Collaboration and sustainability through SHARE: Impactful CCO processes and investments

June 7, 2023







Agenda

- Supporting Health for All through REinvestment (SHARE) overview and requirements
- Yamhill Community Care (YCCO) presentation: SHARE and permanent supportive housing
- InterCommunity Health Network (IHN) presentation: Community advisory council and the SHARE initiative
- Breakout session
- Closing

SHARE overview

SHARE comes from the legislative requirement that CCOs invest some of their profits back into their communities.

Goals of SHARE:

- Safeguard public dollars by requiring that a portion of CCO profits are reinvested in their communities.
- Improve CCO member and community health by requiring reinvestments go towards upstream non-health care factors that impact health (for example, housing and food).

SHARE requirements

- Spending must fall within social determinants of health and equity (SDOH-E) domains and include spending toward a statewide housing priority.
- Spending priorities must align with community priorities from community health improvement plans (CHPs).
- A portion of funds must go to SDOH-E partners.
- CCOs must designate a role for their community advisory councils (CACs) related to SHARE Initiative spending decisions.

Emphasis 2023: Community advisory council (CAC) role and long-term housing solutions

- Shift CAC involvement in SHARE investments to decision-making role.
 - CCOs shall designate a role for the CAC in SHARE Initiative spending decisions - OAR 410-141-3735
- Shift SHARE investments from emergency/shelter investments towards permanent housing solutions.
 - Housing priority established by Oregon Health Policy Board, further defined by OHA – <u>Guidance</u> on supportive and supported housing.

Today's presenters

Yamhill Community Care Organization Emily Johnson (she/her)

InterCommunity Health Network CCO Charissa Young-White (she/her)



SHARE and Permanent Supportive Housing

Yamhill Community Care
June 2023



Sheridan Housing Project

- Yamhill County Health and Human Services
 - \$163,992 in 2022-3
 - \$314,808 in 2021-2
 - 72 units of permanent supported housing for individuals and families in recovery from substance use disorders



CHIP Alignment

- Social Determinants of Health
 - Increase community members connected to stable housing
- Access to Healthcare
 - Increase awareness of available services
 - Improve availability of care in rural areas
- Yamhill County Public Health, Providence Newberg Hospital, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians
 - Housing



Community Feedback

- YCCO Housing Workgroup advisory group
 - ▶ HAYC, HHS, YCAP
- Housing assessment, Community Health Assessment
- Community Advisory Council and Quality and Clinical Advisory Panel
 - ▶ Feedback: rural, urgent, wraparound, and inclusive



Supporting progress

- Capital projects have many barriers and delays
- All housing programs accumulate waiting lists
- Contracts and data: health, peer support, and housing tracking mechanisms and data sharing processes are all different
- Equity
 - CAC feedback
 - Property Rural focus and identifying high needs, low barrier supports



Moving forward

- Leaning on partners' expertise
- Considerations for full-spectrum housing portfolio strategy
- Trauma-informed supports with FTE



Metrics

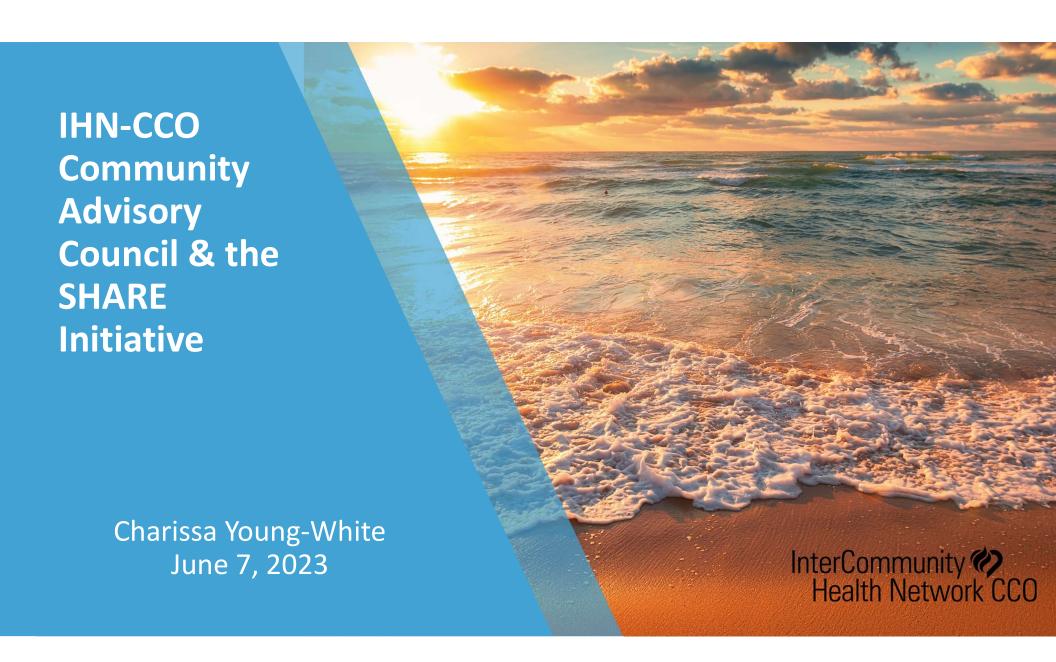
- Referrals
- Duration of stay
- Activities and participants
- Completion of SUD treatment
- Peer services delivered
- Demographics, SUD status
- Narrative
- Data sharing behavioral health and housing engagement, ED use



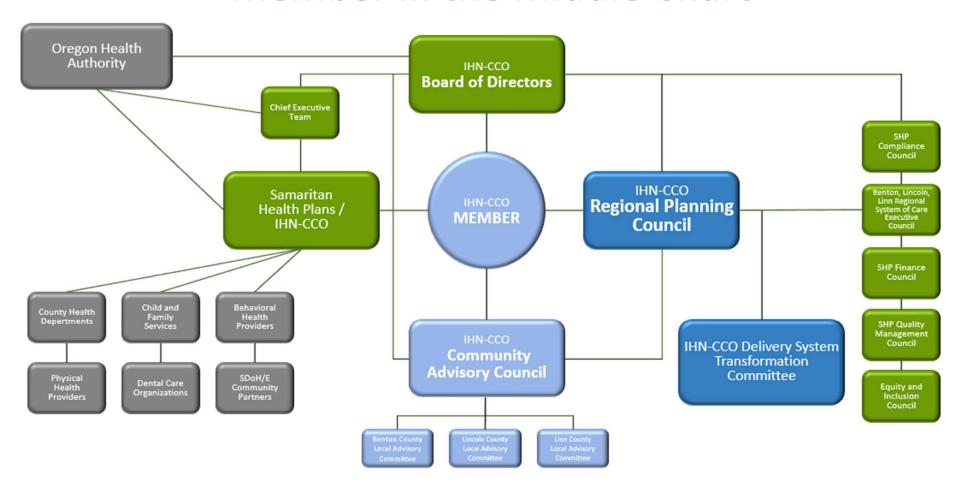
Thank you!

Emily Johnson
Community Health Supervisor
and Tribal Liaison

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IHN-CCO Committee & Council Structure or the "Member in the Middle Chart"



The Power of Member Engagement

Community Advisory Council

- Ensures that IHN-CCO members have an opportunity to help shape decision-making in community healthcare
- Supports healthcare needs being effectively and efficiently addressed
- Advises in the strategic planning process
- Discusses challenges and barriers in the care continuum
- Works collaboratively with the CCO to ensure that priorities are aligned with community needs and goals are being met

Community members are regarded as **subject matter experts in their own health and wellbeing**

Their expertise/lived experience is valued

Based in **establishing trusted relationships**



Ensuring Meaningful Engagement

Plan

- Present foundation of the program or initiative
- Listen
- Summarize and verify direction
- Provide support to achieve goals

Implement

- Communicate objective
- Clear and concise instructions
- Provide process support

Follow Up

- Communicate results of the process
- Provide context for any decisions made
- Ask for and listen to feedback

SHARE INITIATIVE PRE-SPENDING

Ensuring Meaningful Engagement in the *Process* **Planning**



Local Advisory Committees brainstorming session

Provide context for request
Facilitate conversation
Summarize back
Listen well and take notes



Summarize and re-affirm or make necessary changes

Follow up & present summary of past meetings



Achieve regional consensus

Present Local Committee recommendations to the Regional Community Advisory Council

Engage by asking questions and active listening (without driving)

Make necessary changes and rinse/repeat



SHARE INITIATIVE DECISIONS

Ensuring Meaningful Engagement in the Decisions: Years 1 & 2

Reaffirmed focus area

• The CAC's Community Health Improvement Plan, the State Health Improvement Plan, discourse with the CAC and local advisory committees, and the IHN-CCO SDoH Workgroup's priority areas

Released Request for Proposal (RFP) for SHARE Initiative Projects

Decision-Making Process

Year 1

- IHN-CCO does minimum criteria review
- IHN-CCO develops funding recommendations
- Community Advisory Council review and decisions
- IHN-CCO Board Approval

Year 2

- Community Advisory Council develops criteria and scoring tool
- IHN-CCO SHARE Committee uses scoring tool to rank and decide projects to fund
- IHN-CCO Board Approval

ENCOURAGING FEEDBACK

Listening and adapting





Year 1: CAC Makes the Final Decision

The CAC felt they did not have enough input into the project approval process

It did not feel like the process lived up to the spirit of the contract (Exhibit K) where the CAC is to direct the SHARE Initiative

Year 2: CAC develops the scorecard and IHN-CCO makes the decisions

The CAC felt this was more meaningful

Asked us to give them more time for the process in the future



SCORECARD

12 components scored on a scale of 0-10

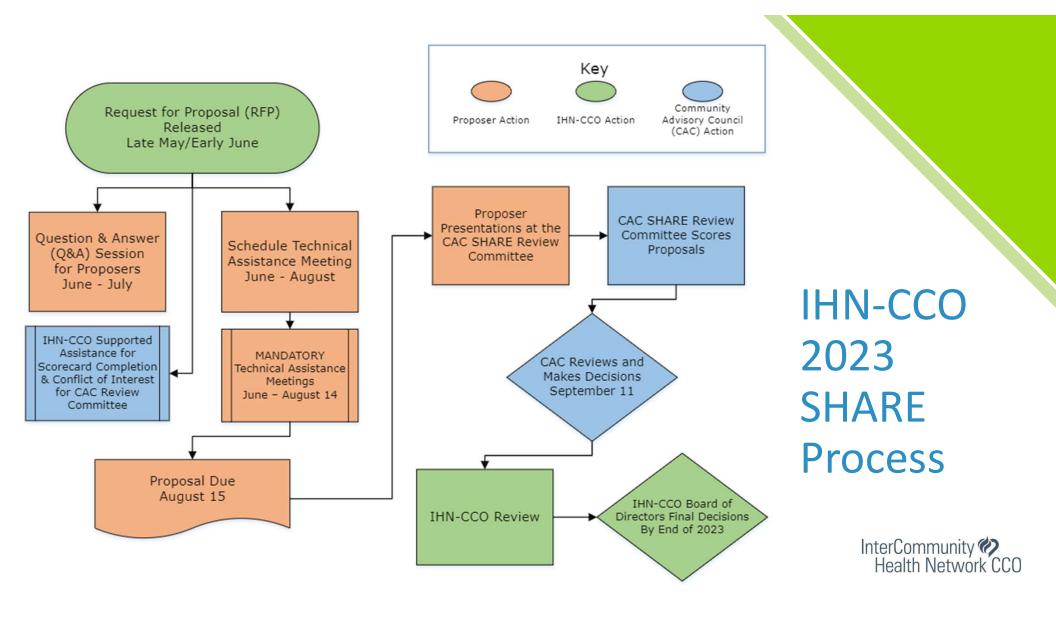
- o is disagree
- 5 is agree
- 10 is strongly agree

Results are presented in a heatmap style with standard deviation reported as well; this shows areas of disagreement for discussion purposes

Criteria	Score
Health Equity: The project has a defined approach for fair opportunities for members to be as healthy as possible.	
Health Improvement: The project holds promise for making a significant improvement in the health or health care of IHN-CCO members.	
Improved Access: The project activities will result in improved access of healthcare; availability of services, culturally considerate care, and quality and appropriate care to IHN-CCO members.	
Need: The proposer has established that there is a substantial need for this project and has indicated the demographics of the Medicaid population impacted.	
Total Cost of Care: The project will likely result in improvement in the total cost of care for IHN-CCO Members. The project targets areas of health care associated with rising costs or provides upstream healthcare that will reduce costs long-term.	
Resource Investment: The budget is reasonable and appropriate to the work proposed. It is well justified and directly tied to the project goals. The project has exhibited consideration for other funding sources.	
Priority Area: The addresses housing, specifically medical respite or navigation in the housing sector.	
Financial Sustainability: The project has a sustainability plan including continued funding and new reimbursement models. The project will likely continue after SHARE funding ends.	
Replicability: The project has a clearly defined plan to spread lessons learned to new organizations or regions such as rural or urban or a new county in the IHN-CCO community.	
Depth of Support: The proposer showed clear and strong depth of sponsoring organization support as well as community backing.	
Partnerships & Collaboration: The project brings together organizations and/or resources and describes how team members, providers, and partner organizations will work together effectively.	
Outcomes & Evaluation: Proposal outcomes and measures are aligned to project goals and will be sufficient to evaluate project success. The project outcomes are aligned with the Community Health Improvement Plan's Outcomes and Indicator Concepts.	
TOTAL PROPOSAL SCORE	



- In 2023, the CAC approved a new process which takes the best of the previous two years
- Using the 2022 CAC-approved scorecard, the proposals will be ranked by members of the local advisory committees and the Regional CAC
 - Technical training to occur prior to discuss conflict of interest as well as objectivity via the scorecard, this will be scheduled as a meeting and the Transformation staff will be available one on one or ad hoc to support
- IHN-CCO will provide final applications and the results of the presentation committee scores to the CAC
- The Regional CAC will review, discuss, and vote on the proposals based on the review committee's score ranking
- The CAC has ~\$800k for this Request for Proposal (slightly larger than the previous years' RFPs)



REVIEWING PROGRESS

Funded proposals are required to submit written reports semiannually on outcomes & measures, budget, challenges, successes

The written report includes quantitative and qualitative data; numbers and stories can paint a picture together

Project champions present to the local advisory committees and the Regional CAC

CURRENTLY ACTIVE PROJECTS

Project	Summary	Partner	Populations Served
Community Partnership Alliance	Community Partnership Alliance brings together partners in Albany to make it possible for unhoused and housing insecure individuals to successfully access and obtain needed services by overcoming system barriers.	Oregon West Cascade of Governments (Senior & Disability Services), Creating Housing Coalition	Unhoused and underhoused or housing insecure individuals
Emergency Hotel Sheltering	Emergency Housing Sheltering (EHS) provides individuals and families, most of which are situationally homeless, with a safe place to stay for up to 90 days while they navigate resources and transition to more permanent and stable housing.	Unity Shelter	Unhoused and underhoused or housing insecure individuals
Homeless Data Harmonization	Key partners pull data from their respective data systems and send to OPAL (data management system) that cross references health data with housing data to correlate health needs & healthcare utilization. The results are shared with all partners in the region to better serve the community.	Community Services Consortium, Community Health Centers of Benton and Linn Counties, Samaritan Health Services, Oregon State University	Unhoused and underhoused or housing insecure individuals with a focus on people of color that have experienced systemic racism
Housing Supports and Life Stabilization	Housing Supports and Life Stabilization provides housing support services that stabilize people, engage them in conversations and activities that springboard them towards housing, and help them secure stable, short- and long-term respite and living solutions that meet both their immediate and future housing needs.	Corvallis Daytime Drop-in Center	Unhoused and underhoused or housing insecure individuals with a focus on people of color that have experience systemic racism, LGBTQIA2S+ folks, and disabled people
Low Barrier Housing Solution	Low Barrier Housing Solution provides a holistic solution to a critical respite/emergency housing need by expanding many services and programs, including wraparound services, into rural communities.	Family Assistance and Resource Center Group	Unhoused and underhoused or housing insecure individuals, specifically those in an underserved rural community
ReConnections Counseling Supportive Housing	ReConnections Counseling, in partnership with Turnkey-Coastal Phoenix Rising (CPR), offers wrap-around transitional housing support, case management, training, peer, & tenancy navigation for the unhoused people in these three motel rooms.	ReConnections Counseling	Unhoused and underhoused or housing insecure individuals with a focus on those with behavioral health concerns
TIDES Young Adult Transitional Housing Program	Youth Tides is a runaway homeless shelter, licensed by Oregon Department of Human Services to provide emergency shelter and programs for youth. TIDES is developing individualized independent living curriculum to weave into the current and soon to be expanded Transitional Beds.	Lincoln County Community Justice	Unhoused and underhoused or housing insecure youth



Happy to answer any questions!

IHN-CCO Social Determinants & Transformation
transformation@samhealth.org

Breakout rooms

- Join one of two breakout rooms:
 - Room 1: Permanent supportive housing-Emily Johnson, YCCO
 - Room 2: CAC engagement-Charissa Young-White, IHN
- See you back in the main room in 10 minutes



For more information

• For reporting and general SHARE initiative guidance, see the OHA SHARE webpage.

Contacts:

- OHA Transformation Center (<u>Transformation.Center@odhsoha.oregon.gov</u>)
- Bethany Linscott-Lowe, ORPRN (lowbe@ohsu.edu)
- Nancy Goff, ORPRN (goffna@ohsu.edu)

Upcoming events

- SHARE office hours (6/14/23, 10:05-10:30 a.m.)
 - Join meeting

Meeting ID: 251 326 440 832

Passcode: Fqjhvm

Or call in (audio only): +1 971-277-2343,,241120301#

Phone Conference ID: 241 120 301#

- 2023 HRS, ILOS, SHARE conference (9/13/23)
 - Announcement
 - Registration opens this month