2024 Annual SHARE Initiative Spending Plan Template

Due: December 31, 2024

Overview

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

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

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

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

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

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

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

SHARE Initiative Reporting

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

2024 SHARE Initiative Spending Plan Template

CCO name: **AllCare Health**

CCO contact: **Jenifer Gustafson**

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

Section 1: SHARE Initiative Designation

1. **What is the dollar amount of your CCO's SHARE Initiative designation represented in this spending plan? This amount must meet or exceed your CCO's designation amount recorded in cell G40 in [Exhibit L](#) – *Report L6.7.* If the amount does not match, please explain.**
   $1,233,367.00

Section 2: SHARE Initiative Spending Plan

Spending plan project summaries

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

   AllCare Health has chosen to support 10 of the 21 requested SHARE projects for 2024. Each grant addresses a specific Community Health Improvement Plan (CHP) priority area across AllCare's entire service area of Josephine, Southern Douglas, Jackson, and Curry County. The priority areas include the following:
   - Behavioral Health
   - Housing
   - Parenting Support and Life Skills
   - Health Equity

   Josephine, Jackson, & So. Douglas County CHP can be found at:
   [https://www.allcarehealth.com/media/d54lzijk/all-in-for-health-chip-2019.](#)pdf

2024 SHARE Initiative Spending Plan Template

Project #	Project name	Brief project description, including project goals, objectives and expected outcomes	Is this a housing project? If yes, indicate project type.[1]	SDOH-E domain	Populations served (list)[2]
1	Workforce Development Fast-Track	These funds will be used to start a new fast track educational training program to address staffing shortages in local early learning programs in Southern Oregon by recruiting and training entry level assistants and advancing higher educators into teaching programs. A minimum 15 students will complete the RCC ECE Basic Career Pathways Certificate and achieve a Step 7 on the Oregon Registry (ORO). A minimum of 10 students who will complete the RCC ECE Intermediate Career Pathways Certificate and achieve a Step 8 or higher on the Oregon Registry and become teacher qualified. This investment addresses a childcare workforce shortage in Southern Oregon by decreasing the education timeline supporting workforce development, provide navigation assistance, work related internships and employment opportunities. Historically, most program participants are first-generation college students and non-traditional students.	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☐ Economic stability ☒ Education ☐ Social and community health	Children and Families; Non-English-speaking individuals; People living in rural area, identify as LGBTQ+, have disabilities, and/or low incomes.

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

| 2 | RFU Commercial Kitchen Build-Out | These funds will be used for the continued development of a Southern Oregon commercial kitchen for individuals who have been impacted by disaster and/or need healthy ready-to-eat meals to combat food insecurity.

This project will support nutritional needs for individuals impacted by various emergency and natural disasters. The National Institute of Health promotes freeze-dried meals as an effective way to stay fed during an emergency. This will be done by providing hot, cold and freeze-dried, ready-to-eat meals (MREs) made with local, organic, healthy ingredients. RFU is striving to create a better feeding standard in times of disaster. The meals will be distributed statewide and placed in all 36 counties. Additionally, this model supports positive economic impacts of sourcing food locally. | ☐ Housing services and supports
☐ Permanent supportive housing
☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing): | ☒ Neighborhood and built environment
☒ Economic stability
☐ Education
☒ Social and community health | Individuals impacted by disasters; Non-English-speaking individuals, and People living in rural area, identify as LGBTQ+, have disabilities, and/or low-income families, children and youth. |
| 3 | Riviera Mobile Park Cooperative Preservation | This project will provide the capital support to develop a cooperative 103-space homeownership manufactured dwelling park for senior 55+ at or below 80% of the Area Median Income.

This cooperative manufacturing home model results in lower lot rents, higher average home sales prices, and greater housing stability compared to residents in investor-owned parks. It allows residents greater control over the operation and management of their manufactured dwelling parks, cooperative governance structures promote social inclusion, community engagement, resident agency, and the cultivation of leadership skills. | ☐ Housing services and supports
☐ Permanent supportive housing
☒ Other (write in; for example, transitional housing, emergency shelter, affordable housing): Permanent senior housing | ☒ Neighborhood and built environment
☐ Economic stability
☐ Education
☒ Social and community health | Seniors; Veterans; Non-English-speaking individuals; and People living in rural area, identify as LGBTQ+, have disabilities, and/or low incomes. |

4	Southern Oregon School-Based Teen Recovery Services	SOESD is preparing to apply for ODE authorization to open a Recovery High School in our region and seeks assistance with funding a program manager/administrator. Our project leverages evidence-based practices for behavioral change, coping skills, habit formation, and resilience to support youth in recovery by bringing recovery services directly to the students. This creates a nurturing and effective environment for students in recovery, promoting lasting behavioral change and resilience. The expected outcomes and objectives are: Improved retention rates, improved relationships between students, teachers, and parents, increased school attendance rates, great academic performance, and outcomes, and improved graduation rates.	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☐ Economic stability ☐ Education ☒ Social and community health	At-risk Youth; Youth and Families; At-risk Youth who identify as LGBTQ+; Non-English-speaking individuals; Rural communities w/At-risk youth; Individuals with BH needs; and People with low incomes.
5	Gold Beach Skate Park	This funding will support the expansion of the Gold Beach Bullfrog Skate Park to benefit the skating community, local and visiting families, and pedestrians in Gold Beach, as well as the local economy. Further development of the Bullfrog Skate Park would greatly expand access by reducing the skill level necessary to utilize the skate park, address riparian improvements to Dean Creek, as well as increase connectivity to the adjacent city-owned Buffington Park - while providing outdoor recreational opportunities for locals and tourists. By creating a more family-friendly and accessible environment, improving the scenic value and connectivity between natural spaces, and ensuring safe pedestrian access, the entire City of Gold Beach benefits from improvements to currently	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☒ Neighborhood and built environment ☐ Economic stability ☐ Education ☒ Social and community health	At-risk Youth; At-risk Youth who identify as LGBTQ+; People who identify as LGBTQ+; Mothers and children; Non-English-speaking individuals; Rural communities; Rural communities w/ People with disabilities; Rural communities

		underutilized space. A skatepark is a safe place for individuals and groups to challenge themselves, to encourage and be encouraged, to set and achieve their own goals while learning to manage risk along the way. It's a place where people build healthy habits like self-directed exercise and creative expression. It's a place where people learn how to persevere and the value of persistence. A place to experience accomplishment and build confidence. A skatepark is an attractive, accessible and safe recreational facility for all. Skateboarding is the third most reported interest for high school students, 24% of girls, and 17% of boys (Aspen Institute National Student Survey Analysis2021). The expected outcome will be to increase use of the park by residents and tourists, but especially children of various skill levels, which will be measured by the number of people visiting the park at random intervals.			w/At-risk youth; and Low-Income families.
6	Grants Pass Emergency Lodging	OnTrack is requesting funding to support the purchase and renovation costs of our new Emergency Lodging/Low (EL) Barrier substance housing facility. EL provides temporary housing for individuals who are unhoused and on the waiting list for residential treatment or withdrawal management (detox) due to substance use. This type of setting will be a low barrier, single occupancy rooms. This model saves lives, helps people move off the streets and increases efficiency and utilization of treatment beds. It allows coordination for intakes and discharges between jails, detox, residential treatment, and other high-cost settings without the person being returned to the streets between levels of care. This model uses evidence-based practices utilized in other states and	☒Housing services and supports ☐ Permanent supportive housing ☒ Other (write in; for example, transitional housing, emergency shelter, affordable housing): emergency Lodging/Low (EL) Barrier transitional housing for individuals waiting residential treatment services.	☒ Neighborhood and built environment ☒ Economic stability ☐ Education ☒ Social and community health	Non-English-speaking individuals, Houseless individuals, Rural communities; Rural communities w/ People with disabilities; Individuals with BH needs; and Low-Income families.

		countries including Housing-First, Harm Reduction, peer support, case management/warm hand off models. We do not require people to stop using substances when they come into emergency lodging. This Emergency Lodging program is designed to address gaps in Oregon's continuum of care. Oregon is consistently ranked last in the nation for access to substance use and mental health treatment and recent studies show that Oregon needs more than 3,000 additional treatment beds to meet the needs. Waitlists for residential treatment is typically months long and for people who are unhoused, treatment often feels hopeless. This will be our third emergency lodging site and the first in Josephine County. We opened our first site in partnership with Oasis last in July 2023 (6 beds) and our second site in February of 2024 (10 beds). Program outcomes will track the number of individuals served, program transition type, treatment outcomes, and demographics including race, ethnicity, gender, age, veteran's status, etc.			
7	Medford Tiny Homes	Kairos is seeking funding to build 5 tiny homes for young adults aging out of foster care or Residential Treatment Homes (RTHs). The young adults will be able to reside in a tiny home for approximately 9 months. This will provide safe and stable housing with a community center Onsight, be centrally located near Outpatient Treatment services, and access to public transportation. Stable housing will give young adults the opportunity to focus on their mental health and building other adult skills. The intended outcomes are to provide measure housing stability, education and financial health, provide youth with	☒Housing services and supports ☐ Permanent supportive housing ☒ Other (write in; for example, transitional housing, emergency shelter, affordable housing): Short-term housing for youth aging out of foster care and/or residential services.	☒ Neighborhood and built environment ☒ Economic stability ☒ Education ☒ Social and community health	At-risk Youth; At-risk Youth who identify as LGBTQ+; Youth with BH needs; Young adults transitioning out of foster care; Homeless youth; and young adults transitioning out of residential treatment.

		a rental history, increase independent living skills, improve access to employment and educational opportunities, and maintain a continuum of care to services. Kairos will be utilizing Feedback Informed Treatment to measure outcomes.			
8	Peer Support Services	These funds will be used for non-covered peer led support groups and non-covered individual services provided by Journey Home Support Services held in a rural, culturally responsive setting. Groups include socializing support for older adults (60+), grieving support for individuals experiencing loss, suicide and overdose loss support, and mindfulness skills building for individuals not engaged in BH services. Other peer led support groups include a safe socialization space for BIPOC community members, support for individuals experiencing chronic pain, psychiatric survivors, gender-specific support and social groups, parental recovery support, anxiety support, and a harm reduction education outside of traditional BH services. The population of the Illinois Valley is chronically underserved. This funding will assist in sustaining these programs and providing much needed non-traditional support services. The services provided are being offered by credentialed and certified Peer Support Specialists (PSSs), and Community Health Workers (CHWs) in a non-traditional and non-covered setting. Traditionally, CHWs share a community and a sociocultural sense of peer status with the persons they serve and have been described as cultural peers. PSSs share a peer status with those they serve that is based on their experience living while promoting wellness and recovery. From Advanced Care Planning to various support services outside of a medical and BH billing setting (Source:	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☐ Neighborhood and built environment ☐ Economic stability ☐ Education ☒ Social and community health	People living in rural area, identify as LGBTQ+, have BH needs, have disabilities, and/or low-income families, children and youth.

		https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600378). Measurable outcomes include utilizing a needs assessment with participants, providing participants with the UCLA Loneliness Scale, and documenting outgoing referrals to community services to help individuals address their health-related social needs.			
9	Cow Creek Sunny Wolf (CCSW) Community Center	These funds will be used to purchase property to be used as a community center to serve the rural So. Douglas community of Glendale. The community center will co-locate first time services, services no longer available, and current active services for this demographically challenged town that services multiple neighboring rural communities such as Wolf Creek, Azalea, and Sunny Valley. Services will include youth programs, education classes and after-school support for students, food distribution, a fitness center, childcare, and community partnerships services (DHS, Vet Center, a police sub-station, etc.). Community center activities provide valuable support for health and well-being. Several aspects of these activities contribute to these positive outcomes. Community centers running programs have strong referral and recommendation ties with healthcare providers and other partner agencies. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709358/ Metrics will include the number of individuals served by each service and the frequency of sustained engagements facilitated. An estimated 500 community members are expected to be served, and that number is anticipated to increase over time.	☐ Housing services and supports ☐ Permanent supportive housing ☐ Other (write in; for example, transitional housing, emergency shelter, affordable housing):	☒ Neighborhood and built environment ☒ Economic stability ☒ Education ☒ Social and community health	At-risk Youth; At-risk Youth who identify as LGBTQ+; People who identify as LGBTQ+; Mothers and children; Rural communities; Rural communities w/ People with disabilities; Individuals with BH needs; and Low-Income families.

| 10 | Parker's Place | The funding will be used to support the purchase of a building and lot located in Grants Pass which houses a navigation center, will support future navigation offices, the current warming and cooling shelter and the land to develop a tiny home village. MINT currently provides trauma informed care supports to anyone experiencing housing instability and houselessness, connection with social services both through our warm hand-off and by social service agency presence in the shelter, food/drink and non-covered behavioral health. Additionally, we hope to develop an Emergency Shelter Building aimed at hosting 40 beds to provide temporary relief and support to individuals experiencing houselessness.

We keep careful documentation of our Resource Center at this time with sign-in sheets. Measurable outcomes are tracked based on referral outcomes, housing successes, resource navigation carefully tracked by staff and volunteers. | ☒Housing services and supports
☐ Permanent supportive housing
☒ Other (write in; for example, transitional housing, emergency shelter, affordable housing): Emergency shelter, and low-barrier transitional housing. | ☒ Neighborhood and built environment
☒ Economic stability
☐ Education
☒ Social and community health | Non-English-speaking individuals, Houseless individuals, Rural communities; Rural communities w/ People with disabilities; Individuals with BH needs; and Low-Income families. |

CHP/statewide priorities

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

Project 1: Workforce Development Fast-Track

Parenting and Life Skills:
- Help families feel cared for and stronger through building family protective factors;
- Parenting and Life Skills: Improve services by finding ways to work together; and/or
- Make sure families can get access to safe, accessible, and affordable childcare.

Healthy Communities:
- Invest in workforce development and higher education opportunities for priority populations;
- Strengthen economic development, employment and small business growth in underserved communities;
- Build family resiliency through trainings and other interventions;
- Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving; and/or

- Expand evidence based and culturally and linguistically responsive early childhood home visiting programs.

Project 2: Rogue Food Unites

Parenting and Life Skills:

- Make healthy, nutritious food more available.

Food and Nutrition:

- Help people worry less about their food; and/or
- Make healthy, nutritious food more available

Workforce and Economic Development:

- Educate people about poverty and programs related to reducing poverty.

Healthy Communities:

- Build climate resilience among priority populations; and/or
- Strengthen economic development, employment and small business growth in underserved communities.

Housing and Food:

- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities;
- Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities; and/or
- Maximize investments and collaboration for food related interventions.

Project 3: Riviera Mobile Park Cooperative Preservation

Equity and Justice

- Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.

Healthy Communities

- Center BIPOC-AI/AN communities in decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods; and/or
- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.

Housing and Food:

- Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities; and/or
- Increase homeownership among BIPOC-AI/AN through existing and innovative programs.

Project 4: Southern Oregon School-Based

Behavioral Health:

- Lessen the pain of people who have been badly hurt emotionally. Help them to be stronger when facing future problems;
- Help young people and older adults feel less alone;
- Teach the community how to kindly accept and help people who need behavioral health

services;
- Make sure there is information and places they can turn to for help;
- Prevent use and misuse of substances;
- Find ways the community can reduce the harm that happens with behavioral health and substance use;
- Improve ways to get behavioral health and addiction services. Find better ways to combine with other services; and/or
- Improve integration between behavioral health and other types of care.

Healthy Communities:
- Expand culturally and linguistically responsive community-based mentoring and peer delivered services; and/or
- Invest in workforce development and higher education opportunities for priority populations.

Healthy Families:
- Build family resiliency through trainings and other interventions.

Healthy Youth:
- Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.

Project 5: Gold Beach Skate Park

Youth and Seniors:
- Help young people and older adults feel less alone; and/or
- Lessen the pain of people who have been badly hurt emotionally; and/or
- Help them to be stronger when facing future problems.

Healthy Communities:
- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.

Project 6: Grants Pass Emergency Lodging

Behavioral Health:
- Find ways the community can reduce the harm that happens with behavioral health and substance use;
- Improve ways to get behavioral health and addiction services;
- Improve integration between behavioral health and other types of care;
- Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment; and/or
- Find better ways to combine with other services.

Housing:
- Increase the number of people living in homes that are safe, accessible, and are helped by social services.

Project 7: Medford Tiny Homes

Behavioral Health:
- Improve ways to get behavioral health and addiction services. Find better ways to combine

with other services; and/or

- Improve integration between behavioral health and other types of care.

Housing:

- Increase the number of people paying 30% or less of what they earn on housing; and/or
- Increase the number of people living in homes that are safe, accessible, and are helped by social services.

Healthy Communities:

- Co-locate support services for low-income people and families at or near health clinics;
- Expand culturally and linguistically responsive community-based mentoring and peer delivered services; and/or
- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.

Project 8: Peer Support Services

Behavioral Health:

- Find ways the community can reduce the harm that happens with behavioral health and substance use;
- Help young people and older adults feel less alone;
- Improve ways to get behavioral health and addiction services;
- Find better ways to combine with other services;
- Lessen the pain of people who have been badly hurt emotionally;
- Help them to be stronger when facing future problems;
- Prevent use and misuse of substances;
- Teach the community how to kindly accept and help people who need behavioral health services; and/or
- Make sure there is information and places they can turn to for help.

Parenting and Life Skills:

- Help families feel cared for and stronger through building family protective factors; and/or
- Improve services by finding ways to work together.

Project 9: CCSW Community Center

Behavioral Health:

- Find ways the community can reduce the harm that happens with behavioral health and substance use;
- Help young people and older adults feel less alone;
- Improve ways to get behavioral health and addiction services. Find better ways to combine with other services;
- Lessen the pain of people who have been badly hurt emotionally. Help them to be stronger when facing future problems;
- Prevent use and misuse of substances;
- Teach the community how to kindly accept and help people who need behavioral health services and/or
- Make sure there is information and places they can turn to for help.

Parenting and Life Skills:

- Help families feel cared for and stronger through building family protective factors;
- Make healthy, nutritious food more available; and/or
- Make sure families can get access to safe, accessible, and affordable childcare.

Project 10: MINT's Parker's Place

Behavioral Health:

- Find ways the community can reduce the harm that happens with behavioral health and substance use;
- Help young people and older adults feel less alone;
- Improve ways to get behavioral health and addiction services;
- Find better ways to combine with other services;
- Lessen the pain of people who have been badly hurt emotionally;
- Help them to be stronger when facing future problems;
- Prevent use and misuse of substances;
- Teach the community how to kindly accept and help people who need behavioral health services; and/or
- Make sure there is information and places they can turn to for help.

Health Equity:

- Help people go to their doctor more often instead of using the Emergency Department.

Housing:

- Increase the number of people paying 30% or less of what they earn on housing; and/or
- Increase the number of people living in homes that are safe, accessible, and are helped by social services.

Oral Health:

- Do a better job sharing with people how important dental health is to overall health and wellness.

Parenting and Life Skills:

- Improve services by finding ways to work together.

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

AllCare supports four unique housing-related projects for this year's SHARE Initiative Plan. These include a cooperative 103-space homeownership manufactured dwelling park for senior 55+ at or below 80% of the Area Median Income (Project 3-Riviera Mobile Park Cooperative), an Emergency Lodging/Low (EL) Barrier temporary housing for individuals who are unhoused and on the waiting list for residential treatment or withdrawal management (detox) due to substance use (Project 6- Grants Pass Emergency Lodging), 5 tiny homes for young adults aging out of foster care or Residential Treatment Homes (Project 7-Medford Tiny Homes), and property acquisition for a housing navigation center, an Emergency Shelter Building aimed at hosting 40 beds, and an adjacent property to develop a tiny home village (Project 10-Parker's House).

2024 SHARE Initiative Spending Plan Template

SDOH-E partners and agreements

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

> A) **Identify each SDOH-E partner that will receive a portion of SHARE Initiative funding.**
> B) **Identify the total SHARE budget (dollar amount) being allocated to the partner.**
> C) **Briefly describe how the partner will be using the SHARE funds.**
> **Note:** For each partner, your CCO must have a partner agreement in place that meets requirements in guidance. You don't need to submit the agreements to OHA.

Project # (match above)	Partner name	SHARE budget to partner ($)	Partner agreement	Describe the specific items, activities or services being funded with SHARE
1	Southern Oregon Early Learning Hub	$30,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Personnel & Training Expenses-$30,000.00
2	Rogue Food Unites	$100,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover kitchen equipment expenses and contractor costs. Kitchen Equipment-$27,000.00 Contractor Expenses-$73,000.00
3	Riviera Mobile Park Cooperative	$250,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Property Acquisition-$100,000.00
4	Southern Oregon Education Service District	$75,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Personnel & Administrative-$75,000.00
5	Gold Beach Skate Park	$160,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Materials & Supplies-$65,000.00 Construction Labor-$72,500.00 Heavy Equipment-$20,400.00 Administrative-$2,100.00
6	OnTrack Rogue Valley	$248,367.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Property Acquisition-$248,387.00
7	Kairos Northwest	$70,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Property Acquisition-$70,000.00

8	Journey Home Support Services	$100,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Personnel & Administrative-$100,000.00
9	Glendale Mat Club	$100,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Property Acquisition-$100,000.00
10	MINT	$100,000.00	☒ Yes ☐ No	These funds will be paid in full upon OHA approval to cover the following: Property Acquisition-$100,000.00

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

Partner selection and community advisory council (CAC role

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

   B. **Briefly describe what steps were taken to identify and select partners and who was involved (for example, CCO leadership, CCO staff, committee, advisory group, CAC). Be sure to include your CAC's designated role in SHARE Initiative spending decisions.** (If applicable, also describe the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)

AllCare Health proudly works to support innovative, community-based projects with SDOH-E (Social Determinants of Health and Equity) partners that seek to improve the health of our community that align with Community Health Improvement Plan (CHP) strategies, SHIP goals, and AllCare's Health Equity Plan. Each year, this is successfully done by having one community grant application available to partners year-round. This is a versatile grant application that can be used for SHARE projects. AllCare attempts to keep grant application processes simple, equitable, and consistent for community partners across AllCare's four county service areas. The application link can be found on AllCare's website, and is shared multiple times throughout the year on social media, community forums, Community Advisory Council (CAC) meetings, and at various internal and external stakeholder meetings: https://app.smartsheet.com/b/form/fc3da7fbd8724920b958f0d2d2dbaf2d

Once applications are received, each application is reviewed, making sure SHARE requirements are met. If an application meets SHARE requirements, the application is then assessed further by AllCare's

Community Health Integration Team, all CAC members, and additional staff who offer expertise and insight in the funding decision for the following areas: Behavioral Health, Oral Health, Health Equity and Inclusion, Tribal Representation, Climate and Emergency Preparedness Health, Prioritized Populations, and SDOH-E.

This year AllCare is recommending all SHARE Initiative projects be funded to support a 100% equitable spending plan for grants received spanning across AllCare's entire service area in Josephine, Southern Douglas, Jackson, and Curry County. Each SHARE Initiative project represents a unique need for the communities being served. These are important community projects that have been discussed by community members in town halls, public meetings, community events, and other public venues.

Section 3: Additional details

8. **If the project or initiative requires data sharing, <u>attach</u> a proposed or final data-sharing agreement that details the obligation for the SDOH-E partner to comply with HIPAA, HITECH and other applicable laws regarding privacy and security of personally identifiable information and electronic health records and hard copies thereof. Does the project require data sharing?**
   ☐ Yes ☒ No

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