

July 11 – Welcome to the PartnerSHIP meeting!

- Per OHA meeting guidelines, the meeting will begin at 1:05.
- Closed captioning is available – select CC from your menu bar.
- Spanish interpretation is available. All remote attendees asked to select the Spanish or English channel following announcement.
- Members of the public invited to introduce self in chat/in room
- No formal public comment period will be held. Public invited to comment in the chat and/or email publichealth.policy@state.or.us.

PUBLIC HEALTH DIVISION

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Meeting supports

- Nhu To-Haynes – Facilitation
- Christy Hudson – OHA staff support
- Heather Owens – technical support and meeting accommodations
- Corinna Hazard – meeting minutes



Healthier Together Oregon

PartnerSHIP Meeting
July 11, 1:05 – 2:55pm

Zoom:

<https://www.zoomgov.com/j/1609047098?pwd=UGd2aGcyNXBSblZRejc5ZktUNFpvUT09>

Meeting ID: 160 904 7098

Passcode: 806191

One tap mobile

+16692545252,,1609047098# US (San Jose)

+16468287666,,1609047098# US (New York)

Meeting Objectives:

- Learn about and discuss efforts related to affordable housing that is co-located with active transportation.
- Discuss compensation process for PartnerSHIP members
- Learn about and discuss OHA and ODE’s role in ending gun violence, especially in schools

5 minutes	Per OHA meeting guidelines, the meeting will formally begin at 1:05. PartnerSHIP members are welcome to join at 1:00 for conversation.	
10 minutes	Welcome and introductions	
40 minutes	Increasing affordable housing that has close access to active transportation.	Natasha Detweiler & Mitchell Hannoosh, Oregon Housing and Community Services Kazim Zaidi & Robin Wilcox, Oregon Department of Transportation
	Break	
10 minutes	Compensating PartnerSHIP members	
40 minutes	Gun violence and schools	Laura Chisholm

OHA-PHD Injury and Violence Prevention
Section Manager

Colt Gill
Oregon Department of Education Director

5 minutes

Wrap up and next steps

Next meeting is September 12th

OHA staff will stay on meeting to offer support and resources to folks following the end of the meeting.

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other language
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Heather Owens at 971-291-2568 or heather.r.owens@dhsaha.state.or.us or 711 TTY.

Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

- Intérpretes de lengua de señas y lengua hablada
- Materiales escritos en otros idiomas
- Braille
- Letra grande
- Audio y otros formatos

Si necesita ayuda o tiene preguntas, comuníquese con Heather Owens at 971-291-2568 or heather.r.owens@dhsaha.state.or.us or o 711 TTY.

Group agreements

- Step up, step back
- Welcome different communication styles
- Assume good intent / Intent vs impact
- Use breakout rooms to air concerns - moments of ouch
- Use restorative justice practices - and share back outcomes with full group
- Commit to honesty and stay curious

PartnerSHIP Introductions

- PartnerSHIP members to introduce self by sharing name, pronouns, agency/communities you represent and any updates you'd like to share

**Increase affordable housing that
is co-located with active
transportation options.**

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Oregon Housing and Community Services (OHCS) and Transit-Oriented Development (TOD)

Natasha Detweiler-Daby & Mitch Hannoosh

PartnerSHIP Meeting - July 11, 2022



Background

- OHCS's role
- OHCS divisions
- Statewide Housing Plan
- Housing, Health, and Climate
- Transit-Oriented Development



OHCS as Oregon's Housing Finance Agency

- What is an HFA?
- OHCS and funding
 - How it works
 - Programs and funding options
 - Preferences and priorities
- Examples of Notice of Funding Availability (NOFA) criteria
 - Location efficiency
 - Access to transit options



Example Project #1: Fountain Place

- Home Forward
- Preservation
- Located in downtown Portland
- LIHTC and Preservation Gap funds
- 80 units, average household AMI of 23% at funding, 50% households with either elderly or disabled member
- Located in resource and service dense area
- Across the street from bus lines, two blocks from light rail



Example Project #2: Colonia Unidad and Esperanza Court

- Farmworker Housing Development Corporation
- New Construction and Rehab
- Located in Woodburn
- 9% LIHTC, HOME, AWHTC, and GHAP
- 56 units, 34 of which set aside for ag workers
- Transit for farmworkers to work sites
- Families live closer to community



Example Project #3: Orchards at Orenco

- REACH CDC
- New Construction
- Located in Hillsboro
- 9% LIHTC, GHAP, OAHTC, OMEP
- 167 units serving mostly families, 16 vouchers tied to project
- Located across the street from the light rail and bus stations
- “Passive House”



Trends and Barriers

- Workforce housing vs. service rich housing
- Resources broadly – layers of priorities and needs
- Balancing climate resilience with transit access (urban/rural)
- Land costs in transit rich areas – planned transit centers holding land
- Transit options in non-Metro Oregon, resources to support rural innovation around transit
- System Development Charges for areas at infrastructure capacity (costs to jurisdiction or project or both)

Questions?



A worker in a red safety suit and hard hat stands on a blue lift bucket, working on a steel bridge structure. The background is a dense forest of green trees. The image has a blue tint.

Innovative Mobility Program

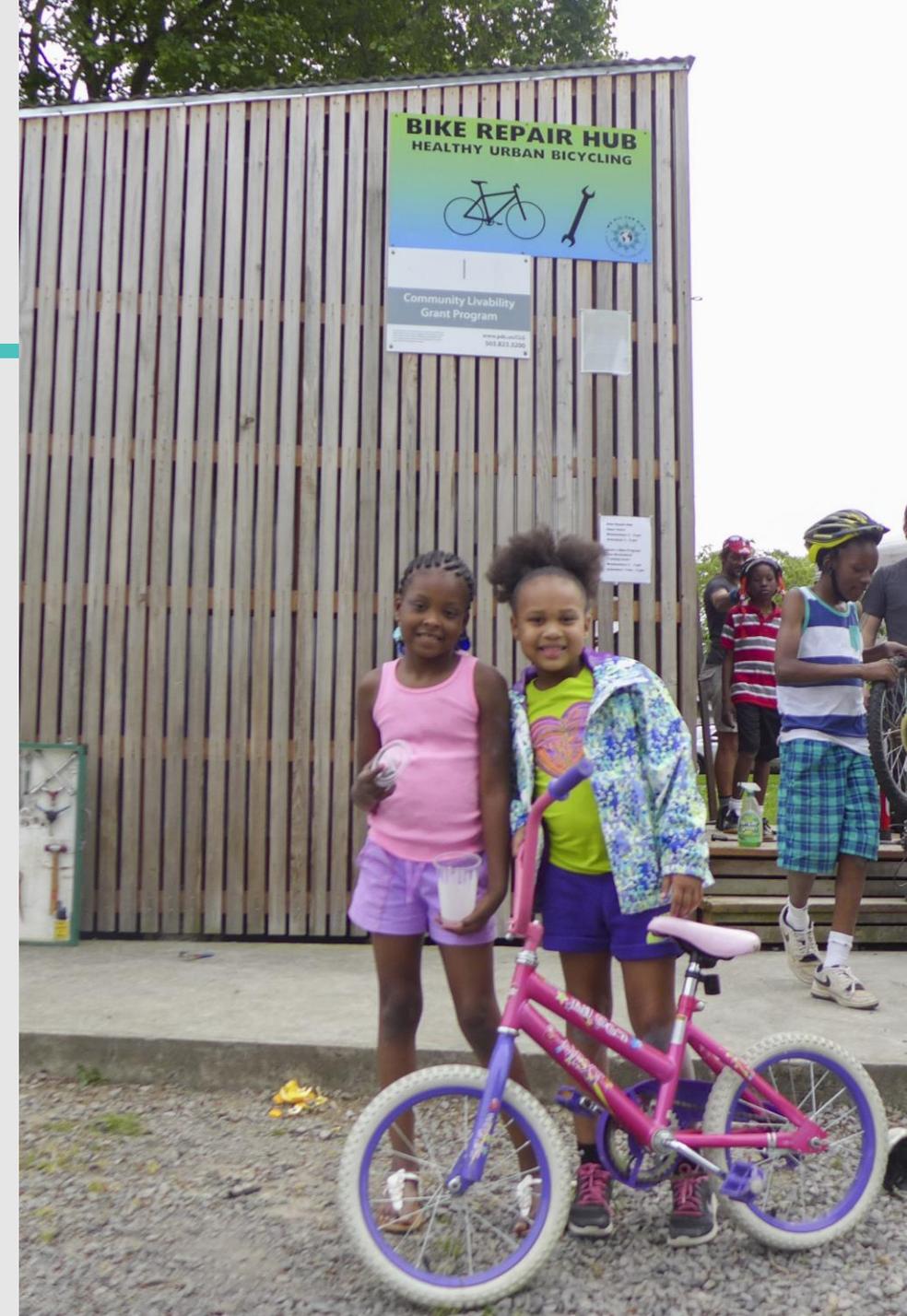
Background

Current Transportation Options program funded at \$7 M in 2024-2027 STIP

Community feedback highlighted need for more services and funding

Commission directed start-up of Innovative Mobility Program in order to:

- Provide grants to community-based organizations and local agencies that make it easier for underserved groups to walk, roll, share rides, and take transit
- Enhance sustainable and equitable mobility
- Build capacity and remove barriers to access





Program Overview

- Three-year program
- Funding: \$10 M federal IJA and \$10 M State
- 50% via competitive discretionary grants (\$10 M)
- 50% via targeted ODOT convened and partner delivered programs (\$10 M)
- \$5,000 micro-grants available within 2 months

GREAT STREETS PROGRAM



BACKGROUND

- Limited funding for corridor projects on highways that also serve as main streets and urban arterials
- Focus on efficiently moving vehicles has had safety and economic impacts to local communities
- Highways have created barriers to access for people walking, biking, using public transit, and driving

PROGRAM PURPOSE & BACKGROUND

- \$50M from OTC's discretionary allocation of IJA Flexible Funds
- Combined funding source for improvements to pedestrian crossings, transit stops, lighting, signals, pavement, and other infrastructure
- Planning, design, and construction projects are eligible for funding
- Project minimum is approximately \$2M
- Proof-of-concept for future multimodal corridor improvements



ELIGIBILITY

- Safety
 - What are the safety risk factors that will be mitigated?
- Multimodal Access
 - How will improvements improve access to the local network?

PROJECT SELECTION & EVALUATION*

- Equity
 - How does this project reduce barriers for historically excluded communities?
- Climate Mitigation
 - What are the improvements that help reduce vehicle miles traveled and single occupancy vehicle travel?
- Local Support and Engagement
 - How have historically excluded communities been engaged?
 - What is the planned level of community engagement through project completion?
- Leverage Opportunities
- Project Readiness
- State of Good Repair Status

*Final project evaluation criteria “weights” will be determined by September 2022.

ELIGIBLE ACTIVITIES

- Road reconfigurations
- Intersection improvements
- Crossing improvements
- Sidewalks
- Bicycle facilities
- Bus stop shelters, benches, and amenities
- Lighting
- Traffic calming features
- Street trees
- Gateway features
- Green infrastructure
- Street furnishings
- Pavement repair
- Stormwater infrastructure



OUR QUESTIONS FOR YOU

- Which organizations run by and/or working with historically excluded groups do you think we should get in touch with? Which organizations in your area are working on health, safety, or transportation?
- How can we best use the existing systems to meet the transportation needs of historically excluded groups?
- What are the biggest challenges you anticipate from what has been discussed today?

Compensating PartnerSHIP members

- OHA is committed to compensating community partners for their participation in agency processes.
- Members who participate on the PartnerSHIP without payment from an agency or organization for their time can receive compensation as individuals.
- Members who are in a paid position at a nonprofit agency which doesn't have a dedicated funding source for participation in the PartnerSHIP are also eligible to receive compensation on behalf of their organization.
- Rate of \$40/hour to include time in and out of meetings. This includes reading and responding to PartnerSHIP and HTO related emails, documents, and participation on committees and work groups.
- Submit invoice (and W-9 if submitting as an individual) to OHA on at least a quarterly basis. Direct deposit is available and advised.

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Questions for discussion

- What questions do you have about the current process for compensation?
- What are the barriers to requesting compensation?

Break Time



Firearm Injury Data and Community Violence Prevention

PartnerSHIP Monthly Meeting
July 10, 2022

Laura Chisholm, PhD, MPH
Manager, Injury & Violence Prevention Section
Oregon Public Health Division

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned below the "Health" text, extending from the left side of the "H" to the right side of the "y".

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Firearm injury trends

- 593 Oregonians died by firearm in 2020....368 of those involved handguns.
- Firearm-related emergency department (ED) and hospital admissions:
 - 596 in 2019
 - 820 in 2020
 - 926 in 2021 (estimated)

Suicide is the No. 1 cause of firearm death in Oregon.

- 4 out of 5 (82%) firearm deaths are suicide deaths.
- Firearms were the means for over 50% of suicide deaths in 2019.

Oregon Vital Statistics Annual Report, injuries dashboard. *Oregon Center for Health Statistics*, Oregon Association of Hospitals and Health Systems. Hospitalization discharge data and emergency department data.

Firearm injury trends

Homicide is the No. 2 cause of firearm death in Oregon.

- Nearly 1 out of 7 firearm deaths (14%) are homicide deaths.
- From 2016 to 2018, firearm homicide occurred most often in the context of intimate partner violence and gang violence.
- From 2016 to 2018...
 - 39 incidents of gun violence in Oregon involved more than one death
 - Two-thirds of these are classified as homicide-suicides
 - Firearms were the mechanism of injury for 89% of deaths in homicide-suicide events.²

In Oregon, some groups have higher rates of firearm injuries than others.

Males are nearly six times more likely than females to die from a firearm injury.

- **older non-Hispanic White males**, ages 65 and older (high suicide rate)
- **young non-Hispanic African American males** ages 15-44 years (high homicide rate)

A disproportionate number of Oregon firearm **suicides** occur in **rural** areas.

As a result of systemic racism, discrimination and oppressive social structures a disproportionate number of Oregon firearm **homicides** occur in **urban areas** and young men of color are at higher risk of becoming victims of homicide by firearm.

Compared to the general population, in 2019:

- Black Oregonians were 6.6 times more likely to be admitted to the emergency department or hospital for firearm injury
- American Indians/Alaska Natives were 1.5 times more likely to be admitted to the emergency department or hospital for firearm injury.

2022 House Bill 4045 – Community Violence Prevention & Intervention

HB 4045 seeks to:

- Expand capacity and establish a consistent source of funding to hospital-based programs that prevent trauma and retaliatory violence following incidents of community violence
- Address risk factors and support protective factors related to community violence
- Establish a professional pathway for hospital-based violence intervention peers

HB 4045 Implementation Milestones

- Approve a national training and certification program for violence prevention professionals (OHA)
- Seek approval to bill Medicaid for hospital-based violence intervention services (OHA)
- Administer grants to:
 - \$2.5 million: address risk factors and support protective factors related to community violence (POIC)
 - \$1.5 million: increase capacity of existing hospital-based violence intervention programs in Multnomah County (Healing Hurt People) (POIC)
 - \$1 million: support expansion of hospital-based violence intervention programs outside Multnomah County (OHA)



For more information

OHA Firearm Safety Website

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFE_LIVING/Pages/Firearm-Safety.aspx

CDC Firearm Violence Prevention

<https://www.cdc.gov/violenceprevention/firearms/index.html>

Healing Hurt People

<https://drexel.edu/cnsj/healing-hurt-people/overview/>

House Bill 4045

<https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/HB4045/Enrolled>

Program contact information:

Laura Chisholm, PhD, MPH

Section Manager, Injury & Violence Prevention Program

Oregon Health Authority, Public Health Division

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(503) 841-4842



Safety & Mental Health in Oregon Schools



WE BELIEVE

Every student should have access to an education that makes them feel **safe, welcomed, and embraced** by their peers and their community.

Creating a positive school climate, centered around student mental health and well-being, is essential to that goal.

CARE & CONNECTION

The ODE **Care and Connection** program stresses the importance of **building safe, supportive relationships in school communities** and creating welcoming spaces for students, families and staff; this campaign focuses on creating daily time and space for staff, educators, and students to build care, connection and community.

PROTECTING OUR STUDENTS AND STAFF

Families deserve to know our kids will be safe when we drop them off to learn. While Oregon has many protections in place and several new efforts are underway, **there is more we can do to ensure student and staff safety.**

SAFETY & MENTAL HEALTH SUPPORTS

SafeOregon Tip Line

- Works to prevent real-time violence.
- **Free for schools to use!** 1,248 schools participating.
- Anonymous tips can be submitted via email, phone calls, text, mobile app and web portal.
- Developed by the [Oregon Task Force on School Safety](#) and administered by the Oregon State Police.

Statewide School Safety and Emergency Management

- Designed to support the development of **emergency operations plans** in schools to improve safety and security for students, this program includes the implementation of comprehensive threat assessment systems that can **identify threats of violence**, organize resources to address those threats, and **maintain psychological safety** in the school community. Emergency management consultants, through partner Education Service Districts, are available across the state to help schools **plan for targeted violence** or any disaster.
- Created by the Oregon Department of Education (ODE) using limited federal funds secured by ODE; resources will be necessary to ensure these services continue beyond this grant.

School Safety and Prevention System

- Funded by the Student Success Act, the system is designed to provide school districts with a **multi-tiered system of supports** from curriculum-based prevention programs to safety-based crisis interventions in partnership with SafeOregon Tip Line.
- Includes suicide prevention supports, **behavioral safety assessments** (commonly known as threat assessments), as well as positive school culture and climate initiatives that work to prevent bullying and to promote mental health and well-being in school districts statewide.

EVERY STUDENT BELONGS IN OUR SCHOOLS

ODE wrote [updated guidance](#) to assist school districts in identifying bias based inappropriate behaviors as well as a [Bias Incident Response Guide](#) which provides districts a transformative approach to responding to incidents of bias.



EMPHASIZING STRENGTHS, RESILIENCE, AND ENHANCING SOCIAL-EMOTIONAL ABILITIES

ODE created the [Integrated Mental Health Model](#) and [Mental Health Toolkit](#) in partnership with Oregon Health Authority (OHA) and compiled a library of [mental health resources](#) for students, families, and educators.

Designed to aid staff, students and caregivers with mental health-related tools centered within a continuum of care that meets each person's needs for physical and emotional safety, security, social connection, identity, diversity, and purpose.

SAVING LIVES THROUGH PREVENTION & INTERVENTION

Oregon Health Authority (OHA) and ODE have partnered on **suicide prevention, intervention, and postvention** that fits into a system of supports via Lines for Life and the Oregon **YouthLine**. This also includes resources for comprehensive district Student Suicide Prevention Plans required by Adi's Act as well as no cost training, curricula, and services through OHA's Big River programs.

For more information, visit www.oregon.gov/ode

STRENGTHENING MENTAL HEALTH IN EDUCATION (SMHIE)

This grant-funded program addresses the considerable need for a robust, **community-driven, linguistically, and culturally responsive behavioral health infrastructure** in Oregon school communities, in partnership with the Oregon Health Authority (OHA), and the University of Oregon College of Education, Center on Human Development.

The initiative consists of 3 primary components:

- (1) **Increasing mental health literacy** via a digital learning educational program and accompanying resources;
- (2) Developing and deploying **credentialed, behavioral health courses** and professional learning communities; and
- (3) Co-designing and implementing a **Community Care project (CCP)** to enhance behavioral health infrastructure in 4 school districts that represent the racial/ethnic, linguistic, geographic, and socio-demographic diversity of Oregon's school communities.

CONTACT INFORMATION FOR QUESTIONS

ODE.MentalHealth@ode.oregon.gov
ODE.SSEM@ode.oregon.gov

PartnerSHIP member supports

- Lines for Life's Oregon Behavioral Health Support Line, including drug and alcohol counseling
24/7, 800-923-4357
- Lines for Life- BIPOC crisis line for Racial Equity Support.
Monday - Friday, 8:30 a.m.- 5 p.m., 503-575-3764
Answered by BIPOC counselors
- Responder Life (Trey Doty)
Monday - Friday, 8 a.m.- 5 p.m., 503-320-8775

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Next Steps and Final Thoughts

Next meeting:

Monday, September 12th

1:00 – 3:00pm

Reminders:

- P'SHIP members eligible for compensation
– invoice template is posted in Basecamp
- No meeting in August due to summer recess