2022 SHARE Initiative Detailed Spending Report CCO: AllCare Health

Instructions: Describe all SHARE funds your CCO spent January 1–December 31, 2021. Submit your completed table to CCO.MCODeliverableReports@dhsoha.state.or.us by June 30, 2022. Questions? Please contact Transformation.Center@dhsoha.state.or.us

Paid to [SDOH-E partner name or "CCO internal"]	Project, program or initiative associated with payment	Brief description of services or infrastructure to address SDOH-E *See spending exclusions below	Total amount committed	Amount paid through December 31, 2021	Note braided/supplementary funding from other sources, if applicable	Confirm spending has NOT (and will not) be counted as health-related services
AllCare Community Foundation	J	Glencrest Village will be a permanent, affordable housing community developed under the City of Grants Pass Cottage Development Code. The village is designed to house 12 households or up to 60 people. Glencrest Village could serve as a complimentary part of the housing continuum to local transitional housing programs such as Foundry Village, Welcome Home Oregon, or Women's Crisis Support Team, as people are transitioning from supported transitional housing to independent, affordable rentals toward market rate housing or home ownership. A 2+acre parcel of land has been committed for a donation to provide a basis for 12 cottages that would offer housing at rates significantly below market and at 30% of AMI for individuals and families that do not have access to conventional housing This project located at 220 Glencrest Way would serve both Grants Pass and Josephine County. It is located within the Urban Growth Boundary of Grants	\$100,000	100,000	Anonymous donation (\$325,000 secured), various donors (\$25,000 secured), State and Federal Grants (\$250,000 pending), Commerical Loans (\$350,000 pending).	
				100,000		

*Note - SHARE Initiative dollars must be segregated for SHARE Initiative spending only. SHARE dollars may not be spent on:

- · Medicaid-covered services (a CCO may not count expenses that are factored into its global budget);
- Expenses that have been reported separately, such as health-related services (a CCO may not double-count spending);
- · General administrative costs that are not directly related to a SDOH-E and/or health disparities related initiative;
- General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison);
- · Sponsorships/advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- · Costs for SDOH-E related research where findings are only used internally, only by another private entity, or are proprietary;
- Educational or promotional items or goods for the purpose of general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- · Political campaign contributions; or
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E
 objectives).