td>Implement program enrollment process that includes strength and needs assessment to ensure member led program services 9/30/2022</td>
<td>Family Tree does not have a S&amp;N assessment specifically for members suffering from housing insecurities.</td>
<td>Assessment will be used in all intakes and aid in identifying the strengths and needs of community members experiencing housing insecurities within the Sweet Home community.</td>
<td>Assessment will help community members and community partners better identify the needs within their community. Assessment will be shared with the Hopes Center for continued use in their programming</td>
<td>9/30/2022</td>
</tr>
<tr>
<td>Support member in accessing health care needs identified by the member led case management plan with enrollment in primary care home by 3/30/2023</td>
<td>Potentially individual is not enrolled in any health insurance or connected to Primary Care Home</td>
<td>Individuals will have health care needs identified at time of intake and addressed based on each member’s needs assessment.</td>
<td>85% of individuals engaged in services will have established health care provider and appropriate healthcare coverage based on individualized care needs within 90 days of enrollment</td>
<td>3/30/2023</td>
</tr>
<tr>
<td>Support member in identifying needs and access to specialty care such as dental care, substance use disorder care and behavioral health services by 3/30/2023</td>
<td>Family Tree has been working in partnership with Samaritan Health services to provide Substance Use specific services to the Sweet Home community. We are aware that 45% of the referrals we have received are individuals living without stable housing.</td>
<td>Individuals identified as needing specialty services will be provided with a referral to appropriate services that meet their specialized health needs. Family tree will address barriers to the engagement of services such as transportation for continued success.</td>
<td>85% of members that have specialized care needs will be referred to services within 90 days of enrollment</td>
<td>3/30/23</td>
</tr>
<tr>
<td>Build connections with local healthcare community to better coordinate care of members experiencing long term chronic diseases by 9/30/2022</td>
<td>There are several existing community partner groups in the Sweet Home area. Family Tree will attend meetings and leverage existing relationships with Samaritan Health and other community</td>
<td>A defined systems of coordinated care will be created using the UNITUS system as available to coordinate care of each IHN member in the program</td>
<td>Partners will routinely use UNITUS system to refer IHN members between service and healthcare providers.</td>
<td>9/30/2022 and ongoing</td>
</tr>
</tbody>
</table>
| Transformation  
| Hope Center Project  
| IHNS-HOPE-21A |
| --- | --- | --- |
| agencies to discuss coordination of care. | Family Tree is unaware of how many community partners or healthcare clinics currently use UNITUS system for referrals. Family Tree will inquire with identified organizations and discuss closed system referral system in UNITUS and assist any partners who would like utilize system for coordinated care. | UNITUS system will be used for referral and closed loop follow up system by at least four community partners or agencies. Partners will routinely use UNITUS system to refer IHN members between service and healthcare providers.  
12/30/2022 |
| Use UNITUS system to implement closed loop referral system between Hope Center project and clinical services and other community based organization by 3/30/2022 |  |
| Provide temporary rental supports to members who are trying to establish secure housing by 3/30/2022 | Assisting individuals without income within the shelter setting for a limited stabilization period while they access needed care and seek employment. The stabilization period will not exceed 90 days at which point individuals will have sustainability plan put in place for future shelter cost. Individuals seeking rental  
Individuals living in the homeless camp in the sweet home community will decrease by 50% and the individuals accessing private rental option will increase by 15%  
3/30/23 |  
<p>| | | |
|  |  |  |</p>
<table>
<thead>
<tr>
<th>Transformation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hope Center Project</strong></td>
<td><strong>IHNS-HOPE-21A</strong></td>
</tr>
<tr>
<td></td>
<td>supports in the private sector will have completed need budgeting activities and have an identified financial plan to cover future rent cost.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Connect members to long term solutions to their current housing situation. by 3/30/2023</strong></td>
<td></td>
</tr>
<tr>
<td>Family Tree knows that not everyone struggling with housing insecurities are homeless. Using the person centered approach, we will assist in finding personalized solutions to the housing insecurities in Sweet Home.</td>
<td>Individuals in the Sweet Home community will have a better housing experience by setting personal goals that meet long term goals, such as moving out of other people homes, transitioning out of shelter stay or accessing home ownership programs.</td>
</tr>
<tr>
<td></td>
<td>Individuals engaged in services will have established at least 1 long term goals and 3 short term goals as support. Community members will have an increased participation in community resources such as financial literacy classes and homeownership programs through Dev. NW</td>
</tr>
<tr>
<td></td>
<td>3/30/2023</td>
</tr>
<tr>
<td><strong>Provide ongoing support to members who have transitioned to long term housing solutions by 9/30/2023</strong></td>
<td></td>
</tr>
<tr>
<td>There tends to be a gap in-service once someone has obtained their goals and the basic needs have been met.</td>
<td>Individuals will have support person visiting them in their new housing plan for at least 90 days after transition and continue to provide support during the transition phase.</td>
</tr>
<tr>
<td></td>
<td>Individuals sustain their long term housing goals within the Sweet Home community and decrease their housing insecurities.</td>
</tr>
<tr>
<td></td>
<td>9/30/2023</td>
</tr>
</tbody>
</table>

**Page 10 of 12**
| Transformation  
| Hope Center Project  
| IHNS-HOPE-21A  |
|
| Create therapeutic respite classroom within Hope Center for early childhood care and respite by 9/1/2022 |
| There is no classroom at the current Hope site |
| Therapeutic respite classroom will be certified by the Childcare Division for use by the program. |
| Family Tree's TECP program will offer family support and respite services at the Hope Center site. Site will seek certification and funding as satellite location of Family Tree RN in the 2023-2025 biennium. |
| 9/1/2022 |
| Implement Full RN TECP Family Support and Respite care services for members with children birth to 5 by 9/30/2023 |
| Family Tree does not currently offer respite services in Sweet Home. |
| Family Tree PWS will refer families to Family Tree's early childhood program |
| Families will continue in program services while they reside at the shelter and after they leave for more permanent housing. |
| 9/30/2023 |
| Implant RN Family Support program services for members with children 6-18 by 9/30/2022 |
| Family Tree does not currently offer dedicated family support services in Sweet Home. |
| Family Tree PWS will refer families to Family Tree's Family Support program |
| Families will continue in program services while they reside at the shelter and after they leave for more permanent housing. |
| 9/30/2022 |

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

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

<table>
<thead>
<tr>
<th>Reporting periods</th>
<th>Report submission dates</th>
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</thead>
<tbody>
<tr>
<td>January 1, 2022 to June 30, 2022</td>
<td>July 7, 2022</td>
</tr>
</tbody>
</table>

Final Report

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

<table>
<thead>
<tr>
<th>Final reporting period</th>
<th>Report submission dates</th>
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</thead>
<tbody>
<tr>
<td>January 1, 2022 to December 31, 2022</td>
<td>January 31, 2022</td>
</tr>
</tbody>
</table>

Presentations

Updates: During the duration of the HOPE CENTER PROJECT contract, FTRN may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closout: Upon completion of the HOPE CENTER PROJECT contract terms, FTRN will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the HOPE CENTER PROJECT contract period.
AGREEMENT

INTERCOMMUNITY HEALTH PLANS
and
FAMILY ASSISTANCE AND RESOURCE CENTER GROUP

THIS IS AN AGREEMENT by and between InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as "IHN-CCO") and Family Assistance and Resource Center Group (herein referred to as "FAC") providing low barrier sleep solutions for IHN-CCO and community members.

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

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

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

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

2.0 SERVICES TO BE PROVIDED:
2.01 FAC shall provide
   2.01.1 Services as outlined in Attachment A: Work Expectations and Payment;
   2.01.2 Documentation of outcomes according to Attachment B: Performance Standards and Outcomes, to include tracking of all IHN-CCO members served;
   2.01.3 Report on systems changes and processes implemented according to Attachment C: Reporting Requirements; and
   2.01.4 FAC shall deliver all services paid for through this Contract in accordance with their IHN-CCO and Community Advisory Council (CAC) approved proposal, which is hereby incorporated into this Contract by this reference.

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

3.0 PAYMENT: IHN-CCO shall pay FAC an amount not to exceed $149,097.50 for work performed from January 1, 2022 to December 31, 2022 as specified in Attachment A. This amount includes any and all associated expenses. Invoices shall be submitted to IHN-CCO on a monthly basis using the attached invoice form or other acceptable form and include a unique invoice number, brief description of the work performed, and project number (IHNS-SHSC-21A). IHN-CCO shall process all invoices within 30 days of receipt.

3.01 Submit Invoices by email: invoices@samhealth.org and transformation@samhealth.org

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

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

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

7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of FAC to secure IHN-CCO’s authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and FAC thereafter shall be entitled to no compensation whatsoever for the performance of such work.
8.0 FAC shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.

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

10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. FAC agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the FAC, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and FAC billing. This agreement does not prohibit FAC from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit FAC from pursuing any available legal remedy. FAC further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, FAC agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, FAC shall inform Beneficiary of his or her right to receive service from such hospital or FAC subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary’s sole responsibility. FAC may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination of expiration of the Participating
Provider Agreement in the event such Beneficiary continues to seek services from FAC after being informed of the termination or expiration of FAC relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between FAC and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by FAC that do not contract with IHN-CCO.

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

**FAC**

Signature: [Signature]
Name: Shirley Byrd
Title: Executive Director
Date: 8/22/2021

**IHN-CCO**

Signature: [Signature]
Name: Bruce Butler
Title: Chief Executive Officer
Date: 8/25/2021 11:17:46 PDT

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

Work Expectations and Payment

THE SWEET HOME SLEEP CENTER project shall consist of the following:

**Project Goals:**
- Increase the percentage of members who have safe, accessible, affordable housing.
- Increase the percentage of members who receive appropriate care.
- Increase the percentage of members in care understanding.
- Improve access to health, legal and community services.
- Increase community behavioral awareness and reduce stigma through advocacy.
- Increase use of behavioral services.
- Improve care for members experiencing a mental health crisis.

<table>
<thead>
<tr>
<th>1. General &amp; Contracted Services</th>
<th>$50,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve health equity through innovative low barrier housing crisis intervention and advocacy for the homeless and home at risk group with the City of Sweet Home and an extensive network of collaboration partners.</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>• Provide new techniques and technologies to create pathways from Low Barrier Sleep Center housing to Permanent through coordinated and individualized client management.</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>• Provide a continuum of care through new techniques and technologies to provide coordinated and individualized client management.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Materials &amp; Supplies</th>
<th>$5,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Operations</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>• Systems And Licensing for Continuum of Care Goal 2</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Travel Expenses</th>
<th>$4,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fuel, maintenance for outreach vehicle</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Meeting Expenses</th>
<th>$1,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Venues</td>
<td>$150.00</td>
</tr>
<tr>
<td>• Oregon Homeless coalition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Professional Training &amp; Development</th>
<th>$600.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Trauma informed care</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>• Mental Health First Aid</td>
<td>$300.00</td>
</tr>
<tr>
<td>• Harm reduction</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>• Resiliency Worker Training</td>
<td>$600.00</td>
</tr>
<tr>
<td>• Nat. Law Center DC National forum of the human right to housing</td>
<td></td>
</tr>
</tbody>
</table>

**Total Direct Costs** $129,650.00

<table>
<thead>
<tr>
<th>7. Indirect 15%</th>
<th>$19,447.50</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$149,097.50</strong></td>
</tr>
</tbody>
</table>

**Payment Schedule:**

Monthly payment of $12,424.80 to FAC will be processed upon receipt of invoice provided. Submit invoices pursuant to Section 3.0 not later than the 30th of each month.
**ATTACHMENT B**

*Performance Standards and Outcomes*

**Outcome Measures**

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve health equity through innovative low barrier housing crisis intervention and advocacy for the homeless and home at risk group with the City of Sweet Home and an extensive network of collaboration partners</td>
<td>There is no Shelter in Sweet Home</td>
<td>Provide a housing solution that is available to low barrier clients</td>
<td>30 units constructed and operational</td>
<td>12/1/22</td>
</tr>
<tr>
<td>Provide new techniques and technologies to create pathways from Low Barrier Sleep Center housing to Permanent through coordinated and individualized client management</td>
<td>Currently no coordinated Low, transitional and High barrier housing solution</td>
<td>Client partnership participation at sleep center Increase access to partner services and programs at sleep center through individualized client plans Utilized by at least 75% of the clients 50% Clients are prepared and staged for high barrier housing</td>
<td>30% Clients transitioned into high barrier housing</td>
<td>12/1/22</td>
</tr>
<tr>
<td>Provide a continuum of care through new techniques and technologies to provide</td>
<td>Non-formal measures and actions No case mgmt from outreach</td>
<td>Retrofit mobile unit to provide office/client station to provide access to case management services</td>
<td>Mobile retrofit complete Reduce financial impact to medical</td>
<td>03/1/22</td>
</tr>
</tbody>
</table>
coordinated and individualized client management

| Nearly all medical referrals are to emergency rather than urgent or office care solutions | emergency healthcare providers |

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

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

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Final Report
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Presentations
Updates: During the duration of the SWEET HOME SLEEP CENTER contract, FAC may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the SWEET HOME SLEEP CENTER contract terms, FAC will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the SWEET HOME SLEEP CENTER contract period.
AGREEMENT

INTERCOMMUNITY HEALTH PLANS
and
COMMUNITY OUTREACH INC.

THIS IS AN AGREEMENT by and between InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”) and Community Outreach Inc. (herein referred to as “COI”) for remodeling our existing housing facilities to increase services to young adults ages 18-25 in the young adult dorm.

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

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

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

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

2.0 SERVICES TO BE PROVIDED:

2.01 COI shall provide

2.01.1 Services as outlined in Attachment A: Work Expectations and Payment;
2.01.2 Documentation of outcomes according to Attachment B: Performance Standards and Outcomes, to include tracking of all IHN-CCO members served;
2.01.3 Report on systems changes and processes implemented according to Attachment C: Reporting Requirements; and
2.01.4 COI shall deliver all services paid for through this Contract in accordance with their IHN-CCO and Community Advisory Council (CAC) approved proposal, which is hereby incorporated into this Contract by this reference.

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

2.02.2 Guidance and support.

3.0 PAYMENT: IHN-C CO shall pay COI an amount not to exceed $50,000 for work performed from January 1, 2022 to December 31, 2022 as specified in Attachment A. This amount includes any and all associated expenses. Invoice shall be submitted to IHN-C CO and include a unique invoice number, brief description of the work performed, and project number (IHNS-YOUNG-21A). IHN-C CO shall process all invoices within 30 days of receipt.

3.01 Submit Invoices by email: invoices@samhealth.org and transformation@samhealth.org

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

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

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

7.0 EXTRA (CHANGED) WORK: Only IHN-C CO Identified Staff may authorize extra (and/or changed) work. IHN-C CO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-C CO personnel are not authorized to either order extra work (and/or changed) work or waive contract requirements. Failure of COI to secure IHN-C CO’s authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and COI thereafter shall be entitled to no compensation whatsoever for the performance of such work.
8.0 COI shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.

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

10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. COI agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the COI, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and COI billing. This agreement does not prohibit COI from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit COI from pursuing any available legal remedy. COI further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, COI agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, COI shall inform Beneficiary of his or her right to receive service from such hospital or COI subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary’s sole responsibility. COI may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination of expiration of the Participating Provider Agreement in the event such
Beneficiary continues to seek services from COI after being informed of the termination or expiration of COI relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between COI and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by COI that do not contract with IHN-CCO.

11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. COI shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of COI clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

COI

Signature: [Signature]
Name: Ben Dawson
Title: Executive Director
Date: 8/23/21

IHN-CCO

Signature: [Signature]
Name: Bruce Butler
Title: Chief Executive Officer
Date: 8/25/2021 | 11:03:04 PDT

COI, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT COI HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.
ATTACHMENT A
Work Expectations and Payment

THE YOUNG ADULT DORM project shall consist of the following:

**Project Goals:**
- Increase young adult independent living skills
- Reduce disparities by creating access to healthcare, educational, employment, and housing opportunities
- Increase the number of young adults in stable housing
- Improve young adults coping skills

<table>
<thead>
<tr>
<th>1. General &amp; Contracted Services</th>
<th>$20,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff time to develop and implement curriculum and programming</td>
<td></td>
</tr>
<tr>
<td>• Direct client assistance to reduce barriers to healthcare, educational, employment, and housing opportunities</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Other budget items</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Security system</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** $50,000

Payment Schedule:

One-time payment of $50,000 to COI will be processed upon receipt of invoice provided.
### Outcome Measures

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase young adult independent living skills</td>
<td>COI currently provides life skills classes to a range of different populations through our housing program</td>
<td>Establish a calendar of classes specific to young adults</td>
<td>Young adult specific life skills classes will be implemented</td>
<td>7/1/2022</td>
</tr>
<tr>
<td>Reduce disparities by creating access to healthcare, educational, employment, and housing opportunities</td>
<td>Young adults face barriers due to lack of income and supportive networks</td>
<td>Case managers will help young adults create an action plan to identify their needs, goals, and barriers, and track progress toward goals</td>
<td>100% of young adults in housing will receive support to identify career goals and complete their education. 50% of young adults in housing will obtained full or part time employment. 100% of young adults will receive support at COI's clinics for chronic pain, psychiatry, and diabetes care.</td>
<td>12/31/2022</td>
</tr>
<tr>
<td>Increase the number of young adults in stable housing</td>
<td>Young adults face barriers to housing because they are experiencing homelessness and poor or non-existent rental histories</td>
<td>Case managers will track each client's progress on their housing goals</td>
<td>60% of youth will obtain stable housing and 85% will enroll in aftercare services</td>
<td>12/31/2022</td>
</tr>
</tbody>
</table>
Transformation
Young Adult Dorm
IHNS-YOUNG-21A

| Improve young adults coping skills | Young adults lack the coping skills needed to address stress, anxiety, and other behavioral health needs | Case managers and counselors will track each client's progress on their behavioral health goals | 75% of clients will self-report learning new coping skills for behavioral health needs | 12/31/2022 |

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

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

<table>
<thead>
<tr>
<th>Reporting periods</th>
<th>Report submission dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2022 to June 30, 2022</td>
<td>July 7, 2022</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Final reporting period</th>
<th>Report submission dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2022 to December 31, 2022</td>
<td>January 31, 2022</td>
</tr>
</tbody>
</table>

Presentations
Updates: During the duration of the YOUNG ADULT DORM contract, COI may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the YOUNG ADULT DORM contract terms, COI will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the YOUNG ADULT DORM contract period.
AGREEMENT

INTERCOMMUNITY HEALTH PLANS

and

OLALLA CENTER

THIS IS AN AGREEMENT by and between InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”) and Olalla Center (herein referred to as “OLALLA”) to establish the Brave Pathways Coalition as a network of creative, engaged advocates that will work to address issues around LGBTQ+ housing, especially as it pertains to the needs of LGBTQ+ youth and trans IHN-CCO and community members.

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

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

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

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

2.0 SERVICES TO BE PROVIDED:

2.01 OLALLA shall provide

2.01.1 Services as outlined in Attachment A: Work Expectations and Payment;

2.01.2 Documentation of outcomes according to Attachment B: Performance Standards and Outcomes, to include tracking of all IHN-CCO members served;

2.01.3 Report on systems changes and processes implemented according to Attachment C: Reporting Requirements; and

2.01.4 OLALLA shall deliver all services paid for through this Contract in accordance with their IHN-CCO and Community Advisory Council (CAC) approved proposal, which is hereby incorporated into this Contract by this reference.
2.02 IHN-CCO shall provide
   2.02.1 Data and data analysis as necessary to support the program and as it is able
          within resource limitations, and
   2.02.2 Guidance and support.

3.0 PAYMENT: IHN-CCO shall pay OLALLA an amount not to exceed $64,687.50 for
   work performed from January 1, 2022 to December 31, 2022 as specified in Attachment
   A. This amount includes any and all associated expenses. Invoices shall be submitted to
   IHN-CCO on a monthly basis using the attached invoice form or other acceptable form
   and include a unique invoice number, brief description of the work performed, and
   project number (IHNS-BPC-21A). IHN-CCO shall process all invoices within 30 days of
   receipt.
   3.01 Submit Invoices by email: invoices@samhealth.org and
        transformation@samhealth.org

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

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

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

7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra
   (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler
   and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in
   writing either via email or letter. The parties expressly recognize that other IHN-CCO
   personnel are not authorized to either order extra work (and/or changed) work or waive
   contract requirements. Failure of OLALLA to secure IHN-CCO’s authorization for extra
   work shall constitute a waiver of any and all right to adjustment in the contract price or
contract time due to such unauthorized extra work and OLALLA thereafter shall be
entitled to no compensation whatsoever for the performance of such work.

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

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

10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. OLALLA agrees that in no
event including but not limited to nonpayment by the health carrier or intermediary, or
breach of this agreement, shall the OLALLA, charge, collect a deposit from, seek
compensation, remuneration or reimbursement from, or have any recourse against a
covered person or a person (other than the health carrier or intermediary) acting on behalf
of the covered person for services provided pursuant to this agreement. This provision
applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and OLALLA
billing. This agreement does not prohibit OLALLA from collecting coinsurance,
deductibles or co-payments, as specifically provided in the evidence of coverage, or fees
for non-covered services delivered on a fee-for-service basis to covered persons. Except
as provided herein, this agreement does not prohibit OLALLA from pursuing any
available legal remedy. OLALLA further agrees that this provision shall survive
termination or expiration of the Participating Provider Agreement regardless of the cause
giving rise to the termination and shall be construed to be for the benefit of Beneficiaries.
Upon termination of the Participating Provider Agreement, OLALLA agrees to assist in
the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider
and to advise such Beneficiaries that coverage under this particular Product may be
limited to Covered Services provided by Participating Hospitals and IHN-CCO
Participating Provider and consequently such Beneficiary should consult the applicable
benefits plan description. In the event such coverage is limited to services provided by
Participating Hospitals and IHN-CCO Participating Provider, OLALLA shall inform
Beneficiary of his or her right to receive service from such hospital or OLALLA
subsequent to his/her termination; provided, however, that the cost of such services shall
be the Beneficiary’s sole responsibility. OLALLA may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination of expiration of the Participating Provider Agreement in the event such Beneficiary continues to seek services from OLALLA after being informed of the termination or expiration of OLALLA relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between OLALLA and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by OLALLA that do not contract with IHN-CCO.

11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. OLALLA shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of OLALLA clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

OLALLA

Signature: Beck Fox
Name: Beck Fox
Title: Bravery Center Program Director
Date: 8/30/2021

IHN-CCO

Signature: Bruce Butler
Name: Bruce Butler
Title: Chief Executive Officer
Date: 9/2/2021 15:08:38 PDT

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

Work Expectations and Payment

THE BRAVE PATHWAYS COALITION project shall consist of the following:

<table>
<thead>
<tr>
<th>Project Goals</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish a regional coalition of LGBTQ+ advocates and allies, housing</td>
<td></td>
</tr>
<tr>
<td>partners, representatives from local government, and healthcare/social</td>
<td></td>
</tr>
<tr>
<td>service providers.</td>
<td></td>
</tr>
<tr>
<td>2. Identify and hire a resource navigator as part of the Bravery team.</td>
<td></td>
</tr>
<tr>
<td>3. Community outreach to the LBGTQ+ community through hosting events,</td>
<td></td>
</tr>
<tr>
<td>presentations, and interfacing with local and regional LGBTQ+ groups/</td>
<td></td>
</tr>
<tr>
<td>organizations.</td>
<td></td>
</tr>
</tbody>
</table>

| 1. General & Contracted Services                                             |          |
|                                                                             |          |
| • Creating the coalition framework, establishing community partnerships and  | $20,000.00|
|     creating CBO referral network                                           |          |
| • Provide culturally-specific, affirming resource navigation                | $25,000.00|
| • Community outreach events                                                 | $5,000.00 |

| 2. Materials & Supplies                                                     |          |
|                                                                             |          |
| • Print materials for outreach                                              | $750.00  |
| • Office supplies                                                           | $500.00  |

| 3. Travel Expenses                                                          |          |
|                                                                             |          |
| • Travel to trainings, conferences, meetings                                | $1,000.00|

| 4. Meeting Expenses                                                         |          |
|                                                                             |          |
| • Food, drink, supplies                                                     | $1,000.00|

| 5. Professional Training & Development                                      |          |
|                                                                             |          |
| • Training for coalition members                                            | $2,000.00|
| • Training for resource navigator                                          | $1,000.00|

| Total Direct Costs                                                          | $56,250.00|

| 7. Indirect 15%                                                             | $8,437.50 |
| Total                                                                       | $64,687.50|

Payment Schedule:

Monthly payment of $5,390.63 to OLALLA will be processed upon receipt of invoice provided.

Submit invoices pursuant to Section 3.0 not later than the 30th of each month.
### ATTACHMENT B

**Performance Standards and Outcomes**

#### Outcome Measures

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish regional coalition to address LGBTQ+ housing needs</td>
<td>While advisory boards, councils, and committees and housing agencies do exist, a culturally-specific housing coalition does not currently exist in Lincoln County or our tri-county region to meet the unique needs of the LGBTQ+ community (in particular the trans community)</td>
<td>Complete a minimum of 10 meetings in a 12 month period. Establish additional workgroups as needed to accomplish specific tasks. Connect and align with a minimum of 5 LGBTQ+ and youth service organizations and 5 housing sector partners. All coalition members will participate in a minimum of 2 equity trainings.</td>
<td>Streamlined inter-CBO referral process, an engaged, diverse membership of at least 15 people, new and strengthened community partnerships with LGBTQ+ organizations and regional housing agencies, and regular engagement with all regional advisory councils/committees</td>
<td>12/2022</td>
</tr>
<tr>
<td>Recruit and hire an LGBTQ+ resource navigator</td>
<td>Culturally-specific resource navigation services do not currently exist in Lincoln County in regards to housing</td>
<td>Identify, hire, and train a culturally humble, affirming resource navigator</td>
<td>Reduced number of unhoused LGBTQ+ individuals, and successful connection of new trans community members just arriving in Oregon to essential resources</td>
<td>2/2022</td>
</tr>
</tbody>
</table>
### Transformation
**Brave Pathways Coalition**
**IHNS-BPC-21A**

| Community outreach | Outreach to the LGBTQ+ community in regards to housing does not currently exist in Lincoln County | Complete a minimum of 5 community presentations in a 12 month period to raise awareness of resources and services. Host quarterly community conversation meetings. | Increased awareness of, and access to, housing resources and supports within the LGBTQ+ community. Increased coalition membership. | 12/2022 |

All processes will be documented to date and through the program, with a goal of providing other CCOs a roadmap for implementing this program elsewhere (anticipating variations they might expect in their regions).
Transformation
Brave Pathways Coalition
IHNS-BPC-21A

ATTACHMENT C
Reporting Requirements

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

<table>
<thead>
<tr>
<th>Reporting periods</th>
<th>Report submission dates</th>
</tr>
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<tbody>
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<td>January 1, 2022 to June 30, 2022</td>
<td>July 7, 2022</td>
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</tbody>
</table>

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

<table>
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<tr>
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<tbody>
<tr>
<td>January 1, 2022 to December 31, 2022</td>
<td>January 31, 2022</td>
</tr>
</tbody>
</table>

Presentations
Updates: During the duration of the BRAVE PATHWAYS COALITION contract, OLALLA may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the BRAVE PATHWAYS COALITION contract terms, OLALLA will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the BRAVE PATHWAYS COALITION contract period.
AGREEMENT

INTERCOMMUNITY HEALTH PLANS

and

Faith Community Health Network of the Mid-Willamette Valley

THIS IS AN AGREEMENT by and between InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (herein referred to as “IHN-CCO”) and Faith Community Health Network of the Mid-Willamette Valley (herein referred to as “FCHN”) providing housing supports, improved health equity, and other navigation supports for IHN-CCO and community members.

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

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

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

1.0 TERM OF CONTRACT: This contract shall become effective on October 1, 2021 and shall have a term of 12 months unless terminated sooner pursuant to the terms of Section 5.

2.0 SERVICES TO BE PROVIDED:

2.01 FCHN shall provide

2.01.1 Services as outlined in Attachment A: Work Expectations and Payment;

2.01.2 Documentation of outcomes according to Attachment B: Performance Standards and Outcomes, to include tracking of all IHN-CCO members served;

2.01.3 Report on systems changes and processes implemented according to Attachment C: Reporting Requirements; and

2.01.4 FCHN shall deliver all services paid for through this Contract in accordance with their IHN-CCO and Community Advisory Council (CAC) approved proposal, which is hereby incorporated into this Contract by this reference.

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

3.0 PAYMENT: IHN-CCO shall pay FCHN an amount not to exceed $48,746.49 for work performed from October 1, 2021 to September 30, 2022 as specified in Attachment A. This amount includes any and all associated expenses. Invoice shall be submitted to IHN-CCO with a brief description of the work performed and project number (IHNS-RBBHFC-21A). IHN-CCO shall process all invoices within 30 days of receipt.
3.01 Submit Invoices by email: invoices@samhealth.org and transformation@samhealth.org

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

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

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

7.0 EXTRA (CHANGED) WORK: Only IHN-CCO Identified Staff may authorize extra (and/or changed) work. IHN-CCO Identified Staff under this agreement are Bruce Butler and Gabriel Parra. The IDENTIFIED STAFF will communicate all such requests in writing either via email or letter. The parties expressly recognize that other IHN-CCO personnel are not authorized to order either extra work (and/or changed) work or waive contract requirements. Failure of FCHN to secure IHN-CCO’s authorization for extra work shall constitute a waiver of any and all right to adjustment in the contract price or contract time due to such unauthorized extra work and FCHN thereafter shall be entitled to no compensation whatsoever for the performance of such work.
8.0 FCHN shall comply with all applicable local, state and federal rules and regulations that apply to the performance of this agreement.

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

10.0 BILLING OF AND COLLECTION FROM BENEFICIARY. FCHN agrees that in no event including but not limited to nonpayment by the health carrier or intermediary, or breach of this agreement, shall the FCHN, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a covered person or a person (other than the health carrier or intermediary) acting on behalf of the covered person for services provided pursuant to this agreement. This provision applies, but is not limited to, the insolvency of IHN-CCO, contract breach, and FCHN billing. This agreement does not prohibit FCHN from collecting coinsurance, deductibles or co-payments, as specifically provided in the evidence of coverage, or fees for non-covered services delivered on a fee-for-service basis to covered persons. Except as provided herein, this agreement does not prohibit FCHN from pursuing any available legal remedy. FCHN further agrees that this provision shall survive termination or expiration of the Participating Provider Agreement regardless of the cause giving rise to the termination and shall be construed to be for the benefit of Beneficiaries. Upon termination of the Participating Provider Agreement, FCHN agrees to assist in the transfer of Beneficiaries under his/her care to other IHN-CCO Participating Provider and to advise such Beneficiaries that coverage under this particular Product may be limited to Covered Services provided by Participating Hospitals and IHN-CCO Participating Provider and consequently such Beneficiary should consult the applicable benefits plan description. In the event such coverage is limited to services provided by Participating Hospitals and IHN-CCO Participating Provider, FCHN shall inform Beneficiary of his or her right to receive service from such hospital or FCHN subsequent to his/her termination; provided, however, that the cost of such services shall be the Beneficiary’s sole responsibility. FCHN may bill and collect, as allowed by and applicable federal or state laws and regulations, compensation, remuneration, or reimbursement from Beneficiaries for services provided to such persons after termination of expiration of the
Participating Provider Agreement in the event such Beneficiary continues to seek services from FCHN after being informed of the termination or expiration of FCHN relationship with IHN-CCO. This provision supersedes any oral or written contrary agreement now existing or hereafter entered into between FCHN and any Beneficiary or persons acting on their behalf. IHN-CCO agrees to indemnify the Beneficiary for payment of any fees that are the legal obligation of IHN-CCO for services furnished by FCHN that do not contract with IHN-CCO.

11.0 PROVISION OF SERVICES AND/OR PRODUCTS, STANDARD OF CARE, AND NONDISCRIMINATION. FCHN shall provide and/or arrange for delivery of services and/or products in accordance with the terms and conditions of this Agreement and in the same manner and in the same quality as services and/or products are provided to or arranged for all other of FCHN clients. Members shall not be discriminated against on the basis of race, color, creed, age, disability, religion, sex, sexual preference, national origin, health status, income level, or on the basis that they are Members of IHN-CCO.
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed, either as individuals or by their officers, thereunto duly authorized.

FCHN

Signature: [Signature]
Name: Deborah Fell-Carlson
Title: President
Date: Sep 3, 2021

IHN-CCO

Signature: [Signature]
Name: Bruce Butler
Title: Chief Executive Officer
Date: 9/22/2021 | 13:05:11 PDT

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

Work Expectations and Payment

The Rebuilding the Bridge Between Healthcare and Faith Communities project shall consist of the following:

**Project Goals:**

- Support Faith Community Nurses (FCNs) IHN-CCO members within their respective faith communities to connect with supportive services to help assure stable housing, especially upon discharge from a hospital stay or emergency room visit.
- Support FCNs within their faith communities to augment existing transitional care systems to better meet the needs of IHN-CCO members who are or are at risk of becoming homeless by coordinating with providers, hospital case managers, discharge planners, clinic care coordinators and others on the care team.
- Support FCNs to learn to access/use housing-related, closed-loop, on-line referral systems between clinical and community services (Connect Oregon).
- Support FCNs to serve as IHN-CCO member advocates and healthcare touch points within their respective faith communities and refer as appropriate to simplify member access to care.
- Support FCNs to serve as IHN-CCO member advocates for those who are computer illiterate or otherwise struggle to use a computer (elderly, disabled, learning disabled, limited English proficiency, etc.) or do not have access to a computer.
- Access and print on-line information to improve IHN-CCO member’s health literacy about their condition(s)
- Access information from their care provider’s on-line medical record portal
- Document the encounters between FCNs and IHN-CCO members
- Support FCNs to help eligible members get signed up for the IHN-CCO and an Oregon Lifeline phone.
- Support FCNs to maintain health records/encounter data on members served.

<table>
<thead>
<tr>
<th>1. General &amp; Contracted Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tech support start up &amp; trouble shooting (5 hrs @ $75/Hr, x 10)</td>
<td>$3,750.00</td>
</tr>
<tr>
<td>RN Project Management Coordination and Support (400 hrs over 2 yrs X $40/hr)</td>
<td>$16,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Materials &amp; Supplies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laptops, printers, ink, various office supplies</td>
<td>$19,496.49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Training and Professional Development</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Faith Community Nursing Course</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

**Total Direct Costs** $41,746.49

<table>
<thead>
<tr>
<th>7. Indirect</th>
<th></th>
</tr>
</thead>
</table>

**TOTAL** $48,746.49

**Payment Schedule:**

One-time payment of $48,746.49 to FCHN will be processed upon receipt of invoice provided.
## ATTACHMENT B

**Performance Standards and Outcomes**

### Outcome Measures

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Data Collection and Measurement Future State</th>
<th>Met By (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurable benefits projected for IHN-CCO members served within participating faith communities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. An increase in data available related to IHN-CCO services</td>
<td>No data currently exists</td>
<td>An increase in data available related to IHN-CCO services as measured by documented services of FCNs</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>09/2022</td>
</tr>
<tr>
<td>2. Increased numbers of those served</td>
<td>Currently none served</td>
<td>Increased numbers of those served as measured by documented services of FCNs</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>09/2022</td>
</tr>
<tr>
<td>3. Increased numbers of those transitioning to stable housing</td>
<td>No data currently exists</td>
<td>Increased numbers of those transitioning to stable housing by documented services of FCNs</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>12/2023</td>
</tr>
<tr>
<td>4. Reduced likelihood of rehospitalizations</td>
<td>No data Available</td>
<td>Increased services of transitional care coordination by FCNs as measured by</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS). Collaborate with SLCH,</td>
<td>12/2023</td>
</tr>
<tr>
<td>5. Improved health outcomes</td>
<td>No Data available</td>
<td>FCN will measure improved health outcomes by individual encounters and with IHN-CCO engagement in group educational healthcare activities</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>12/2023</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>6. Consistent utilization of standardized reporting through the Pittsburgh Mercy Parish Nurse and Health Ministry Electronic Documentation System (Pittsburgh Mercy EDS)</td>
<td>Currently no standardized documentation system exists for local FCN use.</td>
<td>FCNs will obtain training and utilize Pittsburgh Mercy EDS for all client encounters</td>
<td>Per Report of FCNs</td>
<td>06/2022</td>
</tr>
<tr>
<td>7. Increased FCN communication with IHN-CCO member's care</td>
<td>At this time no standardized encounter form exists</td>
<td>FCNs will agree to developed and agree to utilize</td>
<td>Per report of FCNs</td>
<td>09/2022</td>
</tr>
</tbody>
</table>
### Team Using a Standardized Encounter Form Available through the Pittsburgh Mercy EDS

8. Increased FCN users and activity on the closed-loop, on-line referral system between clinical and community services (Connect Oregon).

| At this time only 1 FCN is currently on Connect Oregon | Increased FCN users and activity on the closed-loop, on-line referral system between clinical and community services (Connect Oregon) as measured by number of FCNs utilizing Connect Oregon and number of referrals facilitated through Connect Oregon | Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS) | 09/2022 |

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

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

<table>
<thead>
<tr>
<th>Reporting periods</th>
<th>Report submission dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2021 to March 31, 2022</td>
<td>April 7, 2022</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Final reporting period</th>
<th>Report submission dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2021 to September 30, 2022</td>
<td>November 1, 2022</td>
</tr>
</tbody>
</table>

Presentations
Updates: During the duration of the Rebuilding the Bridge Between Healthcare and Faith Communities contract, FCHN may be scheduled to provide at least one update presentation to IHN-CCO and/or the Community Advisory Council.

Closeout: Upon completion of the Rebuilding the Bridge Between Healthcare and Faith Communities contract terms, FCHN will prepare and provide a final presentation to IHN-CCO and/or the Community Advisory Council.

Follow up: Additional presentations to IHN-CCO and/or the Community Advisory Council may be requested beyond the completion of the Rebuilding the Bridge Between Healthcare and Faith Communities contract period.
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)
   $689,019.00

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).

   Through community and workgroup engagement and Community Advisory Council (CAC) discussions, feedback, and decisions, IHN-CCO chose housing as the SHARE Initiative priority area. Additional priorities within housing are medical respite (stable housing upon discharge from hospital or emergency room visit), housing supports (housing-related, closed-loop referral between clinical community services, evictions prevention and reduction), and building a regional coalition to further housing efforts in Benton, Lincoln, and Linn counties. The IHN-CCO CAC’s Community Health Improvement Plan (CHIP) has housing as a focus area under the larger Social Determinants of Health
IHN-CCO Annual SHARE Initiative Spending Plan Report

Health Impact Area. See Attachment 1. IHN-CCO Priority Areas and Feedback on SHARE Initiative page 1.

IHN-CCO CHIP Health Impact Area: Social Determinants of Health and Equity
Outcomes Indicator Concepts and Areas of Opportunity

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

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

Indicator Concepts
a. Number of homeless persons
b. Number of homeless students

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

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

Through community and workgroup engagement and Community Advisory Council (CAC) discussions, feedback, and decisions, IHN-CCO chose housing as the SHARE Initiative priority area. Additional priorities within housing are medical respite (stable housing upon discharge from hospital or emergency room visit), housing supports (housing-related, closed-loop referral between clinical community services, evictions prevention and reduction), and building a regional coalition to further housing efforts in Benton, Lincoln, and Linn counties. This aligns precisely with the statewide priority of housing related services and supports, including Supported Housing. The priority was part of the foundational discussions when deciding the focus of funding for the SHARE Initiative. See Attachment 1. IHN-CCO Priority Areas and Feedback on SHARE Initiative page 1.

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.)

Olalla Center (Brave Pathways Coalition): a well-known behavioral health and equity organization operating out of Lincoln County. Olalla Center operates on the philosophy that you cannot have good without good community. The agency focuses efforts not just on individuals and families, but on the idea of village-building; creating social supports to help ensure life wellness. Housing is a facet of health, and Olalla Center works to continue to provide outreach and services within marginalized communities that address the whole person within the context of their unique, intersecting identities.

Family Assistance and Resource Center Group (Sweet Home Sleep Center): Family Assistance and
Resource Center Group (FAC) is a Partner with the City of Sweet Home and Linn County. Many groups, organizations and partner extensions have many community touch points that they serve at the community center. There are Community groups such as the Housing Equity and Resource Coalition for East Linn County, and One Sweet Home have extensive community reach.

**Faith Community Health Network of the Mid-Willamette Valley (Rebuilding the Bridge Between Healthcare and Faith Communities):** The Faith Community Health Network of the Mid-Willamette Valley (FCHN) is a coalition of FCNs and health ministers from diverse faiths serving in a variety of faith communities who are passionate to bring improved healthcare access and equity to Linn County’s most vulnerable populations.

**Communities Helping Addicts Negotiate Change Effectively (Second CHANCE Respite Renovations):** CHANCE (Communities Helping Addicts Negotiate Change Effectively) was founded in 2005 to support people with addiction in staying clean and sober. Over the past 15 years, CHANCE has grown from its home base in Albany to have offices in Corvallis, Lebanon, Lincoln City, and Newport. Additionally, CHANCE has grown to include peer support services and in 2020 expanded to operating a homeless shelter (after much community dialog and with support from multiple funders including IHN-CCO and CSC).

**Family Tree Relief Nursery (Hope Center Project):** Family Tree Relief Nursery began offering family support services in Linn County 16 years ago. The organization began as a replication of the Eugene Relief Nursery early childhood and family stability program, offering therapeutic early childhood services through classroom and home visiting services. Family Tree quickly identified substance use disorders and houselessness as key barriers to stable healthy parenting for families and expanded their programing to address these family stressors.

**Community Outreach, Inc (Young Adult Dorm):** Community Outreach, Inc (COI) began as a grassroots effort to serve the youth of Corvallis and Albany. COI’s mission is helping people help themselves lead healthy and productive lives. COI responds to human needs by providing direct services, and by collaborating with other agencies and organizations. COI’s programs and services are specifically designed to move families & individuals from crisis to self-sufficiency.

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

IHN-CCO released a Request for Proposal (RFP) in Spring 2021. See Attachment 2. IHN-CCO SHARE Initiative Request for Proposal Guidelines. The RFP was widely distributed to community partners through a press release as well as email lists and announcements at the IHN-CCO CAC, Delivery System Transformation Committee, Regional Planning Council, System of Care Committee, and all workgroups and subcommittees. The process included a letter of intent (LOI) where community partners had the opportunity to provide a short description of their project and organization. IHN-CCO reviewed the letters of intent and invited all to submit full proposals.

The applicants were required to outline a project description including:

- Priority area addressed.
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- Activities and goals including the definition of success.
- Description of organization including capacity for carrying the project out.
- Region impacted (at least county-specific).
- Health equity approach/plan.
- Populations impacted:
  - Total number of people served.
  - IHN-CCO members served.
  - Demographics (zip code or neighborhood, race/ethnicity, age, language, disability, gender identity, etc.).
- Partnerships and collaboration.
- Budget narrative.
- Environmental scan/competitive landscape.
- Sustainability plan.

The applicants were also required to submit a timeline including activities and goals, budget, and a SMART (Specific, Measurable, Attainable, Relevant, Time-Bound) Goals and Measures Table.

Applications were reviewed on the following components by the IHN-CCO SDoH Spending Committee comprised of IHN-CCO leadership:

- Priority Areas:
  - Is the project likely to positively impact members and the community within the SHARE target areas?
    - Medical Respite: Increase number of respite/recuperative beds in Benton, Lincoln, and Linn counties.
    - Housing: Housing Supports including Traditional Health Workers and Transitional Regional Coordination of Housing Efforts.

- Budget: Is the budget consistent with expectations for the goals or outcomes?

- Applicant Capacity:
  - Is the project champion credible?
  - Does the applicant have the capacity to execute the work effectively or have a plan to meet the needed capacity?

- Sustainability:
  - Will the project likely make a significant, sustainable difference, now or in the future?
  - Is there a mechanism for financial sustainability (such as value-based payment contracts, grants, organizational support for continued funding)?

- Partnerships and Collaboration:
  - Does the project meaningfully engage key stakeholders?
  - Does it thoughtfully identify those needed to create the intended change whether it be members or other partners or organizations?
  - Does the proposal establish need for the program in the community and review other
IHN-CCO Annual SHARE Initiative Spending Plan Report

possible programs to collaborate with?

• Program Evaluation and Return on Investment:
  o Is this a proven or evidence-based solution or program?
  o Do the measures allow for the ability for IHN-CCO to evaluate and demonstrate return on investment (short- or long-term)?
  o Does the project use existing resources and assets creatively to make the most of what a community already has?
  o Is the process likely to address the community need? Will it be more effective, equitable, or sustainable than other approaches?

After evaluation and discussion, the IHN-CCO SDoH Spending Committee recommended seven proposals/applicants to the CAC for review and approval. The CAC received the full proposals and a presentation was made by IHN-CCO on each of the seven proposals. The CAC had a discussion on each proposal and commenced an official vote. All proposals were approved to move on to final approval by the IHN-CCO Board of Directors. The Board of Directors approved all seven proposals for funding and implementation. See Attachment 3. IHN-CCO SHARE Initiative Spending Process.

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.)
   See Attachment 4: IHN-CCO SHARE Initiative Formal Agreements
   ☒ Yes ☐ No
   If no, please explain why not. Not applicable.

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 Attachment 5: IHN-CCO SHARE Initiative Budget

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.)

Community Assessment and Priority Areas:
IHN-CCO reviewed foundational documents to prioritize Social Determinants of Health (SDoH) spending through the SHARE Initiative and provide structure for discussions with the Local Advisory Committees of the Community Advisory Council (CAC). See Attachment 1. IHN-CCO Priority Areas and Feedback on SHARE Initiative pages 1-6. Following these assessments and review by the IHN-CCO SDoH Spending Committee, housing arose as the common theme. This is also aligned with current known community sentiment. When housing is accessible, safe, and affordable, long-term health outcomes improve and medical care costs drop. Transitional housing supports for the homeless including shelters
and camps, medical respite after hospital discharge or incarceration, and resources to support staff and traditional health workers are a primary need in all three counties.

The CAC was also presented with a process for their approval on how decisions were being made. See Attachment 3. IHN-CCO SHARE Initiative Spending Process. Discussions and feedback occurred, and the CAC approved the final process including pre-spending decision making and the RFP process. The pre-RFP process included Local Advisory Committee Feedback loops and Delivery System Transformation Committee and Social Determinants of Health Workgroup review and feedback. The CAC was presented with the final priority areas including the full RFP process. The CAC approved finalizing the RFP prior to release.

**Project Funding Decisions:**

The CAC approved the Request for Proposal process with the role of the CAC being reviewing the proposals and formally voting on SHARE Initiative Proposals recommended for funding after review by IHN-CCO’s SDoH Spending Committee. After evaluation and discussion, the IHN-CCO SDoH Spending Committee recommended seven proposals/applicants to the CAC for review and approval. The CAC received the full proposals and a presentation was made by IHN-CCO to the CAC on each of the seven proposals. The CAC had a discussion on each of the proposals then an official vote was made where all proposals were approved to move on to final approval by the IHN-CCO Board of Directors. See Attachment 3. IHN-CCO SHARE Initiative Spending Process.

**Continuing Tracking and Feedback:**

The CAC was also asked for feedback on the tracking and reviewing process. The CAC approved the process for project implementation, semi-annual reporting, presentations to the CAC, feedback loops with the CAC and project champions, and final reporting and presentation to the CAC by project champions. See Attachment 6. SHARE Initiative Tracking and Reviewing.

**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.

See tables below. All projects must have a SMART goals table and plan for evaluation.
<table>
<thead>
<tr>
<th>Brave Pathways Coalition</th>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Establish regional coalition to address LGBTQ+ housing needs</td>
<td>While advisory boards, councils, and committees and housing agencies do exist, a culturally-specific housing coalition does not currently exist in Lincoln County or our tri-county region to meet the unique needs of the LGBTQ+ community (in particular the trans community)</td>
<td>Complete a minimum of 10 meetings in a 12 month period. Establish additional workgroups as needed to accomplish specific tasks. Connect and align with a minimum of 5 LGBTQ+ and youth service organizations and 5 housing sector partners. All coalition members will participate in a minimum of 2 equity trainings</td>
<td>Streamlined inter-CBO referral process, an engaged, diverse membership of at least 15 people, new and strengthened community partnerships with LGBTQ+ organizations and regional housing agencies, and regular engagement with all regional advisory councils/committees</td>
<td>Dec-22</td>
</tr>
<tr>
<td></td>
<td>Recruit and hire an LGBTQ+ resource navigator</td>
<td>Culturally-specific resource navigation services do not currently exist in Lincoln County in regards to housing</td>
<td>Identify, hire, and train a culturally humble, affirming resource navigator</td>
<td>Reduced number of unhoused LGBTQ+ individuals, and successful connection of new trans community members just arriving in Oregon to essential resources</td>
<td>Feb-22</td>
</tr>
<tr>
<td></td>
<td>Community outreach</td>
<td>Outreach to the LGBTQ+ community in regards to housing does not currently exist in Lincoln County</td>
<td>Complete a minimum of 5 community presentations in a 12 month period to raise awareness of resources and services. Host quarterly community conversation meetings</td>
<td>Increased awareness of, and access to, housing resources and supports within the LGBTQ+ community. Increased coalition membership</td>
<td>Dec-22</td>
</tr>
</tbody>
</table>
### Care Hub Respite Staffing

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and implement a tracking system for SHS patients using medical respite services</td>
<td>No tracking system established, only qualitative documentation in Epic</td>
<td>Creation of a system to allow reporting on medical respite services</td>
<td>Tracking system implemented</td>
<td>Dec-22</td>
</tr>
<tr>
<td>Reduce 30-day readmissions among unhoused people in Benton, Lincoln, and Linn County</td>
<td>2020: overall readmission rate 8.6%; readmission rate among homeless 22.6%</td>
<td>30-day readmission rate among homeless patients discharged from SHS hospital</td>
<td>Reduce readmissions among homeless by 10%</td>
<td>Jun-23</td>
</tr>
<tr>
<td>Reduce total number of hospital days for unhoused people in Benton, Lincoln, and Linn County</td>
<td>Average number of total hospital days (for those with 1+ hospitalizations) in 2020: all patients = 9.1 days; homeless patients = 21.3 days</td>
<td>Total number of hospital days (sum length of stay for all hospitalizations) among homeless patients discharged from SHS hospital</td>
<td>Reduce hospital days among homeless by 10%</td>
<td>Jun-23</td>
</tr>
</tbody>
</table>

### Hope Center Project

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train and credential a THW/Peer Wellness Specialist for Hope Center position 9/30/2022</td>
<td>No currently trained PWS at Family Tree RN</td>
<td>Family Tree RN employee attends training and is credentialed through OHA and THW Registry</td>
<td>Family Tree RN maintains employee who is certified as PWS</td>
<td>Sep-22</td>
</tr>
<tr>
<td>Develop and document PWS/PS services delivery model specific to Hope Center and East Linn County houseless community 4/30/2022</td>
<td>Family Tree RN does not currently have program services model specific to the HOPE Center project with a focus on the Sweet Home and rural East Linn County area.</td>
<td>Program outline, documents, assessments, end of service evaluation and all other details created and completed</td>
<td>Family Tree RN delivers services to model details</td>
<td>Apr-22</td>
</tr>
<tr>
<td>Implement program enrollment process that includes strength and needs assessment to ensure member led program services 9/30/2022</td>
<td>Family Tree does not have a S&amp;N assessment specifically for members suffering from housing insecurities.</td>
<td>Assessment will be used in all intakes and aid in identifying the strengths and needs of community members experiencing housing insecurities within the Sweet Home community.</td>
<td>Assessment will help community members and community partners better identify the needs within their community. Assessment will be shared with the Hopes Center for continued use in their programming</td>
<td>Sep-22</td>
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<tr>
<td>Support member in accessing health care needs identified by the member led case management plan with enrollment in primary care home by 3/30/2023</td>
<td>Potentially individual is not enrolled in any health insurance or connected to Primary Care Home</td>
<td>Individuals will have health care needs identified at time of intake and addressed based on each member's needs assessment.</td>
<td>85% of individuals engaged in services will have established health care provider and appropriate healthcare coverage based on individualized care needs within 90 days of enrollment</td>
<td>Mar-23</td>
</tr>
<tr>
<td>Support member in identifying needs and access to specialty care such as dental care, substance use disorder care and behavioral health services by 3/30/2023</td>
<td>Family Tree has been working in partnership with Samaritan Health services to provide Substance Use specific services to the Sweet Home community. We are aware that 45% of the referrals we have received are individuals living without stable housing.</td>
<td>Individuals identified as needing specialty services will be provided with a referral to appropriate services that meet their specialized health needs. Family tree will address barriers to the engagement of services such as transportation for continued success.</td>
<td>85% of members that have specialized care needs will be referred to services within 90 days of enrollment</td>
<td>Mar-23</td>
</tr>
<tr>
<td>Build connections with local healthcare community to better coordinate care of members experiencing long term chronic diseases by 9/30/2022</td>
<td>There are several existing community partner groups in the Sweet Home area. Family Tree will attend meetings and leverage existing relationships with Samaritan Health and other community agencies to discuss coordination of care.</td>
<td>A defined systems of coordinated care will be created using the UNITE US system as available to coordinate care of each IHN member in the program</td>
<td>Partners will routinely use UNITE US system to refer IHN members between service and healthcare providers.</td>
<td>Sep-22</td>
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<tr>
<td>Use UNITE US system to implement closed loop referral system between Hope Center project and clinical services and other community based organization by 3/30/2022</td>
<td>Family Tree is unaware of how many community partners or healthcare clinics currently use UNITE US system for referrals. Family Tree will inquire with identified organizations and discuss closed system referral system in UNITE US and assist any partners who would like utilize system for coordinated care</td>
<td>UNITE US system will be used for referral and closed loop follow up system by at least four community partners or agencies</td>
<td>Partners will routinely use UNITE US system to refer IHN members between service and healthcare providers.</td>
<td>Dec-22</td>
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<tr>
<td><strong>Provide temporary rental supports to members who are trying to establish secure housing by 3/30/2022</strong></td>
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<tr>
<td><strong>Currently there is limited housing supports in the Sweet Home area. The Hope Center Shelter will have a sliding fee for individuals engaged in services. Rental costs are rising on a regular basis and individuals are struggling to make the demands of move in costs.</strong></td>
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<tr>
<td><strong>Assisting individuals without income within the shelter setting for a limited stabilization period while they access needed care and seek employment. The stabilization period will not exceed 90 days at which point individuals will have sustainability plan put in place for future shelter cost. Individuals seeking rental supports in the private sector will have completed need budgeting activities and have an identified financial plan to cover future rent cost.</strong></td>
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<tr>
<td><strong>Individually living in the homeless camp in the sweet home community will decrease by 50% and the individuals accessing private rental option will increase by 15%</strong></td>
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<tr>
<td><strong>Connect members to long term solutions to their current housing situation by 3/30/2023</strong></td>
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<tr>
<td><strong>Family Tree knows that not everyone struggling with housing insecurities are homeless. Using the person centered approach, we will assist in finding personalized solutions to the housing insecurities in Sweet Home.</strong></td>
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<tr>
<td><strong>Individuals in the Sweet Home community will have a better housing experience by setting personal goals that meet long term goals, such as moving out of other people homes, transitioning out of shelter stay or accessing home ownership programs.</strong></td>
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<tr>
<td><strong>Individuals engaged in services will have established at least 1 long term goals and 3 short term goals as support. Community members will have an increased participation in community resources such as financial literacy classes and homeownership programs through DevNW</strong></td>
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<td><strong>Mar-23</strong></td>
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<tr>
<td>Provide ongoing support to members who have transitioned to long term housing solutions by 9/30/2023</td>
<td>There tends to be a gap in-service once someone has obtained their goals and the basic needs have been met.</td>
<td>Individuals will have support person visiting them in their new housing plan for at least 90 days after transition and continue to provide support during the transition phase.</td>
<td>Individuals sustain their long term housing goals within the Sweet Home community and decrease their housing insecurities.</td>
<td>Sep-23</td>
</tr>
<tr>
<td>Create therapeutic respite classroom within Hope Center for early childhood care and respite by 9/1/2022</td>
<td>There is no classroom at the current Hope site</td>
<td>Therapeutic respite classroom will be certified by the Childcare Division for use by the program.</td>
<td>Family Tree's TECP program will offer family support and respite services at the Hope Center site. Site will seek certification and funding as satellite location of Family Tree RN in the 2023-2025 biennium.</td>
<td>Sep-22</td>
</tr>
<tr>
<td>Implement Full RN TECP Family Support and Respite care services for members with children birth to 5 by 9/30/2023</td>
<td>Family Tree does not currently offer respite services in Sweet Home.</td>
<td>Family Tree PWS will refer families to Family Tree's early childhood program</td>
<td>Families will continue in program services while they reside at the shelter and after they leave for more permanent housing.</td>
<td>Sep-23</td>
</tr>
<tr>
<td>Implant RN Family Support program services for members with children 6-18 by 9/30/2022</td>
<td>Family Tree does not currently offer dedicated family support services in Sweet Home.</td>
<td>Family Tree PWS will refer families to Family Tree's Family Support program</td>
<td>Families will continue in program services while they reside at the shelter and after they leave for more permanent housing.</td>
<td>Sep-22</td>
</tr>
</tbody>
</table>

### Rebuilding the Bridge Between Healthcare and Faith Communities

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An increase in data available related to IHN-CCO services</td>
<td>No data currently exists</td>
<td>An increase in data available related to IHN-CCO services as measured by documented services of FCNs</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>Sep-22</td>
</tr>
<tr>
<td>2. Increased numbers of those served</td>
<td>Currently none served</td>
<td>Increased numbers of those served as measured by documented services of FCNs</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>Sep-22</td>
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<tr>
<td>3. Increased numbers of those transitioning to stable housing</td>
<td>No data currently exists</td>
<td>Increased numbers of those transitioning to stable housing by documented services of FCNs</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>Dec-23</td>
</tr>
<tr>
<td>4. Reduced likelihood of rehospitalizations</td>
<td>No data Available</td>
<td>Increased services of transitional care coordination by FCNs as measured by documented services of FCN's</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS). Collaborate with SLCH, frequency of rehospitalizations/ED visits for IHN-CCO members served as compared with rehospitalizations/ED visits previous to services provided by FCNs.</td>
<td>Dec-23</td>
</tr>
<tr>
<td>5. Improved health outcomes</td>
<td>No Data available</td>
<td>FCN will measure improved health outcomes by individual encounters and with IHN-CCO engagement in group educational healthcare activities</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>Dec-23</td>
</tr>
<tr>
<td>6. Consistent utilization of standardized reporting through the Pittsburgh Mercy Parish Nurse and Health Ministry Electronic Documentation System (Pittsburgh Mercy EDS)</td>
<td>Currently no standardized documentation system exists for local FCN use.</td>
<td>FCNs will obtain training and utilize Pittsburgh Mercy EDS for all client encounters</td>
<td>Per Report of FCNs</td>
<td>Jun-22</td>
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<tr>
<td>7. Increased FCN communication with IHN-CCO member’s care team using a standardized encounter form available through the Pittsburgh Mercy EDS</td>
<td>At this time no standardized encounter form exists</td>
<td>FCNs will agree to developed and agree to utilize a standardized encounter form. This document will be available for observation by Met Date</td>
<td>Per report of FCNs</td>
<td>Sep-22</td>
</tr>
<tr>
<td>8. Increased FCN users and activity on the closed-loop, on-line referral system between clinical and community services (Connect Oregon).</td>
<td>At this time only 1 FCN is currently on Connect Oregon</td>
<td>Increased FCN users and activity on the closed-loop, on-line referral system between clinical and community services (Connect Oregon) as measured by number of FCNs utilizing Connect Oregon and number of referrals facilitated through Connect Oregon</td>
<td>Ongoing data collection with numbers served at 6 month intervals (via Pittsburgh Mercy EDS)</td>
<td>Sep-22</td>
</tr>
</tbody>
</table>
## Second Chance Respite Renovations

<table>
<thead>
<tr>
<th>Primary Strategic Goal</th>
<th>Baseline or Current State</th>
<th>Metrics for Success</th>
<th>Benchmark or Future State</th>
<th>Met By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase availability of ADA-accessible respite beds in Linn County</td>
<td>As of June 2021, there are 3 beds available at Albany Helping Hands</td>
<td>Number of ADA-accessible recuperative beds</td>
<td>8 (increase by 5 beds at 2nd CHANCE shelter)</td>
<td>Jun-22</td>
</tr>
<tr>
<td>Increase number of people in Linn County who spend 1+ nights in a respite room</td>
<td>No tracking system currently developed. In 2020, 1 bed was available at AHH</td>
<td>Develop tracking system &amp; document number of people using recuperative beds</td>
<td>Estimate 50 people served by 5 new beds (~38 IHN-CCO members)</td>
<td>Jun-23</td>
</tr>
<tr>
<td>Reduce 30-day readmissions among houseless people in Linn County</td>
<td>Linn County, 2020: overall readmission rate 8.6%; readmission rate among homeless 18.4%</td>
<td>30-day readmission rate among Linn County homeless patients discharged from SHS hospital</td>
<td>Reduce readmissions among Linn County homeless by 10%</td>
<td>Jun-23</td>
</tr>
<tr>
<td>Reduce total number of hospital days for houseless people in Linn County</td>
<td>Linn County, 2020: average number of total hospital days among all patients = 9.0; for homeless patients = 20.9</td>
<td>Total number of hospital days (sum length of stay for all hospitalizations) among Linn County homeless patients discharged from SHS hospital</td>
<td>Reduce hospital days among Linn County homeless by 10%</td>
<td>Jun-23</td>
</tr>
<tr>
<td>Primary Strategic Goal</td>
<td>Baseline or Current State</td>
<td>Metrics for Success</td>
<td>Benchmark or Future State</td>
<td>Met By</td>
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<tr>
<td>GOAL 1: Improve health equity through innovative low barrier housing crisis intervention and advocacy for the homeless and home at risk group with the City of Sweet Home and an extensive network of collaboration partners.</td>
<td>There is no Shelter in Sweet Home</td>
<td>Provide a housing solution that is available to low barrier clients</td>
<td>30 units constructed and operational. Occupancy of 80%</td>
<td>Dec-22</td>
</tr>
<tr>
<td>GOAL 2: Provide new techniques and technologies to create pathways from Low Barrier Sleep Center housing to Permanent through coordinated and individualized client management.</td>
<td>Currently no coordinated Low, transitional and High barrier housing solution.</td>
<td>Client partnership participation at sleep center. Increase access to partner services and programs at sleep center through individualized client plans. Utilized by at least 75% of the clients. 50% Clients are prepared and staged for high barrier housing.</td>
<td>30% Clients transitioned into high barrier housing.</td>
<td>Dec-22</td>
</tr>
</tbody>
</table>
GOAL 3: Provide a continuum of care through new techniques and technologies to provide coordinated and individualized client management

<table>
<thead>
<tr>
<th>Non-formal measures and actions.</th>
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<tbody>
<tr>
<td>Nearly all medical referrals are to emergency rather than urgent or office care solutions</td>
</tr>
</tbody>
</table>

Retrofit mobile unit to provide office/client station to provide access to case management services.

Mobile retrofit complete

Reduce financial impact to medical emergency healthcare providers.

Mar-22

Dec-22

<table>
<thead>
<tr>
<th>Young Adult Dorm</th>
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</thead>
<tbody>
<tr>
<td><strong>Primary Strategic Goal</strong></td>
</tr>
</tbody>
</table>

Increase young adult independent living skills

Reduce disparities by creating access to healthcare, educational, employment, and housing opportunities

Increase the number of young adults in stable housing

| **Baseline or Current State** |

COI currently provides life skills classes to a range of different populations through our housing program

Young adults face barriers due to lack of income and supportive networks

Young adults face barriers to housing because they are experiencing homelessness and poor or non-existent rental histories

| **Metrics for Success** |

Establish a calendar of classes specific to young adults

Case managers will help young adults create an action plan to identify their needs, goals, and barriers, and track progress toward goals

Case managers will track each client's progress on their housing goals

| **Benchmark or Future State** |

Young adult specific life skills classes will be implemented

100% of young adults in housing will receive support to identify career goals and complete their education. 50% of young adults in housing will obtained full or part time employment 100% of young adults will receive support at COI's clinics for chronic pain, psychiatry, and diabetes care.

60% of youth will obtain stable housing and 85% will enroll in aftercare services

| **Met By** |

Jul-22

Dec-22

Dec-22
| Improve young adults coping skills | Young adults lack the coping skills needed to address stress, anxiety, and other behavioral health needs | case managers and counselors will track each client’s progress on their behavioral health goals | 75% of clients will self-report learning new coping skills for behavioral health needs. | Dec-22 |

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
# SHARE Initiative Proposals Summary Page

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Champion Organization</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brave Pathways Coalition</td>
<td>Olalla Center</td>
<td>$60,000.00</td>
</tr>
<tr>
<td>Care Hub Respite Staffing</td>
<td>Samaritan Health Services</td>
<td>$90,000.00</td>
</tr>
<tr>
<td>Hope Center Project</td>
<td>Family Tree Relief Nursery</td>
<td>$123,750.00</td>
</tr>
<tr>
<td>Rebuilding the bridge between healthcare and faith communities</td>
<td>Faith Community Health Network of the Mid-Willamette Valley</td>
<td>$48,746.49</td>
</tr>
<tr>
<td>Second CHANCE respite renovations</td>
<td>Communities Helping Addicts Negotiate Change Effectively (CHANCE)</td>
<td>$184,237.48</td>
</tr>
<tr>
<td>Sweet Home Sleep Center</td>
<td>Family Assistance and Resource Center Group</td>
<td>$149,097.50</td>
</tr>
<tr>
<td>Young Adult Dorm</td>
<td>Community Outreach, Inc.</td>
<td>$50,000.00</td>
</tr>
<tr>
<td><strong>Total Approved</strong></td>
<td></td>
<td><strong>$705,831.47</strong></td>
</tr>
<tr>
<td><strong>Total Funding Available</strong></td>
<td></td>
<td><strong>$689,019.00</strong></td>
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<tr>
<td>Remaining Funded out of Transformation Funds</td>
<td></td>
<td>$16,812.47</td>
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</table>
IHN-CCO SHARE Initiative Tracking and Reviewing Process

**KEY**

- Project Champion Role
- Community Advisory Council Role
- Informative Presentation

**Tracking and Reviewing Process**

1. Implement Project
2. Semi-Annual Reporting
3. Presentations to the CAC
4. Feedback to Project Champion
5. Final Presentations to CAC

Informative Presentation