**Health Related Social Needs (HRSN) Services**

 **Business Plan**

**“Sample Agency”**

**123 Anytown Street, Portland, OR 97035**

Insert summary sentence about the service agency and its typical services and target population. This business plan was developed for the purpose of outlining the feasibility and process for braiding a new funding source into agency operations. Through contracted services reimbursed by Health Share Oregon (HSO) (insert names), Sample Agency seeks to provide (List HRSN Services your agency will provide) services to newly referred clients. This new partnership supplements existing agency funding and enables Sample Agency to hire an additional case manager who will have a lower caseload and fill current program gaps in order to ensure high quality, evidence-based services to individuals authorized by HSO to receive medically appropriate HRSNs.

* EXECUTIVE SUMMARY
* COMPANY SUMMARY
* SERVICES
* MARKET ANALYSIS SUMMARY
* STRATEGY & IMPLEMENTATION SUMMARY
* FINANCIAL PLAN

## **EXECUTIVE SUMMARY**

“Sample Agency” (“SAMPLE AGENCY”) is a nonprofit organization founded in XXX in response to the growing number of individuals and families in need living in "City" and throughout the state of “Sample State”. Since its inception, “SAMPLE AGENCY” has been committed to providing only the most innovative and effective interventions specifically designed to help individuals and families reach beyond the cycle of homelessness to lead healthy and successful lives. “SAMPLE AGENCY” is located at 122 Market Street in "City", “Sample State”. This business plan was developed for the purpose of establishing a pilot project to provide services to 10 individuals who are unhoused and are the most frequent users of public services, including emergency rooms, hospitals, jails, and ambulances. The total amount needed to start Project 10 is $16,800. The ongoing costs to support Project 10 is $600 per client per month or $6,000 per month.

Project 10 is a pilot project that will improve client health, end homelessness, and create health system savings. Projected system cost savings will begin Year 2 of the pilot project and are estimated to reach $188,000 in Year 3, after covering the start-up and ongoing costs of providing services. Our first year of services for 10 individuals who are frequent users is projected to be cost neutral by month 12 and produce cost avoidance (savings) after one year in housing (month 18). The pilot project will last 3 years.

“SAMPLE AGENCY”'s keys to success include: service quality, growth potential, implementing an effective new program budget, achieving efficiency, running our services professionally, and maintaining a serious commitment to evidence-based, client-centered, cost-effective programming.

HRSN services, as shown in our plan, have a strong evidence-base for improving health outcomes and reducing health system costs, while ending housing instability and homelessness. Our competitive edge, along with new substance use disorder services and quality supportive housing, put “SAMPLE AGENCY” in the forefront of HRSN services in “Sample State”. We are living in an age where health system integration is expected and data sharing to improve health outcomes and reduce costs is becoming the norm. Project 10 will be successful in meeting these outcomes because of “SAMPLE AGENCY”’s 25 year commitment to providing quality services, housing and care coordination to meet the needs of individuals who are frequent users of crisis systems.

### **Objectives**

Our objectives are to:

* Identify 10 chronically unhoused and/or housing unstable persons in our community who are among those placing the heaviest burden on public services and resources such as emergency room visits and hospital stays.
* Provide these 10 persons with housing and services that meet the quality standards for services housing, including trauma informed, culturally and linguistically specific and harm reduction services for individuals with substance use disorders
* Partner with HSO to track the differences the program makes in the participants’ use of emergency department and crisis services
* Partner with HSO to track the differences the program makes in the participants’ use of primary and behavioral health services.
* Partner with HSO to track the differences the program makes in overall Medicaid expenditures per person per year, using pre- housing data as the baseline.

### **Mission**

“SAMPLE AGENCY”’s mission is to provide HRSN services to individuals and families who are experiencing homelessness or at risk of becoming homeless, enabling them to gain self-sufficiency and respect.

### **Keys to Success**

“SAMPLE AGENCY” s keys to success include service quality, growth potential, retaining a diverse, qualified staff who are supported by equitable policies and procedures, implementing an effective new program budget, achieving efficiency in operations, running our services professionally, and maintaining a serious commitment to evidence-based, client-centered, cost-effective programming.

## **COMPANY SUMMARY**

“Sample Agency's” unique combination of quality, affordable HRSN services has been recognized both statewide and nationally as one of the most effective ways to address persons’ HRSN. Remaining on the forefront of research and innovation in our community, the “Sample Agency” model supports individuals and families in achieving their goals to lead healthy, happy and whole lives. At “SAMPLE AGENCY”, we provide not only the time and place to recover from the trauma of homelessness and housing instability, but also the support to help participants overcome the root causes of their challenges. Clinical staff provide a wide range of programs and services to help participants develop the successful tools that lead to economic and emotional independence and self-sufficiency.

### **Agency Name Board of Directors**

### Agency Name is overseen by a knowledgeable and talented board of directors with diverse backgrounds and experiences, including \_\_\_ number of board members with lived experiences of homelessness. The following lists includes our Board of Directors Chairperson, Vice Chairperson, Treasurer and Secretary. For a complete list of our Board Members, see our website.

### Insert Agency Name – Board of Directors

### **First and Last Name, Role on Board**

### External role, occupation, title

### BOD Member Since: insert Year

### **First and Last Name, Role on Board**

### External role, occupation, title

### BOD Member Since: insert Year

### **First and Last Name, Role on Board**

### External role, occupation, title

### BOD Member Since: insert Year

### **Agency Location and Facilities**

### Agency Name is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Business Operations**

The process of the “SAMPLE AGENCY” business operations for supportive housing services are as follows:

* Home and community visits hours are 8:00 A.M. until 7:00 P.M., Monday through Friday with flexible staff serving clients through on call services and support throughout the weekend and in evening hours, as needed.
* On call services provided 24/7 through a rotation of service staff
* Clients are welcome to come for onsite services for health clinic and substance use disorder treatment with our partner agencies. The majority (85%) of HRSN services occur in the community (street outreach, in public community settings and in client homes, living areas).
* During year 1: HSO will identify 10 of its members who are also being served by our CoC’s outreach team- using shared data from HMIS reports, who are eligible for HRSN based on program eligibility criteria and need. The individuals may be single adults or heads of households.
* HSO will refer these members to the Agency for an assessment that will be submitted for authorization of services.
* This assessment can be completed in community settings using a wifi enabled tablet, smart phone, or paper assessments that are then scanned and uploaded to the client record system.
* HSO will then notify the Agency if the client is authorized to receive which HRSN services. This authorization triggers the beginning of reimbursable services from the HSO, that covers time to develop an individualized services plan.
* The Agency case manager works with the client to develop an individualized services plan, based on the services available through HRSN and the needs, goals and strengths of the client.
* “HSO” will pay a (OHA Fee Schedule amount and payment mechanism) or each of the individuals authorized for HRSN.

### **Start-up Summary**

Our total start-up costs are $XXX, which are primarily for monitoring and evaluation planning, as well as for administrative costs associated with contract development, hiring and training additional staff. “SAMPLE AGENCY” seeks funding via the Community Based Capacity Building Fund to support the startup of the program. Additionally, “SAMPLE AGENCY” will find funding for 10 rental units. The assumptions are shown in the following table.

|  |  |
| --- | --- |
| **Start Up Expenses** |  |

|  |  |
| --- | --- |
| Contracting TA |  $ XX |
| Quality Improvement Plan design with frontline staff |  $ XX  |
| Other Start-up costs |  $ XX |
| TOTAL Start Up | $XX |

## **SERVICES**

Services offered include the following HRSN Services:

1. Housing Support
2. Nutrition Supports

### **Target Market Segment Strategy**

Why does “SAMPLE AGENCY” want to embark on this now? “SAMPLE AGENCY” knows we cannot survive without innovation and the implementation of new evidence-based practices. We are expanding our focus on the highest needs individuals and families who but for services would not be able to maintain housing, and but for housing would not be engaged in health services that provide the right care at the right time. Focusing on system integration and health partnerships is the key to our future. Therefore, we will focus our services on vulnerable households who have the greatest need for care coordination and supportive housing.

#### **Population:**

* We aim to hire and sustain a workforce of dedicated staff who reflect the demographics and experiences of the people we serve. Furthermore, we know that it is important that clients feel heard, understood, and represented in decision making, so we also prioritize hiring staff with lived experiences of homelessness and including clients served in focus groups, decision making forums and surveys. Our staff demographics are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* We are working to continue to hire more staff from within the communities we serve, and have recently taken these steps to be more inclusive in our hiring and promoting practices. According to X report, and the most recent Annual Point in Time Count for X County,
	+ \_\_\_% of people experiencing homelessness in X County identify as Black/African American
	+ \_\_% of people experiencing homelessness in X County identify as Hispanic/Latino
	+ \_\_% of people experiencing homelessness in X County identify as Asian
	+ \_\_% of people experiencing homelessness in X County identify American Indian/Alaska Native
	+ \_\_% of people experiencing homelessness in X County identify as white
	+ \_\_% of people experiencing homelessness in X County identify as multi-racial

## **STRATEGY & IMPLEMENTATION SUMMARY**

### **Price of Service**

Supportive housing services will cost “SAMPLE AGENCY” an estimated $XX per member per month to provide. This includes staff salaries, staff supervision, necessary technology and program oversight. “SAMPLE AGENCY” anticipates an additional $XXXX needed for staff training and start-up costs for hiring a new master’s level case manager.

### **Financial Forecast**

We expect the provision of HRSN services for 10 HSO members beneficiaries who are super utilizers of crisis systems and experiencing homelessness to produce $XXX in cost savings for health system spending with a XX% return on investment.

### **Personnel Plan**

The following table summarizes our personnel expenditures for the first three years. We believe this plan is a compromise between fairness and expedience and meets the commitment of our mission statement. In order to achieve the highest health outcomes for participants, “SAMPLE AGENCY” has adopted the best practice model of HRSN with a caseload of 10-15 participants per case manager. For the financial model below, “SAMPLE AGENCY” has assumed 1:10 ratio for the purpose of this pilot model but is open to expanding this to 1:15 in Year 2. A fair salary for experienced HRSN staff in "City", “Sample State” is $XXX per year, not including fringe benefits, professional development and administrative costs. Below is the estimated personnel costs associated with this new position over the three-year pilot project.

**Pilot Project Personnel Costs for 1:10 ratio with master’s level case manager**

|  |  |
| --- | --- |
| Year 1 Costs (.75 of salary, fringe and insurance) + admin and startup costs | $ |
| Years 2 & 3 (includes one 2.5% cost of living increase in year 3 for salary) | $ |
| **Total Pilot Cost** | **$** |
| “Sample MCP” PMPM | $ |
| Remaining | $ |

**FINANCIAL PLAN**

### **Break-even Analysis** The table on the following page depicts our break-even analysis. “SAMPLE AGENCY” is requesting $XXX Community Capacity Building Funds from HSO for start-up costs to cover additional administrative costs for hiring, background checks, and three months of start-up while new staff are identified, screened, hired and trained. During that time, “SAMPLE AGENCY”’s COO, \_\_\_\_\_\_\_\_, will work with HSO to begin identifying 10 member households for the pilot. With approximate fixed cost of $XXX per member per month, beginning in Month 4 with 5 members, increasing in Month 5 with 8 members and reaching capacity with ten members at Month 6. “SAMPLE AGENCY” will break even at Month 18. In Year 3, we plan to give a 2.5% cost of living salary increase, which will mean that “SAMPLE AGENCY” will need we need to raise an additional $XXX to break even in Year 3.