

Health-Related Services Summary

2022 CCO Health-Related Services Spending

December 2023

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Acknowledgments

This publication was prepared by the Oregon Health Authority’s cross division health-related services team.

For questions about this report, please contact: health.relatedservices@odhsoha.oregon.gov

Executive Summary

2022 Spending Summary Purpose

This summary provides an overview of coordinated care organization (CCO) health-related services (HRS) spending. The summary supports increased HRS spending by providing CCOs insight into how other CCOs are using HRS. It also increases transparency. This summary does not reflect all CCO spending on social determinants of health, such as CCO spending through the Supporting Health for All through Reinvestment program and other community investments.

Defining HRS

HRS are defined as non-covered services under Oregon's Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. CCOs may use HRS as a funding mechanism within their global budgets to address the social determinants of health and the health-related social needs of their members. This flexibility to focus on activities beyond direct medical care improves CCOs' impact on member and community health.

Some services currently paid for through HRS spending will become covered services when the [Oregon Health Plan 1115 Demonstration Waiver](#) health-related social needs (HRSN) benefits are implemented. Those benefits include housing and food services and will become available for defined transitions populations starting in 2024 (more information is available on the [waiver webpage](#)). HRS continues to be available for CCO members who do not meet HRSN eligibility requirements, and for community benefit initiatives for the benefit of all CCO members and the broader community.

CCO HRS Reporting

CCOs are not required to use HRS, but all CCOs spent a proportion of their global budget on HRS in 2022. CCOs are required to submit annual HRS spending reports to the Oregon Health Authority (OHA). OHA reviews the reports to ensure all spending meets HRS criteria. HRS spending that was accepted by OHA as meeting HRS criteria for 2022 was included in the CCOs' performance-based reward calculations for setting CCO 2024 capitation rates.

Highlights

Total accepted CCO HRS spending almost doubled in 2022 totaling \$60.2 million and continuing an upward trend from 2019. The average per member per month (PMPM) HRS spending increased in 2022 to \$4.28 PMPM, which is an increase of almost \$2 PMPM from 2021. However, the 2022 CCO HRS PMPM spending ranges across CCOs were similar to 2021 with a range from \$0.64 PMPM to \$9.22 PMPM.

- Total accepted HRS spending for 2022 was \$60.2 million and close to double total accepted HRS spending in 2021.
- The top three areas of 2022 CCO HRS spending were health information technology (\$20.8 million), housing (\$10.5 million), and prevention (\$7.6 million).

The top five categories of 2022 HRS spending were health information technology, housing, prevention, substance use and addiction, and education, which combined accounted for 82% of all HRS spending. With the current focus on housing across the state, HRS spending on housing in 2022 increased by 77% for a total of \$10.5 million. Within that \$10.5 million, temporary housing assistance led the housing spending while houselessness supports and rental assistance more than doubled.

Background

Health-related services (HRS) began in 2013 with the inception of Oregon’s coordinated care organizations (CCOs). The history of HRS and how it has evolved is further detailed in the [HRS Brief](#). HRS are defined as non-covered services under Oregon’s Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. One of the purposes of HRS is to give CCOs a specific funding mechanism within their global budgets to address the social determinants of health (SDOH), including the non-covered health-related social needs of their members.

For CCOs to use federal Medicaid funds for HRS, they must comply with state and federal criteria. HRS requirements are detailed in Oregon Administrative Rule (OAR) and Code of Federal Regulations (CFR). For a full definition of HRS, CCOs should rely primarily on the Oregon Health Authority (OHA) [HRS Brief](#) and OARs [410-141-3500](#) and [410-141-3845](#). The federal regulations ([45 CFR 158.150](#) and [45 CFR 158.151](#)) should be used for supplemental CCO guidance only. Additional guidance and technical assistance can be found on OHA’s [HRS](#) webpage.

This summary provides an overview of CCO HRS spending, with a goal of increased transparency. The document also may support increased HRS spending by providing CCOs with insight into how other CCOs are using HRS.

OHA Review of CCO HRS Spending

Reporting and Assessment

All coordinated care organizations (CCOs) are contractually required to submit annual reports of their health-related service (HRS) spending to the Oregon Health Authority (OHA). CCO’s report HRS spending through the [OHA Office of Actuarial and Financial Analytics](#) annual financial reporting template, Exhibit L. The Exhibit L file includes dollars spent, detailed descriptions of HRS spending (Report L6.21), and descriptions of HRS services provided to individual members who received more than \$200 in flexible services (FS) for the year (Report L6.22). The annual Exhibit L financial report with HRS spending details is due to OHA by April 30 of the year following the spending.

Upon receipt of the annual Exhibit L financial report, the OHA HRS team reviews the spending details in this report to ensure the spending meets HRS criteria. For spending that does not initially meet HRS criteria, the CCO has the opportunity to provide additional information to better demonstrate how the spending meets criteria. OHA uses that additional information to make a final determination as to

WHAT ARE HEALTH-RELATED SERVICES?

Health-related services (HRS) are defined as non-covered services under Oregon’s Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include flexible services and community benefit initiatives as defined below.

Flexible services (FS) are defined as cost-effective services offered to an individual CCO member to supplement covered benefits.

Community benefit initiatives (CBI) are defined community-level interventions focused on improving population health and health care quality. These initiatives include members, but are not necessarily limited to members.

Health information technology (HIT) is reported and analyzed here as a separate category of HRS spend, although it is, as defined, a community benefit initiative.

whether that spending meets HRS criteria. HRS spending prior to 2019 is not comparable to current data because OHA did not begin soliciting this additional information until 2019.

Sometimes spending reported does not meet criteria. Across all years of review, the most common reported spending that did not meet HRS criteria fell into these three categories:

1. Spending to increase access to medical services (as HRS must exclude covered OHP benefits);
2. Spending to provide training to providers for covered OHP benefits (as HRS exclude provider training, regardless of provider type); and
3. Spending to increase the number of licensed or certified providers within a region (as HRS cannot be utilized to increase provider network adequacy).

HRS is just one way for CCOs to invest in addressing the social determinants of health (SDOH). A second way of investing in SDOH is through The Supporting Health for All through Reinvestment (SHARE) program. SHARE provides another funding mechanism for upstream investing in health equity and SDOH. More information about CCO spending through SHARE is available on the OHA [SHARE](#) webpage.

There are also other ways CCOs may respond to the SDOH, health inequities and social needs of their members and communities. CCOs may have invested more broadly than what is reflected in HRS and SHARE, including investments in covered services through culturally specific safety net clinics or investments in culturally responsive assessments and listening sessions.

Spending Analysis Methodology

The OHA HRS team analyzes accepted HRS spending by type and across CCOs based on total dollars spent, per member per month, and percent of total member service spending. The team also considers the type of services or program by category (i.e., housing) and by spending within racial and ethnic groups, if reported.

Overall Spending Highlights

Spending Acceptance Rates

Oregon Health Authority (OHA) acceptance rates of CCOs' HRS spending continue to increase. Coordinated care organizations' (CCOs') submitted spending accepted as meeting health-related services (HRS) criteria increased from 80% in 2021 to 85% in 2022. While the percentage of HRS spending accepted as meeting HRS criteria for flexible services (FS) and health information technology (HIT) has remained relatively stable over the past two years, the percentage accepted for community benefit initiatives (CBI) has increased, increasing the overall acceptance rate. It is important to note that 100% of HRS FS have been accepted in the prior two years, which speaks to CCOs' improved reporting while also increasing HRS FS spending. See Figure 17 in [Appendix B](#) for acceptance rates from 2019 to 2022.

HRS SPENDING ANALYSIS NOTES

- **All analyses in following sections** will focus only on the 85% of spending that was accepted as meeting HRS criteria in 2022 and all comparative years.
- **All CCO names** within figures are abbreviated as described in [Appendix A](#), Table 1.
- **All HRS spending codes** and examples are listed in [Appendix C](#).
- **HIT spending** is, by definition a CBI, but for the purposes of this report it is analyzed separately from CBI.

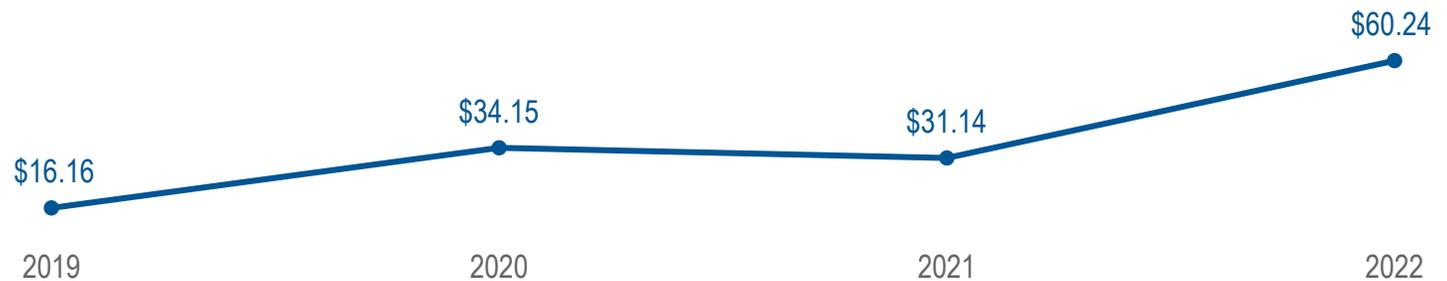
OHA encourages CCOs to report for consideration all potential expenses that could meet the definition of HRS. OHA also acknowledges that changing Oregon Health Plan covered services, CCO contractual requirements, and guidance revisions from year-to-year may affect acceptance rates.

Total Spending

Total HRS spending nearly doubled from 2021 to 2022 with an increase from \$31,137,862 to \$60,244,097. While acceptance rates increased, this does not account for the full increase as pre-acceptance reported spending alone was over 1.5 times the prior year. Across CCOs, total HRS spending ranged from \$330,396 to \$25,583,162. All but three CCOs increased HRS spending from the prior year and one CCO's spending accounted for close to two thirds of the all CCO spending increase from 2021 to 2022. See Figures 1-2 below for total HRS spending by year and CCO.

Figure 1: Total HRS spending* by year

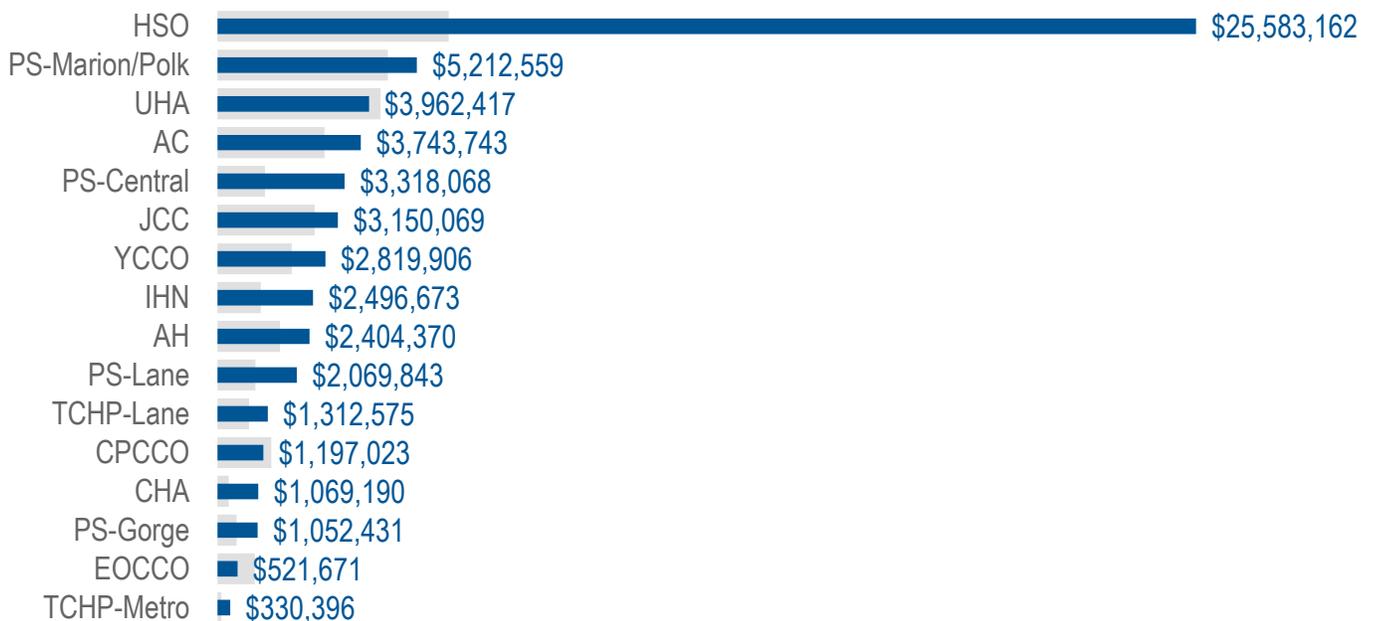
Total HRS spending in 2022 was nearly double the amount spent in 2021



* All values shown are in millions of dollars

Figure 2 Total HRS spending by CCO and year

Total HRS spending for CCOs in 2021 and 2022



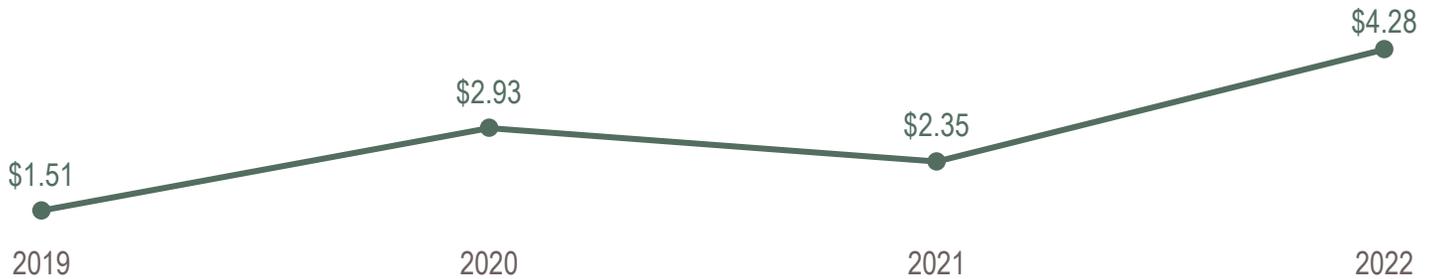
See Figure 18 and Table 2 in [Appendix B](#) for more details on total dollars spent by CCO and year, and percent change by CCO and year.

Per Member Per Month Spending

CCO per member per month (PMPM) HRS spending takes CCO membership size into account and is a more meaningful way to compare how much each CCO is spending on HRS. The total HRS PMPM spending across CCOs increased by close to \$2 PMPM, or an 82% increase, from 2021 to 2022, continuing an upward trend since 2019. Contributing to the increase in total HRS PMPM, each HRS spending type (FS, CBI, and HIT) PMPM spending also increased in 2022. See Figure 3 for total HRS PMPM by year, and Figures 19-22 and Table 3 in [Appendix B](#) for HRS FS, CBI, and HIT PMPM spending by CCO and year.

Figure 3: Average per member per (PMPM) month HRS spending by year

Average HRS PMPM spending in 2022 increased by close to \$2 PMPM

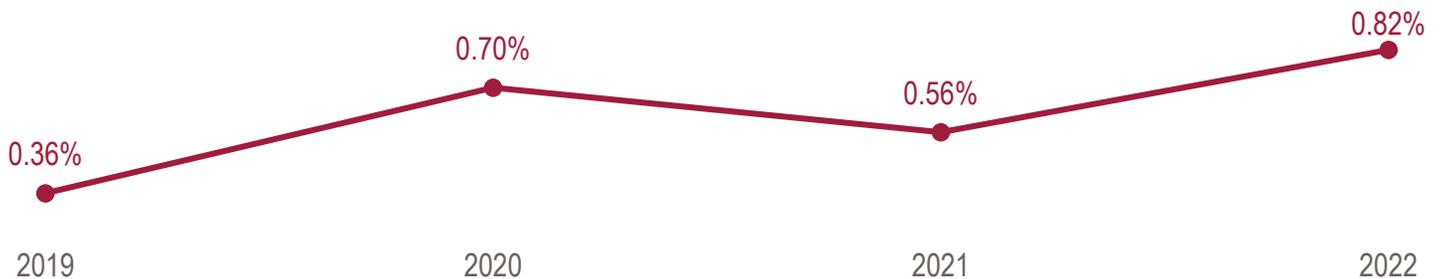


HRS Spending as a Percentage of Total CCO Spending

While HRS PMPM spending by CCO helps compare the HRS spend on members, the HRS spending as a percentage of total CCO spending on member services¹ is another way to compare across CCOs. While HRS spending still remains less than 1% of all CCO member service spending, it represents “upstream” spending and its value should not be compared directly to the cost of other “downstream” CCO spending. Small amounts of HRS spending can prevent large amounts of future hospital services or can be used to make system improvements that address health inequities and reduce suffering. As a percentage of CCO member services, HRS spending increased from 0.56% in 2021 to 0.82% in 2022. See Figure 4 below, and Figure 23 and Table 4 in [Appendix B](#) for HRS spending as a percent of total HRS member service spending by year and CCO.

Figure 4: Average CCO HRS spending as a percent of total CCO member service spending by year

HRS spending is increasing, but remains a very small percentage of CCO member services spending



¹ Total CCO spending on member services includes all CCO covered member services plus CCO HRS spending accepted as meeting HRS criteria.

Spending Types

In 2022, spending on HRS CBI remained the largest spending type and maintained similar proportion, 45%, of all HRS spending compared to FS and HIT. HRS HIT spending increased its proportion slightly from 32% to 34%, while HRS FS spending decreased its proportion slightly from 24% to 21%. See Figures 5 and 6 below for spending by type, year, and CCO.

Figure 5: 2022 HRS spending distribution by type and CCO

Nine CCOs continued to spend the majority on HRS CBI, while three CCOs spent the majority on HRS FS and three CCOs spent the majority on HRS HIT.

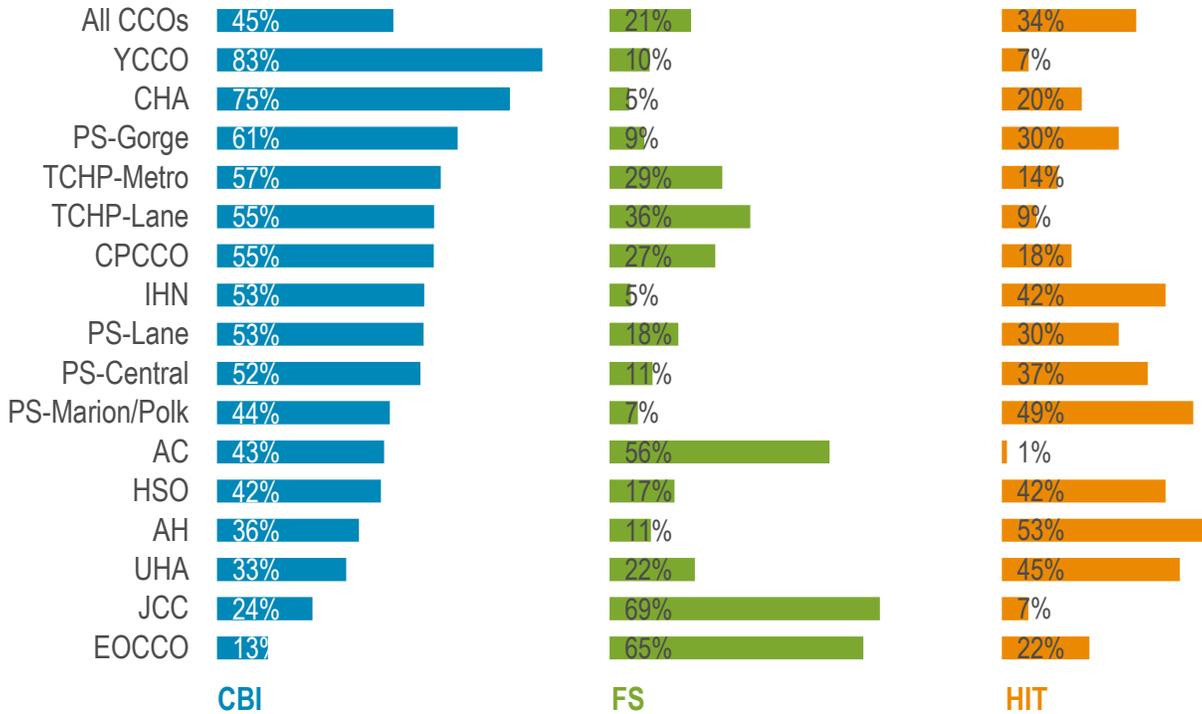
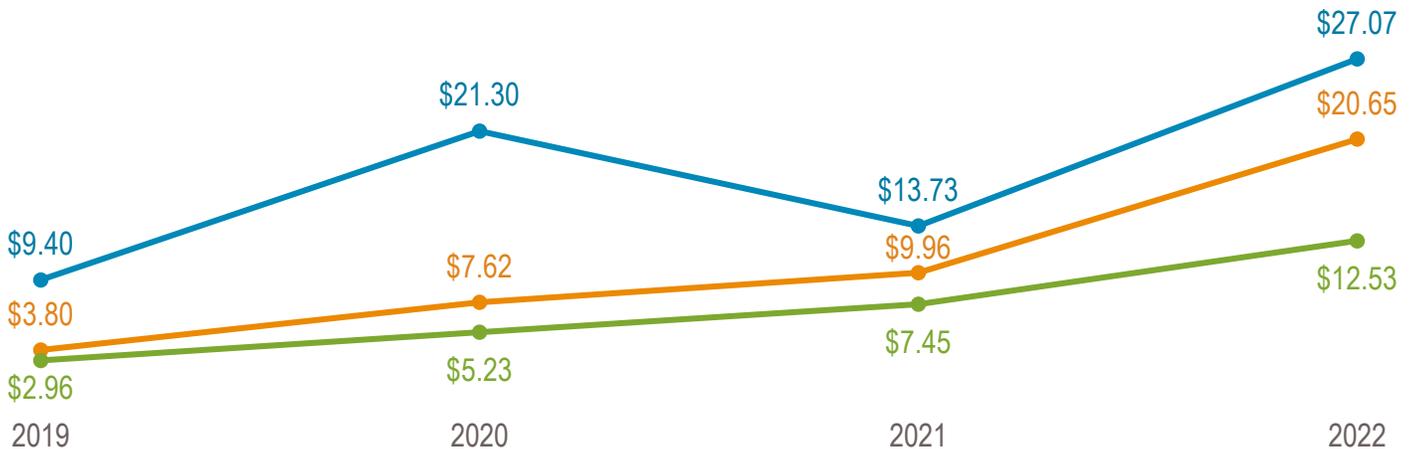


Figure 6: Total HRS spending* by type and year

CBI remains the primary type of HRS spending since 2019. While CBI and HIT spending close to doubled, FS increased by close to half.

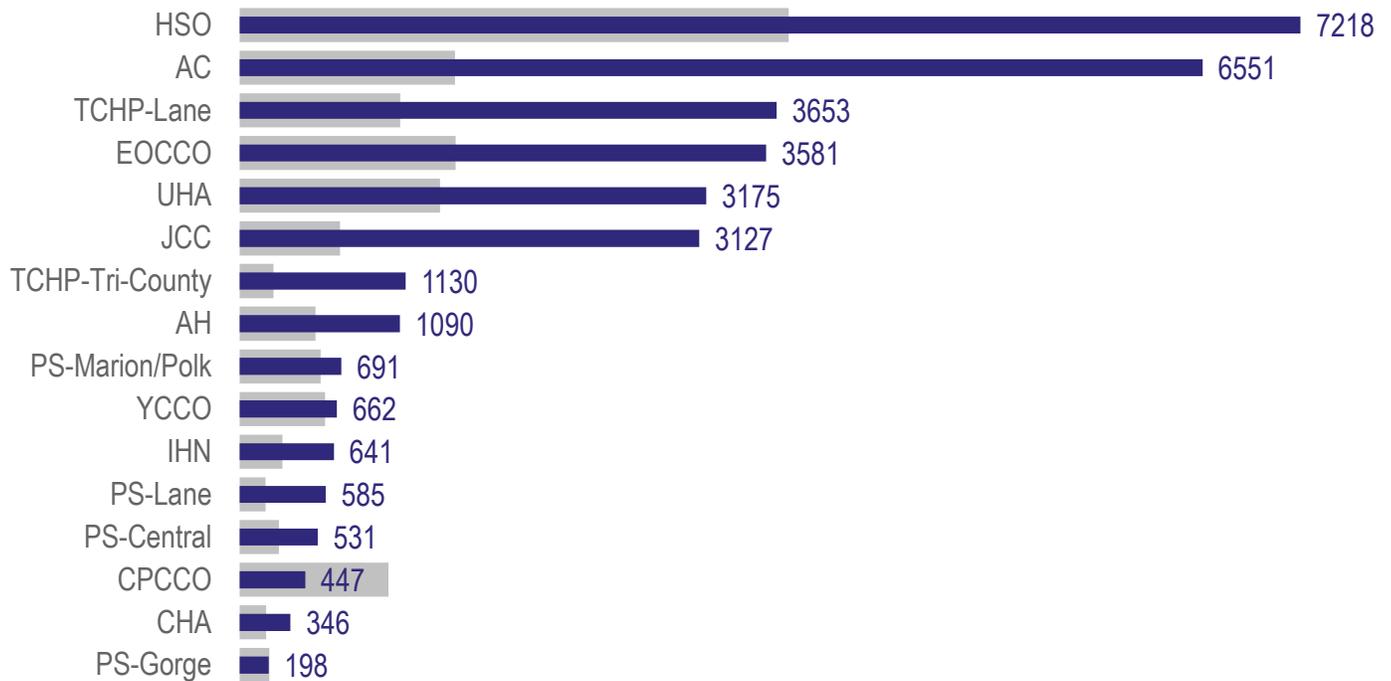


* All values shown are in millions of dollars

Within CCO HRS FS spending, the number of members directly receiving supports and services has more than doubled with 13,819 CCO members in 2021 and 33,626 members in 2022. See Figure 7 below and Table 5 in [Appendix B](#) for number of members receiving HRS FS supports and services by CCO and year.

Figure 7: Number of members directly receiving supports and services through HRS FS spending by CCO and year.

All but two CCOs increased number of members directly receiving supports and services through HRS FS from 2021 to 2022.



Spending in Key Areas

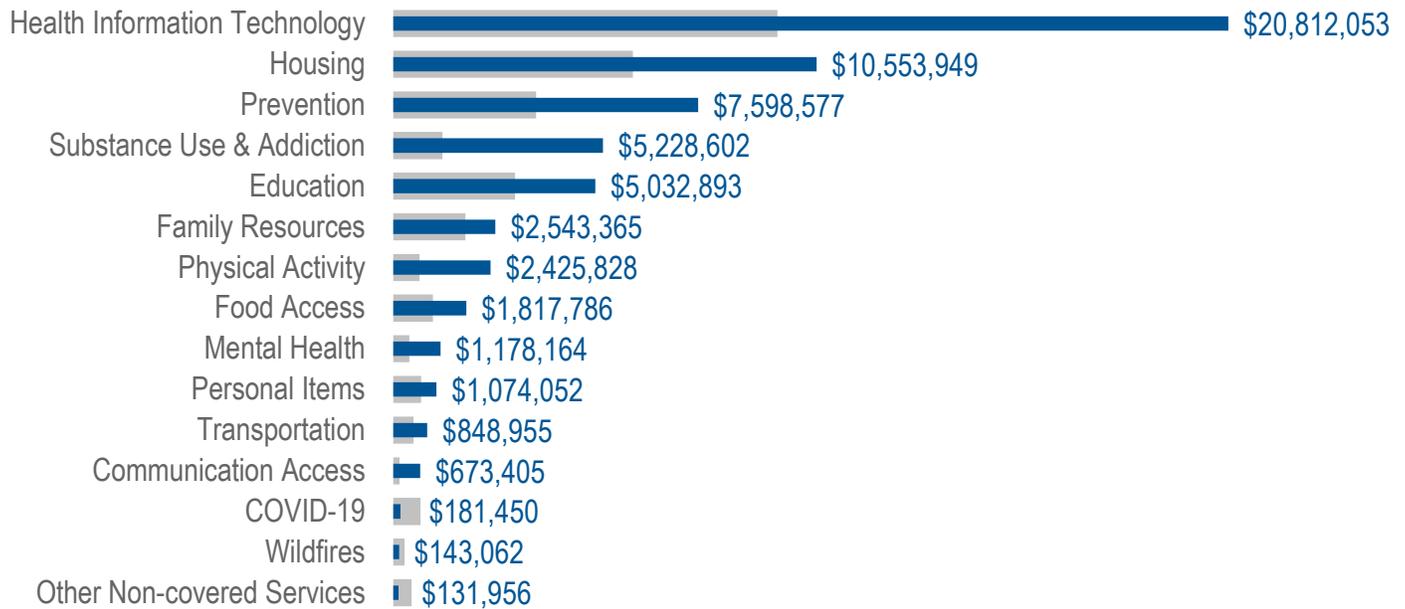
Consistent Spending Area Trends Over the Last Few Years

Based on the qualitative analysis of spending, 2022 total health-related services (HRS) spending categories continued to be dominated by health information technology (HIT)² investments with \$20,812,053, followed by housing with \$10,553,949 and prevention with \$7,598,577. These have been the top three spending categories since 2020. The next two closest spending categories in 2022 are substance use and addiction with \$5,228,602 and education with \$5,032,893. However, while HIT, housing, and prevention investments all continued to dominate HRS spending in 2022, the largest percent increases were in substance use and addiction (326% increase), communication access (342% increase), physical activity (271%), and mental health (194%). See Figure 8 below for total spending by category and year.

² CCO HRS HIT spending here is based on the final qualitative analysis coded the spending as HIT, not the CCO reported HIT spending. While there is very close alignment across what CCOs report as HIT and what is qualitatively coded as HIT, there can be minor discrepancies.

Figure 8: HRS spending by category and year.

The 2022 and 2021 HRS spending categories continued to be dominated by HIT, housing, prevention, and education



Spending Trends within Individual Categories

Examining spending within categories provides better details about how the spending categories are being invested in members and the community. This is especially of interest in areas like mental health, food access and transportation. Spending categories are determined through qualitative analysis of spending and include the following (see [Appendix C](#) for a full list of category codes and examples)³:

- Communication access: Advice lines, warm lines, translation services for non-covered services, mobile devices, mobile device minutes
- COVID-19: Food, housing, utilities, transportation, supplies, childcare, prevention and wellness campaigns, remote learning supports
- Education: Equity, trauma and domestic violence training, condition management, early childhood, employment preparedness, personal finance and self-sufficiency, GED and tuition assistance, vaccines, prevention and wellness, children and youth
- Family resources: foster care supports, parenting education, prenatal care and education, prenatal substance use, relief nurseries
- Food access: community gardens, groceries and pantry items, meal programs, prescription food programs
- Health information technology: community information exchange, hospital event notification, electronic health records, provider network platforms
- Housing: home improvements (e.g., air conditioners and air filters, accessibility updates, bedding, furniture, and appliances, heat, water or septic updates, sanitation and living

³ The qualitative analysis results only reflect one spending category per investment. For example, an investment providing housing supports related to COVID-19 efforts are only included as COVID-19. It is not also included as Housing.

condition updates), affordable housing supports, houselessness supports and supplies, legal support, rental assistance, temporary housing, utility assistance

- Mental health: non-covered counseling and support groups, childhood trauma, educational programs
- Personal items: apparel, childcare supplies, condition management, hygiene, kitchen and housewares, mobility, school supplies
- Physical activity: equipment, facilities access, groups
- Prevention: resource navigation, incentives to engage in care, non-covered community paramedics, suicide prevention
- Substance use and addiction: education, harm reduction, recovery support
- Transportation: personal vehicle repairs, insurance, gas, public transit, relocation assistance, access to address health-related social needs resources
- Wildfires: emergency funding, houseless supports and supplies, supplementary food, temporary housing and rental assistance

Figures 9-13 below provide details on spending for the top five categories of spending, while Figures 14-15 below provide details on spending for two additional categories of interest.

Figure 9: HRS spending on HIT in 2021 and 2022

Electronic health records continued to lead HRS HIT spending in 2022.

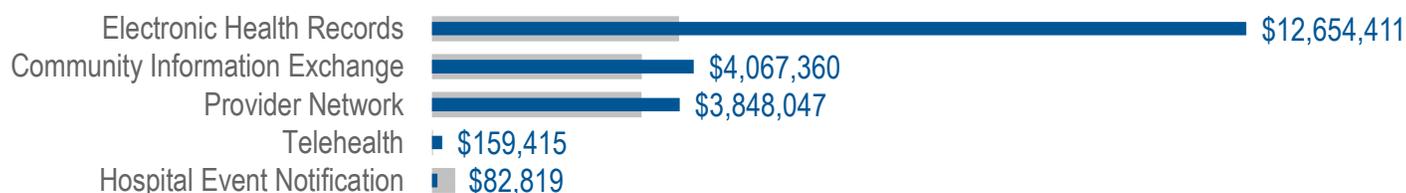


Figure 10: HRS spending on housing in 2021 and 2022

Temporary housing assistance continued to lead HRS housing spending in 2022, but houselessness supports and rental assistance more than doubled.

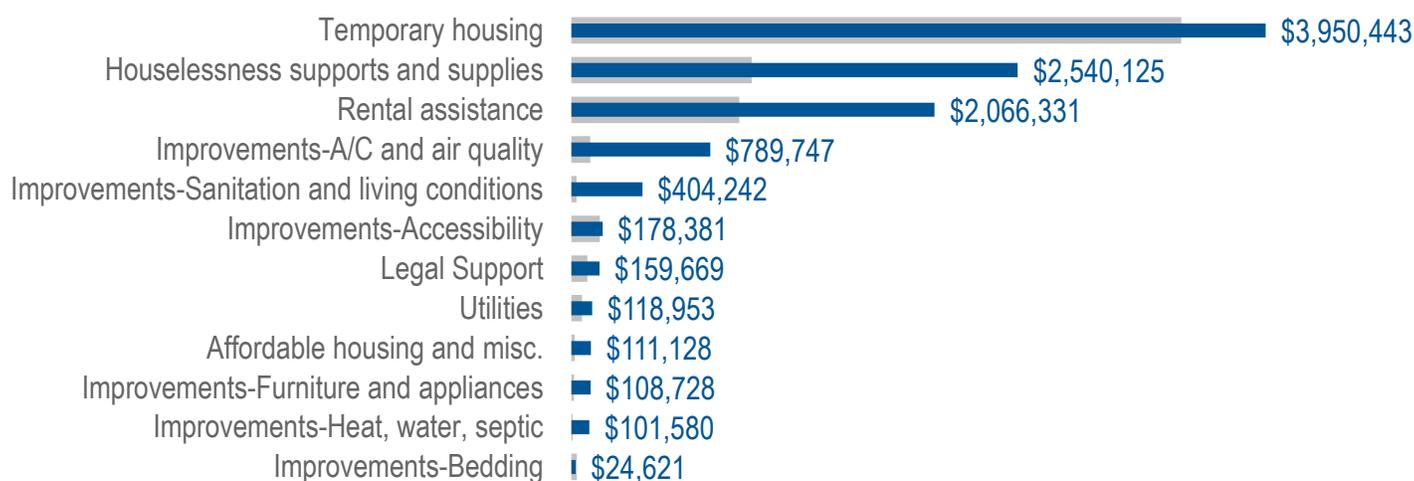


Figure 11: HRS spending on **prevention** in 2021 and **2022**

Resource navigation remained the largest area of prevention spending in 2022, but non-covered community paramedic services increased by over 7,000%.



Figure 12: HRS spending on **non-covered substance use and addiction services** in 2021 and **2022**

Harm reduction spending in 2022 had an increase of close to 2,000%.



Figure 13: HRS spending on **non-covered mental health services** in 2021 and **2022**

Educational mental health a had a close to 500% increase in 2022.



Figure 14: HRS spending on **food access** in 2021 and **2022**

Groceries and prescription food programs continued to lead spending in 2022 with groceries more than doubling.

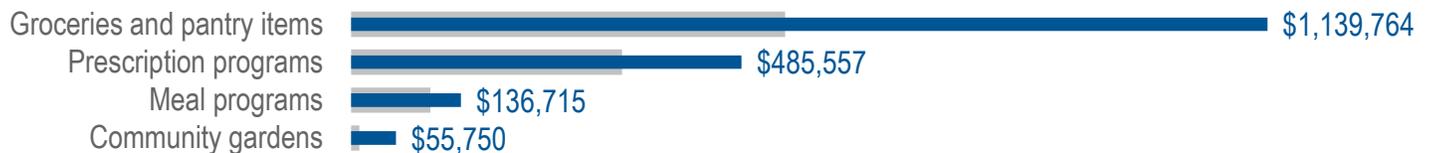


Figure 15: HRS spending on **transportation** in 2021 and **2022**

Transportation to agencies and organizations that support members health-related social needs continued to lead transportation spending by a wide margin in 2022.



Future CCO HRS Spending

Coordinated care organization (CCO) use of health-related services (HRS) continues to evolve as CCOs explore new ways to meet the needs of their members and communities while maximizing the federal funding available for these efforts. The past few years have seen significant increases in overall CCO HRS spending. The increased overall HRS spending represents an increase of \$3.33 per member per month (PMPM) since 2018 and a \$1.93 PMPM increase over the prior year. The increased spending represents a myriad of relationships and a growing number of successful partnerships that CCOs have developed with community partners, as well as significant improvements to the broader systems that promote and maintain health.

Two known factors that have contributed to increased CCO HRS spending are the COVID-19 pandemic and the housing crises that have unfolded across the state. When the COVID-19 public health emergency happened, CCOs substantially increased HRS CBI spending to support organizations providing COVID-19 relief across their communities as well as HRS flexible services (FS) spending to meet individual CCO member needs related to housing insecurity, job losses, and food insecurity. This amounted to \$7.6 million in COVID-19 specific 2020 HRS spending, and likely translated to increases in other categories of HRS spending.

More recently, as housing crises continue to affect communities across the state, CCOs have pushed more HRS funding to address community and CCO member housing needs. This increased spending amounted to a total of \$10.5 million housing specific HRS spending in 2022, close to double 2021 spending, or \$0.70 PMPM. While HRS cannot be used to build additional housing, it can be used for other housing supports and services at the member and community level. Through the increased HRS spending on those housing supports and services, CCOs have created new and built stronger relationships with housing-related agencies and organizations.

Two other factors that contributed to increased CCO HRS spending are the increase of HRS guidance and technical assistance for CCOs and the implementation of performance-based reward (PBR) as a financial incentive for both increased CCO HRS spending and improved reporting. More information about PBR is available in the annual CCO rate certification documents on the OHA [Office of Actuarial and Financial Analytics](#) webpage.

In the coming years, the Oregon Health Authority (OHA) and CCOs will implement health-related social needs (HRSN) including housing, food, and climate device benefits for certain transitioning populations in the [Oregon Health Plan 1115 Demonstration Waiver](#). This new work will benefit from the relationships, shared goals, and past successful projects with housing and food organizations initiated under HRS.

At the same time, CCO HRS spending will continue to supplement covered benefits and provide similar services for members that are not eligible for those new HRSN benefits. CCOs will have the opportunity to use braided funding approaches (i.e., HRSN and HRS together) to provide a seamless experience for more CCO members to get their housing, food and climate device needs met. Additionally, the CCO relationships built with housing and food organizations through HRS spending may be a crucial jumpstart to the upcoming benefits implementation.

HRS spending continues to provide a significant opportunity for CCOs to meet their member needs, and at the same time allows CCOs to innovate new approaches to care. In the next few years, as Oregon's Medicaid spending authorities develop further (e.g., HRSN, In Lieu of Services), CCOs will have the potential to create more comprehensive and strategic solutions to community needs, and

HRS will continue to be a solid foundation for many of those efforts. OHA looks forward to the continued contribution of CCOs to strategically utilize HRS spending to further improve member and community health.

Questions about HRS or this spending summary document can be directed to the OHA HRS team at health.relatedservices@odhsoha.oregon.gov.

Appendix A: CCO Abbreviations

Table 1: CCO name abbreviations

Abbreviation	CCO name	Counties served
AH	Advanced Health	Coos, Curry
AC	AllCare CCO	<i>Douglas*</i> , Curry, Jackson, Josephine
CHA	Cascade Health Alliance	<i>Klamath*</i>
CPCCO	Columbia Pacific CCO	Clatsop, Columbia, Tillamook
EOCCO	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler
HSO	Health Share of Oregon	Clackamas, Multnomah, <i>Washington*</i>
IHN	InterCommunity Health Network	Benton, Lincoln, Linn
JCC	Jackson Care Connect	Jackson
PS-Central	PacificSource – Central Oregon	Crook, Deschutes, Jefferson, <i>Klamath*</i>
PS-Gorge	PacificSource – Columbia Gorge	Hood River, Wasco
PS-Lane	PacificSource – Lane	Lane
PS-Marion-Polk	PacificSource – Marion/Polk	Marion, <i>Polk*</i>
TCHP	Trillium Community Health Plan**	<i>Douglas*</i> , Lane, <i>Linn*</i>
TCHP-Lane	Trillium Community Health Plan – Lane	<i>Douglas*</i> , Lane, <i>Linn*</i>
TCHP-Tri-County	Trillium Community Health Plan – Tri-County	Clackamas, Multnomah, Washington
UHA	Umpqua Health Alliance	<i>Douglas*</i>
YCCO	Yamhill Community Care	<i>Polk*</i> , <i>Washington*</i> , Yamhill

* CCO serves part of county

** In 2021, Trillium Community Health Plan began reporting HRS data as two separate CCOs: TCHP-Lane and TCHP Tri-County. Due to this, comparative spending cannot be presented prior to 2021.

Appendix B: Numeric Spending Data

Figure 17: Total HRS spending acceptance rate by year and type

Percentage of **Total HRS (FS+CBI+HIT)** and **CBI** spending accepted as meeting HRS criteria increased in 2022 after a dip in 2021, while percentage of **FS** and **HIT** spending remained fairly stable.

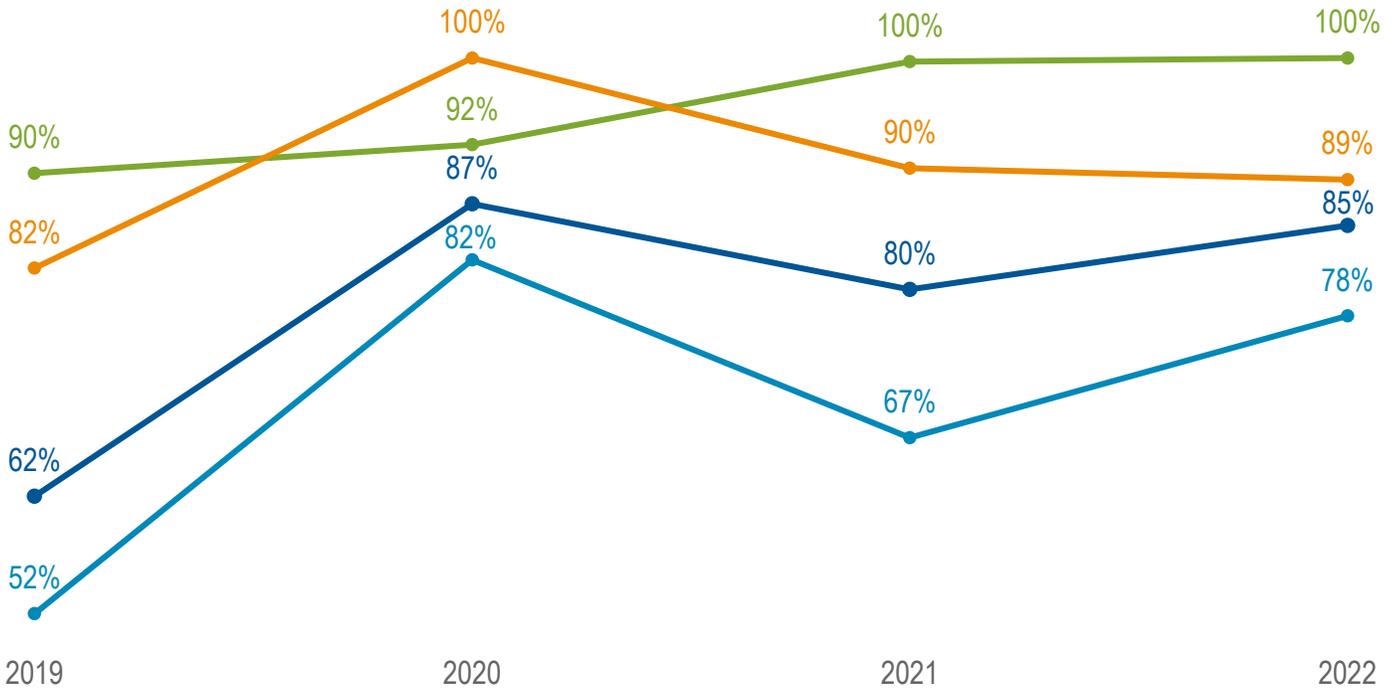


Figure 18: Percentage change of HRS spending by CCO and year

Nearly all CCOs contributed to this **increase** in HRS spending from 2021 to 2022

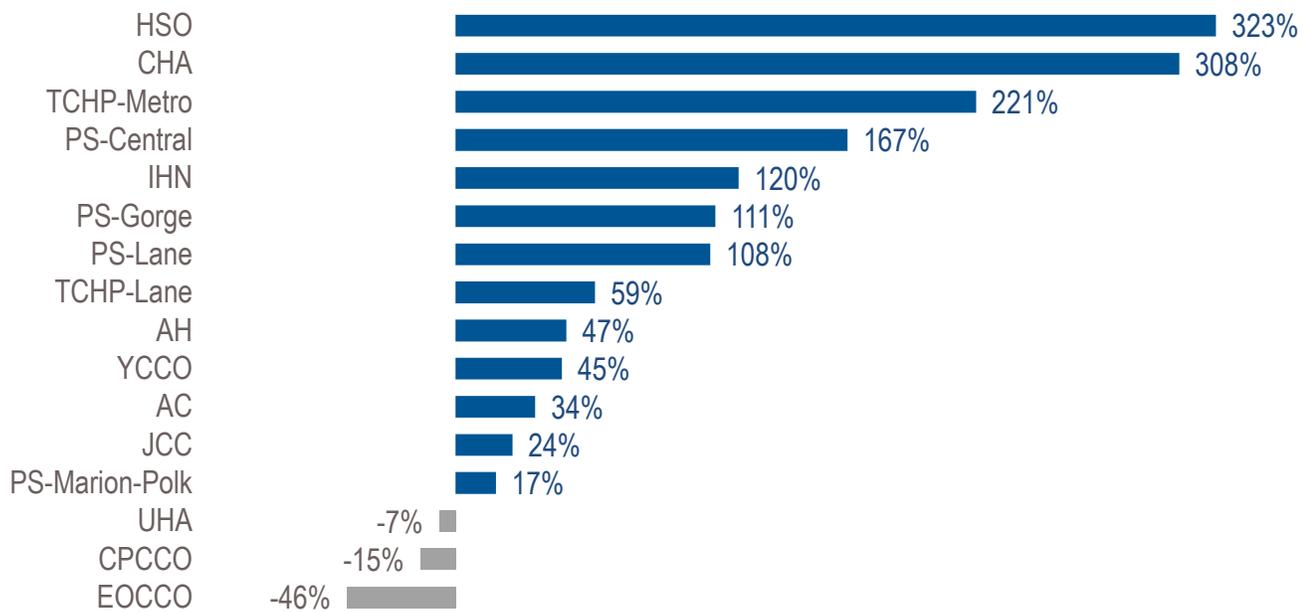


Figure 19: Per member per month (PMPM) HRS spending by CCO and year

All but three CCOs increased total HRS PMPM spending from 2021 to 2022

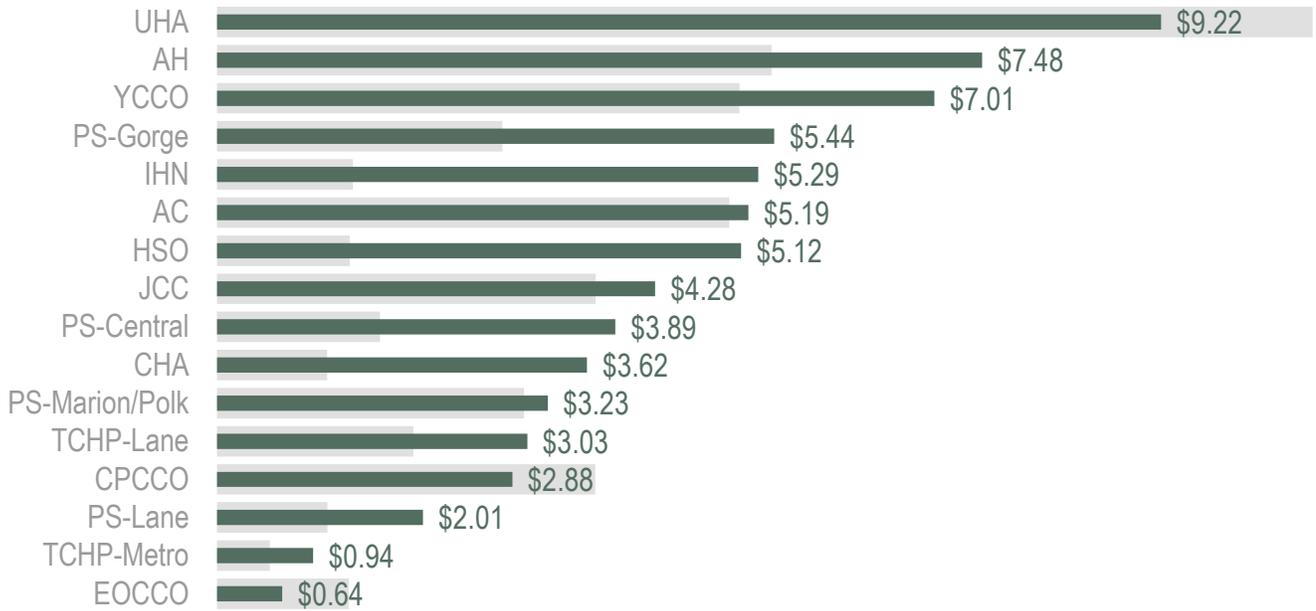


Figure 20: Per member per month (PMPM) HRS FS spending by CCO and year

All but three CCOs increased HRS PMPM FS spending from 2021 to 2022

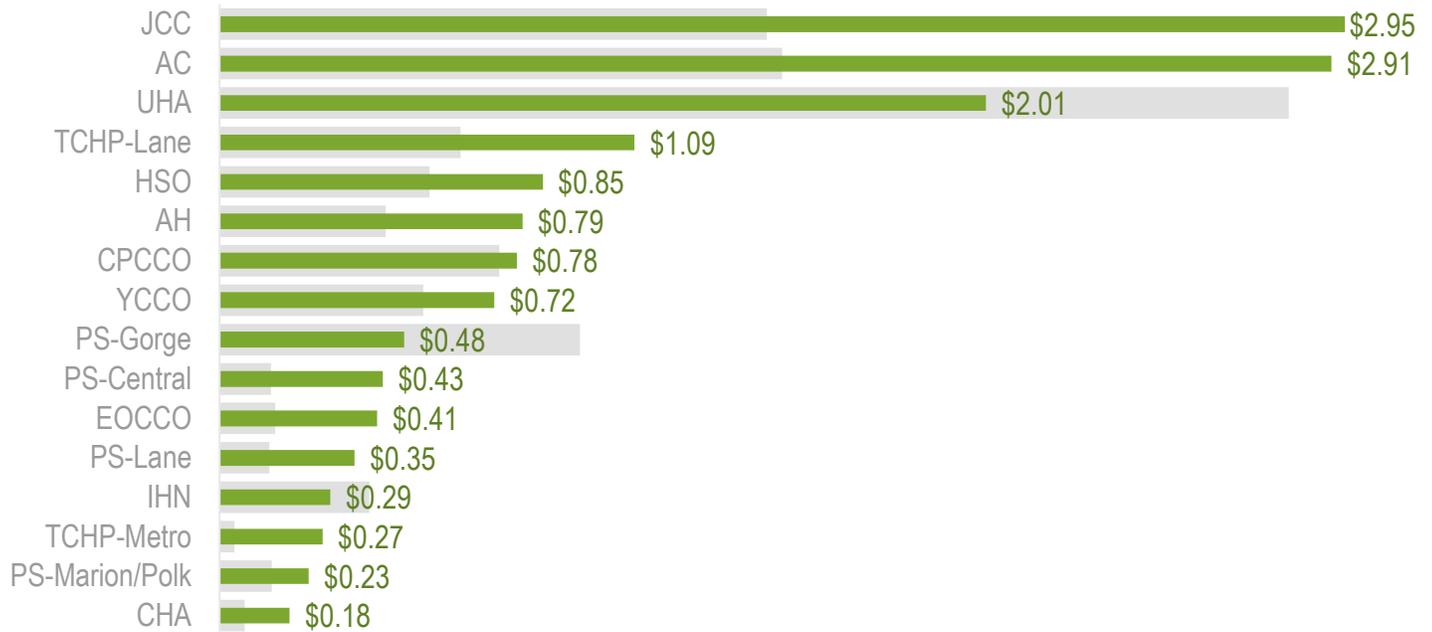


Figure 21 Per member per month (PMPM) HRS CBI spending by CCO and year

Just over half of CCOs increased HRS PMPM CBI spending from 2021 to 2022

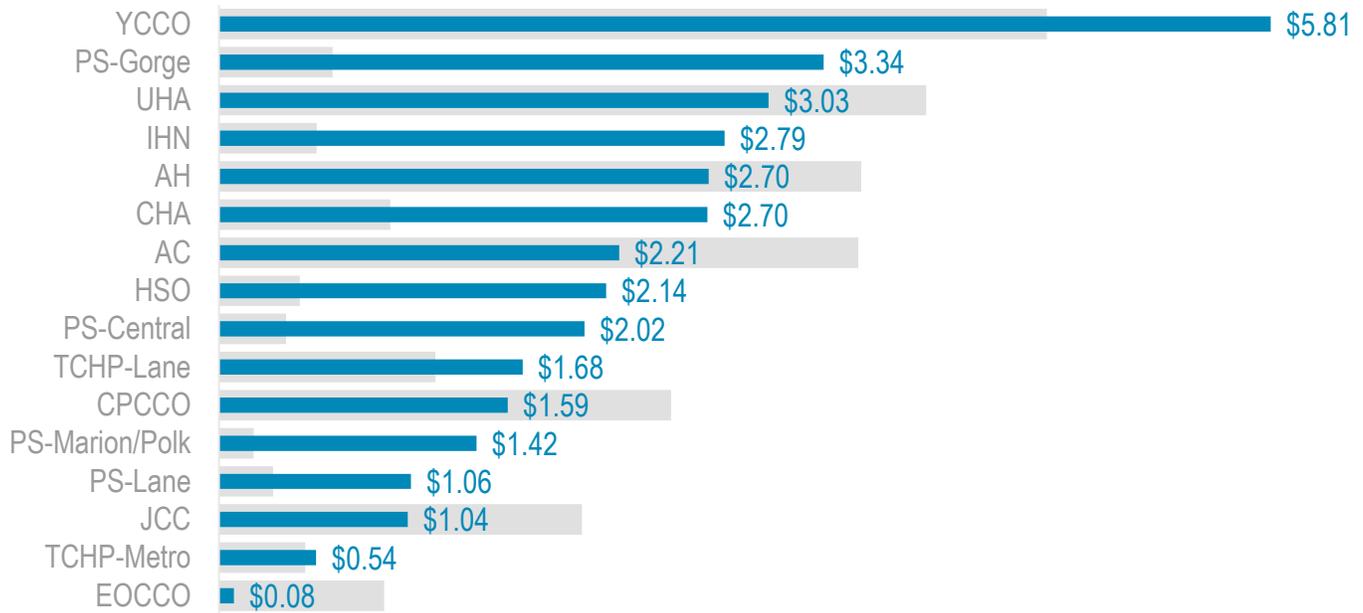


Figure 22: Per member per month (PMPM) HRS HIT spending by CCO and year

All but three CCOs increased HRS PMPM HIT spending from 2021 to 2022

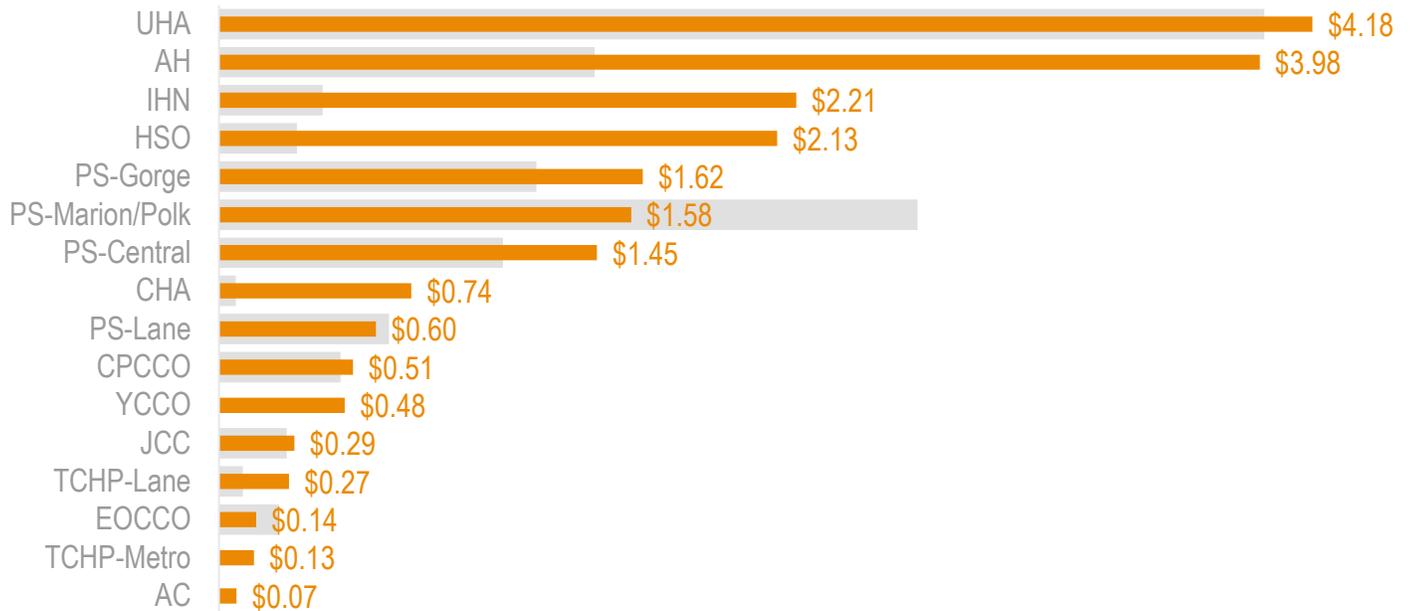


Figure 23: CCO HRS spending as a percent of total CCO member service spending in 2021 and 2022

This average increase in HRS spending as a percentage of overall spending, is the result of increases in a majority of CCOs' HRS percentage of total CCO member service spending

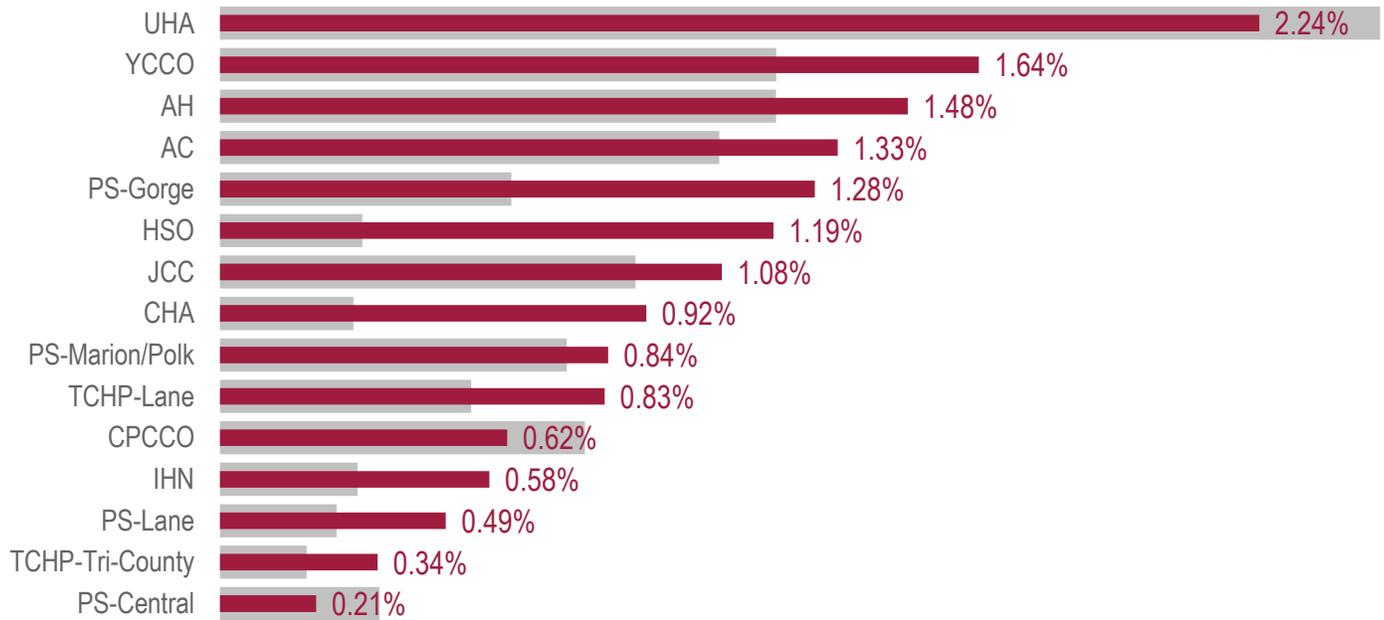


Table 2: Total HRS spending by CCO and year

CCO	2019	2020	2021	2022
AC	\$1,570,634	\$2,504,212	\$2,797,002	\$3,743,743
AH	\$526,357	\$4,137,699	\$1,634,265	\$2,404,370
CHA	\$224,683	\$293,905	\$293,593	\$1,069,190
CPCCO	\$1,461,059	\$1,676,501	\$1,409,903	\$1,197,023
EOCCO	\$89,284	\$1,056,939	\$970,201	\$521,671
HSO	\$2,716,625	\$11,693,408	\$6,043,414	\$25,583,162
IHN	\$956,546	\$760,984	\$1,133,006	\$2,496,673
JCC	\$1,044,211	\$2,317,577	\$2,537,147	\$3,150,069
PS-Central	\$113,254	\$322,746	\$1,244,377	\$3,318,068
PS-Gorge	\$540,260	\$520,603	\$499,938	\$1,052,431
PS-Lane	\$0	\$382,329	\$994,041	\$2,069,843
PS-Marion-Polk	\$0	\$680,449	\$4,450,980	\$5,212,559
TCHP	\$2,308,466	\$885,733	N/A	N/A
TCHP-Lane	N/A	N/A	\$824,166	\$1,312,575
TCHP-Tri-County	N/A	N/A	\$102,832	\$330,396
UHA	\$3,330,102	\$4,389,113	\$4,259,883	\$3,962,417
YCCO	\$1,125,717	\$2,531,355	\$1,943,113	\$2,819,906
All CCOs	\$16,163,747	\$34,153,552	\$31,137,862	\$60,244,097

Table 3: HRS per member per month spending by CCO and year

CCO	2019	2020	2021	2022
AC	\$2.60	\$4.16	\$5.00	\$5.19
AH	\$2.21	\$15.51	\$5.42	\$7.48
CHA	\$1.04	\$1.21	\$1.08	\$3.62
CPCCO	\$4.74	\$5.01	\$3.69	\$2.88
EOCCO	\$0.15	\$1.59	\$1.29	\$0.64
HSO	\$0.71	\$2.80	\$1.30	\$5.12
IHN	\$1.39	\$1.03	\$1.33	\$5.29
JCC	\$2.72	\$3.86	\$3.70	\$4.28
PS-Central	\$0.19	\$0.48	\$1.59	\$3.89
PS-Gorge	\$3.73	\$3.26	\$2.79	\$5.44
PS-Lane	\$0.00	\$0.50	\$1.08	\$2.01
PS-Marion-Polk	\$0.00	\$0.52	\$3.00	\$3.23
TCHP	\$2.08	\$1.88	N/A	N/A
TCHP-Lane	N/A	N/A	\$1.92	\$3.03
TCHP-Tri-County	N/A	N/A	\$0.51	\$0.94
UHA	\$10.29	\$12.25	\$10.70	\$9.22
YCCO	\$3.75	\$8.44	\$5.10	\$7.01
CCO average	\$1.51	\$2.93	\$2.35	\$4.28

Table 4: Total HRS spending as a percent of total spending by CCO and year

CCO	2019	2020	2021	2022
AC	0.68%	1.10%	1.09%	1.35%
AH	0.49%	3.39%	1.22%	1.51%
CHA	0.26%	0.31%	0.29%	0.93%
CPCCO	1.01%	1.00%	0.79%	0.62%
EOCCO	0.03%	0.32%	0.29%	0.13%
HSO	0.17%	0.69%	0.31%	1.21%
IHN	0.32%	0.22%	0.30%	0.59%
JCC	0.70%	0.97%	0.91%	1.10%
PS-Central	0.05%	0.11%	0.35%	0.21%
PS-Gorge	0.92%	0.78%	0.63%	1.30%
PS-Lane	0.00%	0.12%	0.25%	0.49%
PS-Marion-Polk	0.00%	0.13%	0.75%	0.85%
TCHP	0.50%	0.51%	N/A	N/A

CCO	2019	2020	2021	2022
TCHP-Lane	N/A	N/A	0.55%	0.84%
TCHP-Tri-County	N/A	N/A	0.19%	0.34%
UHA	2.76%	3.11%	2.68%	2.30%
YCCO	0.95%	2.13%	1.22%	1.67%
CCO average	0.36%	0.70%	0.56%	0.83%

Table 5: Number of members directly receiving supports and services through HRS FS spending by CCO and year*

CCO	2020	2021	2022
AC	2197	1465	6551
AH	341	516	1090
CHA	140	181	346
CPCCO	152	1013	447
EOCCO	335	1470	3581
HSO	2801	3735	7218
IHN	1709	291	641
JCC	4849	684	3127
PS-Central	426	267	531
PS-Gorge	202	202	198
PS-Lane	195	175	585
PS-Marion-Polk	375	551	691
TCHP	916	N/A	N/A
TCHP-Lane	N/A	1092	3653
TCHP-Tri-County	N/A	231	1130
UHA	461	1364	3175
YCCO	787	582	662
All CCOs	14970	13819	33626

* Reporting methodology changed from 2019 to 2020. Due to this, comparative spending cannot be presented prior to 2020.

Table 6: HRS spending by category, CCO and year

AllCare CCO

Category	2019	2020	2021	2022
Communication Access	\$120	\$10,630	\$0	\$661
COVID-19*	N/A	\$821,641	\$43,500	\$11,050
Education	\$244,422	\$232,383	\$546,971	\$658,828
Family Resources	\$33,335	\$87,500	\$126,705	\$62,061
Food Access	\$68,086	\$103,882	\$85,515	\$416,099
Health Information Technology	\$0	\$118,000	\$167,772	\$62,085
Housing	\$529,354	\$735,826	\$890,907	\$862,494
Mental Health	\$85,266	\$0	\$35,000	\$0
Other Non-covered Services	\$0	\$0	\$21,225	\$30,205
Personal Items	\$13,782	\$10,510	\$6,161	\$29,558
Physical Activity	\$28,308	\$14,091	\$5,170	\$1,072,473
Prevention	\$81,502	\$20,824	\$242,484	\$104,512
Substance Use & Addiction	\$57,500	\$101,439	\$262,538	\$0
Transportation	\$428,959	\$193,001	\$207,654	\$305,654
Wildfires*	N/A	\$54,485	\$155,400	\$128,062

Advanced Health

Category	2019	2020	2021	2022
Communication Access	\$53,954	\$59,976	\$8,164	\$80,970
COVID-19*	N/A	\$23,038	\$7,500	\$0
Education	\$85,449	\$155,906	\$274,616	\$153,244
Family Resources	\$40,000	\$67,600	\$67,240	\$66,000
Food Access	\$37,781	\$8,794	\$165,160	\$65,878
Health Information Technology	\$0	\$3,500,000	\$433,143	\$1,279,515
Housing	\$39,959	\$136,269	\$234,884	\$399,881
Mental Health	\$10,650	\$11,800	\$0	\$5,550
Other Non-covered Services	\$0	\$0	\$81,750	\$0
Personal Items	\$9,324	\$7,116	\$196,954	\$195,700
Physical Activity	\$53,502	\$21,995	\$115,613	\$84,376
Prevention	\$100,000	\$10,116	\$1,000	\$30,462
Substance Use & Addiction	\$6,000	\$5,000	\$8,000	\$8,000
Transportation	\$89,738	\$130,088	\$40,241	\$34,793
Wildfires*	N/A	\$0	\$0	\$0

Cascade Health Alliance

Category	2019	2020	2021	2022
Communication Access	\$0	\$0	\$0	\$0
COVID-19*	N/A	\$187,600	\$98,000	\$0
Education	\$104,986	\$0	\$0	\$17,427
Family Resources	\$32,475	\$0	\$90	\$2,000
Food Access	\$40,994	\$0	\$0	\$1,258
Health Information Technology	\$0	\$20,900	\$17,400	\$217,400
Housing	\$5,488	\$0	\$0	\$24,643
Mental Health	\$0	\$0	\$0	\$2,750
Other Non-covered Services	\$0	\$0	\$93,400	\$90,000
Personal Items	\$0	\$2,766	\$7,916	\$1,500
Physical Activity	\$23,239	\$32,638	\$10,019	\$16,684
Prevention	\$17,500	\$50,000	\$66,769	\$690,975
Substance Use & Addiction	\$0	\$0	\$0	\$4,500
Transportation	\$0	\$0	\$0	\$54
Wildfires*	N/A	\$0	\$0	\$0

Columbia Pacific CCO

Category	2019	2020	2021	2022
Communication Access	\$569	\$0	\$32,540	\$14,821
COVID-19**	N/A	\$483,811	\$7,000	\$0
Education	\$148,358	\$291,395	\$369,767	\$414,294
Family Resources	\$306,834	\$130,110	\$96,430	\$25,000
Food Access	\$22,500	\$73,248	\$167,231	\$79,683
Health Information Technology	\$0	\$0	\$177,542	\$212,333
Housing	\$228,591	\$328,533	\$55,950	\$148,610
Mental Health	\$223,138	\$24,315	\$76,932	\$0
Other Non-covered Services	\$0	\$0	\$0	\$0
Personal Items	\$28,220	\$47,126	\$55,530	\$62,593
Physical Activity	\$45,065	\$156	\$273	\$28,228
Prevention	\$173,285	\$197,235	\$333,445	\$66,818
Substance Use & Addiction	\$284,498	\$99,687	\$34,412	\$143,557
Transportation	\$0	\$885	\$2,852	\$1,085
Wildfires*	N/A	\$0	\$0	\$0

Eastern Oregon CCO

Category	2019	2020	2021	2022
Communication Access	\$474	\$3,077	\$453	\$1,109
COVID-19*	N/A	\$37,216	\$57,687	\$950
Education	\$33,000	\$262,818	\$95,361	\$168,667
Family Resources	\$0	\$43,223	\$99,719	\$0
Food Access	\$0	\$263,836	\$205,320	\$0
Health Information Technology	\$0	\$199,153	\$173,338	\$116,275
Housing	\$5,032	\$45,436	\$40,641	\$111,168
Mental Health	\$0	\$3,001	\$19,183	\$0
Other Non-covered Services	\$0	\$0	\$34,900	\$0
Personal Items	\$42,425	\$49,601	\$43,854	\$52,953
Physical Activity	\$0	\$5,538	\$9,280	\$14,934
Prevention	\$8,225	\$101,889	\$185,765	\$54,650
Substance Use & Addiction	\$0	\$29,723	\$1,050	\$0
Transportation	\$128	\$12,429	\$3,650	\$965
Wildfires*	N/A	\$0	\$0	\$0

Health Share of Oregon

Category	2019	2020	2021	2022
Communication Access	\$9,418	\$55,651	\$61,624	\$356,971
COVID-19*	N/A	\$5,141,218	\$171,875	\$173,961
Education	\$594,011	\$1,491,114	\$265,900	\$685,486
Family Resources	\$388,691	\$394,389	\$414,371	\$260,315
Food Access	\$40,645	\$123,105	\$294,446	\$319,020
Health Information Technology	\$525,006	\$464,918	\$1,390,933	\$10,664,502
Housing	\$711,998	\$1,403,598	\$1,752,058	\$3,558,808
Mental Health	\$39,764	\$10,000	\$0	\$338,344
Other Non-covered Services	\$0	\$1,000	\$1,040	\$0
Personal Items	\$69,104	\$64,396	\$138,367	\$268,918
Physical Activity	\$45,591	\$28,477	\$22,523	\$35,331
Prevention	\$262,466	\$2,499,276	\$1,155,246	\$4,735,594
Substance Use & Addiction	\$0	\$5,840	\$363,962	\$4,119,581
Transportation	\$29,931	\$10,427	\$11,069	\$66,331
Wildfires*	N/A	\$0	\$0	\$0

InterCommunity Health Network CCO

Category	2019	2020	2021	2022
Communication Access	\$0	\$0	\$0	\$0
COVID-19*	N/A	\$256,750	\$2,824	\$0
Education	\$10,688	\$0	\$157,150	\$365,145
Family Resources	\$328,629	\$63,042	\$155,160	\$92,227
Food Access	\$0	\$0	\$0	\$4,804
Health Information Technology	\$375,761	\$16,479	\$338,161	\$1,056,461
Housing	\$188,076	\$357,804	\$413,558	\$104,181
Mental Health	\$0	\$15,000	\$43,231	\$12,250
Other Non-covered Services	\$0	\$0	\$0	\$0
Personal Items	\$0	\$27,460	\$14,176	\$80,882
Physical Activity	\$0	\$4,449	\$0	\$210,060
Prevention	\$0	\$0	\$8,456	\$189,141
Substance Use & Addiction	\$53,393	\$0	\$0	\$373,350
Transportation	\$0	\$0	\$289	\$8,174
Wildfires*	N/A	\$20,000	\$0	\$0

Jackson Care Connect

Category	2019	2020	2021	2022
Communication Access	\$81	\$413	\$8,809	\$148,296
COVID-19*	N/A	\$483,567	\$8,000	\$6,000
Education	\$2,700	\$5,600	\$83,702	\$126,100
Family Resources	\$57,614	\$0	\$36,473	\$8,540
Food Access	\$6,792	\$0	\$5,000	\$40,106
Health Information Technology	\$38,277	\$38,277	\$177,542	\$212,333
Housing	\$489,345	\$980,439	\$1,536,406	\$1,966,951
Mental Health	\$0	\$0	\$36,330	\$0
Other Non-covered Services	\$0	\$79,611	\$0	\$0
Personal Items	\$4,390	\$141,384	\$108,229	\$92,478
Physical Activity	\$296,115	\$313,318	\$308,582	\$330,044
Prevention	\$5,000	\$33,130	\$82,095	\$93,603
Substance Use & Addiction	\$25,000	\$25,000	\$3,500	\$48,330
Transportation	\$118,898	\$40,795	\$19,300	\$77,287
Wildfires*	N/A	\$176,044	\$123,179	\$0

PacificSource – Central Oregon

Category	2019	2020	2021	2022
Communication Access	\$733	\$1,629	\$1,212	\$1,131
COVID-19*	N/A	\$100,000	\$0	\$0
Education	\$17,704	\$45,933	\$144,780	\$707,502
Family Resources	\$0	\$40,655	\$0	\$51,910
Food Access	\$0	\$37,500	\$0	\$186,000
Health Information Technology	\$0	\$104	\$848,788	\$1,232,479
Housing	\$46,173	\$44,743	\$63,332	\$527,663
Mental Health	\$0	\$0	\$239	\$86,148
Other Non-covered Services	\$0	\$0	\$0	\$0
Personal Items	\$9,333	\$8,341	\$6,647	\$13,540
Physical Activity	\$35,972	\$29,583	\$91,641	\$75,796
Prevention	\$0	\$13,000	\$80,000	\$275,000
Substance Use & Addiction	\$0	\$0	\$5,000	\$96,168
Transportation	\$3,339	\$1,257	\$2,738	\$64,731
Wildfires*	N/A	\$0	\$0	\$0

PacificSource – Columbia Gorge

Category	2019	2020	2021	2022
Communication Access	\$300	\$56	\$127	\$484
COVID-19*	N/A	\$0	\$0	\$0
Education	\$0	\$374	\$823	\$55,122
Family Resources	\$0	\$0	\$840	\$209
Food Access	\$0	\$0	\$0	\$59,062
Health Information Technology	\$0	\$0	\$194,834	\$313,318
Housing	\$10,013	\$16,773	\$27,296	\$189,522
Mental Health	\$0	\$20	\$0	\$0
Other Non-covered Services	\$0	\$0	\$0	\$900
Personal Items	\$1,485	\$2,925	\$4,221	\$4,529
Physical Activity	\$66,419	\$26,216	\$27,482	\$109,478
Prevention	\$458,895	\$474,044	\$236,668	\$313,953
Substance Use & Addiction	\$0	\$0	\$1,835	\$0
Transportation	\$3,149	\$195	\$5,812	\$5,853
Wildfires*	N/A	\$0	\$0	\$0

PacificSource – Lane

Category	2019	2020	2021	2022
Communication Access	N/A	\$1,647	\$451	\$713
COVID-19*	N/A	\$0	\$0	\$0
Education	N/A	\$112,948	\$50,000	\$389,410
Family Resources	N/A	\$0	\$17,325	\$170,855
Food Access	N/A	\$200	\$0	\$115,492
Health Information Technology	N/A	\$0	\$598,253	\$616,306
Housing	N/A	\$73,896	\$74,158	\$391,924
Mental Health	N/A	\$0	\$350	\$75,000
Other Non-covered Services	N/A	\$0	\$225,000	\$412
Personal Items	N/A	\$4,063	\$2,501	\$17,963
Physical Activity	N/A	\$16,037	\$15,217	\$17,520
Prevention	N/A	\$22,518	\$0	\$43,000
Substance Use & Addiction	N/A	\$150,000	\$9,705	\$213,345
Transportation	N/A	\$520	\$1,081	\$2,904
Wildfires*	N/A	\$500	\$0	\$15,000

PacificSource – Marion/Polk

Category	2019	2020	2021	2022
Communication Access	N/A	\$603	\$3,629	\$3,155
COVID-19*	N/A	\$0	\$0	\$0
Education	N/A	\$202,248	\$94	\$235,119
Family Resources	N/A	\$112	\$56,960	\$628,995
Food Access	N/A	\$752	\$0	\$430
Health Information Technology	N/A	\$0	\$3,963,897	\$2,541,874
Housing	N/A	\$72,727	\$107,912	\$770,056
Mental Health	N/A	\$75,055	\$2,412	\$249,536
Other Non-covered Services	N/A	\$2,520	\$545	-\$68**
Personal Items	N/A	\$99,433	\$26,320	\$43,827
Physical Activity	N/A	\$18,582	\$42,884	\$356,426
Prevention	N/A	\$204,594	\$189,090	\$369,017
Substance Use & Addiction	N/A	\$0	\$54,576	\$11,432
Transportation	N/A	\$1,116	\$2,661	\$2,759
Wildfires*	N/A	\$2,707	\$0	\$0

Trillium Community Health Plan – Lane

Category	2019	2020	2021	2022
Communication Access	N/A	N/A	\$2,301	\$0
COVID-19*	N/A	N/A	\$0	\$0
Education	N/A	N/A	\$108,409	\$77,756
Family Resources	N/A	N/A	\$157,938	\$590,277
Food Access	N/A	N/A	\$5,500	\$7,250
Health Information Technology	N/A	N/A	\$39,000	\$115,891
Housing	N/A	N/A	\$193,999	\$328,437
Mental Health	N/A	N/A	\$129,000	\$0
Other Non-covered Services	N/A	N/A	\$0	\$0
Personal Items	N/A	N/A	\$1,377	\$128,613
Physical Activity	N/A	N/A	\$676	\$0
Prevention	N/A	N/A	\$185,940	\$58,650
Substance Use & Addiction	N/A	N/A	\$0	\$0
Transportation	N/A	N/A	\$25	\$5,700
Wildfires*	N/A	N/A	\$0	\$0

Trillium Community Health Plan - Tri-County

Category	2019	2020	2021	2022
Communication Access	N/A	N/A	\$0	\$362
COVID-19*	N/A	N/A	\$0	\$0
Education	N/A	N/A	\$0	\$0
Family Resources	N/A	N/A	\$45,000	\$0
Food Access	N/A	N/A	\$0	\$660
Health Information Technology	N/A	N/A	\$0	\$46,833
Housing	N/A	N/A	\$2,107	\$57,945
Mental Health	N/A	N/A	\$0	\$0
Other Non-covered Services	N/A	N/A	\$20,000	\$0
Personal Items	N/A	N/A	\$0	\$28,239
Physical Activity	N/A	N/A	\$0	\$1,478
Prevention	N/A	N/A	\$5,725	\$194,878
Substance Use & Addiction	N/A	N/A	\$30,000	\$0
Transportation	N/A	N/A	\$0	\$0
Wildfires*	N/A	N/A	\$0	\$0

Umpqua Health Alliance

Category	2019	2020	2021	2022
Communication Access	\$877	\$0	\$33,178	\$37,267
COVID-19*	N/A	\$10,500	\$220,154	-\$10,511**
Education	\$180,742	\$204,731	\$289,150	\$275,996
Family Resources	\$37,042	\$0	\$47,816	\$93,456
Food Access	\$319	\$197,121	\$49,738	\$478,550
Health Information Technology	\$2,809,783	\$3,399,071	\$1,454,710	\$1,931,248
Housing	\$19,926	\$158,967	\$393,001	\$765,056
Mental Health	\$0	\$0	\$35,000	\$148,855
Other Non-covered Services	\$0	\$0	\$775,969	\$10,507
Personal Items	\$6,583	\$26,250	\$0	\$29,415
Physical Activity	\$1,928	\$26,341	\$28,691	\$72,388
Prevention	\$0	\$111,038	\$566,600	\$44,972
Substance Use & Addiction	\$200,000	\$209,958	\$316,936	\$27,099
Transportation	\$72,903	\$43,914	\$48,940	\$58,118
Wildfires*	N/A	\$1,222	\$0	\$0

Yamhill Community Care

Category	2019	2020	2021	2022
Communication Access	\$0	\$0	\$0	\$27,466
COVID-19*	N/A	\$32,729	\$59,782	\$0
Education	\$118,569	\$587,030	\$680,306	\$702,797
Family Resources	\$378,872	\$807,014	\$475,665	\$491,519
Food Access	\$0	\$19,704	\$4,470	\$43,494
Health Information Technology	\$0	\$0	\$0	\$193,200
Housing	\$14,981	\$301,875	\$123,182	\$346,608
Mental Health	\$200,535	\$54,607	\$23,095	\$259,731
Other Non-covered Services	\$0	\$0	\$20,000	\$0
Personal Items	\$12,813	\$12,242	\$2,592	\$23,342
Physical Activity	\$0	\$85	\$0	\$612
Prevention	\$339,165	\$100,171	\$224,097	\$333,352
Substance Use & Addiction	\$60,000	\$360,058	\$174,773	\$183,239
Transportation	\$782	\$249,472	\$155,151	\$214,546
Wildfires*	N/A	\$6,367	\$0	\$0

* COVID-19 and Wildfire categories were not introduced into the analysis until 2020.

** Negative values for the sum total in a category reflect potential refunds for HRS spending.

Appendix C: Spending Categories

Table 7: CCO spending categories based on qualitative analysis

Spending category	Category definition
Communication Access-Advice lines, translation services	Advice and nurse lines, warm lines, interpretation services for non-covered services and supports
Communication Access-Mobile devices, mobile device minutes and internet	Mobile devices, minutes, internet bills, laptops, tablets, equipment/funds for the purpose of communication access to friends, family, traditional health workers and care team, healthcare provider
COVID-19-Basic Needs- Food, housing, utilities, transportation, supplies	Basic needs (e.g., food, transportation, etc.) to reduce burden of COVID-19/provide supports during pandemic
COVID-19-Childcare	Childcare for the purpose of reducing burden during COVID-19
COVID-19-HIT capacity building	HIT investments to expand telehealth due to COVID-19
COVID-19-PPE	COVID-19 masks, hand sanitizer, PPE
COVID-19-Prevention and wellness campaigns	Wellness initiatives (i.e., teacher appreciation, wellness, or resilience stipend due to working through COVID)
COVID-19-Remote learning	Livestreaming access for remote learning virtually due to COVID
Education-ACEs, equity, trauma and domestic violence	Cross-sector training in non-health care settings on Adverse Childhood Experiences (ACEs), equity, trauma, and domestic violence
Education-Condition management	Pain management courses, classes for managing arthritis (i.e., Walk With Ease), medically tailored nutrition counseling
Education-Diabetes	Classes/programs related to diabetes education, prevention, and self-management
Education-Early childhood	Education programs/services before kindergarten/school, kids under age 5, pre-school costs
Education-Employment preparedness	Job training courses, professional development trainings, transitional employment pilots
Education-Personal finance, self sufficiency	Finance classes/coaching, life skill building, independent living prep, consumer credit counseling, student loan counseling, home ownership education
Education-GED, tuition	Tuition costs, costs associated with GED preparation, internships
Education-Vaccines	Vaccine education campaigns
Education-Prevention and wellness	Health and wellness classes aimed for general wellness/health promotion (i.e., fire safety and prevention, oral health, healthy eating, physical activity, arts classes, environmental education, community centers offering a variety of community wellness programs), community building programs, including culture preservation and education, programs in senior living environments to increase community building and decrease social isolation
Education-Children and youth	Children in K-12 (above age 5), programs for children's social skills development, youth leadership, programming for school-aged children, student success, high-school college prep, general youth mentoring, kids camps, youth resource rooms, early learning hubs

Spending category	Category definition
Family Resources-Foster care supports	Foster parent recruitment & parenting education, supports/services to the foster kids themselves
Family Resources-Parenting education	Parenting classes, including non-covered post-partum doula services
Family Resources-Prenatal care and education	Pregnancy-related education, non-covered prenatal doula services, non-covered prenatal supports
Family Resources-Prenatal substance use	substance use harm reduction/recovery support/incentives for quitting specifically for pregnant people
Family Resources-Relief nurseries	Relief nurseries prevent the cycle of child abuse and neglect through early intervention/supports/services
Food Access-Community gardens	community gardens, school gardens, garden programming
Food Access-Groceries and pantry items	Food boxes, community supported agriculture (CSA) shares, grocery gift cards, mobile farmers markets, etc. including nutritional supplements & protein shakes as pantry items
Food Access-Meal programs	Ready to eat meals, meals for kids to take home after school, meals on wheels, meal kits (e.g., Hello Fresh, Blue Apron, etc.)
Food Access-Prescription programs	Food prescription programs (i.e., Veggie Rx)
HIT-CIE	Community Information Exchange (CIE) to refer people to social services (e.g., Connect Oregon, Unite Us, Aunt Bertha, Find Help, etc.)
HIT-Hospital event notification	Software that alert CCO to member emergency department utilization (e.g., Collective, Collective Medical, EDIE, PreManage, etc.)
HIT-EHR	Electronic health records (EHRs; e.g., EPIC, Oracle, etc.), improvements to online sites for members to access their health information and referrals, EHR adoption incentives for providers
HIT-Provider network	Health information exchange (HIE) and other types of software for providers that calculate metrics, perform data analytics and data aggregation, address care gaps, and support other quality improvement and population health improvement efforts
HIT-Telehealth	Telehealth equipment, telemedicine software, and software platforms to enable non-covered services or enable covered services in public spaces (i.e., public libraries)
Housing Improvements-A/C and air quality	Air conditioner (A/C) units, air filtration devices, portable fans, humidifiers
Housing Improvements-Accessibility	Improvements to buildings/housing for accessibility (e.g., elevator installation/repairs, grab bars, ramps, movable showerhead, portable toilet, wheelchair accessible entrances/showers, etc.)
Housing Improvements-Bedding	Mattresses, bunkbeds, bed frames, comforters
Housing Improvements-Furniture and appliances	Refrigerators, mini fridge/freezer, couches, table and chairs, microwave, carpet cleaner/vacuum, washing machine, other household appliances
Housing Improvements-Heat, water, septic	Improvements to large utility appliances, furnace and heat pump repair, propane/gasoline, generators

Spending category	Category definition
Housing Improvements-Sanitation & living conditions	Trash removal, pest removal, specialty/biohazard cleaning, hoarding assistance, bedbug removal, general cleaning, repairs, commercial garbage can, drywall repair
Housing-Affordable housing and misc.	Storage units, recreational vehicle parking, mailboxes and PO boxes, heavy equipment haul away, lumbar, gravel, and other materials used to repair and maintain housing
Housing-Houselessness supports & supplies	Emergency housing/shelter, houseless supports/services, warming/cooling shelters, housing first programs, wraparound supports for people experiencing houselessness, camping supplies (e.g., tents, sleeping bags, gas stove, etc.), campground rental fees
Housing-Legal support	Government document issuance supports and fees (e.g., ID cards, driver's licenses, guardianship fees), legal advocacy services for reduced housing costs, contesting eviction notices, negotiating reduced or waived fees for health care, etc., financial management services/legal payee for members who are not able to manage their own finances
Housing-Rent assistance	Short-term rental and mortgage assistance, housing application fees, move-in fees
Housing-Temporary housing	Temporary lodging for defined number of days, short-term housing (i.e., motel/hotel) during transitions from hospital or other facility
Housing-Utility Assistance	Short-term utility payments, except internet or Wi-Fi, including electric, gas, trash, water payments, etc.
Mental Health-Counseling	Non-covered counseling services, including 1:1 mentoring and reintegration counseling
Mental Health-Childhood trauma	Non-covered childhood trauma supports, children's education/supports for survivors of unexpected loss to suicide; trauma-informed mentorship for children who have experienced childhood trauma/abuse
Mental Health-Educational programs	Mental health phone apps (i.e., headspace, happier, calm), workbooks, meditation courses, alternative therapy programs (e.g., equine, art, music), non-covered clubhouse model services
Mental Health-Groups	Group mental health supports, including caregiver/parent support groups, LGBTQ+ support groups, community healing circles, dual diagnosis support groups
Other non-covered services	Non-covered orthodontic services, dental services, and optometry related services, evaluation for below the line conditions (i.e.. Ehlers-Danlos syndrome), non-covered adult caregiving, non-covered hospice caretaking, non-covered advanced care planning (i.e., IRIS)
Personal Items-Apparel	Clothes, shoes, swimsuits, jackets, etc.
Personal Items-Child care supplies	Cribs, car seats, diapers, strollers
Personal Items-Condition management	Non-covered items related to specific condition management: weighted blankets for anxiety, blood pressure cuffs/devices for at-home monitoring, pill organizers, scales, supplements related to a condition, eyeglasses, massage chairs, light therapy lights, incontinence supplies, therapeutic supports (i.e., art supplies, boardgames, instruments), emotional support animal (ESA) supports/supplies (i.e., paperwork, pet deposit), sensory items, compression wear; gender affirming

Spending category	Category definition
	supports/services (i.e., voice-transition therapy services, electrolysis, chest binders)
Personal Items-Hygiene	Personal cleaning supplies, menstrual products, toothbrushes, laundry supplies
Personal Items-Kitchen and housewares	Silverware, cooking utensils and pots/pans, measuring cups, utility/grocery cart, hand towels, rugs, small fireproof safes, security camera for child safety, batteries
Personal Items-Mobility	Non-covered canes, walkers, scooters and scooter chargers, step stools, crutches, wheelchair, lift chairs, supplies aiding in mobility
Personal Items-School supplies	School supplies (e.g., notebooks, pencils, paper, art supplies, calculators)
Physical Activity-Equipment	Weights and dumbbells, treadmills, bikes, bike helmets, life vests, pedometers/fitness trackers, sports equipment (e.g., soccer balls, basketballs, baseball bats, etc.)
Physical Activity-Facilities access	Facilities access, gym memberships, pool memberships, playground equipment, park improvements
Physical Activity-Groups	Hiking groups, swim classes, yoga groups, martial arts classes, dance programs, tennis classes
Prevention-Resource navigation	Non-covered THW resource navigation services (e.g., housing services navigation and access, other social services navigation and access, immigration counseling and access, support in attending other non-medical appointments), resource fairs, resource hubs, social service directories
Prevention-Incentives for prenatal care	Incentives (gift cards and infant/toddler supplies) to engage in prenatal well visits and screenings
Prevention-Community paramedics	Mobile/pop-up care for non-covered services, tents for community organizations providing non-covered services, cross-sector training in non-health care settings for first response trainings (i.e., AED usage), mental health first aid, and CPR
Prevention-Incentives to engage in care	Incentives (gift card and supplies) to engage in physical, behavioral, or oral health care, and to complete preventive screenings
Prevention-Suicide	Suicide prevention campaigns, life lines
Substance Use & Addiction-Education	Education around substance use and addiction, including tobacco cessation programs, drug/alcohol free programs
Substance Use & Addiction-Harm reduction programs	Non-covered harm reduction programming, including needle exchange programs
Substance Use & Addiction-Recovery support	Non-covered recovery supports, including sober living and SUD peer support
Transportation-Personal vehicle repairs, insurance, gas	Car payments, repairs, car insurance, gas/gas cards, replacement car key, parking pass
Transportation-Public transit	Bus, light rail, and train tickets or passes
Transportation-Relocation assistance	Moving assistance, moving vans and movers
Transportation-Health-related social needs	Trips to non-covered services locations to meet health-related social needs (e.g., grocery stores, housing and other social services, other non-medical care appointments, recovery support group meetings)
Wildfires-Emergency funding	Emergency funding for wildfire recovery and survivors

Spending category	Category definition
Wildfires-Houseless supports, supplies	Funding to meet needs of houseless community members due to wildfires, including resources navigation services for wildfire survivors
Wildfires-Supplementary food	Food supports for wildfire survivors
Wildfires-Temporary housing and rent assistance	Temporary housing and rental assistance for wildfire survivors
Note: COVID-19 and Wildfire categories were not introduced into the analysis until 2020.	



HEALTH POLICY AND ANALYTICS

Transformation Center

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