Supporting Health for All through REinvestment (SHARE)

2024 Spending Plan Summary

September 2025

OREGON HEALTH AUTHORITY

ORPRN
Oregon Rural Practice-based Research Network

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Contents

Acknowledgments

This report was prepared by the Oregon Rural Practice-based Research Network at Oregon Health and Science University for the Oregon Health Authority (OHA) Transformation Center. For questions about this report, please contact Transformation.Center@odhsoha.oregon.gov.

Executive summary

SHARE background

Supporting Health for All through REinvestment (SHARE) comes from a legislative requirement for coordinated care organizations (CCOs) to invest some of their profits back into their communities. CCOs that meet minimum financial standards must spend a portion of their net income or reserves to address health inequities and social determinants of health and equity (SDOH-E).

2024 was the fourth year of SHARE. It was the second year CCOs had a minimum amount they were required to spend on SHARE based on their profits and reserves. (In the first two years, CCOs could choose how much to spend on SHARE investments.) CCOs submitted SHARE spending plans to OHA that describe how they will invest SHARE dollars in their communities.

Document purpose

This document summarizes information reported in CCOs' 2024 SHARE spending plans, with a goal of increasing transparency and awareness of CCO community spending. This document may also provide CCOs with examples to support future SHARE spending. This summary does not reflect every aspect of CCOs' individual SHARE processes and does not reflect all CCO spending on SDOH-E in their communities.

See Appendix A for a list of terms and definitions frequently used in this spending plan summary.

Summary highlights

Key findings of this 2024 SHARE spending plan summary include the following:

- All 16 CCOs were required to participate and invest a minimum amount through SHARE based on their 2024 financials.
- Six CCOs invested more through SHARE than required.
- In total, CCOs reinvested $23.8 million in their communities through 2024 SHARE plans.
- All CCOs involved their community advisory councils (CACs) in spending decisions, most commonly by CACs recommending organizations or project proposals to fund through SHARE.
- All CCOs aligned 2024 SHARE spending with community health improvement plans (CHP), most commonly aligning with housing and behavioral health-related priorities.
- CCOs invested in 145 SDOH-E partners through SHARE, continuing 52 partnerships from the prior year and an upward trend of partnerships since SHARE began.
- 40 percent (62 projects; all CCOs) of the 156 SHARE projects addressed the statewide priority of housing, reflecting an investment of $13 million.
- After housing, SHARE projects most commonly addressed food, community well-being, and child and family supports.
- Most SHARE projects included funding for operations, staffing and program costs. Over a third of SHARE projects included funding for capital, including buying property (land, buildings, vehicles, etc.) and improving property (renovations, accessibility features, repairs, etc.).
- People with health-related social needs, children and families, and people with behavioral health conditions or experiencing behavioral health-related concerns were the most reported populations served by 2024 SHARE projects, the same as in 2023.

Read more in the highlights and opportunities section.

Introduction to SHARE

Creation of SHARE

SHARE was developed by OHA to implement the legislative requirements in Oregon House Bill 4018 (2018). SHARE's primary goals are to protect public dollars and improve CCO member and community health by requiring CCOs to reinvest a portion of their profits back into their communities.

SHARE requirements

SHARE spending is required for CCOs that exceed financial requirements. Since 2023, OHA has used a set formula to determine the minimum amount CCOs are required to spend, though CCOs may choose to invest more. 2024 SHARE spending must:

1. Address SDOH-E and at least one of four SDOH-E domains (economic stability, neighborhood and built environment, education, social and community health).
2. Include spending toward a statewide housing priority.
3. Align with community priorities in the CCO's CHP.
4. Include a role for the CCO's CAC in spending decisions.
5. Invest a portion of dollars directly to SDOH-E partners.

Guidance and definitions can be found in the CCO contract, in OAR 410-141-3735 and on OHA's SHARE webpage.

SHARE reporting

CCOs submitted spending plans to OHA to describe how their 2024 SHARE dollars will be spent, including details like spending priorities, partners and decision-making processes. This summary was compiled from 2024 CCO SHARE spending plans and used prior years' plans for comparison.

Context of SHARE

CCOs address SDOH-E, health inequities and the social needs of their members and communities through a variety of programs in addition to SHARE, such as health-related services (HRS), the SDOH screening and referral incentive measure and covered health-related social needs services offered through Oregon's 1115 demonstration waiver.

This summary does not reflect all CCO spending in their communities or on SDOH-E. Community partners can learn more about CCO funding opportunities in the Common Funding Opportunities from the Oregon Health Plan document and by contacting their local CCO.

See Appendix A for terms and definitions frequently used in this spending plan summary.

2024 SHARE spending plans

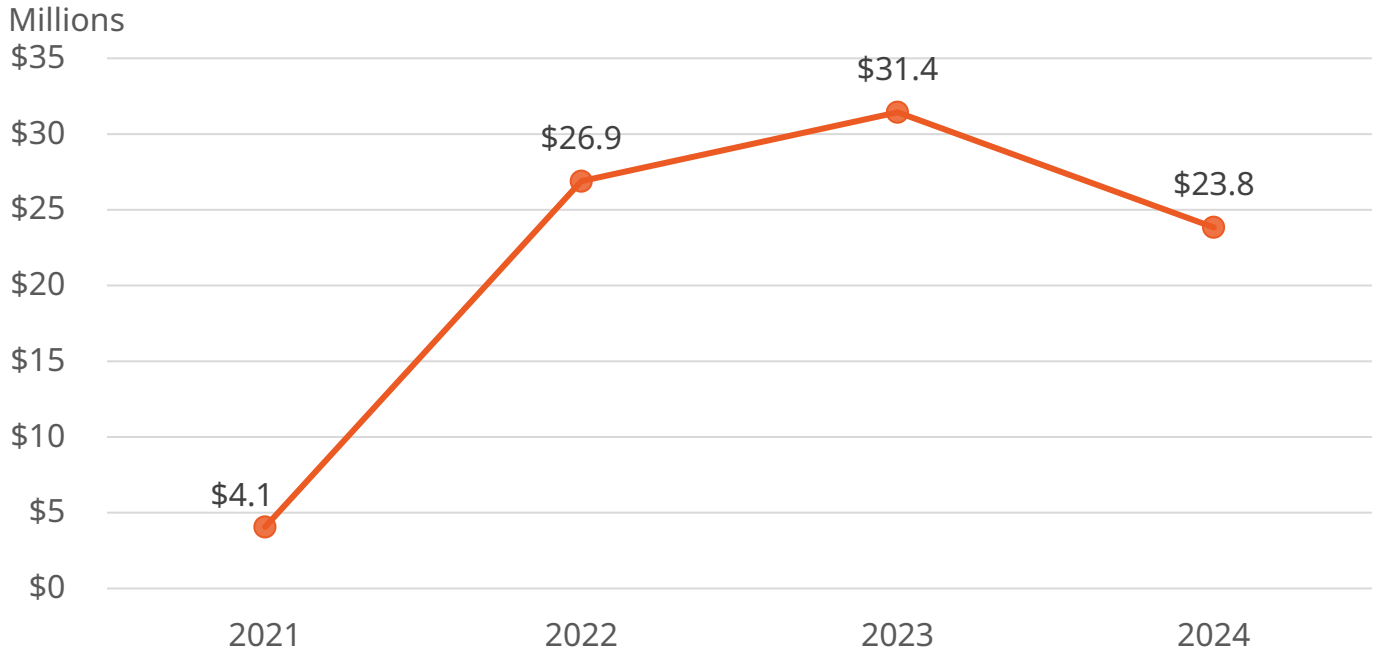
2024 SHARE commitments

All 16 CCOs were required to participate in SHARE in 2024, which is based upon their 2023 financial reporting. This is a result of their reported annual net income or reserves that met or exceeded the financial requirements of the SHARE formula.

In total, CCOs committed $23.8 million in 2024 to reinvest in their communities through SHARE. This is a $7.6 million decrease from 2023, though a 487 percent increase from the first year of SHARE. CCOs have three years (through 2027) to spend their 2024 SHARE commitments. See Figure 1 below for CCOs' overall SHARE commitments by year.

Figure 1. Overall SHARE commitments by year (shown in millions of dollars)

Since 2021, CCOs have invested a total of $86.2 million through SHARE.



Because SHARE commitments depend on CCO financial performance, SHARE spending trends can change year-to-year, as shown in Figure 1 above and Table 1 below. Since 2021, CCOs have reinvested $86.2 million into their communities through SHARE. Potential factors impacting 2024 SHARE spending are outlined in the highlights and opportunities section.

Table 1. Summary of overall SHARE commitments by year

2024 marked the second year all 16 CCOs participated in SHARE, with individual CCO 2024 commitments ranging from about $195K to $2.8 million.

	2021	2022	2023	2024
Number of CCOs participating in SHARE	13	15	16	16
Total CCO SHARE commitment	$4,062,545	$26,885,457	$31,435,943	$23,839,438
Smallest CCO commitment	$57,992	$48,578	$236,120	$194,534
Largest CCO commitment	$750,000	$19,855,000	$10,629,052	$2,800,000

In 2024, individual CCO commitments ranged between $194,534 and $2.8 million. Seven of the 16 CCOs increased their SHARE commitments from the prior year.

2024 was also the second year CCOs had a minimum amount they were required to commit to SHARE, and six CCOs committed more than required ($731,000 above the minimum formula). CCOs historically have invested beyond requirements — in 2023, nine CCOs invested more than required, and many CCOs voluntarily participated in prior years of SHARE. CCOs also continue to invest in SDOH-E outside of SHARE. See Table 2 for individual CCO SHARE commitments and trends across years.

Table 2. CCO SHARE commitments across years

Six CCOs show increased SHARE commitments each year since 2021; decreases in SHARE commitments reflect lower CCO reserves or net profits.

CCO	2021	2022	2023	2024
Advanced Health	$500,000	$650,000	$535,000†	$320,000†
AllCare CCO	$100,000	$100,000	$2,702,893†	$1,233,367
Cascade Health Alliance	$225,000	$150,000	$590,000†	$500,000
Columbia Pacific CCO	$100,000	$150,000	$961,400†	$1,500,000†
Eastern Oregon CCO	$342,229	$1,500,000	$1,946,399†	$2,051,028†
Health Share of Oregon	$ - *	$19,855,000	$10,629,052†	$2,800,000
InterCommunity Health Network	$689,019	$1,076,144	$2,515,051†	$2,695,048†
Jackson Care Connect	$100,000	$150,000	$1,080,000†	$1,000,180†
PacificSource: Central Oregon	$57,992	$238,843*	$919,253	$1,303,414
PacificSource: Columbia Gorge	$98,305	$48,578*	$236,120	$194,534
PacificSource: Lane	$ - *	$200,500*	$906,384	$1,597,989
PacificSource: Marion Polk	$ - *	$ - *	$407,427	$1,504,186
Trillium: Southwest	$558,783	$500,000	$2,890,669	$2,398,905
Trillium: Tri-County	$441,217	$502,400*	$904,607	$2,388,204
Umpqua Health Alliance	$100,000	$400,000	$2,182,398†	$1,200,000
Yamhill CCO	$750,000	$663,992	$2,029,290	$1,152,584

*SHARE participation was not required.

†SHARE commitment was more than required (only applies to 2023 and 2024).

CCO approaches to 2024 SHARE investments: choosing partners and projects

CCOs use a variety of approaches to decide how they will invest their SHARE funds. In 2024, most CCOs used an open call for proposals, invited specific organizations to submit proposals or had their CAC recommend organizations or projects. Some CCOs also chose to continue partnerships from 2023 plans. It's common for CCOs to use a mix of these approaches to address longer-term community infrastructure projects while maintaining flexibility to support new programs or emergent needs.

CCOs continue to improve partners' awareness and access to funding opportunities. One example of this in 2024 was a CCO creating a single, combined application for SHARE and other community investment sources.

Community advisory council (CAC) role in spending decisions

All CCOs involved their CACs in selecting their SHARE projects and partners. CCOs must define a role for their CAC in SHARE spending decisions, and each CCO determines what that role includes. Common strategies included:

- **94 percent (15)** of CCOs' CACs have a role in ongoing monitoring of SHARE projects.
- **81 percent (13)** of CCOs' CACs reviewed SHARE proposals and made recommendations to CCO leadership.
- **63 percent (10)** of CCOs' CACs recommended organizations to fund using SHARE dollars.

As SHARE is just one of the CACs' many responsibilities, capacity can vary. CCOs and their CACs work together to define and refine what works best for them — whether that's leading the process start to finish, delegating a bigger time commitment to a smaller committee of CAC members, or approving potential SHARE proposal presentations.

See Appendix B for common ways CCOs involved their CACs in 2024 SHARE plans.

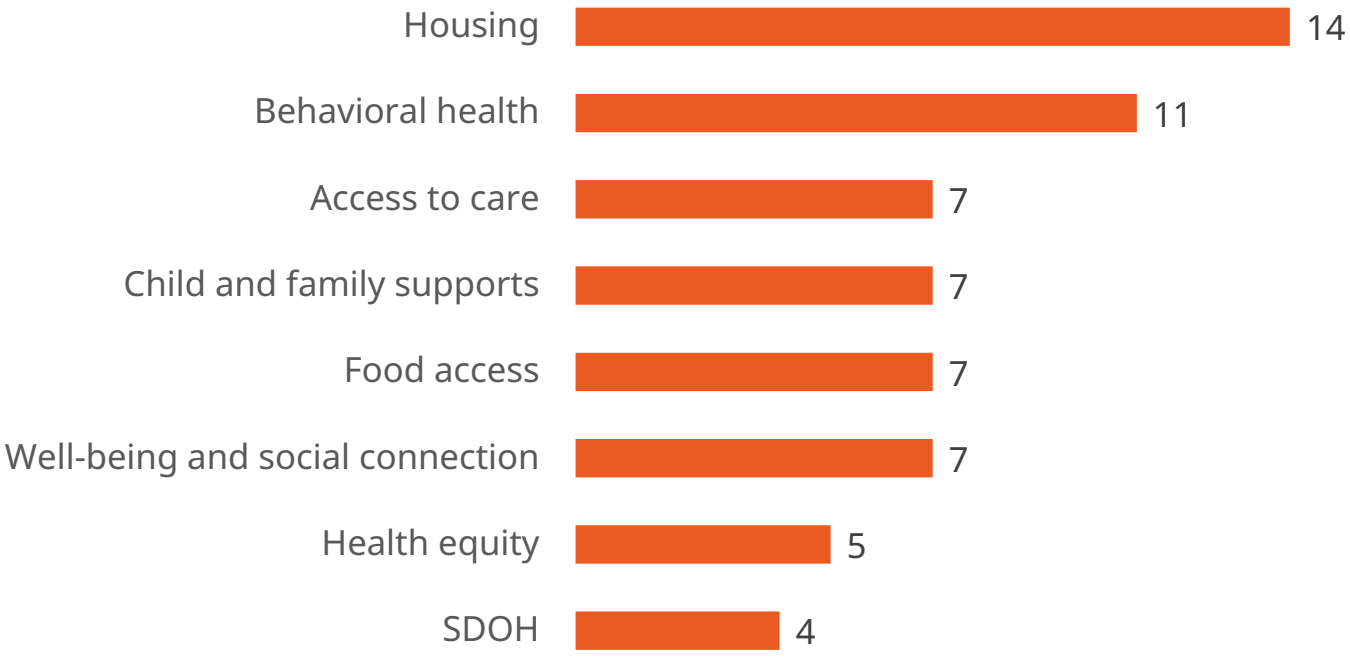
Community health improvement plan (CHP) priorities supported with SHARE

CCOs are required to use SHARE spending to support priorities identified in their CHPs, which are developed by CCOs, local organizations and populations experiencing health inequities and adopted by CCOs' CACs at least every five years.

CHP priorities supported by SHARE plans were similar across CCOs and to previous years of SHARE. The most supported CHP priority was housing related, with 14 CCOs using SHARE plans to support their CHPs' housing priorities, such as affordable or supportive housing. The second-most common CHP priority area was behavioral health related. Figure 4 below shows the most common CHP priorities CCOs supported with their SHARE plans.

Figure 4. Number of CCO SHARE plans supporting common CHP priorities

Housing and behavioral health continued to be the most supported CHP priorities through SHARE in 2024.



Statewide housing priority

CCOs are required to invest a portion of their SHARE dollars in the statewide priority of housing-related services and supports, which helps people find and maintain safe and stable housing. Fifty-four percent of 2024 SHARE funding supported housing-related projects, totaling almost $13 million, though these projects also included non-housing aspects. This continues a trend of strong housing-related investments through SHARE, as shown in Table 3 below. Housing-related priorities at the local level through CHPs (above) also influence these spending decisions. Since 2021, CCOs have invested just over $49 million into housing-related projects. Learn more about CCOs' housing-related projects below.

Table 3. Housing-related SHARE projects and investments* across years
In 2024, over half of SHARE funds supported housing-related projects.

	2021	2022	2023	2024
Number of housing-related projects	29	33	64	62
Sum of housing-related projects	$3,348,028	$16,671,694	$16,055,784	$12,968,516
Percentage of total SHARE funding	82%	62%	51%	54%

*Housing-related projects can address and fund non-housing activities as well.

SDOH-E partners

SHARE spending is used to engage and support organizations trusted in their communities to address SDOH-E and work for policy and systems change. CCOs must invest a portion of SHARE dollars directly into these organizations, called SDOH-E partners. The number of partners each CCO funds through SHARE is decided by the CCO and depends on the CCO's community investment strategy.

CCOs reported 145 unique SDOH-E partners in 2024 SHARE spending plans, a 26 percent (30 partner) increase from 2023 plans. The number of partners by individual CCOs ranged from two to 46, including a variety of community-based nonprofit organizations, health systems and behavioral health providers, local government agencies and Federally Recognized Tribes of Oregon. Investments in these partners

also varied, ranging from $3,750 to over one million dollars. Most 2024 SDOH-E partners were new (64 percent) SHARE funding recipients while 52 received continued SHARE funding from 2023. See Table 4 below for a comparison of total SDOH-E partners by year and Appendix C for a list of each CCO's partners and projects.

Table 4. SHARE SDOH-E partners by year

CCOs funded 145 SDOH-E partners in 2024, a 26 percent increase from 2023.

	2021	2022	2023	2024
Total CCO SDOH-E partners	45	73	115	145
Smallest SDOH-E partner award	$600	$3,500	$9,000	$3,750
Largest SDOH-E partner award	$435,192	$7,600,000	$3,729,053	$1,052,206

SHARE projects

2024 SHARE spending plans included 156 unique projects across CCOs, with individual CCO SHARE plans ranging from two to 51 projects. Because some SDOH-E partners were involved in multiple projects and some projects had more than partner, the number of SHARE projects differs from the number of SDOH-E partners.

SDOH-E domains

CCOs reported in their 2024 SHARE plans how their SHARE projects meet OHA's definition of SDOH-E (as defined in Appendix A) by indicating which SDOH-E domain(s) their projects address. A project can address more than one domain. See Table 5 on the right for the number and percent of projects addressing each domain.

Table 5. SDOH-E domains addressed by 2024 SHARE projects*

2024 SHARE projects most commonly addressed social and community health.

SDOH-E domain	Number of projects	Percent of projects
Social and community health	100	64%
Neighborhood and built environment	91	58%
Economic stability	84	54%
Education	54	35%

*SHARE projects can fall within multiple domains.

Across 2024 SHARE plans, 69 percent of the 156 SHARE projects addressed more than one SDOH-E domain.

Project focus areas

2024 SHARE plans were qualitatively analyzed to understand projects' focus areas beyond SDOH-E domains reported. Most 2024 SHARE projects focused on housing, food, community well-being and child and family supports. See focus area descriptions and examples from 2024 plans below. See Appendix C for a full list of CCOs' 2024 SHARE projects, including project summaries, SDOH-E partners and investment amounts.

Most common focus areas of 2024 SHARE projects included housing and food; almost half of 2024 SHARE projects focused on more than one area.

Housing	**62 projects*** focused on any aspect or type of housing, including permanent supported housing, supports and services, affordable or transitional housing, and emergency stays. See housing projects below for details and examples of housing-related SHARE projects.
Food	**38 projects*** focused on food access, security and nutrition. Examples include: • Purchasing and modifying kitchen equipment to expand meal services • Establishing standalone community fridges and pantries • Developing Farm to School and supplemental SNAP programs • Creating culturally specific nutrition programming and curriculum

Community well-being

33 projects* focused on community-wide well-being, including educational and preventive programs focused on health, connection and/or wellness. Examples include:

Launching a mobile wellness hub to provide social needs screenings, connections to resources and preventive health education

- Renovating tennis and pickleball facilities to improve public access
- Offering older adults community-building and gardening opportunities
- Holding cancer prevention classes in Spanish for the farmworker community

Child and family supports

32 projects* focused on education and resources for children and families. Examples include:

- Expanding a short-term respite care program for parents and caregivers
- Hosting parenting support groups, education and resilience activities
- Furnishing a new early learning classroom
- Providing families with infant care supplies and financial assistance

Behavioral health

30 projects* focused on the behavioral health sector, excluding Medicaid covered services. Examples include:

- Implementing suicide prevention classes and campaigns
- Establishing a new high school specifically to support youth in recovery
- Funding trauma-informed renovations to improve effectiveness of behavioral health programs
- Providing sober housing and culturally responsive supportive services

Education and career development

16 projects* focused on academic support and career development. Examples include:

- Starting a fast-track training program for early learning providers
- Supporting a tutoring program and costs associated to achieve high school equivalency (GED)
- Recruiting and training diverse interpreters and community health workers
- Constructing a clinical simulation lab for allied health education

Transportation

12 projects* focused on transportation needs. Examples include:

- Establishing a vehicle maintenance and repair relief fund
- Providing rides to non-medical appointments and social services
- Purchasing and distributing transit passes and gas vouchers
- Providing affordable car seats, car seat installation and education

*Projects can address more than one focus area.

2024 SHARE plans also reflected new themes, including education and career development and transportation. While these topics were present in 2023 plans, they

increased in 2024. 2024 projects also reflected emerging topics not explicitly captured above, such as physical activity, outdoor access and social connection.

Activities funded

Projects were also analyzed by the type of activity funded, like building new property, program operations or training staff for multiple focus areas.

For 28 percent (33 projects) of 2024 SHARE projects, funding supported more than one project activity. The two most common activities funded were the same as in 2023: operations, staffing or administrative costs (77 percent; 120 projects) and buying or improving property like land, buildings or vehicles (35 percent; 54 projects). Other activities funded included workforce training and development and data tracking, sharing and analysis. A small number of projects supported collaborations between multiple organizations or institutions. See activities funded through 2024 SHARE plans below.

2024 SHARE projects predominantly funded activities like operations, staffing and administration; over a third of projects included funding for capital expenses.

Operations and capacity building	**120 projects*** included funds to sustain or build an organization or program's ability to serve, including general implementation, operations or expansion costs. Examples include: • Food, utensils, venue rental and other supplies for healthy cooking classes • Implementation of linguistically diverse public health programming and outreach • Staffing for navigation services and rental assistance • Operational expenses for a new youth center

Capital expenses

54 projects* included funds for capital expenses, or funds to buy and/or improve property like land, housing, buildings, vehicles or technology.

New property: 30 projects* included funds to buy or construct new property, such as construction or site development. Examples include:

- A mobile unit to provide oral health outreach and education
- Property for new affordable or supportive housing units
- Materials and construction costs for a new community recreation center

Property improvements: 31 projects* include funds to improve the quality or functionality of property, such as renovations, remodels or repairs. Examples include:

- Renovations to affordable housing to improve quality, safety and accessibility
- Upgrades to kitchen equipment to expand meal services at community kitchens
- Emergency back-up generator for temporary shelter to operate during disaster

Data tracking, sharing and analysis

26 projects* included funds to launch data sharing platforms or evaluate health and/or project data. 92 percent of projects with data sharing and analysis activities also included funds for operations and capacity building. Examples include:

- Licensing fees for health and community information exchange platforms and referral and billing software
- Software and technology for a regional food hub to track inventory and sourcing
- Analysis of data sharing opportunities for health care and housing partners

Workforce training and development	**26 projects*** included funds to provide staff training or professional development to improve equity or connections to SDOH-E supports. Examples include: • Course fees and associated travel costs for traditional health worker trainings • Continuing education course materials, curriculum and wrap-around supports • Facilitator training for de-escalation and risk reduction education

*Projects can fund more than one activity.

Housing-related projects

For the fourth year in a row, housing was the most common focus area of SHARE projects. Housing-related projects accounted for 40 percent (62 projects) of 2024 SHARE projects and $13 million. Some of these projects also included non-housing related focus areas like behavioral health (18 projects) or activities like meals and childcare for families living in transitional housing.

CCOs also reported which type(s) of housing their SHARE projects addressed: services and supports, permanent supportive housing and/or other kinds of housing. About 35 percent of housing-related projects addressed more than one of these types. Most housing-related projects (76 percent) addressed the statewide housing priority, services and supports that help people find and maintain stable and safe housing. Eight percent (five projects) included permanent supportive housing.

Other housing-related projects included transitional housing, emergency shelters, affordable housing and permanent housing. See examples below.

Over three quarters of 2024 housing-related projects provided services and supports to help people find and maintain safe and stable housing.

Services and supports

47 housing projects ($10 million)* provided services and supports that help people find and maintain stable and safe housing. Examples include:

- Non-covered rent, utilities, deposits and other housing supports
- Tenant education courses in multiple languages
- Repairs and enhancements to improve safety of home environments and keep people housed
- Outreach and case management to help people address housing barriers

Permanent supportive housing

5 housing projects ($920,000)* addressed permanent supportive housing, which combines lease-based, deeply affordable housing paired with tenancy supports and other voluntary services to better serve the most vulnerable populations. This includes people who are experiencing or are at risk of houselessness and people who are currently or are at risk of being institutionalized. Examples include:

- Staffing and operational costs for a 27-room, single-occupancy permanent supportive housing facility
- Renovation costs to add additional permanent-supportive housing units to a current housing and support service organization

Other

28 housing projects ($4.5 million)* addressed other type(s) of housing, such as transitional housing (13 projects), emergency shelters (12 projects), affordable housing (5 projects) and permanent housing (2 projects). Examples include:

- Construction of a new recovery transitional housing facility co-located with an existing residential treatment center

- Operational costs of an emergency, low-barrier shelter for individuals experiencing chronic houselessness
- Upgrades to a local fire hall to provide temporary shelter to
- people affected by natural disasters and extreme weather events
- Capital costs to develop an affordable, resident-owned community of mobile homes
- Renovations of an affordable home for a family with low or limited income with a mortgage capped at 30 percent of household income

*Housing projects can address more than one kind of housing (for example, housing navigation services and transitional housing). Housing projects can also include non-housing activities (for example, rental support paired with meals and substance use disorder recovery services).

Like funding trends across all SHARE projects, housing projects most frequently (73 percent) included funding for operations and capacity building activities such as wages for outreach and housing navigation services, rental assistance and other housing supports. Almost half (29 projects) of 2024 housing-related projects included funding for capital expenses, reflecting an investment of $7.4 million.

Populations served

CCOs reported on a variety of populations that will be served through 2024 SHARE projects, with many projects serving multiple populations. CCOs were asked to use standardized race, ethnicity, language and disability (REALD) categories to report populations served if applicable, though few reported in this format. Five CCOs used some REALD categories to report populations served for some of their projects, in addition to other non-REALD categories.

Consistent with previous years' reporting, the most common population served was people with health-related social needs, including people who are housing or food insecure or who have lower incomes. This was followed by children and families, then people with behavioral health conditions or related concerns. Also similar to previous years, some projects were reported to serve anyone in a CCO's region. See Table 6 below for the number of SHARE projects that reported serving specific populations.

Table 6. Populations served in 2024 SHARE projects*

2024 SHARE projects most commonly reported serving people with health-related social needs, children and families, and people with behavioral health conditions or experiencing behavioral health-related concerns.

Population	Number of projects
People with health-related social needs, including people experiencing or at risk of food insecurity or houselessness; people with lower incomes or experiencing poverty; or people eligible for Supplemental Nutrition Assistance Program and Oregon Health Plan benefits	102
Children and families, including parents; pregnant people; school-aged youth; children in foster care; or resource families	48
People with behavioral health conditions or experiencing behavioral health-related concerns, including people with mental illness or mental health concerns; people experiencing or in early recovery from addiction and substance use; or people transitioning from state hospitals or inpatient psychiatric facilities	42
People with a health condition or disability, special health care needs or physical challenges	41
Rural communities	31
Older adults (ages > 55 years) or Elders	14
People with non-English language preference	13
Black, Indigenous, people of color, or communities of color	12
Lesbian, gay, bisexual, transgender, queer, intersex, asexual/aromantic, two-spirit, plus (LGBTQIA2S+) persons	12
American Indian and Alaska Native (American Indian, Alaska Native, Canadian Inuit, Metis, or First Nation, Indigenous Mexican, Central American, or South American)	11
Hispanic and Latino/a/x (Central American, Mexican, South American, other Hispanic or Latino/a/x)	10
People affected by the carceral system	9
Native Hawaiian and Pacific Islander (Chamoru [Chamorro], Marshallese, communities of the Micronesian Region, Native Hawaiian, Samoan, other Pacific Islander)	6
Asian (Asian Indian, Cambodian, Chinese, Communities of Myanmar, Filipino/a, Hmong, Japanese, Korean, Laotian, South Asian, Vietnamese, other Asian)	5
Black and African American (African American, Afro-Caribbean, Ethiopian, Somali, other African [Black], other Black)	5
White (Eastern European, Slavic, Western European, other white)	5

*SHARE projects can address more than one population.

Other populations CCOs reported serving in 2024 SHARE projects include people who have experienced or are experiencing domestic violence, sexual assault or child abuse; veterans; immigrants and refugees; agricultural workers, including migrant and seasonal farmworkers; and people affected or displaced by wildfires or natural disasters.

SHARE spending plan highlights and opportunities

Year four reflects changing CCO profits, not priorities.

SHARE spending comes from CCO profits so changes in spending trends are expected regardless of CCO priorities for community investment. The fourth year of SHARE showed the first decline in total SHARE spending, decreasing 24 percent from 2023. This decrease could be due to several factors that reflect lower CCO profits, such as CCO members accessing more health care services (and CCOs paying for more health care services) after the COVID-19 pandemic, or CCOs spending more on SDOH-E through their global budgets.

The shift from voluntary to required minimum SHARE spending also plays a role in spending trends. 2024 was the second year CCOs were required to commit a minimum amount (obligation) to SHARE based on their profits. From 2023 to 2024, total SHARE obligations declined by about 29 percent. Despite the overall decrease in spending, seven CCOs' minimum obligations increased from 2023, and six CCOs invested more than required (totaling an additional $731,000). With changing profits year-to-year and an evolving mix of spending pathways, CCOs continue to strategically address SDOH-E with SHARE and other spending.

State and local priorities drive continued housing investments.

State and local housing priorities continue to drive SHARE investments. In 2024, $13 million was invested in housing-related projects, bringing the all-time total SHARE investments in housing to over $49 million. This focus is driven by OHA's designated statewide priority, housing-related services and supports, as well as local CHPs (87 percent [14] of CHPs included housing as a priority). Forty percent (62 projects) of 2024 SHARE projects addressed a variety of housing-related supports and

infrastructure projects. This is a smaller percent of the total projects compared with 2023 (54 percent of projects in 2023 focused on housing), though the percent of total SHARE funds invested in housing increased from 51 percent in 2023 to 54 percent in 2024. Housing-related services and supports remains the most common focus for housing projects with transitional housing the next most common. This follows the same trend seen in previous years.

CCOs leveraged housing investments to improve access to adjacent needs like behavioral health, transportation and food. Many housing projects intentionally embedded affordable or supportive housing into areas with strong social and health care services. CCOs can continue to meet local community need through capital investments to increase housing stock and intentional investments that connect people to multiple services and supports through SHARE.

Strategic SHARE investments align with other SDOH-E efforts.

2024 plans reflected continued CCO efforts to strategically invest their SHARE dollars. Each year, CCOs make strides in aligning funding streams to improve cross-sector connections, expand access to existing resources and comprehensively address communities' and members' needs. In 2024, SHARE funds particularly supported the roll out of covered services and quality measures related to SDOH-E described below. More broadly, these investments contribute to laying a sustainable framework for continued coordination and collective action.

Capacity building for rollout of health-related social needs (HRSN) benefits

2024 SHARE investments supported the ongoing rollout of HRSN covered services, which makes certain nutrition, housing, and home changes for health services covered Medicaid benefits for certain eligible Oregon Health Plan (OHP) members. SHARE funds were used to support the physical infrastructure, technology and workforce needed to build bridges across health care and social service sectors, as well as fund services to members ineligible for HRSN. Some of the ways CCOs used SHARE to support HRSN infrastructure and rollout included:

- Staffing, training and technology costs for community-based organizations to increase capacity to accept and process HRSN referrals and support non-billable administrative efforts.
- Upgrading physical infrastructure like commercial kitchen equipment for HRSN nutrition providers to increase capacity to serve the community.
- Developing a hub for HRSN providers to receive technical assistance, training and network development.
- Paying for services like home remediation or rental assistance to individuals ineligible to receive HRSN as a covered benefit.

Some CCOs leveraged these SHARE investments to strengthen partners who also received Community Capacity Building Fund (CCBF) awards, another funding source that helps providers prepare to deliver HRSN covered services. Other CCOs braided HRS community benefit initiative and flexible services funding to provide social needs services to individuals not eligible for HRSN covered services.

Aligning funding with CCO quality incentive measures

Another area of alignment in 2024 SHARE investments was with the CCO quality incentive program measures, particularly upstream measures that address SDOH-E. Similar to 2023, CCOs continued to align with the Social Needs Screening and Referral measure in SHARE projects, providing access to community information exchange platforms and incorporating social needs screening and referral processes. Notably, one CCO provided multiple SDOH-E partners additional SHARE funding to address transportation needs identified by social needs screening in their projects. Alignment with the Meaningful Language Access measure was also reflected, such as through funding the recruiting, training and credentialing of health care interpreters.

Expanded investments address diverse Oregon workforces.

Historically SHARE investments in the workforce have primarily supported traditional health workers. This trend continued and expanded in 2024, with more projects and across sectors. Ten percent (16 projects) focused primarily on education and career development, while 17 percent (26 projects) included funding for workforce development like staff training.

In addition to workforce support for HRSN service providers mentioned above, CCOs invested SHARE dollars to address workforce shortages in early learning, support people in earning their GED and certifications to secure employment, and create classrooms and labs for accelerated nursing programs and allied health professionals. Many projects provided childcare, meals or travel expenses to further support access to education and training.

Investments in cross-sector and diverse workforces is another example of CCOs using SHARE dollars to provide long-term support to both individuals and communities. With the broadening of SHARE in 2025 to allow for health care access and quality investments, CCOs may consider future investments in health care workforces, especially to support rural and frontier communities experiencing workforce shortages and culturally and linguistically diverse workers.

Growing focus and investments support social connection in health.

2024 SHARE projects showed a growing trend to address wellness and connectedness of communities. These projects offered social and supportive opportunities for diverse communities, acknowledging the importance of connection between systems as well as individuals. Projects focused on social emotional health for children and parents, reducing isolation for older adults or homebound individuals, culturally specific education and improving public spaces where people can gather (see examples in project focus areas above).

The increasing focus on social connection reflects both local and national calls for investment. In 2024 plans, seven CCOs reported well-being and social connection as an example of alignment with CHP priorities. The growing national recognition of the impact of loneliness on health also drives these investments, spurred by both the COVID-19 pandemic and the former Surgeon General's 2023 focus on combatting loneliness and increasing social connection.

As CCOs continue to invest in broader, cross-sector coordination, it will be important to continue building connections between systems at local levels.

Appendix A: Terms and definitions

These terms are frequently used throughout the spending plan summary:

- **Community advisory council (CAC)**: A CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of OHP members and advises the CCO on how to improve health quality and services in their community. Each CCO has at least one CAC and is contractually required to designate a role for the CAC in various decisions, including SHARE spending.
- **Community health improvement plans (CHPs)**: Long-term, systematic efforts to address public health problems based on community health assessments. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate resources. A CHP is critical for developing policies and identifying actions to promote health and define the vision for the health of the community. CHPs use a collaborative process that addresses community strengths, weaknesses, challenges and opportunities.
- **Coordinated care organization (CCO):** A CCO is a network of health care providers who work in their local communities to serve OHP members. Oregon has 16 CCOs.
- **SDOH-E partner:** A single organization, local government, one or more of the Nine Federally Recognized Tribes of Oregon, the Urban Indian Health Program or a collaborative that delivers SDOH-E related services or programs, supports policy and systems change, or both, within a CCO's service area.
- **SHARE designation:** The total dollar amount a CCO commits to contributing to SHARE for a given year, referred to as **SHARE commitment** in this summary; the designation amount must be the same or more than the CCO's SHARE obligation for that year, as defined by OAR 410-141-3735.
- **SHARE obligation:** The minimum dollar amount a CCO is required to contribute to SHARE for a given year, based on the formula set by OAR 410-141-3735.
- **SHARE projects:** Individual projects within a CCOs' SHARE spending plan.

- **SHARE spending plan:** A plan submitted by CCOs to OHA that details how SHARE dollars will be spent, including priorities, projects and partners, proposed budgets and other required information.
- **Social determinants of health and equity (SDOH-E):** SDOH-E, as defined by OHA in OAR 410-141-3735, encompasses three interrelated terms:
    - **Social determinants of health (SDOH):** The social, economic and environmental conditions in which people are born, grow, work, live and age, which are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.
    - **Social determinants of equity (SDOE):** Systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels; institutional bias; discrimination; racism and other factors.
    - **Health-related social needs (social needs):** An individual's social and economic barriers to health, such as housing instability or food insecurity.

Appendix B: Common areas of CAC involvement by CCO*

CCO	CAC will have a role in ongoing monitoring of SHARE projects	CAC members reviewed SHARE proposals and made recommendations to CCO leadership	CAC members recommended organizations to fund using SHARE dollars	CAC created or approved the overall SHARE decision-making process	CAC determined SHARE priority areas	CAC developed a scoring rubric for reviewing SHARE proposals	CAC made final SHARE project funding decisions
Advanced Health	✓		✓		✓		
AllCare CCO	✓	✓	✓	✓			
Cascade Health Alliance	✓	✓	✓		✓		
Columbia Pacific CCO	✓	✓	✓				
Eastern Oregon CCO	✓	✓	✓			✓	
Health Share	✓	✓	✓	✓			
InterCommunity Health Network	✓	✓	✓	✓	✓	✓	✓
Jackson Care Connect		✓		✓	✓		
PacificSource: Central Oregon	✓			✓			
PacificSource: Columbia Gorge	✓	✓					
PacificSource: Lane	✓		✓	✓	✓		
PacificSource: Marion Polk	✓	✓	✓	✓	✓	✓	
Trillium: Tri-County	✓	✓					✓
Trillium: Southwest	✓	✓			✓		✓
Umpqua Health Alliance	✓	✓					
Yamhill CCO	✓	✓	✓				

*This table includes common ways CACs were involved in CCOs' SHARE spending processes, as reported in CCOs' SHARE spending plans. This table does not represent all the ways CACs are involved in SHARE.

Appendix C: 2024 SHARE project summaries by CCO

See summaries of all 2024 SHARE projects by CCO, including partner names, dollar amounts, project descriptions and funded activities.

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