2024 Annual SHARE Initiative Spending Plan Template

Due: December 31, 2024

Overview

The SHARE Initiative (Supporting Health for All through Reinvestment) was created through Oregon House Bill 4018 (2018). It requires coordinated care organizations (CCOs) to invest a portion of profits back into communities to address health inequities and the social determinants of health and equity (SDOH-E). For details, see OHA's SHARE Initiative guidance document. SHARE Initiative guidance is posted to the SHARE Initiative webpage.

Per the requirements stated in ORS 414.572(1)(b)(C) and OAR 410-141-3735, CCOs must designate a portion of annual net income or reserves that exceed the financial requirements for SHARE Initiative spending. CCOs are subject to a formula that determines their required minimum SHARE obligation. CCOs will follow the instructions in the Exhibit L6.7 financial reporting template to apply this formula to their 2023 financials and report their 2024 SHARE designation.

The CCO contract requires a CCO's annual SHARE Initiative designation to be spent down within three years of OHA's approval of the same year's SHARE Initiative spending plan; a one-year extension may be requested (four years total).

SHARE Initiative spending must meet the following four requirements:
1. Spending must fall within SDOH-E domains and include spending toward a statewide housing priority;
2. Spending priorities must align with community priorities from community health improvement plans;
3. A portion of funds must go to SDOH-E partners; and
4. CCOs must designate a decision-making role for the community advisory council(s) related to its SHARE Initiative funds.

(See OHA's SHARE Initiative guidance document for more details.)

It is important to note that SHARE Initiative reinvestments must go toward upstream, non-health care factors that impact health (for example, housing, food, transportation, educational attainment or civic engagement).

By December 31 of each contract year, the CCO shall submit a SHARE Initiative Spending Plan to OHA for review and approval. The spending plan will identify how the CCO intends to direct its SDOH-E spending based on net income or reserves from the prior year for the SHARE Initiative. This annual SHARE Initiative spending plan will capture from CCOs how they are meeting these contractual requirements.

SHARE Initiative Reporting

A. By June 30, each CCO must report its
   o **Annual SHARE Initiative Designation** in Exhibit L, Report L6.7 to identify its SHARE Initiative designation based on the *prior year's financials*.
   o **Annual SHARE Initiative Spend-Down** in Exhibit L, Report L6.71 to track year-over-year SHARE spending and to tie such spending to the appropriate year's SHARE Initiative Spending Plan.
   o **Annual SHARE Detailed Spending** in Exhibit L, Report 6.71 to track spend-down to each SDOH-E partner each year.
B. By December 31, each CCO must complete the **Annual SHARE Initiative Spending Plan** described in this document for the *prior year's financials*.

2024 SHARE Initiative Spending Plan Template

CCO name: Trillium Community Health Plan Tri-County

CCO contact: Dominique Lopez-Stickney

Instructions:
- Respond to items 1–9 below using this template.
- Be clear and concise.
- CCOs no longer need to submit partner agreements to OHA. CCOs still must have partner agreements in place that include all elements outlined in guidance prior to disbursing funds.
- Use clear file names (for example, CCOname-SHARE-Spending-Plan-2024).
- Submit your plan in the CCO Contract Deliverables Portal by December 31. (The submitter must have an OHA account to access the portal.)

Section 1: SHARE Initiative Designation

1. **What is the dollar amount of your CCO's SHARE Initiative designation represented in this spending plan? This amount must meet or exceed your CCO's designation amount recorded in cell G40 in Exhibit L** – *Report L6.7.* **If the amount does not match, please explain.**
   $2,388,204

Section 2: SHARE Initiative Spending Plan

Spending plan project summaries

2. **Provide a summary of the work your CCO is funding through this year's SHARE Initiative. Duplicate the row below and complete it for each funded project included in your spending plan.** Note: SHARE funds may not be used for any covered Medicaid benefits or delivery of covered Medicaid benefits, including health-related social needs (HRSN) covered services and substance use disorder (SUD) covered services.

Project #	Project name	Brief project description, including project goals, objectives and expected outcomes	Is this a housing project? If yes, indicate project type.[1]	SDOH-E domain	Populations served (list)[2]
1	Esther's Food Pantry	Esther's food pantry was founded in 1985. The pantry was named in memory of Chester "Esther" Brinker, one of the first people in Portland to die of complications from AIDS. The pantry is in Milwaukie; is open Mon, Tues, Weds, Thurs; and has a transgender inclusive day. The goals of the project are to increase the number of days the pantry is open, increase access to food & decrease	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☒ Neighborhood and built environment ☐ Economic stability ☐ Education ☐ Social and community health	Clients with HIV/AIDS and transgender clients who have food SDOH needs.

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[1] For definitions of "housing services and supports" and "permanent supportive housing," see the SHARE guidance document.
[2] If applicable, please use standardized race, ethnicity, language and disability (REALD) categories (see REALD form).

		food insecurity, and completion of capital improvements to the food pantry.			
2	Center for Treatment and Recovery	This project will include ground-up development of ASAM 3.5 SUD Residential Treatment Beds and a SUD Recovery Housing in a new facility. Clackamas County has identified a program site and will purchase the site in July 2024. There will be approximately 16-20 beds SUD Treatment Recovery-Oriented Housing, which is what SHARE will fund, and 16-20 beds 3.5 ASAM SUD residential. Goals include completion of construction of the new facility.	☐ Housing services and supports ☐ Permanent supportive housing ☒ Other (write in; for example, transitional housing, emergency shelter, affordable housing): SUD Transitional Recovery-Oriented Housing	☐ Neighborhood and built environment ☒ Economic stability ☐ Education ☐ Social and community health	Adult members in Clackamas who are houseless or vulnerable community members in need of structured 3.5 ASAM SUD Residential Care and SUD Recovery-Oriented Housing as a transitional bridge to permanent housing.
3	Right from the Start (RFTS)	The program will advance equity in kindergarten readiness by developing culturally specific, sustainable, and impactful supports for the academic enrichment and social-emotional health of families and children. Goals: Black childcare providers have the knowledge, skills, and resources to offer high-quality childcare and preschool that supports academic and social-emotional kindergarten readiness for Black children; African American and African immigrant and refugee providers support the social emotional needs of neurodiverse children in the childcare/preschool environment using culturally specific, strengths-based approaches; Parents of African American and African immigrant and refugee neurodiverse children have and share community and support rooted in cultural strengths and are prepared to advocate for their children in	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☐ Economic stability ☒ Education ☒ Social and community health	Families of children ages 0-6 who are African American, African Immigrant, and African refugee, including those families with neurodiverse children.

		kindergarten and beyond; Black childcare providers are prepared for their own professional development and self-care as a foundation for caring for others. RFTS social-emotional wellness program is responsive to the needs of the communities served, supported by aligned funders, and sustainable.			
4	16th & Burnside	This project is a 74-bed, ADA accessible residential treatment program designed for adults with co-occurring disorders who have been typically excluded from other residential treatment programs, and who have faced SDOH challenges over their lifetime, including periods of chronic homelessness or who are at risk of homelessness. The program will be staffed with case managers who will support residents with obtaining stable housing, employment or education opportunities, volunteer opportunities, transportation resources, financial benefits, and other case management needs. Goals of the project funding are to complete construction and renovations to the facility.	☒Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☐ Economic stability ☐ Education ☒ Social and community health	Those with tri-comorbid health needs, as well as significant functional impairment in the SDOH domains including housing stability, nutrition, transportation, education, social health, and civic engagement.
5	BIPOC CHW Training	Greater New Hope Charities is a CHW Training Hub. The training will be at no cost to trainees. The training will result in 75-80 CHWs in 2024 and enroll those who are in the BIPOC community who currently work in low wage jobs. This project aims to increase and improve culturally specific CHW workforce.	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☒ Economic stability ☒ Education ☐ Social and community health	The CHWs being trained identify as BIPOC and will be serving the BIPOC community. This may include and is not limited to African, African American, Asian, Latino, and Native American.
6	Certified Alcohol and	Tri-County Behavioral Health Providers Association (TCBHPA)	☐ Housing services and supports	☐ Neighborhood and built	Scholarship Population:

	Drug Counselor (CADC) Scholarship Funding Coordination	members seed a loan fund that pays for tuition and books for Portland Community College, Mt. Hood Community College, or Chemeketa Alcohol and Drug program; and core classes for CADC and practicum. After completing 12-months of employment, working for any participating TCBHA agency, the loan will be forgiven. The braided loan program funding and the coordinator support will enable an estimated 40 students to complete their CADC over the span of the project.	☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	environment ☒ Economic stability ☒ Education ☐ Social and community health	Current TCBHPA agency non-clinical employees (e.g. front desk staff), looking for a career path/career ladder to serve in clinical/treatment roles. Patient populations treated at TCBHA agencies will be served by the new workforce.
7	Recovery Housing	New, 46 bed, recovery housing project adjacent to the new Fora treatment center in Southeast Portland. Patients completing residential treatment for substance use disorder at Fora Health will receive housing for 4-6 months and referrals to community resources and support to help them gain employment with the expectation that they continue to participate in outpatient services, find employment, create a sustainable savings plan, and identify a permanent housing solution. Objectives are to start construction by 4/2025, complete construction by 10/2026, open facility by 11/30/2026. Post-Launch objectives are to achieve 90 percent participation in Fora Health's Outcomes Survey at the point of successful discharge. 100 percent sobriety at successful discharge and 60 percent sobriety at one year after discharge. Permanent Housing placement of 75 percent at completion of discharge. Employment of 50 percent at completion of	☐ Housing services and supports ☐ Permanent supportive housing ☒ Other (write in; for example, transitional housing, emergency shelter, affordable housing): recovery housing	☐ Neighborhood and built environment ☒ Economic stability ☐ Education ☐ Social and community health	Patients completing residential treatment for substance use disorder at Fora Health; houseless patients leaving residential treatment will be prioritized.

		discharge. Achieve a 10 percent reduction in Average Length of Stay for ASAM 3.5 SUD residential stays with Fora.			
8	Professionalization of Health Care Interpreters (HCIs) in Oregon	Through the professional development of health care interpreters (HCIs) and the recruitment, training, and credentialing of new HCIs in high-demand languages, Trillium Community Health Plan, in partnership with the Oregon Health Care Interpreters Association (OHCIA), plans to address the language access crisis and health disparities in Oregon. Our goal is to increase patient safety and improve health care outcomes for individuals with limited English proficiency (LEP). The training is 60 hours and will train 100 students.	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☒ Economic stability ☒ Education ☒ Social and community health	Members with language needs.

CHP/statewide priorities

3. **Which specific priorities, topics or domains within your CCO's most recent shared community health improvement plan does this SHARE spending plan address? List single CHP topics in bullets and *briefly* describe how your SHARE spending plan aligns with your CCO's shared community health improvement plan.**

   1. Access to Care
      a. Six projects address this CHP priority: Center for Treatment and Recovery; 16th & Burnside; BIPOC CHW Training; CADC Scholarship Funding Coordination; Recovery Housing; and Professionalization of HCIs in Oregon. For example, Recovery Housing will allow patients to discharge timely to recovery housing due to increased housing capacity and free up space for inpatient treatment for other patients. Another example is the Professionalization of HCIs in Oregon, which increases access to care for members with language needs by increasing the HCI workforce.
   2. Chronic Conditions
      a. The 16th & Burnside project also addresses this CHP priority by focusing on those with tri-comorbid health needs. Case managers will support those with chronic conditions to obtain access to SDOH resources.
   3. Social Connections
      a. Another aspect of the 16th & Burnside project is to connect patients to employment and volunteer opportunities, which promote social connections.
      b. Right from the Start (RFTS) supports social connections in parents and children who are African American, African Immigrant, and African refugees, including those families with neurodiverse children, and provides support to Black childcare providers.
   4. Food & Nutrition
      a. Esther's Food Pantry addresses food and nutrition by funding operations to increase number of days the pantry is open to increase access for clients with HIV/AIDS and transgender clients who have food SDOH needs.
   5. Supportive Housing

a. The Center for Treatment and Recovery in Clackamas County increases recovery housing capacity by 16-20 beds

b. 16th & Burnside serves clients who have a history of periods of chronic homelessness or who are at risk of homelessness. Case managers will support residents with obtaining stable housing.

c. Fora Health Recovery Housing increases recovery housing capacity by 46 beds. Clients will receive housing for 4-6 months and will be prioritized by houseless status.

4. **Briefly describe how your SHARE Initiative spending plan addresses the statewide priority of housing-related services and supports, including supported housing, and helps people find and maintain stable housing.** In the description, please reference the specific housing projects using the project numbers from the table above (question 2).

There are 2 projects that address the statewide priority of housing. These projects are 2 and 7 – both address recovery housing. Project 2 will result in an increased capacity of recovery housing by 16-20 beds in Clackamas County. Project 7 will result in an increased capacity of 46 beds of recovery housing in Multnomah County.

SDOH-E partners and agreements

5. Complete the table below for each funded SDOH-E partner. Duplicate the row below for each partner included in your spending plan.

   A) **Identify each SDOH-E partner that will receive a portion of SHARE Initiative funding.**
   B) **Identify the total SHARE budget (dollar amount) being allocated to the partner.**
   C) **Briefly describe how the partner will be using the SHARE funds.**

   Note: For each partner, your CCO must have a partner agreement in place that meets requirements in guidance. You don't need to submit the agreements to OHA.

Project # (match above)	Partner name	SHARE budget to partner ($)	Partner agreement	Describe the specific items, activities or services being funded with SHARE
1	Cascade AIDS Project	$295,726	☒ Yes ☐ No	Esther's Food Pantry: capital improvements to the pantry, vehicle to transport food; maintenance/safety improvements to vehicle; pantry equipment (shelving, hand trucks, freezer); IT equipment; FTE for operations of food pantry.
2	Clackamas County	$180,000	☒ Yes ☐ No	SUD Residential and Housing Program: capital funds for construction of the new facility.
3	Oregon Public Health Institute	$400,000	☒ Yes ☐ No	Right from the Start: funding for project manager FTE, consultants, curriculum licenses for High Scope and Second Steps, travel, project expenses related to monitoring project activities.
4	Central City Concern	$1,000,000	☒ Yes ☐ No	16th & Burnside: funding for site acquisition and building renovation.
5	Greater New Hope Charities	$75,000	☒ Yes ☐ No	BIPOC CHW Training: FTE coordinator to organize all training components; FTE trainers to lead the training; printing costs of training materials.
6	Tri-County	$135,000	☒ Yes	CADC Scholarship Funding Coordination: FTE

	Behavioral Health Providers Association		☐ No	coordinator for three years to administer CADC scholarship funds.
7	Fora Health	$75,000	☒ Yes ☐ No	Recovery Housing: capital funds to build the recovery housing facility.
8	Oregon Health Care Interpreters Association	$227,478	☒ Yes ☐ No	Professionalization of Health Care Interpreters (HCIs) in Oregon: Over three years, funds will pay for staff to support health care interpreter recruitment, training, and credentialing of new HCIs in high-demand languages. Funding will pay for credentialing expenses, CEUs, a stipend (e.g. to cover childcare, time off work, etc.); expenses related to reporting on program; expenses related to outreach and marketing for the training to recruit individuals who speak languages of limited diffusion.

6. **Are any of your partner agreements a subcontract as defined in CCO contract?**   ☐ Yes ☒No
   If yes, which ones?

Partner selection and community advisory council (CAC role

7. **Describe the process for identifying and selecting the SDOH-E partners for SHARE Initiative projects.**
   A. **Below are some examples of CAC roles in SHARE. Check all boxes that apply.**
      ☐ CAC determined SHARE priority areas.
      ☐ CAC created or approved the overall SHARE decision-making process.
      ☐ CAC developed a scoring rubric for reviewing SHARE proposals.
      ☐ CAC members recommended organizations to fund using SHARE dollars.
      ☒ CAC members reviewed SHARE proposals and made recommendations to CCO leadership.
      ☒ CAC made final SHARE project funding decisions.
      ☒ CAC will have a role in ongoing monitoring of SHARE projects.

   B. **Briefly describe what steps were taken to identify and select partners and who was involved (for example, CCO leadership, CCO staff, committee, advisory group, CAC). Be sure to include your CAC's designated role in SHARE Initiative spending decisions.** (If applicable, also describe the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)
   The approach from the 2023 SHARE process was continued and added to in 2024. Based on CAC feedback from 2023, we have added an element that SHARE partners will present progress and outcomes to the CAC after implementation as a part of monitoring and evaluation. Potential SHARE partners or staff presented individual projects to the CAC to review project components and receive feedback and approval of spending decisions. CAC feedback was then shared with the Executive Leadership Team.

Section 3: Additional details

8. **If the project or initiative requires data sharing, attach a proposed or final data-sharing agreement that details the obligation for the SDOH-E partner to comply with HIPAA, HITECH and other**

applicable laws regarding privacy and security of personally identifiable information and electronic health records and hard copies thereof. Does the project require data sharing?
☐ Yes ☒ No

9. (*Optional*) **CCOs may choose to include an evaluation plan. If so, describe or attach the evaluation plan for the SHARE spending plan portfolio or for each project, including expected outcomes; the projected number of your CCO's members, OHP members, and other community members served; and how the impact will be measured.**
Click here to enter text.