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# 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: May 31, 2021 via electronic submission to:

[transformation@samhealth.org](mailto:transformation@samhealth.org)

Proposal Due Date: June 21, 2021

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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 welcomes partners and strategies that support ensuring all IHN-CCO members have equal opportunities to be healthy where they live, work, learn, and play. IHN-CCO is committed to improving the health of our communities through investing in social determinants of health, specifically housing, through the SHARE Initiative.

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.

### **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).

## **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](mailto: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

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