

## 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
  - **Annual SHARE Initiative Designation** in [Exhibit L, Report L6.7](#) to identify its SHARE Initiative designation based on the *prior year's financials*.
  - **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.
  - **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:** Cascade Health Alliance

**CCO contact:** Chanel Smith, Director of Health Equity & Quality

### 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.

\$500,000

### 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.

Project #	Project name	Brief project description, including project goals, objectives and expected outcomes	Is this a housing project? If yes, indicate project type. <sup>1</sup>	SDOH-E domain	Populations served (list) <sup>2</sup>
1	Community Wellness Hub	The Community Wellness Hub is a mobile resource center designed to bring essential services and support directly to underserved communities. This initiative focuses on engaging with rural residents, homeless individuals, Native communities, and migrant workers through outreach in remote areas, homeless	<input type="checkbox"/> Housing services and supports <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing):	<input type="checkbox"/> Neighborhood and built environment <input type="checkbox"/> Economic stability <input type="checkbox"/> Education <input checked="" type="checkbox"/> Social and community health	Rural Residents, Homeless Individuals, Native Communities, Migrant & Seasonal Workers

<sup>1</sup> For definitions of “housing services and supports” and “permanent supportive housing,” see the [SHARE guidance document](#).

<sup>2</sup> If applicable, please use standardized race, ethnicity, language and disability (REALD) categories (see [REALD form](#)).

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		<p>encampments, and community gatherings. The Hub will provide screenings for Social Determinants of Health (SDOH) needs, offer education on resources and resilience-building, and connect individuals to services such as housing, food assistance, hygiene supplies, and clothing support. Preventative services will include blood pressure and glucose checks, basic vision and hearing screenings, nutrition counseling, and health education workshops. Additionally, the Hub will play a pivotal role in disaster response, acting as a centralized resource for coordination, basic first aid, and support during emergencies.</p>			
2	Sober Living Home	<p>Tayas Yawks specializes in providing culturally responsive services rooted in Native American traditions and community values. The Sober Living House initiative seeks to create a stable, supportive environment for individuals with criminal or drug-related backgrounds who are transitioning back into society after incarceration or substance use treatment. This project emphasizes peer support, job resources, and cultural programming to foster recovery, reduce recidivism, and promote successful reintegration into the community.</p> <p>The house offers a safe and inclusive space for up to seven residents, focusing on family values, care, and concern as central principles. Additional funding will be used to enhance the facility with energy-efficient upgrades and ADA-compliant features, ensuring accessibility for all. This initiative addresses</p>	<input type="checkbox"/> Housing services and supports <input type="checkbox"/> Permanent supportive housing <input checked="" type="checkbox"/> Other (transitional housing)	<input checked="" type="checkbox"/> Neighborhood and built environment <input type="checkbox"/> Economic stability <input type="checkbox"/> Education <input type="checkbox"/> Social and community health	<p>Individuals with Criminal Backgrounds, Individuals recovering from substance use, Native American and Alaska Native Communities</p>

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		systemic barriers to housing and supports American Indian and Alaska Native populations, strengthening community ties and promoting equity.			
3	Mobile Dental Hub	<p>Konnect Dental Kare (KDK) proposes the expansion of its community-based dental outreach program by introducing a mobile dental unit to serve underserved populations in Klamath County. This initiative focuses on providing preventative and urgent dental care, oral health education, and outreach to rural areas and non-traditional healthcare settings, including schools, skilled nursing facilities, dialysis centers, and chemotherapy clinics. The mobile unit will be equipped with one or two operator's to expand outreach capacity, allowing KDK to deliver services such as preventative screenings, sealant and fluoride treatments, urgent dental care, and oral health education directly to the community.</p> <p>The initiative aims to visit at least 20 locations annually, serving approximately 2,000 individuals and conducting educational workshops on oral hygiene for at least 500 attendees. Partnerships with local schools and community organizations will help optimize outreach, ensuring services are tailored to meet the unique needs of the community. By focusing on preventative care and education, the project addresses health disparities and promotes improved oral health literacy in rural and underserved populations.</p>	<input type="checkbox"/> Housing services and supports <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing):	<input type="checkbox"/> Neighborhood and built environment <input type="checkbox"/> Economic stability <input type="checkbox"/> Education <input checked="" type="checkbox"/> Social and community health	Children in Rural Communities, Elderly/disabled individuals, Underserved Rural populations
4	THW	This project aims to empower	<input type="checkbox"/> Housing services	<input type="checkbox"/> Neighborhood	Traditional

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	Educational Grant Fund	<p>Traditional Health Workers (THWs) in Klamath County by ensuring they have access to essential training programs and resources to enhance their skills and effectiveness. THWs play a critical role in providing peer support and guiding community members through social services, often acting as a bridge between individuals and the resources they need.</p> <p>Grants will be provided to cover the costs associated with statewide training programs, including course fees, travel, and meals. By removing financial barriers, this initiative ensures that THWs can focus on gaining valuable knowledge and skills, enabling them to better serve their communities and improve overall outcomes for those they assist.</p> <p>This project supports the professional development of THWs and strengthens the social support network in Klamath County.</p>	<p>and supports</p> <p><input type="checkbox"/> Permanent supportive housing</p> <p><input type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing):</p>	<p>and built environment</p> <p><input type="checkbox"/> Economic stability</p> <p><input checked="" type="checkbox"/> Education</p> <p><input checked="" type="checkbox"/> Social and community health</p>	<p>Health Workers and Communities served by THWs (underserved populations in a rural area)</p>
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### 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.**

Equity; Food Insecurity; Health Promotion: Access to Services; Mental Health; Substance Use; Housing

- 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).

CHA's SHARE plan addresses the statewide priority of housing-related services and supports through Project 2: Sober Living Home, which provides culturally responsive, stable, and supportive transitional housing. This project specifically helps individuals with criminal or drug-related backgrounds who have completed substance use treatment programs. By addressing housing instability and reducing recidivism, the Sober Living Home aligns with the priority of helping people find and maintain stable housing.

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The project includes funding to pay off the mortgage for the home, ensuring its long-term availability as a resource for up to seven residents at a time. Additional investments in energy-efficient heating and cooling systems, as well as ADA-compliant sidewalks, improve the accessibility and sustainability of the property. The initiative also focuses on fostering a sense of community and resilience through culturally informed peer support and job resource services, empowering residents to transition successfully into independent living and long-term housing stability.

This approach reflects CHA's commitment to addressing systemic barriers to housing while supporting equity and inclusion in underserved communities.

### 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	Sky Lakes	\$165,000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase of a mobile unit equipped for SDOH screenings, resource navigation, and educational outreach. Supplies for preventative services such as blood pressure cuffs, glucose monitors, and wellness kits. Personal Hygiene Kits Meal Boxes Educational materials for resilience-building and disaster preparedness workshops. Operational expenses for rural outreach and disaster response activities.
2	Tayas Yawks	\$147,000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage payoff to secure long-term availability of transitional housing. Energy-efficient heating and cooling system upgrades for sustainability. Installation of ADA-compliant sidewalks and walkways to improve accessibility. Cultural programming and peer support activities to foster a sense of community and resilience.
3	Konnect Dental Kare	\$128,000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase of a fully equipped mobile dental unit to expand service capacity. Supplies for preventative care, including sealants and fluoride varnish, for community outreach.

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				<p>Oral health education materials and workshop facilitation.</p> <p>Operational costs for outreach services in schools, skilled nursing facilities, and community events.</p> <p>Community-wide services and education</p>
4	Klamath County LADPC	\$60,000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Training program fees for THWs to enhance their professional skills.</p> <p>Travel expenses, including transportation and lodging, for attending statewide training events.</p> <p>Meal costs incurred during training to remove financial barriers.</p> <p>Educational materials and certifications required for skill development and effectiveness in their roles.</p>

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

If yes, which ones? CHA has a provider agreement in place for Sky Lakes and Konnect Dental Kare.

However, the scope of the projects/programs outlined above are outside of the scope of such contract agreements and separate SDOH-E Grant Agreements were completed for this specific work.

### 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.)**

The selection process for SDOH-E partners in this SHARE Initiative Spending Plan began with the Health Equity Director soliciting input from CHA's Community Advisory Council (CAC) to identify priority areas and recommend potential partner organizations. Based on this guidance, CHA conducted proactive outreach to suggested partners and invited funding applications. Once received, the applications were internally reviewed by the Health Equity Manager, Director of Health Equity & Quality, and CHA's Executive Leadership Team using SHARE Initiative criteria to assess alignment with community needs and feasibility.

The CAC then reviewed the shortlisted proposals, providing valuable feedback and suggestions for improvement or closer monitoring. Their input was integral to finalizing the proposals, which were

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subsequently approved by the CHA Board. Looking ahead, CHA has developed a scoring rubric for the CAC to use in 2025 to evaluate grant proposals, including SHARE initiatives, ensuring a transparent and community-informed selection process. The CAC will continue to play an active role in monitoring projects through routine updates and providing ongoing feedback to enhance project outcomes.

### **Section 3: Additional details**

8. If the project or initiative requires data sharing, attach a proposed or final data-sharing agreement that details the obligation for the SDOH-E partner to comply with HIPAA, HITECH and other applicable laws regarding privacy and security of personally identifiable information and electronic health records and hard copies thereof. Does the project require data sharing?

☐ Yes ☒ No

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.

[Click here to enter text.](#)