

NOSORH Rural Health Capital Resources Council

Virtual Meeting

February 17, 2023

Welcome and Member Introductions - Kristin Juliar

Member Survey - Ela Rausch

Ela Rausch presented a review of a survey of Rural Health Capital Resource Council members. The survey asked what information would be helpful to include in the Master Class on Rural Health Capital Resources:

Partnerships & Stakeholder Engagement

- Federal infrastructure funding and implications for community development & health partnerships
- How State Offices of Rural Health and State Offices of Rural Development can partner
- What rural investors look for in seeking out new partners
- Opportunities to leverage venture capitalists and corporate funders who are new to rural healthcare
- How to align CHNAs with rural facilities priorities (partnerships w/ public health)
- Capacity building and stakeholder engagement in rural communities

Financing

- Best practices for securing USDA financing from start to finish
- How USDA's Rural Partnership Network can target areas for economic development related to healthcare
- How to obtain health system funding through state government appropriations
- Key things that underwriters look for in a loan request

Ecosystems

- How to build a substance use recovery ecosystem in your community/region/state
- Critical access hospital facility replacement

The survey also asked for ideas for the in-person meeting of the RHCRC meeting June 12-13 in Rockville, Maryland:

Hospital closings & healthcare infrastructure

- What happens when a rural community loses its full-service hospital & how to fill needs and gaps
- Innovations in infrastructure to support rural healthcare
- Innovations that can slow the closing of rural hospitals
- Reimbursement for telehealth
- Hospital TA

Financing and capital resources

- Best practices for assembling financing for clinic or hospital renovation, other building rehab
- How to support communities in identifying loan partners
- How increase the flow of capital into rural health projects & what key skills that are needed to accomplish this goal

- What could a regional structure to facilitate “deal discussions” look like?
- How do we build a better pipeline of projects that are ready for financing/funding?
- Capital resources for strengthening substance use disorder recovery ecosystems

Population health & population shifts

- New models for community-based programs that address SODH & health disparities
- Silver tsunami/ways to repurpose buildings to support aging in place for older adults in rural communities

Government, advocacy & legislation

- How to work with state legislators to establish/receive financing thru state government appropriations
- Advocacy for rural health & opportunities to inform new legislation (including the Farm Bill)

Council members provided additional input. Lauren Wood noted the importance of private equity. Graham Adams noted that SCORH had joined a small venture capital group to see if these folks are interesting in investing in social determinants. Surabhi Dabir mentioned the aging community - how to help the elderly age in place with the loss of health care centers in rural and frontier areas, and how can health and wellness coordinators help the elderly age in place.

John Barnas mentioned learning how to get state appropriations and having a section on how to fund recovery housing. The people who do build recovery housing often end up using their credit cards to build and furnish recovery housing. Dave Johnson discussed that his organization works a lot with how to establish recovery housing—single family housing up to larger facility (120 people housed, campus based program with transitional housing spectrum). Brian Haapala discussed the need to describe how to go about funding local health facility projects. Kellie Kubena discussed talking about USDA guaranteed loans and how they can play into private capital situations. Michelle Rathman mentioned the need to align CHNAs with rural community priorities - social drivers, social determinants of health.

Member Presentations

Ela Rausch presented Allen Smart’s slide on Rural Serving Healthcare Conversion Foundation Gifts from the MacKenzie Scott Organization.

- Twenty four of the grants went Rural Serving Healthcare Conversion Entities for work on health equity. The funding was unrestricted and can be used in any way.
- Formation of a new healthcare conversion foundation: BCBSLA is being sold and the new foundation will have an endowment of \$3 billion, which will be one of the largest in the nation.

Kristin Juliar noted that being from Montana, she was please to see the Montana Healthcare Foundation received one of the grants. MHCF has worked extensively with the Tribes in Montana and funded some great work in behavioral health.

Lauren Wood, ARC, provided an overview of Investments Supporting Partnerships In Recovery Ecosystems (INSPIRE) Initiative

- INSPIRE Initiative: Recovery to work: \$13 million initiative to support the development of the workforce ecosystem (community, region or state level). Initiative funds can be used in many areas, and all must tie back to workforce engagement:
 - Industry specific job training.
 - Expanding linkages in recovery ecosystem. Educational institutions tied to social services, court systems, businesses/employers, etc.

- Recovery friendly workplaces.
- Use of these funds can be for planning grants for SUD and behavioral health community needs assessments (SWAT assessments), so that the community/entity can gather data and then put that information into program implementation/expansion.
- ARC has been funding health projects for over 20 years. The projects span all things health: health promotion, disease prevention, worksite wellness, capital projects, workforce pipeline building, etc.
- Funding is pretty flexible as long as it ties back to ARC's strategic plan and the strategic plan of the entity that is applying.
 - If anyone is from southern NY to northern Mississippi, 13 states, please consider ARC as a funding source. ARC can help match, blend and braid rural health capital resource needs.

Jim King, Fahe: Jim provided an overview of some of the Fahe programs and outcomes.

- Healthcare: Lending and leadership focus; \$25-50 million a year to rural health care centers.
- Housing Provider: Bringing the health care system and housing together; getting folks into better housing to improve health.
- Drug Recovery: Fletcher Group is a good partner. "Kentucky Recovery" is 12 centers of 1500 beds. Latest project is called Crown Recovery - it is the largest campus in the state, 500 bed facility with wrap around services (used to be a college campus, Dominican Sisters were thrilled to repurpose the campus). They have a Crisis to Career approach.
- After initial work on these centers, Fahe created a taskforce on what happens after 18 months. Finding a job and housing is really hard to find after 18 months of recovery.
 - 1500 people a year get a voucher to use for anything that qualifies within their personal plan they developed with a case worker—usually where to work and where to live.
- Transitional Housing: Fahe works with 12 nonprofits on transitional housing.

Surabhi Dabir, USDA

- Community Facilities Program: The program supports rural communities and increases access to healthcare via community facilities.
 - Rural communities need a lot of support (telecom, electricity, water, business, etc.).
 - USDA has rural development offices in 47 states (all 50 covered), and 400 area offices.
 - The best way to utilize USDA is to reach out to state office for assistance—best way to get connected.
 - 50% of portfolio is in health care facilities.
 - Technical Assistance is available.
- Community Facilities can fund:
 - Schools, physical education, food distribution, floodwater and other community needs
 - Flexible Funding.
 - Substance Abuse: This is a priority of USDA to address opioid crisis. USDA invested almost \$22 million in SUD recovery. \$52 million was collaboratively leveraged.
 - Loan Guarantees and Grants.
 - Funding for a variety of facilities. USDA can finance assisted living, mental and behavioral health, ambulances, EMS, solar panels, rehab centers
 - Re-lenders.
- Eligibility Requirements: <https://www.rd.usda.gov/programs-services/community-facilities/community-facilities-direct-loan-grant-program>

Events and Training—Kristin Juliar

- February 22: Community Catalyst webinar with USDA and LOR Foundation
- February 19: AHA Rural Health Conference, pre-conference session with Building Healthy Places Network and Karen Cheeseman of Mackinac Health System
- April 24: Next Rural Health Capital Resources Council Meeting
- Jun 12-13: In-person meeting of the Rural Health Capital Resources Council

Please let us know if you have events or training that you would like us to promote

ATTENDEES

Michelle Rathman, Do It With Impact

Jim King, Fahe.

Alana Knudson, NORC.

Surabhi Dabir, USDA.

Kellie Kubena, USDA.

Ruth Thomas Squance, Build Healthy Places

Becky Regan, Capital Link

Lauren Wood, ARC

Robert Duehmig, Oregon Office of Rural Health

Mary Moran, ARC (Business of Workforce of Investment)

Dave Johnson, Fletcher Group

John Barnas, Michigan State Office of Rural Health

Graham Adams, South Carolina Office of Rural Health

Stephanie Moore, West Virginia Office of Rural Health

Natalie Claiborne, Montana Office of Rural Health

Brian Haapala, Stroudwater

Nadia Villagrán, Rural LISC

Claire Brawdy, Healthcare Anchor Network

Jocelyn Richgels, RUPRI

Rachel Moscato, FORHP.

Sarah Ndiangui, FORHP (Federal Office of Rural Health Policy, state division)

Jose Quinonez. Partners for Rural Transformation, Virginia

Brittany Jablonsky, Farm Credit Council

John Reger, Center for Rural Health Development

Tammy Norville, NOSORH.

Chris Salyers, NOSORH.

Tonne McCoy, NOSORH.

Ela Rausch, NOSORH Rural Health Capital Resources Consultant.

Kristin Juliar, NOSORH Rural Health Capital Resources Consultant.

Chelsea Culpon, NOSORH Rural Health Capital Resources Consultant

Michelle Mills, Colorado Office of Rural Health

Tommy Barnhardt, National Rural Health Association

Kirby Lecy, Massachusetts Office of Rural Health