

Due: December 31, 2023

Overview

The SHARE Initiative (Supporting Health for All through Reinvestment) was created through Enrolled Oregon House Bill 4018 (2018) and requires 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](#).

In accordance with 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. Starting in 2023, 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 2022 financials and report their 2023 SHARE designation.

According to contract requirements, a CCO's annual SHARE Initiative designation must 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).

As described in OHA's SHARE Initiative guidance document, 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 role for the community advisory council(s) related to its SHARE Initiative funds.

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
 - **Annual SHARE Initiative Designation** in [Exhibit L6.7](#) to identify its SHARE Initiative designation based on the *prior year's financials*.
 - **Annual SHARE Initiative Spend-Down** in [Exhibit L6.71](#) to track year-over-year SHARE spending and to tie such spending to the appropriate year's SHARE Initiative Spending Plan.
 - **Annual SHARE Detailed Spending Report** using the [detailed spending report template](#).
- B. By December 31, each CCO must complete the **Annual SHARE Initiative Spending Plan** described in this document for the *prior year's financials*.

2023 SHARE Initiative Spending Plan Template

CCO name: Umpqua Health Alliance (UHA)

CCO contact: Brandi Gardner, Senior Manager – Community Impact and Engagement

Instructions:

- Respond to items 1–11 below using this template.
- Be clear and concise. Do not exceed 20 pages (not including the required attachments).
- Your submission must include the formal agreement with each of the SDOH-E partners as referenced in item 7. If any agreement with an SDOH-E partner is a subcontract as defined in the CCO contract, then your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.
- All file names must clearly reflect the content (for example, CCOxyz_SHARE_Item8).
- Only submit materials pertinent to this spending plan.

Submit your plan to CCO.MCOCDeliverableReports@odhsoha.oregon.gov by December 31.

Section 1: SHARE Initiative Designation

1. What is the dollar amount for your CCO's SHARE Initiative Designation? (as recorded in cell G40 in

[Exhibit L – Report L6.7](#))

\$2,007,398 for 2023 designation

Note: Additional \$174,962 approved by OHA to be set aside and saved for 2024 allocation.

Section 2: SHARE Initiative Spending Plan

Spending plan summary

2. Summarize the work your CCO is funding through this year's SHARE Initiative. At a high level, briefly describe 1) project titles; 2) what activities are being funded; and 3) what populations will be served.

ADAPT Travel Lodge SUD Housing – Completion of remodel and development of a recently acquired 12-unit hotel into SUD transitional housing. This space has been transformed into Substance Use Disorder (SUD) transitional housing catering to male community members in the early stages of their recovery journey. The facility not only provides housing but also offers wrap-around services to enhance the recovery process.

Funding Use: Remodel of the hotel.

Target Population: Adult males with SUD in a transitional setting.

ADAPT – Rodeway Inn Transitional Housing - Remodel and development of the recently acquired 50-unit hotel into combination transitional housing. While most units will be SUD for community members transitioning from other facilities, that additionally provide wrap around services, 10-15 units will be set aside specifically for temporary housing for UHA members.

Funding Use: Remodel of hotel.

Target Population: Adults with SUD and UHA members in traditional setting.

The Dream Center – Re-establishment - Support re-establishment of the center, who is facing challenges post-COVID funding loss and staff turnover. The funding will contribute to community

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program development and expansion. These programs include climate and emergency supplies for homeless community members, rent support for low-income individuals and families, utility support, move-in fee assistance, tenant education for eviction prevention, home buyer support, and hygiene services.

Funding Use: Re-establishment and expansion of community facing programs.

Target Population: Low-income individuals and families, veterans, people experiencing homelessness, people in transition.

NeighborWorks Umpqua - Building Resilience During Transitions to Affordable Housing - This initiative focuses on assisting very low-income residents (60% AMI or lower) transitioning to affordable housing with rental deposits, moving costs, furniture, and food. The goal of this program is to increase housing stability and resilience of individuals at risk of homelessness, as they transition to permanent affordable housing, so that they can remain housed successfully for at least the first twelve months. Project will include creation of new processes, tracking tools and evaluation surveys effectively manage the various components.

Funding Use: Development and implementation of housing support program.

Target Population: Low-income individuals and families.

Peace at Home - Supportive Housing for Underserved Populations - Investment in low-barrier, affordable housing for people who have experienced trauma and abuse. Peace at Home's housing provides trauma-informed programming, supports eliminating barriers, provides lease agreements and advocacy for program participants to attain permanent housing. This funding will be used to: 1. Remodel units and allow for low-barrier housing that will cater, in part, to the HRSN transitioning populations. 2. Remodel 4-units to add kitchenettes (including purchasing and installing cabinets, counters, flooring, and heat pumps). 3. Remodel a space to create a community kitchen and remodel a room to provide a food pantry that is climate controlled and easy to keep clean and free of pests (install a heat pump and vinyl plank flooring). 4. Convert a large home into transitional housing for youth ages 18-24.

Funding Use: Remodel of facilities for nutrition access, remodel of facilities for youth housing, remodel facilities for transitional housing.

Target Population: People who have experienced trauma and abuse.

CHP/statewide priorities

3. Describe how your SHARE Initiative spending aligns with your CCO's shared community health improvement plan.

In line with the 2019 CHIP, UHA prioritizes housing and homelessness as a key focus area addressing Social Determinants of Health and Equity (SDOH-E). The following contributions demonstrate UHA's commitment to supporting initiatives that directly align with this focus:

1. ADAPT SUD Transitional Housing:

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UHA will contribute \$250,000 to ADAPT to finalize the remodel of a 12-unit hotel, transforming it into Substance Use Disorder (SUD) transitional housing. This initiative addresses the housing needs of community members in recovery, aligning with the CHIP's emphasis on addressing SDOH-E.

2. ADAPT 50-Unit Transitional Housing:

UHA commits \$829,868.00 to ADAPT to remodel and operationalize a 50-unit hotel, prioritizing the SUD population. This contribution directly supports the CHIP's goal of addressing housing issues with a focus on the SDOH-E.

3. Peace at Home Low-Barrier Housing:

UHA's \$393,068 contribution to Peace at Home supports the creation of low-barrier, affordable housing for individuals who have experienced trauma and abuse. This aligns with the CHIP's emphasis on addressing social determinants, including housing.

4. NeighborWorks Umpqua Transitional Support:

UHA allocates \$34,500 to NeighborWorks Umpqua to assist very low-income residents in transitioning to affordable housing, addressing needs such as rental deposits and moving costs. This initiative directly supports the CHIP's goal of increasing housing stability and preventing eviction.

5. The Dream Center Re-establishment:

UHA's \$500,000 contribution to The Dream Center supports its re-establishment after facing financial challenges and staffing changes. The funding aids in community program development, including services related to housing, aligning with the CHIP's focus on social determinants and community well-being.

By partnering with organizations like ADAPT, Peace at Home, NeighborWorks Umpqua, and The Dream Center, UHA actively participates in consolidating local resources to address housing and homelessness challenges. This collaborative effort reflects the community-wide approach outlined in the CHIP. Additionally, UHA's involvement in projects that partly support populations identified in the 1115 waiver underscores its commitment to comprehensive and targeted interventions in the realm of housing and social determinants of health.

UPDATE:

6. Gary Lief Navigation Center:

UHA's \$25,000 contribution to The Gary Leif Navigation Center is designed to provide crucial support to individuals and families experiencing homelessness. As a low-barrier shelter, it offers a stable environment through a combination of congregate shelter and modular pod units. The center aims to create a safe and supportive space for those previously unhoused, facilitating their transition to permanent housing and stability. The funding aids in operations development, including services related to housing, aligning with the CHIP's focus on social determinants and community well-being.

Funding Use: SHARE funds will be used to support the operations of the Gary Leif Navigation Center (GLNC). This includes personnel costs, program materials, training and development, administrative costs such as office supplies, technology, outreach, reporting, staff development and program

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support.

Goals:

Provide Stable Shelter: Offer immediate and secure housing solutions through both congregate shelter and modular pods.

Support Transition to Permanent Housing: Assist residents in moving from temporary shelter to permanent, stable housing.

Reduce Barriers to Access: Ensure inclusivity by minimizing entry barriers for individuals and families seeking assistance.

7. UCAN:

UHA's \$25,000 contribution to UCAN Transitional Housing Enhancement Project is designed to address critical needs within Douglas County's homeless population through a three-phase initiative.

Funding Use: By leveraging SHARE funds, this project aims to stabilize operations, perform essential repairs, and plan for new housing development. This effort aligns with community priorities and state goals for improving housing stability and addressing homelessness, particularly focusing on enhancing neighborhood and built environment, economic stability, and social and community health.

Goals:

Enhance Housing Services: Develop and expand programs to improve access to quality housing for underserved communities, aligning with CHIP's focus on social determinants of health.

Improve Operational Efficiency: Optimize operations related to housing services to increase effectiveness and streamline delivery.

Strengthen Community Well-Being: Implement initiatives that address social determinants of health, such as housing stability, to enhance overall community well-being.

Monitor and Evaluate Impact: Establish a framework to assess and improve the impact of funded initiatives on housing and community health.

8. The Dome Spe of Hope:

UHA's \$124,962 contribution to Dome Spe Home of Hope is a transitional housing initiative for youth aged 11-17 in Douglas County, spearheaded by Family Faith and Relationship Advocates (FARA) in partnership with Peace at Home. This project aims to provide a safe, supportive environment for youth in crisis or experiencing homelessness, with a focus on reunification and self-sustainability. The shelter will operate on a newly established campus that will also house other essential crisis and transitional services. The funding aids in services related to housing, aligning with the CHIP's focus on social determinants and community well-being.

Funding Use: This includes personnel costs, program materials, training and development, administrative costs such as office supplies and equipment, technology, outreach, reporting, staff development, shelter meals, youth activities and supplies and program support.

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Goals:

Launch Youth Crisis Services: Open youth crisis drop-in services at the new youth campus on September 1, 2024.

Introduce Transitional Housing: Fully open Dome Spe's transitional housing option for 11-17-year-olds by January 1, 2025.

Ensure Sustainability: Develop and implement strategies to make the project fully sustainable within 3 to 5 years.

Ongoing Evaluation: Continuously monitor and evaluate the effectiveness of services to ensure they meet the needs of the youth and remain impactful over time.

4. Describe how your SHARE Initiative spending addresses the statewide priority of housing-related services and supports, including supported housing.

As per the Oregon Housing and Community Services (OHCS) Statewide Housing Plan 2019-2023 Breaking New Ground report, Homelessness has been identified as the top priority. The report underscores the primary goal of establishing a coordinated and concerted statewide effort to prevent and end homelessness, with a specific emphasis on eradicating unsheltered homelessness among Oregon's children and veterans.

In accordance with this statewide priority, all **EIGHT** projects under the 2023 SHARE initiative have been strategically designed to incorporate a housing component. This deliberate inclusion is aimed at directly addressing the priority outlined in the OHCS report. The overarching objective of these SHARE initiative projects is to contribute to the reduction of the homeless population and minimize the number of individuals at risk of homelessness.

By integrating housing-related services and supports, the SHARE initiative aligns seamlessly with the statewide goal of building a comprehensive effort to combat homelessness. Through these projects, we are actively contributing to the broader mission of the OHCS Statewide Housing Plan, working towards a coordinated and impactful approach to address the housing challenges faced by vulnerable populations, especially children and veterans, in Oregon.

SDOH-E partners and domains

5. Using the box below, respond to items A–C for each SDOH-E partner. Duplicate the box 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 SDOH-E domains applicable to your SHARE spending for each partner.

C) Indicate whether the partner agreement is a subcontract and if yes, attach an updated Subcontractor and Delegated Work Report.

A. Partner name: Adapt

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

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Neighborhood and built environment

Economic stability

Education

Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: [Adapt](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

Neighborhood and built environment

Economic stability

Education

Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: [Peace at Home](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

Neighborhood and built environment

Economic stability

Education

Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: [Neighborworks Umpqua](#)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

Neighborhood and built environment

Economic stability

Education

Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

Yes No

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If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: The Dream Center

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: GLNC- Gary Lief Navigation Center

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: UCAN

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

A. Partner name: Dome Spe - Home of Hope (FARA)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

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- Neighborhood and built environment
- Economic stability
- Education
- Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

- Yes No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

6. Describe how each of the SDOH-E partners identified above were selected for SHARE Initiative project(s) or initiative(s).

The identification and selection of SDOH-E partners for the SHARE initiative were conducted through a systematic and transparent process established by Umpqua Health Alliance (UHA). This process aimed to ensure equity, clarity, and alignment with organizational priorities.

UHA initiated the process with an operating procedure specifically tailored to facilitate an equitable and transparent decision-making process for allocating SHARE dollars. UHA organized conferences and conducted thorough outreach, including educational webinars, to inform Community-Based Organizations (CBOs) about the funding opportunities under the SHARE initiative. This effort ensured that potential partners were well-informed about the Oregon Health Authority (OHA) criteria and the grant timeline. UHA facilitated the application process by posting the SHARE application on its website. CBOs were encouraged to complete and submit applications for consideration. Technical assistance opportunities were made available for those who submitted early.

UHA established an internal review team with diverse expertise to evaluate SHARE applications. The team's evaluation criteria included alignment with the Community Health Improvement Plan (CHIP), State Health Improvement Plan (SHIP), and OHA criteria. The internal review team utilized a holistic approach, considering inputs from the community's needs assessment, information from the Homeless Commission, and alignment with the CHIP, SHIP, and Social Determinants of Health (SDOH-E). This informed the team's recommendations for selecting partners and projects that would best address identified needs. Applications were systematically scored using a scorecard, providing a clear representation of how well each application met the established criteria and its potential impact. The internal review team then drafted recommendations based on the scoring outcomes.

Both the projects and the internal recommendations were presented to the Community Advisory Committee (CAC) for review and additional input. The CAC played a vital role in providing diverse perspectives and insights into the selection process. Subsequently, projects, along with recommendations from both the CAC and the internal review team, were submitted to UHA leadership and the board for comprehensive review. The board played a pivotal role in selecting projects based on predetermined criteria, alignment with CHIP/SHIP, overall impact, scoring outcomes, and recommendations.

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In summary, the selection process employed by UHA for the SHARE initiative reflects a meticulous and inclusive approach, ensuring that chosen partners and projects are aligned with organizational goals, community needs, and statewide priorities in addressing Social Determinants of Health and Equity.

7. **Attach** your formal agreement with each of the SDOH-E partners described in item 5. (See guidance for required contract components.) Have you attached an agreement for each of your SHARE partners?

Yes No

If no, please explain why not. **We will not have an agreement unless OHA approves the balance of funding.**

8. **Attach** a budget proposal indicating the amount of SHARE Initiative funding that will be allocated to each project or initiative, including the amount directed to each SDOH-E partner. Did you attach a simple budget proposal with this submission? Yes No

Community advisory council (CAC) role

9. **Describe your CAC's designated role in SHARE Initiative spending decisions.** (As appropriate, describe the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)

The Community Advisory Council (CAC) plays a pivotal role in the strategic decision-making process for the SHARE Initiative spending plan. The CAC's involvement is integral to aligning initiatives with community needs and the overarching objectives of the Community Health Assessment and the Community Health Improvement Plan (CHIP).

The CAC actively contributes to the development of SDOH-E strategies, emphasizing priorities such as housing and homelessness. These priorities are identified through the creation of the Community Health Assessment and are further outlined in the CHIP. Following an internal review team's comprehensive assessment and scoring of projects, the team formulates an overview of all the projects for the CAC. These overviews, along with associated scorecards, are then submitted to the CAC for thorough review.

The CAC engages in collaborative discussions to assess the alignment of proposed projects with the identified priorities and objectives. This collaborative process ensures that community perspectives are considered in the decision-making regarding SHARE Initiative spending. Both the projects and recommendations from the internal review team and the CAC undergo a dual review process. This collaborative approach ensures a well-rounded evaluation of each initiative's potential impact, feasibility, and relevance to community needs.

Upon the completion of the CAC review, projects, along with both CAC and internal recommendations, are submitted to UHA leadership. The leadership team, in conjunction with the board review the selection of projects for SHARE Initiative funding. By actively participating in the review and recommendation process, the CAC contributes valuable insights derived from its understanding of community priorities and needs. This collaborative approach ensures that the SHARE Initiative

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spending plan is well-informed, transparent, and aligned with the broader community health goals established in the CHIP.

Section 3: Additional details

10. (Optional) Describe the evaluation plan for each project or initiative, 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.

11. 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

**2023 SHARE Initiative Budget
CCO: Umpqua Health Alliance**

Paid by	Allocated to	Project, program or initiative associated with payment	Total Budget	Notes
Umpqua Health Alliance	Peace at Home Advocacy Center	Supportive Housing for Underserved Populations	393,068	
Umpqua Health Alliance	Roseburg Dream Center	Resource Expansion Initiative	500,000	
Umpqua Health Alliance	Neighborworks Umpqua	Supportive Housing for Underserved Populations	34,500	
Umpqua Health Alliance	Adapt	Adapt Recovery Lodge	250,000	
Umpqua Health Alliance	Adapt	Adapt Behavioral Health Housing	829,868	
			2,007,436	