2022 Annual SHARE Initiative Spending Plan Template

Due: December 31, 2022

Overview

The SHARE Initiative (Supporting Health for All through Reinvestment) was created through Enrolled Oregon House Bill 4018 (2018) and requires 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.

In accordance with 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. According to contract requirements, a CCO's annual SHARE Initiative designation must be spent down within three years[1] of OHA's approval of the same year's SHARE Initiative spending plan; a one-year extension may be requested (four years total).

For contract years 2020 and 2021, CCOs that exceed minimum financial requirements are expected to define their own SHARE Initiative portion in compliance with the statute and rules referenced above.

As described in OHA's SHARE Initiative guidance document, 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 role for the community advisory council(s) related to its SHARE Initiative funds.

By December 31[2]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 L6.7 to identify its SHARE Initiative designation based on the *prior year's financials*.
   - **Annual SHARE Initiative Spend-Down** in Exhibit 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 Report** using the detailed spending report template.

B. By December 31, each CCO must complete the **Annual SHARE Initiative Spending Plan** described in this document for the *prior year's financials*.

CCO name: **Columbia Pacific CCO**

[1] See the 2022 contract waiver memo (12/13/2021), which extends the spend-down period from two years to three years. CCOs still have the option to request a one-year extension.

[2] See the 2022 contract waiver memo (12/13/2021), which extends the spending plan due date to 12/31. (CCOs may submit it any time from 9/30/2022 through 12/31/2022). OHA will notify each CCO about the approval status of its plan within 30 days of receipt. In the event a CCO's plan cannot be approved as submitted, OHA will work with the CCO to resolve the identified deficiencies as quickly as possible.

2022 SHARE Initiative Spending Plan Template

CCO contact: **Nancy Knopf, Director of Community Partnerships**

Instructions:

- Respond to items 1–11 below using this template.
- Be clear and concise. Do not exceed 20 pages (not including the required attachments).
- Your submission must include the formal agreement with each of the SDOH-E partners as referenced in item 7. If any agreement with an SDOH-E partner is a subcontract as defined in the CCO contract, then your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.
- All file names must clearly reflect the content (for example, CCOxyz_SHARE_Item8).
- Only submit materials pertinent to this spending plan.

Submit your plan to CCO.MCODeliverableReports@dhsoha.state.or.us by December 31.

Section 1: SHARE Initiative Designation

1. **What is the dollar amount for your CCO's SHARE Initiative Designation? (as recorded in cell E30 in Exhibit L *– Report L6.7)***
   150,000

Section 2: SHARE Initiative Spending Plan

Spending plan summary

2. **Summarize the work your CCO is funding through this year's SHARE Initiative. At a high level, briefly describe 1) project titles; 2) what activities are being funded; and 3) what populations will be served.**

1) Healthy Homes (HH) program capacity building
2) The HH program serves households in Clatsop, Columbia and Tillamook Counties and subscribes to the HUD Healthy Homes Model. HH is considered a best practice based on the national Green and Healthy Homes initiative. The program provides repairs, remediation measures and/or enhancements that will improve the home environment for people who have respiratory illness, balance/mobility issues that could lead to falls, or other health conditions that are intensified in the home environment.

The investment works to increase and improve the bi-directional referral and coordination of care between the participants in HH, providers of healthcare and other social safety net services in the region.

Participants receive care coordination services to link to health and other social care supports through the Connect Oregon platform and will receive a home assessment that identifies structural health, safety needs and self-identified health care supports. A plan for remediation is developed and implemented from the assessment.

3) The program focuses on low-income individuals who qualify for OHP or are dually eligible with Medicare/Medicaid. Program participants are identified by the Community Action Team or partner agencies

as they screen for social health needs that exacerbate health issues in the individuals living environment. CPCCO and Community Action Team have identified additional subpopulations to prioritize in order to address health inequities. These subpopulations include people who identify as Latinx-o-a, people surviving Intimate Partners Violence (IPV), and individuals that have intellectual and physical functional needs.

CHP/statewide priorities

3. **Describe how your SHARE Initiative spending aligns with your CCO's shared community health improvement plan.**

CPCCO's Regional Health Improvement Plan has been adopted as a shared plan in our service region by Public Health, County Governments and Hospitals. There are eight priority areas, two of which align with our SHARE Initiative plan.

One of the eight priority areas of CPCCO's five year Regional Health Improvement Plan (RHIP) is focused on Housing. The goal of this priority area is to partner across sectors to reduce the impact housing insecurity has on health and well-being for all individuals in Clatsop, Columbia, and Tillamook Counties.

Further alignment with the RHIP is found in one of the three objectives in the Housing priority area of the RHIP to "support and collaborate on increasing the number of initiatives and programs that provide stability, affordability, quality and safety for low- income individuals who have housing needs."

Our strategies for Housing are to:

1) Increase the number of tenancy sustaining services;
2) Create transitional support services between higher and lower levels of care; and
3) Increase programs that support the remediation of unsafe or inadequate housing conditions.

The second priority area in the RHIP that aligns with the SHARE proposed spending plan is "Access to Care: Social Safety Net". In this area of focus the goal is to ensure individuals and community stakeholders can easily and accurately identify, locate, and access health and community services, including healthy foods.

One of two objectives to increasing access to the social safety net is to "collaborate to support the establishment and expansion of a comprehensive, cohesive network on Unite Us/Connect Oregon for conducting social needs screening and coordinating care between hospitals, community-based programs and primary care settings."

One of our three strategies under "Access to Care: Social Safety Net aligns with our SHARE spending plan. Strategies 2 and 3 are being focused on in other initiatives such as our Traditional Health Worker strategic plan. Aligned strategies for SHARE are:

1. Increase community awareness of resources and supports through screening for social determinants of health in clinical settings and the coordination of referrals across sectors.
2. Deploy community resource navigators to key locations throughout the region; and

3.Collaborate to increase the options for transportation, including the development of a volunteer driver network.

4. **Describe how your SHARE Initiative spending addresses the statewide priority of housing-related services and supports, including supported housing.**

CPCCO's Regional Health Improvement Plan's priority area focused on Housing is in alignment with the state and is supported through our Board-approved Regional Housing Impact Fund. The Housing Impact Fund is a shared impact model that leverages multiple avenues of funding opportunities. It is focused on organizations whose mission or core competence includes housing support services and eviction prevention. Organizations that provide housing that is a benefit to our members, and nonprofits with the capacity and capability to provide services including supportive housing in our service region, are prioritized as investment partners. The SHARE Initiative supports many of the investment focus areas and aligns with the RHIP, Housing Impact Fund, and state priorities.

With key stakeholders in the region, CPCCO designed the Housing Impact Fund to address three areas of investment focus:

1. Increasing affordable housing stock regionally that is:
   a. Permanent and Supportive
   b. Transitional or Shelter
   c. Respite programs as an alternative to hospital level of care for mental health crisis
2. Increasing houselessness services that are focused on:
   a. Eviction prevention
   b. One-stop services
   c. Built for Zero
3. Increasing housing supports that:
   a. Maintain tenancy
   b. Provide care coordination for social and health care

SDOH-E partners and domains

5. Using the box below, respond to items A–C for each SDOH-E partner. Duplicate the box 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 SDOH-E domains applicable to your SHARE spending for each partner.

   C) Indicate whether the partner agreement is a subcontract and if yes, attach an updated Subcontractor and Delegated Work Report.

A. Partner name: Community Action Team (CAT)

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

- ☒ Neighborhood and built environment
- ☒ Economic stability
- ☐ Education
- ☐ Social and community health

C. Is your CCO's agreement with this SDOH-E partner a subcontract as defined in CCO contract?

☐ Yes ☒ No

If yes, your submission must include the Subcontractor and Delegated Work Report updated for the subcontract/s, as required by the CCO contract.

6. **Describe how each of the SDOH-E partners identified above were selected for SHARE Initiative project(s) or initiative(s).**

CPCCO has an established partnership with Community Action Team (CAT) beginning in 2014 through grant funding to support the Healthy Homes program. CAT is the certified Healthy Homes provider for our entire region and has demonstrated a readiness to move beyond grant funding to pilot more sustainable value based/pay for outcomes funding models. The Unite Us/Connect Oregon platform aims to increase the connection to health care for Healthy Homes program participants. CAT's ability to manage the administrative requirements which includes a commitment to participate in a multi-year effort to develop sustainable payment structures.

CAT organizational readiness includes the capacity to meet the objectives and deliverables of the project.

CPCCO and CAT established the following objectives and deliverables at the start of the initiative, which remain the same. SMARTIE goals associated with the objectives and deliverables have been updated after close partnership in this first year (see question 10 for more details).

Objectives of the project are to:

a. Improve target population health quality and health outcomes in ways that are capable of being objectively measured with verifiable results and achievements
b. Be grounded in evidence-based criteria issued by recognized professional organizations
c. Reduce health disparities among specified populations
d. Align with goals of the CPCCO Regional Health Improvement Plan (RHIP)
e. Address the need to provide supports to maintain tenancy for OHP-enrolled individuals in Columbia, Clatsop and Tillamook Counties.

Deliverables of the Project are to:

a. Work with OHP clients, including dually eligible Medicare/Medicaid clients, to make needed housing renovations to improve substandard living conditions and mitigate adverse health effects to maintain tenancy.
b. Accept program referrals through Unite Us/Connect Oregon.
c. Increase awareness, outreach, and enrollment in each of the three-service area counties.
d. Verify and report on OHP enrollment status of clients utilizing the program.
e. Collaborate with CPCCO to develop value-based payment structures for the Healthy Homes program and
f. Transition current grant funded model to a value-based payment contract.

7. **Attach your formal agreement with each of the SDOH-E partners described in item 5.** (See guidance for required contract components.) Have you attached an agreement for each of your SHARE partners? ☒ Yes ☐ No

   If no, please explain why not. Click here to enter text.

8. **Attach a budget proposal indicating the amount of SHARE Initiative funding that will be allocated to each project or initiative, including the amount directed to each SDOH-E partner. Did you attach a simple budget proposal with this submission?** ☒ Yes ☐ No

Community advisory council (CAC) role

9. **Describe your CAC's designated role in SHARE Initiative spending decisions.** (As appropriate, describe the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)

CPCCO has three local councils and one regional advisory council comprised of the Chair and Co-Chair for each council. Over 51% of our advisory council members are representatives of the Oregon Health Plan. The Councils have a direct role in determining the priority areas of the CPCCO Regional Health Improvement Plan (RHIP) and adopting the RHIP as the primary plan for the CCO to focus on addressing SDoH in our service region. The advisory councils oversee and give feedback on the strategies and progress of the RHIP as part of the regular advisory council meetings, including reviewing and giving feedback on the RHIP annual updates submitted to OHA. Since the SHARE Initiative aligns closely with our two RHIP priority areas of Housing and Access to the Social Safety Net, the process developed for making informed decisions regarding the areas of investment for the RHIP will now include the SHARE Initiative.

CAC Members gave direct input to Community Action Team and CPCCO staff on the first year of the SHARE Initiative's Healthy Homes capacity building program in November of this year. CACs were grounded in understanding goals and expected outcomes, relevant data, and current progress of Healthy Homes and given the opportunity to provide input on next steps for involvement. Advisory council members shared lived experience and the experience of the community related to housing remediation and the Healthy Homes project. The feedback was important to support the on-going process and quality improvement of social and health care outcomes through SHARE and other programs. Members were also given information from the CAT team to share with the community on accessing the program itself as well as the nuances of other tenancy sustaining programs, in order to best advocate for the needs of folks with special health needs. During the Tillamook County CAC meeting, this conversation even led to Healthy Homes program staff working with the landlord of a local building that serves people with disabilities to improve the housing standards there, as well as providing a direct solution to an issue a CAC member was having with getting a handrail installed. This bidirectional feedback was a wonderful opportunity for both CAC members and CAT staff to communicate on ways to center Social Determinants of Health and Equity in this work.

The CACs will continue to get progress updates on project deliverables to give input on next steps. Through a several year process improvement project with our advisory councils, CPCCO developed a current best practice of council member oversight of grant funding that will align with advisory council roles for the SHARE Initiative. The SHARE initiative will be incorporated into the existing procedures that support advisory council members to review, rate and make informed recommendations on community investment proposals that address the goals and objectives of the CCO's Regional Health Improvement Plan. These processes (best

practices) are built on participatory action research and popular education models and will support council members to make informed decisions about investment decisions and HH program process improvement activities.

Section 3: Additional details

10. (*Optional*) Describe the evaluation plan for each project or initiative, 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.

As previously mentioned, CPCCO and CAT developed objectives and deliverables for the SHARE Healthy Homes Capacity Building Program upon its initiation. These objectives and deliverables have stayed the same.

The SHARE Initiative Healthy Homes capacity building program evaluation plan captures progress towards achieving the program objectives and deliverables. **The attached evaluation report, *2022 Program Evaluation and Findings: Columbia Pacific CCO SHARE Initiatives*, outlines the evaluation of these deliverables and progress towards expected outcomes.**

The Specific, Measurable, Action-Oriented, Relevant, Time-bound, Inclusive, and Equitable (SMARTIE) goals for the objective and deliverable outcomes will be adjusted for the next contract year, based on lessons learned from Year 1, as follows:

1) By the end of month 3 1.0 FTE for the region is dedicated to the HH program and strategic planning occurs to promote programing to identify sub-populations.	1) By the end of month 6 (June 2023), contractor has trained staff to review, assess, and request flex fund requests as appropriate for Healthy Homes participants.
2) By the end of month 6 marketing and communication materials are available in Spanish and English with input from identified sub-populations.	2) By the end of month 12 (December 2023) have increased communications in English and Spanish via paper materials, website, and ConnectOregon platform.
3) By the end of month 9, sign at least 9 LOAs (3/county), including organizations that partner in meeting RHIP priorities and those who serve Latinx/o/a community, survivors of intimate partner violence, those with intellectual or physical functional difficulties, and/or OHP members	3) By the end of month 12 (December 2023), demonstrate having worked with existing partnerships with organizations who serve Latinx/o/a community, survivors of intimate partner violence, those with intellectual or physical functional difficulties, and/or OHP members, to increase referrals and screenings to the Healthy Homes program.
4) By the end of month 6, receive at least 15 referrals through Connect Oregon, responding to at least 9, and with at least 3	4) By the end of month six (June, 2023), Contractor will receive at least 15 referrals through Connect Oregon, responding to at least nine, and with at least three coming on

coming on behalf of members who identify as part of the focus populations.	behalf of members who identify as part of the focus populations.
5) By the end of month 12, complete at least one "use case" in a NOHA housing unit, using a process that is considerate of the needs of focus population members.	5) By the end of month 12 (December 2023), complete at least 5 screenings for needed supports for low-income housing residents, using a process that is considerate of the needs of identified sub- population members.
6) By the end of month 12, complete at least one "use case" in each county, using a process that is considerate of the needs of focus population members and their particular communities.	6) By the end of month 12 (December 2023), utilizing existing partnerships for referral and support, increase the number of screenings for services in Clatsop and Tillamook Counties.
7) By the end of month 12, complete at least two meetings between CAT and CPCCO to strategize, plan, and set goals in building a glide path to long-term Value Based Payment upon completion of SHARE Initiative payment.	7) By the end of month 12 (December, 2023), complete at least four meetings between Contractor and CPCCO to strategize, plan, and set goals in building a glide path to long-term Value Based Payment.

11. 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

Columbia Pacific Coordinated Care Organization
Agreement for the Distribution and Use of SHARE Initiative Funds

This Agreement for the Distribution and Use of SHARE Initiative Funds ("Agreement") is between Columbia Pacific Coordinated Care Organization ("CPCCO") and Community Action Team Incorporated of Columbia County, Oregon ("Contractor") for the time period of December 31, 2022 to December 30, 2023.

Project: **Healthy Homes**
Agreement Contact: Dan Brown
Contract email: dbrown@cat-team.org
Project Contact: Susan Wagner
Project E-mail: swagner@cat-team.org

CPCCO Agreement Number: **21-0501**
CPCCO Project Number: **<<TBD >>**
CPCCO Contact: **Nancy Knopf**
E-mail: knopfn@careoregon.org

I. Recitals

A. CPCCO is a Limited Liability Corporation of which CareOregon, Inc., an Oregon nonprofit, public benefit corporation, is the single member.
B. CPCCO is contracted with the Oregon Health Authority (OHA) via a Health Plan Services, Coordinated Care Organization Contract and Non Medicaid Health Plan Services Contract (intentionally referred to in the singular as the "CCO Contract") to operate as a Coordinated Care Organization for the Oregon Health Plan ("OHP").
C. In 2020, The Oregon Health Authority developed the Supporting Health for All through REinvestment (SHARE) Initiative, which aims to address social determinants of health, thereby improving member and community health through reinvestments in upstream factors that impact health.
D. CPCCO wishes to distribute SHARE initiative funds to community-based organizations pursuing projects focused on increasing equitable access to SDoH-HE for target populations.
E. Contractor is a nonprofit agency with a mission to maintain tenancy in safe, affordable, decent housing for eligible residents in certain counties of Oregon.
F. Contractor plans to make needed modifications to existing homes in order to ensure tenancy can be maintained and critical health equity needs can continue being addressed ("Project").
G. Through this Agreement, CPCCO and Contractor endeavor to increase access to stable housing for target populations through the provision of Funds by CPCCO to be invested in housing endeavors executed by Contractor ("Funds").

Now, therefore, in consideration of the mutual promises herein, the Parties agree as follows:

II. Administration/Interpretation of Agreement.

The Parties agree and understand that the foregoing Recitals, Exhibit A, Exhibit B, and Exhibit C to this Agreement are incorporated herein by reference with the same force and effect as if fully set forth in this Agreement.

For purposes of this Agreement, capitalized words shall have the meaning ascribed herein, unless the context clearly requires otherwise.

The captions or headings in this Agreement are for convenience only and in no way define, limit, or describe the scope or intent of any provisions in this Agreement.

III. Term and Termination:

A. **Term** . This Agreement is effective December 31, 2022 ("Effective Date") and will terminate December 30, 2023 ("Term").
B. **Termination**.
    1. The Parties may terminate this Agreement without cause by mutual written agreement.
    2. CPCCO may immediately terminate this Agreement for cause and demand immediate repayment of any unused Funds if:
        i. The Project is terminated by Contractor;
        ii. An employee, agent, contractor, or representative of Contractor performing the responsibilities hereunder has violated any applicable laws, rules, or regulations;
        iii. An employee, agent, contractor, or representative of Contractor has engaged in fraud, dishonesty, or personal conduct that may harm the business and/or reputation of either Party;
        iv. Contractor demonstrably lacks the ability or competence to perform the responsibilities under this Agreement; or
        v. Contractor elects to make a material change to the Project such that the fundamental purposes of this Agreement are abandoned.
    3. Upon termination under any circumstance, funding will cease immediately, any payments not yet made by CPCCO to Contractor shall not be made, and any remaining balance of payment disbursed under this Agreement that has not been used for, or committed to, this Project shall be promptly returned to CPCCO.

IV. Project Elements.

A. **Payment Components.** CPCCO agrees to disburse to Contractor a specified amount of Funds based on a Disbursement Schedule pursuant to Exhibit B of this Agreement and consistent with the terms and conditions of this Agreement.
    1. Contractor understands and agrees that it shall use Funds solely for this project and that any costs incurred by Contractor which are not eligible for funding under this Agreement shall be the sole obligation of Contractor.
    2. Contractor understands and agrees that nothing in this Agreement implies or guarantees ongoing funding or payment throughout and beyond the Term of this

Agreement. In addition, CPCCO is under no obligation to pay for or participate in any cost increases, change orders, cost overruns, or additional Project expenses of any kind.

3. Contractor shall repay CPCCO all or a percentage of payment received for (1) overpayment of Funds to Contractor; (2) use of Funds by Contractor for any purpose other than the Scope of Work described in Exhibit A of this Agreement; (3) noncompliance with the terms of this Agreement; or (4) for any other reason as specified in this Agreement. If repayment of any amount is due, Contractor shall repay CPCCO such sum or sums promptly or no later than thirty (30) days after a full accounting of payment is complete.

B. **Scope of Work.** Funds are being granted to Contractor based on the Scope of Work for this Project as described in Exhibit A of this Agreement.
   1. Contractor agrees to assume the duties, obligations, rights, and privileges applicable to receiving Funds for this Project, the Description, Objectives, and Obligations of which are further stipulated in Exhibits A, B, and C to this Agreement.
   2. Contractor shall perform the work required to execute this Project and fulfill the Project's Description, Objectives, and Obligations pursuant to Exhibit A and consistent with the terms and conditions of this Agreement.

C. **Reporting Requirements/Auditing/Maintenance of Records.**
   1. Contractor agrees to prepare and submit reports as further defined in Exhibit C of this Agreement. Contractor must submit all Reports via email to the CPCCO Contact specified.
   2. Notwithstanding any other clause within this Agreement, Contractor shall maintain all receipts for any purchases made with Funds along with any other records that specifically show the use of Funds was in compliance with this Agreement.
   3. CPCCO shall have the right to conduct an audit of Funds paid through this Agreement. Contractor shall make all books, accounting records, and other documents available at the reasonable request of CPCCO and for a period of three (3) years beyond the Term of this Agreement for inspection by the State, CPCCO, or their authorized designees.
   4. If for any reason CPCCO finds noncompliance with the terms of this Agreement and requires a repayment of Funds previously paid to the Contractor, the Contractor is required to submit such sum or sums within thirty (30) days after receipt of a billing from CPCCO.

V. Representations and Warranties.

A. Contractor represents and warrants that Contractor, its agents, or its representatives possess the knowledge, skill, experience, valid licensure, and required insurance necessary to execute this Project in a timely manner and with the maximum reasonable degree of quality, care, and attention to detail.

B. Contractor expressly represents and warrants to CPCCO that Contractor is eligible to participate in and receive Funds pursuant to this Agreement. In so doing, Contractor certifies by entering into this Agreement that neither it nor its employees, agents, or representatives are: (1) placed on the Tier Monitoring System by any CCO's Peer Review Committee; (2) have documented contract and/or compliance issues; or, (3) are

presently declared ineligible or voluntarily excluded from entering into this Agreement by any federal or state department or agency.

C. Should it be determined that Contractor was ineligible to receive Funds from CPCCO pursuant to this Agreement, Contractor expressly agrees to promptly repay all such Funds disbursed to it under this Agreement and all funding associated with this Agreement shall be discontinued until Contractor has resolved compliance issue(s) to CPCCO's satisfaction. Any discontinued funding that has been withheld will not be disbursed.

VII. General Provisions:

A. **Force Majeure.** Neither CPCCO nor Contractor shall be held responsible for delay or default caused by events outside CPCCO or Contractor's reasonable control including, but not limited to, fire, terrorism, riot, acts of God, or war. However, Contractor shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Agreement. Notwithstanding the above, impacts to the Work as a result of the COVID-19 pandemic shall not be considered a Force Majeure event unless such impact is a result of a new restrictive governmental requirement that substantially impacts either party's ability to fulfill the responsibilities under this Agreement.

B. **Amendments and Waivers.** No amendment, modification, assignment, discharge, or waiver of this Agreement shall be valid or binding without prior written consent (which shall not be unreasonably withheld) of the Party against whom enforcement of the amendment, modification, assignment, discharge or waiver is sought. A waiver or discharge of any of the terms and conditions hereof shall not be construed as a waiver or discharge of any other terms and conditions hereof.

C. **Confidentiality and Marketing.**
    1. Contractor agrees to safeguard all confidential information related to this Project.
    2. Both Parties agree that this Agreement and all negotiations and related documentation will remain confidential and that no press, news releases, or other publicity release or communication to the general public concerning the obligations contemplated herein will be issued without providing a written copy of the communication to the other Party and receiving the other Party's prior written approval, unless applicable law requires such disclosure. In addition, both Parties agree that they must obtain written permission prior to using the other Party's name, trade name, image, symbol, design, or trademark in any marketing, advertising, or promotional campaign in any medium or manner. Email approval by the CPCCO Contact or Agreement Contact specified herein will suffice as written approval.

D. **Agreement Contact.** Contractor agrees that the Agreement Contact named above is responsible for all aspects of the Agreement, including monitoring progress and performance, obtaining all necessary data and information, and notifying CPCCO of any significant obstacles or delays in pursuit of this Project. Contractor will notify CPCCO if the Agreement Contact changes.

E. **Insurance**. Contractor and CPCCO each agree to maintain at all times during this Agreement and at their own cost and expense, commercial general liability insurance,

errors and omissions insurance, and workers compensation insurance coverage in amounts standard to its industry. If the Oregon Tort Claims Act is applicable to either CPCCO or Contractor, this section is modified by its terms.

F. **Governing Law and Dispute Resolution.** This Contract, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. The Parties agree to negotiate to resolve any disputes in good faith and may use mediation services to facilitate a resolution. If the Parties are unable to resolve the dispute through negotiation and mediation, then upon written demand by either party, any dispute arising out of or in connection with this Agreement, including any question regarding its existence, interpretation, validity, or termination, shall be referred to and definitively resolved by mandatory binding arbitration administered by the Judicial Arbitration and Mediation Services, Inc. (***"JAMS"***). The place of arbitration shall be Oregon. The arbitrator shall comply with the laws of Oregon. The judgment of the arbitrator shall be accompanied by a written statement of the basis for such judgment and may be entered and enforced by any court having proper jurisdiction. The award of the arbitrator shall be final and binding and shall not be subject to de novo judicial review. It is the express intent and understanding of the Parties that each shall be entitled to enforce its respective rights under any provision hereof through specific performance, in addition to recovering damages caused by a breach of any provision hereof, and to obtain any and all other equitable remedies as may be awarded by the arbitrator. Notwithstanding the above, each party shall have the right to seek provisional remedies from a court of competent jurisdiction. The provisions of this Section shall survive the termination of this Agreement.

G. **Indemnity; Defense.** Each Party agrees to waive any claims, losses, liability, expenses, judgements, or settlements (referred to herein as "Claims") against the other Party for any claims arising out of or related to performance under this Agreement which result from the non-waiving Party's own negligence. Further, each Party hereby agrees to defend, indemnify and hold harmless the other party, its officers, directors, and employees from and against third party claims, loss, liability, expense (including reasonable attorney's fees), judgments or settlement contribution arising from injury to person or property, arising from negligent act or omission on its part or its officers, directors, volunteers, agents, or employees in connection with or arising out of: (a) services performed under this Agreement, or (b) any breach or default in performance of any such Party's' obligations in this Agreement including, without limitation, any breach of any warranty or representation. In the event that either Party, its officers, directors, or employees are made a party to any action or proceeding related to this Agreement then the indemnifying Party, upon notice from such Party, shall defend such action or proceeding on behalf of such Party at the indemnifying Party's sole cost and expense. Each Party shall have the right to designate its own counsel if it reasonably believes the other Party's counsel is not representing the indemnified Party's best interest. This indemnity shall not be limited by reason of any insurance coverage required under this Agreement and shall survive termination of this Agreement.

H. **Compliance and Licensure.** Contractor and CPCCO shall, at all times during the term of this Agreement comply with all applicable federal, state, and local laws, rules and regulations, and shall maintain in force any licenses and obtain applicable permits and

consents required for performance of the Scope of Work under this Agreement. The Parties shall provide to each other copies of such applicable current valid licenses and/or permits upon request. The Parties represent and warrant that, to the best of their knowledge, officers, directors, employees, subcontractors, agents and other representatives are not excluded from participating in any federal health care programs, as defined under 42 U.S.C. 1320-a7b (f), and to their knowledge, there are no pending or threatened governmental investigations that may lead to such exclusion. Each Party agrees to notify the other of the commencement of any such exclusion or investigation with seven (7) business days of first learning of it. The parties represent that it and its employees are not excluded from Federal healthcare programs and is not included in the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists. Additionally, if an employee is identified to be on such lists, that employee will immediately be removed from any work related directly or indirectly to all work pursuant to this Agreement. The Parties shall have the right to immediately unilaterally terminate this Agreement upon learning of any such exclusion and shall keep each other apprised of the status of any such investigation.

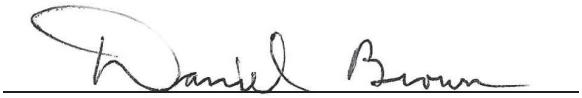
I. **Relationship of the Parties.** CPCCO and Contractor are independent entities. No provision of this Agreement is intended to create nor shall be construed to create an employment, agency, joint venture, partnership, or any other business or corporate relationship between the Parties other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement.

J. **No Third-Party Benefit.** This Agreement shall not create any rights in any third parties who have not entered into this Agreement, nor shall this Agreement entitle any such third party to enforce any rights or obligation that may be possessed by such third party.

K. **Assignment or Delegation.** Except as otherwise specifically provided for herein, the Parties shall not assign or delegate any or all of their rights or responsibilities under this Agreement without the prior written consent of the other Party.

Entire Agreement. This Agreement and the exhibits and attachments hereto contain a full and complete expression of the rights and obligations of the Parties and it shall supersede all other agreements, representations, and offers, written or oral, heretofore made by the Parties regarding any of the subject matter contained herein. This Agreement may be modified only in writing, signed by the Parties hereto.

Agreed to on behalf of **Community Action Team Incorporated of Columbia County, Oregon:**



Signature

Name: Daniel Brown

Title: Executive Director

Date: 01/31/2023

Tax ID: 93-0554156

Agreed to on behalf of **Columbia Pacific Coordinated Care Organization**:

DocuSigned by:
Teresa Learn
14ECFFDCC9B24DD...

Signature

Name: Teresa Learn

Title: Chief Financial Officer

Date: 2/28/2023

Exhibit A. Scope of Work

I. Obligations of Contractor:

Contractor agrees to:

A. Perform work toward meeting the Project Description and Project Objectives during the term of this Agreement.
B. Use Funds for Eligible Project Expenses.
C. Participate in other activities as agreed upon by Contractor and CPCCO.

II. Project Description:

This program will provide home assessments and no-cost repairs and/or enhancements to the home environment. This program serves Oregon Health Plan (OHP) recipients for whom home environment may negatively affect their health, such as respiratory illnesses, balance issues that could lead to falls, or other health conditions aggravated by the home. Goals include mitigation of health condition contributors, reduction of symptoms, increased health, and decreased health care needs and costs. Additionally, program participants may become more informed and have stronger connections to supports in the health and social systems of care.

III. Project Objectives:

Objectives of the Project are to:

A. Improve target population health quality and health outcomes in ways that are capable of being objectively measured with verifiable results and achievements.
B. Be grounded in evidence-based criteria issued by recognized professional organizations.
C. Reduce health disparities among specified populations.
D. Align with goals of the Regional Health Improvement Plan (RHIP).
E. Address the need to provide supports to maintain tenancy for OHP-enrolled individuals in Columbia, Clatsop, and Tillamook Counties.
F. Address the social determinants of health and health equity (SDOH-E) domain of economic stability.

Outcomes will be measured and evaluated using the following Specific, Measurable, Achievable, Relevant, Time-Based, Inclusive, and Equitable goals:

A. By the end of month 12, staff whose FTE is dedicated to the program will have had 3 trainings to understand process and how to link to health plan benefits for qualified health plan members involved in the healthy homes project, including Flex, Durable Medical Equipment and other SDoH related supports through the health plan.
B. By the end of month twelve, Contractor will have increased communications in English and Spanish via materials, website and Connect Oregon.

C. Contractor will continuously engage in existing partnerships with organizations who serve Latinx/o/a community, survivors of intimate partner violence, those with intellectual or physical functional difficulties, and/or OHP members to increase referrals and screenings for healthy homes.
D. By the end of month six, Contractor will have received at least 15 referrals through Connect Oregon, responding to at least nine, and with at least three coming on behalf of members who identify as part of the focus populations.
E. By the end of month twelve, Contractor will have completed at least five screenings for needed supports for low income-housing residents, using a process that is considerate of the needs of identified sub-population members.
F. By the end of month twelve, Contractor will have continuously utilized existing partnerships for referral and support increase the number of screenings for services in Clatsop and Tillamook Counties.
G. By the end of month twelve, Contractor will have completed at least four meetings between Contractor and CPCCO to strategize, plan, and set goals in building a glide path to long-term Value Based Payment.

IV. Project Deliverables:

Deliverables of the Project are to:

A. Work with OHP clients, including dually eligible Medicare/Medicaid clients, to make needed housing renovations to improve substandard living conditions and mitigate adverse health effects resulting from the home in order to maintain tenancy.
B. Accept program referrals through Unite Us.
C. Extend outreach and enrollment in each of the three service area counties.
D. Verify and report on OHP enrollment status of clients utilizing the program.
E. Work with CPCCO staff to develop value-based payment structure for Healthy Homes program.
F. Transition current grant-funded model to a value-based payment contract.

V. Eligible Project Expenses:

Funds shall be exclusively used to partially finance the following Eligible Project Expenses as outlined below and, in the budget, below:

A. Housing rehabilitation needed to maintain tenancy and health of OHP members.
B. Materials and marketing of program in English and Spanish, inclusive of identified subpopulations.
C. Building internal administrative capacity and staffing.

Columbia Pacific CCO
SHARE Budget
Contract Year 2023

Proposed Budget

SHOH-E Partner:
Community Action Team, Inc.
FEIN: 93-0554156

Program:
Healthy Homes: Eligible Project Expenses:

Housing Rehabilitation		$95,000.00
Increasing internal staffing/capacity		$43,000.00
Increasing internal administrative/capacity		$7,000.00
Material and marketing (not > 5% of Funds)		$5,000.00
Payment Schedule:		
Payment 1	1/23/2023	$75,000
Payment 2	6/23/2023	$75,000
Total Payments		$150,000.00

Exhibit B. Compensation

I. Payment:

CPCCO will grant $150,000 to Contractor for the Project subject to the terms and conditions of this Agreement. Additional funding to complete the Project is to be obtained from other sources. CPCCO will disburse Funds to Contractor according to the Disbursement Schedule in Section II of this Exhibit B. Upon completion of the Project, Contractor shall return to CPCCO all disbursed Funds not exclusively used to finance Eligible Project Expenses. **Funds disbursed under this Agreement are not to exceed $150,000.**

II. Disbursement Schedule:

Disbursement	**Conditions Precedent to Disbursement**	**Disbursement Amount**
First Disbursement invoice 1/23 Second Disbursement invoice 6/23	Agreement signed by both Parties, and Contractor's delivery of a true and accurate Contribution Installment Certificate to CPCCO	First Disbursement: $75,000.00 Second Disbursement: $75,000.00 Total Disbursement Amount: $150,000.00

III. Form of Contribution Installment Invoice Certificate

Prior to disbursement, Contractor will deliver to CPCCO a Contribution Installment Invoice Certificate in substantially the same form as follows:

In connection with the Agreement between Columbia Pacific Coordinated Care Organization (CPCCO) and Community Action Team ("Contractor"), the undersigned certifies the following in support of its request for the _____ installment of the contribution by CPCCO in the amount of $_____:

1. *No default or breach by Contractor exists under the Agreement.*
2. *The project will be conducted as described in the Agreement.*
3. *All reports required under the Agreement have been delivered to CPCCO as of the date of this Certificate.*
4. *All conditions for this Grant Installment as set forth in the Agreement have been met.*
5. *Any funds previously received from CPCCO have been applied to current expense, or are being held for future expenses, as authorized under the Agreement.*

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Exhibit C. Reporting Requirements.

A. Contractor will provide semi-annual written reports to CPCCO every six (6) months regarding progress-to-date of Project and the financial administration of the Funds. Contractor shall provide CPCCO with a final cumulative written report regarding progress to date and the financial administration of the Funds upon completion of the project.

B. From time to time, CPCCO may request certain information, records, and the submission of certain reports concerning various aspects of this Agreement including progress of the Project, use of Funds, compliance with the terms of this Agreement, percentage of the target population served, etc. At the reasonable request of CPCCO, Contractor shall provide such information and records, submit such reports, or make its personnel available to discuss aspects of the Project. CPCCO shall provide Contractor with reasonable notice along with detailed instructions on any material requested from Contractor, should any such request be made. Failure to timely respond to CPCCO's requests for information, records, or reports may, in CPCCO's sole discretion, constitute grounds for repayment of Funds previously paid to the Contractor.

C. During the term of the Contract and for a period of ten (10) years following the termination of the Agreement, Contractor shall, upon written request, make available to any governmental agency, for CPCCO's compliance with legal or regulatory requirements, all books and records of Contractor that are necessary to verify the nature and extent of the charges for the Work provided herein. The provisions of this Section shall survive the termination of this Agreement.

2022

Program Evaluation and Findings Report

Columbia Pacific CCO
SHARE Initiatives

Contents

EXECUTIVE SUMMARY

The SHARE Initiative comes from a legislative requirement for Coordinated Care Organizations (CCOs) to invest some of their profits back into their communities during the 2019 budget year. In 2021 CCOs were asked to spend a portion of their net income, or reserves, on services to address health inequities and the Social Determinants of Health and Equity (SDOH-E). Columbia Pacific Coordinated Care Organization (CPCCO) partnered with the Healthy Homes program at Community Action Team (HH – CAT) to start off the program in March of 2022.

At the start of the evaluation, the logic model tool was used to create a visual map of what was invested into the program, identify the stakeholders, identify activities to collect data for analysis, and establish desired outcomes for year one of the SHARE Initiative program.

The evaluation design matrix tool was then used to further break down the desired outcomes into research questions we hoped to answer with this evaluation. To answer the research questions we will collect data, or evidence, on the services and activities the partner offers participants through the SHARE Initiative program.

Five research questions were identified as a step towards understanding what data to collect:

1. Did the 'SHARE Initiative' program increase safe and adequate housing conditions?
2. Did 'SHARE Initiatives' contribute to the improvement of population health quality and outcomes?
3. Was housing tenancy maintained for participants of this program?
4. Have health disparities been identified among the Latino+x/Intimate Partner Violence (IPV) survivors/Disabled Oregon Health Plan (OHP) members?
5. Do partners of 'SHARE Initiatives' have what they need to accomplish set goals?

Evidence can be collected through several methods. Our planned method was through a survey at the end of year one, however, HH-CAT was able to interview participants as they were enrolled into the program and sent us that data as part of the program evaluation. To match the data collected by HH-CAT with the research questions, the program evaluator created an excel spreadsheet. HH-CAT staff filled in the spreadsheet with all the data they had available.

Once the data was cleaned, organized, and analyzed, the findings were grouped into four categories: about the participants, accessing resources and assistance, health status and needs, and housing status and needs.

There were also plans to interview the staff at HH-CAT. We wanted to know what worked well, what was difficult, and how to better support the partners in the future. Unfortunately, this was not completed prior to the end of year but we plan to do an interview meeting with the HH-CAT staff in early 2023.

Based on all the evidence collected during this evaluation the following recommendations were made for program development and improvement:

1. Expand on the data collected around housing needs to ensure that the program is positively impacting safe and adequate housing conditions.

2. Expand on the data collected around health needs of participants– to measure how the SHARE Initiative program is impacting health outcomes.

3. Due to the unpredictable nature of programs, partners, fundings, etc., it is recommended to do a mid-year focus group as an opportunity to collect some data in case something interrupts the evaluation.

Part of the evaluation will be implementing the recommendations listed above into the program and evaluating their effectiveness year after year.

The findings report will also be shared with the Columbia-Pacific CCO leadership team through a PowerPoint Presentation, and with the community through the Snapshot Report.

YVoznyuk

Yelena Voznyuk
Program Evaluation Coordinator, Strategic Business Partnerships
December 2022

INTRODUCTION

Purpose and Users of Evaluation Narrative

As the SHARE Initiatives is a brand-new program and concept the main objective in the program evaluation for the first year was to understand the program requirements better, understand how to support the partners of the SHARE Initiative program, and understand the participants and their needs. Year one was used as an opportunity to create a baseline understanding of who the program will be serving and to proactively prepare for the needs of those being served through this program in the future.

CPCCO staff will use the data collected and analyzed to implement program improvements going forward and future program evaluations will measure outcomes based on changes made.

Program Description

The SHARE Initiative comes from a legislative requirement for coordinated care organizations (CCOs) to invest some of their profits back into their communities. After meeting minimum financial standards, CCOs must spend a portion of their net income or reserves on services to address health inequities and the social determinants of health and equity (SDOH-E).

The SHARE Initiative is just one way that CCOs respond to SDOH-E, health inequities, and the social needs of their members. CPCCO supports SDOH-E and health equity strategies through our various grant programs. Additionally, the CCO developed a Housing Impact Fund two years ago in order to address the housing crisis in our region by strategically investing in increasing affordable housing stock, houselessness services, and housing supports.

The CPCCO region has very limited affordable housing stock and there is a dire need to preserve housing that currently exists. Simultaneously, environmental hazards such as high amounts of moisture and housing stock that isn't built to withstand the elements makes home repair needs more common in our region, yet unaffordable to many, including those most at risk for chronic conditions. In addition to the risk of eviction, building collapse, or losing basic needs such as electricity and housing, housing problems such as mold, tripping hazards, and sanitation concerns, and more, can dramatically exacerbate health issues in the short term. Finding a sustainable way to support home repairs is a huge need for our region.

CPCCO has a history of partnering through grant funding with Community Action Team (CAT), an anti-poverty program serving Clatsop, Columbia, and Tillamook counties. This longtime partnership and a shared desire to work to address SDOH-E, health inequities, and the social needs of our members, led to CAT being identified as our SHARE Initiative program partner. Community Action Team is the designated administrator of the Healthy Homes Program for our entire region, partnering with Community Action programming in all three counties. The program provides repairs, remediation measures, and/or enhancements that will improve the home environment for people who have respiratory illness, balance/mobility issues that could lead to falls, or other health conditions that are intensified in the home environment.

The SHARE project focuses on building capacity in the Healthy Homes (HH) program to increase the bi-directional referral and coordination of care between the participants in HH, providers of healthcare, and other social safety net services in the region. The HH program serves households in Clatsop, Columbia and Tillamook counties, and subscribes to the HUD Healthy Homes Model. HH is considered a best practice based on the national Green and Healthy Homes Initiative. The program is voluntary and focuses on low-income individuals who qualify for OHP or are dually eligible with Medicare/Medicaid.

Program participants are identified by the Community Action Team or partner agencies as they screen for social health needs that exacerbate health issues in the individual's living environment. Individuals who agree to participate will receive care coordination services to link to health and other social care supports through the Connect Oregon platform and will receive a home assessment that identifies structural health, safety needs, and self-identified health care supports.

A plan for remediation is developed and implemented from the assessment. Evaluation of the effectiveness of the Healthy Homes program includes a consumer-based survey as well as an evaluation of utilization and health outcomes of participant households. This survey was used to provide data for the SHARE evaluation.

Logic Model

The logic model is a tool used to guide the program evaluation, serving as a visual roadmap of the SHARE Initiative program, what was invested into it and what the desired outcomes were. The logic model in this evaluation was a living document and was adjusted as staff continued to learn more about the program and its evolution. A picture of the logic model is included below in *Appendix A: Logic Model*.

'The Situation' column identified areas for growth, including barriers participants are facing and losses that have negatively impacted their lives. Additionally, it proposes a partner and a solution to mitigate those barriers.

The 'Inputs' column gathers resources available for the program evaluation, such as funding, staff capacity, and partnerships. In the 'Activities' columns, activities are listed that can be used as solutions to the barriers found in the situation column. Alongside activities, the 'Outputs' explains which stakeholders will be participating and how the inputs will be utilized.

Once we reach the 'SR Outcomes' (SR = Short Term) and 'LT Outcomes' (LT = Long Term) we are looking at what we believe the program will accomplish both short and long term.

The logic model can be read left to right, situation to outcomes, or right to left, outcomes to the situation. Both ways can help understand the flow of the program, participants, resources, and evidence needed to be collected to prove or disprove hypotheses about the outcomes of the program.

Appendix A: Logic Model

Columbia-Pacific SHARE Initiatives Logic Model

THE SITUATION:	INPUTS:	ACTIVITIES:	OUTPUTS:	ST OUTCOMES	LT OUTCOMES
Supporting Health for All through REinvestment: the SHARE Initiative was created through House Bill 4018 (Oregon Legislature, 2018) and requires CCOs to invest a portion of profits back into communities to address health inequities and the Social Determinants of Health and Equity (SDOH-E). The primary goals are to: Safeguard public dollars by requiring that a portion of CCOs' profits are reinvested in their communities; and, Improve member and community health by requiring reinvestments go toward upstream factors that impact health (for example, housing, food, transportation).	CCO 2.0 Requirement. Funding: $100,000 for the first year. Community Advisory Council Members . CAT will hire a full time staff member using the grant funding.. CPCCO staff. Unite Us platform used for referrals.	Partner across sectors and collaborate to support the establishment and expansion of a comprehensive, cohesive network on Unite Us/ Connect Oregon for conducting social needs screening and coordinating care between hospitals, community action programs and primary care settings. Accept program referrals through Unite Us. Conduct screening for social determinants of health in clinical settings and the coordination of referrals across sectors. Deploy community resource navigators to key locations throughout the region. Extend outreach and enrollment in each of the three service area counties. Collaborate to develop a network of a volunteer driver. Work with OHP clients, including dually eligible Medicare/Medicaid clients, to make needed housing renovations to improve substandard living conditions and mitigate adverse health affects resulting from the home in order to maintain tenancy. Verify and report on OHP enrollment status of clients utilizing the program. CAT will work with CPCCO staff to develop value-based payment structure for Healthy Homes program. - Transition current grant-funded model to a value-based payment contract. CPCCO will update CAC and engage in recommendations.	Community Action Team (CAT), an anti-poverty program serving Clatsop, Columbia and Tillamook Counties. Partnerships with: -Habitat for Humanity OHP and dual eligible clients in need of housing renovations. Identify the stakeholders involved in the project, and level of involvement.	Increase the number of initiatives and programs that provide stability, affordability, quality and safety for low income individuals who have housing needs. Increase community awareness of resources and supports. Increase the number of tenancy sustaining services. Increase the options for transportation. Increase programs that support the remediation of unsafe or inadequate housing conditions. Improve target population health quality and health outcomes in ways that are capable of being objectively measured with verifiable results and achievements. Reduce health disparities among specified populations. *Which populations?*	Address the need to provide supports to maintain tenancy for OHP-enrolled individuals in Columbia, Clatsop, and Tillamook Counties. Be grounded in evidence-based criteria issued by recognized professional organizations. Ensure individuals and community stakeholders can easily and accurately identify, locate and access health and community services including healthy foods. Transition current grant funded model to a value-based payment contract . Create transitional support services between higher and lower levels of care. Align with goals of the Regional Health Improvement Plan (RHIP).

In conjunction with the logic model, the SMARTIE goals, *Appendix B: SMARTIE Goals*, were used to reflect goals this program strived to meet. SMARTIE stands for Specific, Measurable, Action-oriented, Relevant, Time, Inclusive, Equitable, and Final. Each column provides a description of the goal and steps to take for results. This can be a similar tool to the logic model with a direct flow for each goal set.

Appendix B: SMARTIE Goals

	Specific. What is it you want to achieve? (Five We can help)	Measurable. How will you know when you have achieved your goal? How much/how many?	Action-oriented. To keep you motivated, are there identifiable actions or milestones?	Relevant. What results can be achieved given your available resources?
1	Hire/Assign dedicated staff to support program capacity building	1.0 FTE for the region dedicated to HH program.	All three programs are aware of grant and FTE (Full Time Equivalent) focus, how to be involved.	Build towards creating awareness and connecting to new resources for referrals
2	Update marketing communication materials in Spanish and English	Vendor and process have been identified including peer review group for all HH materials.	Vendor for translation and interpretation identified. Process in place for peer review.	Increased awareness in identified sub-populations on how to support access to programming.
3	Create formal agreements with cross-sector partners. Could include partners who will refer into the program, Habitat, or contractors.	Three LOAs (Letter of Agreement) per county, in all three counties, for a total of nine.	LOAs signed; minimum partnership needed to close loops in each county.	Can be achieved in each county; is a necessary milestone in ability to complete projects in each county.
4	Adoption and use of Connect Oregon to refer members into Healthy Homes.	Receive a minimum of 5 referrals per county on Connect Oregon, closing the loop (responding to sender) on 3 of 5 referrals. Would total 15 received referral, with 9 receiving a response.	Milestones could include receiving the first referral in each county, closing the loop on the first referral in each county, other measures that CO was used effectively. Could also include a marketing effort that reaches local CBOs on the network.	Is free and includes technical assistance both from Unite Us and from CPCCO as needed.
5	Establish supports for low income, Section 8 housing that is run by NOHA.	Complete at least one "use case" Healthy Homes project that occurs in a NOHA housing unit and community mental health programs housing programs.	Milestones could include signing an LOA with NOHA, and establishing a workflow when needs are identified.	NOHA serves all three counties and maintains multiple properties that serve OHP members and those who are underinsured or uninsured.

6	Successful projects completed in all three counties.	Complete at least one "use case" per county that establishes county-specific workflows and considerations.	Milestones could include signing LOAs with key partners, establishing county-specific or need-specific workflows. Particular focus on the expansion to Tillamook County.	One project per county (can include the NOHA use case) allows for footprint establishment and relationships to be built that will be necessary to function at an expanded level.
7	Dedicated time to explore sustainability through Value Based Payments once SHARE funding has finished.	Complete at least two meetings with CPCCO staff to strategize, plan, and set goals regarding ramp-up to Value Based Payments.	Milestones could include setting each meeting, completing the first meeting, any "homework" between meetings, and completing the second meeting.	Sustaining a region-wide program will require a shift away from grant-based payment towards contract-based payment, particularly considering that liens cannot be put on NOHA housing. Technical support and partnership with CPCCO is available in the design of the VBP arrangement.

T	**I**	**E**	**Final**
Time-Bound. What is an appropriate deadline?	Inclusive. How will you include traditionally marginalized people into processes, activities, and decision-making in a way that shares power?	Equitable. How will you include an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression?	What is the full language of the draft SMARTIE goal?
End of month three of funding.	Community Action programs in all three counties begin promotion to their clients.	Strategic planning begins to promote programming to sub-populations	By the end of month 3 1.0 FTE for the region is dedicated to the HH program and strategic planning occurs to promote programing to identify sub-populations.
End of month six of funding.	Peer review participants identified and given stipend to participate in short term focus group.	Participatory Action Research model deployed to create materials and offer interpretation.	By the end of month 6 marketing and communication materials are available in Spanish and English with input from identified sub-populations.

End of month 9 of funding.	Should ideally include at least one organization that partners with CPCCO and CAT in the RHIP priorities. Can use stories or COVID emergency funds to identify.	At least one of the organizations should explicitly serve: Latinx/o/a community, survivors of intimate partner violence, those with intellectual or physical functional difficulties, and/or OHP members.	By the end of month 9, sign at least 9 LOAs (3/county), including organizations that partner in meeting RHIP priorities and those who serve Latinx/o/a community, survivors of intimate partner violence, those with intellectual or physical functional difficulties, and/or OHP members
End of month six of funding.	Referrals should come from partner organizations who serve OHP members.	All referrals should be for OHP members, should focus on referrals for focus populations listed above.	By the end of month 6, receive at least 15 referrals through Connect Oregon, responding to at least 9, and with at least 3 coming on behalf of members who identify as part of the focus populations.
End of month 12 of funding.	Most who qualify for housing through NOHA are OHP members and are disproportionately likely to belong to other focus populations as well. Would be ideal to include either stories or input from affected tenants in workflow development.	Workflow can and should include considerations for the particular needs for the focus populations including wheelchair accessibility, the use of interpreters during case assessment, and consideration of trauma-informed workflow for those who have experienced violence and trauma.	By the end of month 12, complete at least one "use case" in a NOHA housing unit, using a process that is considerate of the needs of focus population members.
End of month 12 of funding.	Each county is unique in terms of resources available and the situations of those most likely to need referrals. Test cases will help inform scope expansion inclusively.	Community Based Organizations in the region are using the Connect Oregon platform to refer to specific programming and are aware of supports to access for English as a second language participants.	By the end of month 12, complete at least one "use case" in each county, using a process that is considerate of the needs of focus population members and their particular communities.

End of month 12 of funding.	Ensuring continuity and quality improvement in the long term requires sustainable funding. Can/should include opportunities for feedback and partnership with focus population into the contracting process.	Contracting can/should "price in" varying levels of need that are most likely to come up for the focus populations in order to maintain fairness in payment. Could include levels of THW (Traditional Health Worker) involvement, consideration of ED use averted, etc.	By the end of month 12, complete at least two meetings between CAT and CPCCO to strategize, plan, and set goals in building a glide path to long-term Value Based Payment upon completion of SHARE Initiative payment.

Evaluation Questions

When collecting evidence to evaluate a program it helps to break down the outcomes into research questions. For this evaluation we used the Evaluation Design Matrix (EDM). Please see *Appendix C: Evaluation Design Matrix,* a tool used to formulate research questions.

The research questions break down the specific evidence that needs to be collected, in this case data about the participants served through the SHARE Initiative program, to create visuals and analysis of what the program was able to accomplish. Both successes and barriers within the program can be identified through this process and assist in making program improvements in the future.

Five research questions were identified as a step towards understanding what data to collect:

1. Did the 'SHARE Initiative' program increase safe and adequate housing conditions?
2. Did 'SHARE Initiatives' contribute to the improvement of population health quality and outcomes?
3. Was housing tenancy maintained for participants of this program?
4. Have health disparities been identified among the Latino+x/IPV survivors/Disabled OHP members?
5. Do partners of 'SHARE Initiatives' have what they need to accomplish set goals?

Along with the research questions methods for gathering the evidence and resources were also listed.

CPC SHARE Initiative Evaluation Design Matrix

Research Questions *What question(s) are we trying to answer?*	**Key Criteria and Information** *What evidence do we need to address the question?*	**Methods** *How will we collect the evidence?*	**Sources** *From whom or where will we obtain this evidence?*
Q1 Did the 'SHARE Initiative' program increase safe and adequate housing conditions?	Feedback specifically on services and resources provided to address safe and adequate housing conditions.	Survey participants or data collected by partner(s).	Participants of the SHARE Initiative program.
Q2 Did 'SHARE Initiatives' contribute to the improvement of population health quality and outcomes?	Collect health data. Compare year to year.	Survey participants or data collected by partner(s).	Participants of the SHARE Initiative program.
Q3 Was housing tenancy maintained for participants of this program?	Survey participants on their housing situation at end of year one, and so on.	Survey participants or data collected by partner(s).	Participants of the SHARE Initiative program.
Q4 Have health disparities been identified among the Latino+x/ IPV survivors/Disabled OHP members?	Collect demographic data.	Survey participants or data collected by partner(s).	Participants of the SHARE Initiative program.
Q5 Do partners of 'SHARE Initiatives' have what they need to accomplish set goals?	Identifying short and long term support needed by partners.	Survey partner (CAT/Healthy Homes) end of year one.	Partner(s) of the SHARE Initiative program.

STAKEHOLDER: PARTICIPANTS OF THE SHARE INITIATIVE PROGRAM

Research Design

Evaluation Approach

The approach selected was a cross-sectional study, capturing data from multiple participants at a specific time. This method helps create a baseline of who the participants are and what their needs were.

Weaknesses of this approach would be that participants could potentially relocate and exit the program and the needs of new participants enrolled into the program could impact the findings of the evaluation year after year. This could affect the changes made to the program and may provide inconsistent outcomes.

Data Sources and Methods

Data Collection Instrument

The survey was intended to be in paper format and mailed to participants asking for voluntary participation, acknowledging that not all participants have access to a computer and/or internet.

Selection/Design of Data Collection Instrument

Using the research questions in the evaluation matrix design, we break them down into survey questions for data collection. The data collected from the surveys is evidence to answer the research questions of the program evaluation. For example, if we want to measure the inclusiveness of a program, we will collect demographic data from participants. The *Appendix D: SHARE Initiative Participant Survey Outline* is the draft survey that was intended to be used for data gathering.

Appendix D: SHARE Initiative Participant Survey Outline

CP (Columbia Pacific) SHARE Survey Questions Outline (draft)

1. Research question: Has access to resources/services increased in the diverse population?
    1. Members/participants (or data collected by partner):
        - Zip code
        - OHP/Dual member?
        - Age
        - Household combined income
        - Race/Ethnicity(ies)
        - Household size
        - Language(s)
        - Source of referral

2. Research question: Did the 'SHARE Initiative' program increase safe and adequate housing conditions?
    - Members/participants (or data collected by partner):
        - Check list of services accessed.
        - Rating scale for housing conditions (give examples).
        - Rating scale for availability of resources and/or services to address any barriers.
        - Are there additional safe and adequate safe housing needs?
        - Rating scale for easiness of accessing resources/services.
        - Comment section.
        - How often?
        - What made it difficult to access those services/resources?

3. Research question: Did 'SHARE Initiatives' contribute to the improvement of population health quality and outcomes?
    - Members/participants (or data collected by partner):
        - Yes/No health has improved, why or why not?
        - Yes/No housing has improved.
        - Comparison of entry & end of year one follow-up on health & housing (from partner).
        - Comment section.

4. Research question: Has housing tenancy maintained and/or increased for participants in the SHARE Initiatives program?
    - Members/participants (or data collected by partner):
        - Housing stability rating.
        - Current housing situation.
        - Current housing needs.
        - Housing needs that were addressed.

5. Research question: Have health disparities been reduced among the Latino+x/IPV survivors/Disabled OHP members?
    - Members/participants (or data collected by partner):
        - Disabilities(s)
        - IPV survivor (yes/no)
        - Information available in your language?

6. Do partners of 'SHARE Initiatives' have what they need to accomplish set goals?
    - Partner agency staff:
        - What services and/or resources were added to increase desired outcomes?
        - What made it difficult to increase services/programs?
        - What barriers were participants facing but services/resources were limited or non-existent?

7. Can we contact you for further questions about your experience/additional feedback?

The survey was not used as intended. The survey was to be filled out by participants who were served in some capacity of the SHARE Initiative program at midpoint and at the end of year one. However, HH-CAT collected data as the participants were entering the program and were able to provide evidence similar to what the survey would have accomplished.

As guidance, an Excel spreadsheet, as shown in *Appendix D.1: Share Initiative Data Excel Template*, was created to be filled with the data HH-CAT collected from participants.

Columbia Pacific - SHARE Initiative Data Collection Template

Demographics - Research Question: Has access to resources/services increased in the diverse population?						
Participant ID	Zip Code	OHP/Dual Member?	Age	Race/ Ethnicity	Household Structure	Primary Language

Zip Codes	Y/N	Age	Race/Ethnicity	Language	Household Structure
97103	Yes	under 18	American Indian/ Alaska Native	English	Single
97138	No	18-25	Asian	Spanish	Couple - no kids
97016		26-34	Black or African American	Not Listed	Single Parent
97146		35-44	Hispanic		2 Parents
97131		45-54	Multiracial		Adult cohabitating with parents
97121		55-64	Native Hawaiian/ Other Pacific Islander		Roommates
97102		65+	Race not listed		Not listed
97110			Slavic		
97145			White		
97051					
97056					
97048					

Safe & Adequate Housing - Research Question: Has access to resources/services increased in the diverse population?									
Participant ID	List of Services Accessed	# Of times participants accessed services/ resources.	Rating scale for housing conditions - at entry of program	Rating scale for housing conditions - at 6 months	Did housing condition maintain/ improve?	Rating scale for availability of resources and/or services.	Rating scale for easiness of accessing resources and/or services.	What made it difficult to access resources / services?	What are additional safe and adequate housing needs?

Service Accessed	Housing Condition	Accessing Serv/Res	Availability of Serv/Res	Y/N
Transportation	4 - Habitable, no issues	4 - Easy, no issues	4 - Received all requested assistance	Yes
Home Repair	3 - Needs minor repairs	3 - Mostly easy	3 - Received most of requested assistance	No
Rent	2 - Needs major repairs	2 - Somewhat easy	2 - Received some of requested assistance	
	1 - Uninhabitable, relocated	1 - Difficult	1 - Received no assistance	

Population Health: Did 'SHARE Initiatives' contribute to the improvement of population health quality and outcomes?			
Participant ID	Health rating at entry of program.	Health rating at 6 months.	Did health maintain/improve?

Health Rating, beginning	Improvement
4 - No immediate health needs (full coverage, regular visits)	Yes
3 - Minor health needs (i.e., insurance, primary doctor needed)	No
2 - Major health needs (i.e., surgery)	
1 - Immediate health care needs (i.e., full time caregiver)	

Housing Tenancy: Has housing tenancy maintained and/or increased for participants in the SHARE Initiatives program?			
Participant ID	Housing stability rating.	Housing needs that were addressed.	Did housing stability maintain/improve?

Stability	Housing needs addressed	Maintain/Improve
4 - Permanent Housing (own/rent)	Already permanently housed	Yes
3 - Temporary Housing (staying with friends/family)	Rent/mortgage assistance provided	No
2 - Shelter	Moved into permanent housing	
1 - Unhoused/Homeless (street, couch surfing)	Moved into temporary housing	
	Moved into shelter	
	Needs further assistance	

Health Disparities: Have health disparities been reduced amount the Latino+x/IPV survivors/Disabled OHP members?			
Participant ID	Self-reported disabilities?	IPV survivor?	Information available in your preferred language?

Y/N
Yes
No

Involvement of and Protection of Human Subjects

For protection of the participants a unique ID was assigned when gathering data. This was also used for quality control, to remove duplicates, and count repeat services and resources accessed.

Results, Conclusions, and Interpretation

Data Analysis

For data analysis data was provided by HH - CAT through the excel spreadsheet.

The program evaluator took the raw data and cleaned it up by separating it into groups. The four groups were: about the participants, accessing resources and assistance, health status and needs, and housing status and needs.

These four groups were chosen to match the research questions are closely as possible.

Findings and Reasonable Interpretations

The data was collected as the participants were entering the SHARE Initiative program and participants were at different levels of service. Thirty-seven households in total had participated at some level, twenty-four of those were enrolling in the program, and not all participants answered the questions. The following is a breakdown of the answers provided, in percentages.

This is what we learned about the participants of the SHARE Initiatives program:

- Participants lived in the following zip codes: 97048 (Rainier), 97141 (Tillamook), 97056 (Scappoose), and 97051 (St. Helens).
- Majority of household structures were made up of single-person household (39%), followed by couples with no kids (23%), household with two parents (15%), adult cohabitating with parent(s) (15%), and household with one parent (8%).
- White (31%) or not listed (69%) – (reasons not provided) were the race and ethnicities provided.
- 60% reported at least one person in the home self-identified with one or more disability.
- All participants reported English as their primary language, and all households had access to material in their primary language.
- Age groups, from largest to smallest were as follows: 55-64 at 46%, 65+ at 23%, 26-34 at 15%, and 35-44 & 45-54 tied at 8%.
- All participants are OHP/dual members.
- No participant identified as an Intimate Partner Violence (IPV) survivor.

When it came to accessing services and resources, findings showed:

- All participants needed assistance with home repairs.
- Most participants (55%) accessed the SHARE Initiative program for assistance several times, access of once and access of twice were tied at 18% and accessing many times at 9%.
- Barriers to accessing services included no other housing, and/or resistance to moving.

Participants reported the following when it came to their healthcare needs:

- Most participants (80%) need minor assistance with their health needs, such as getting insurance, or finding a primary doctor, 10% needed assistance with a major health need (such as surgery) and 10% needed immediate health assistance (such as a caregiver).

Housing data showed that participants came from a variety of housing situations prior to entering the program, however, 100% reported housing stability with permanent housing, either through owning or renting their home, once enrolled in the SHARE Initiative program.

The following is a breakdown of the level of repairs needed in participants' homes:

- 9% did not need home repairs.
- 64% needed minor repairs.
- 18% needed major repairs.
- 9% had to be relocated from their home as it was uninhabitable.

For a full report of the data collected please see *Appendix E: Evidence - Data Provided by HH – CAT* below.

Columbia-Pacific Care SHARE Initiatives

Data was collected from February - November 2022

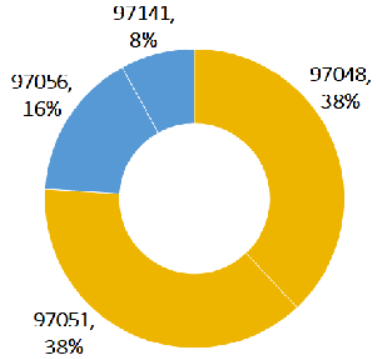
37 Participants

**Not all participants answered these questions.*
**24 are in the process of enrolling.*

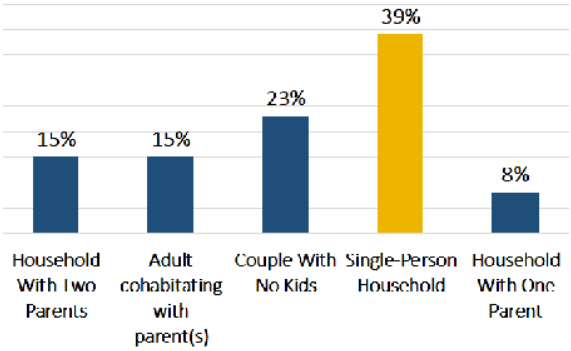
About the Participants:

1) Zip Codes Where Participants Live

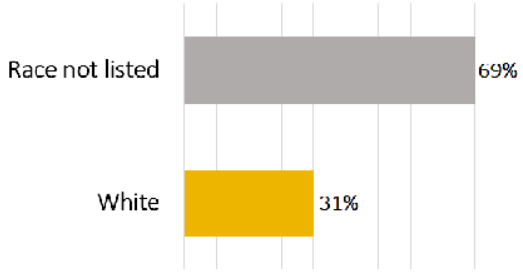
Cities: Scappoose, St. Helens, Rainier, & Tillamook.



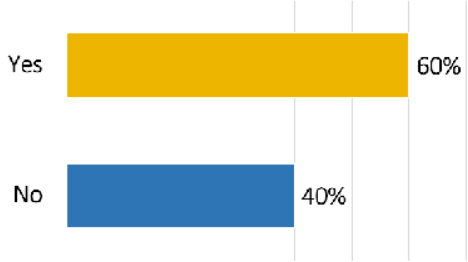
2) Household Structure



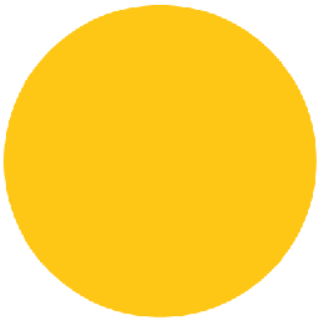
3) Race/Ethnicity



4) Self Reported Disability(ies)

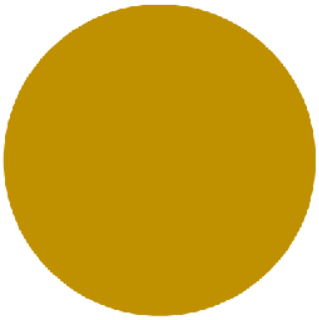


5) Primary Language



English, 100%

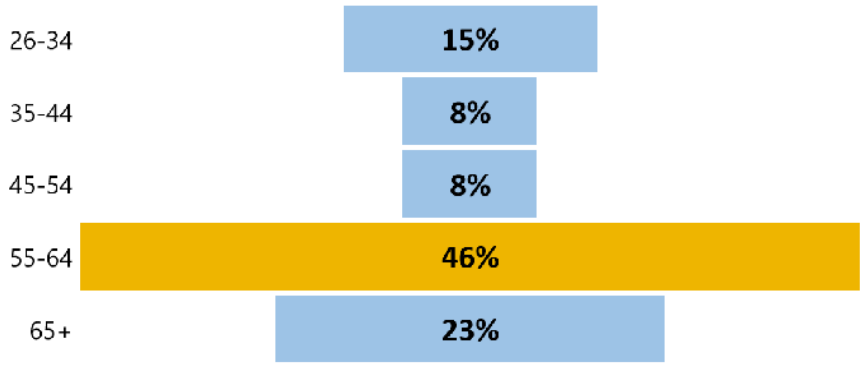
6) Material Available in Primary Language



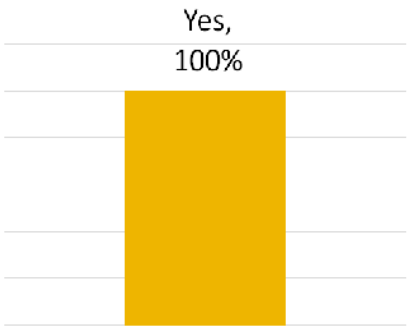
Yes, 100%

Pg 1

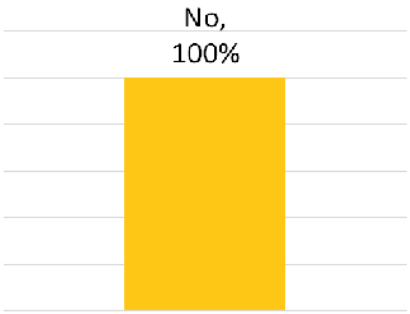
7) Age Group



8) OHP/Dual Member

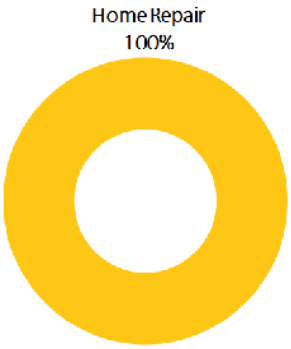


9) Intimate Partner Violence (IPV) Survivor

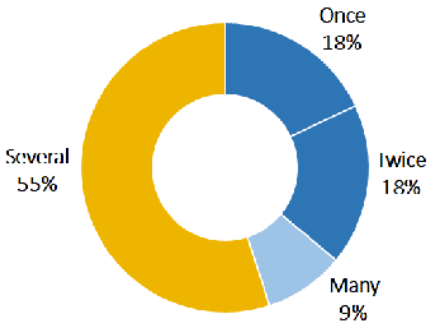


Accessing Resources & Assistance:

10) Type of Service Accessed



11) Number of Times Accessing Assistance

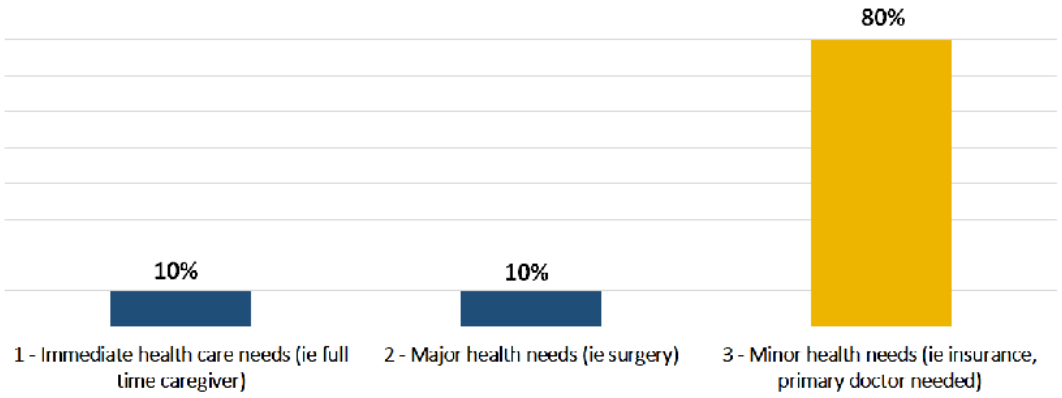


12) Barriers to Accessing Resources

No other housing; resistance to moving.

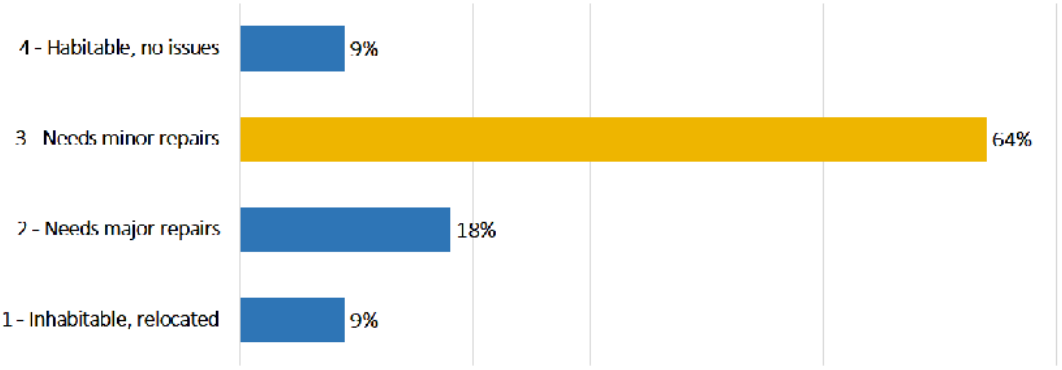
Health Status & Needs:

13) Health Rating at Entry of Program

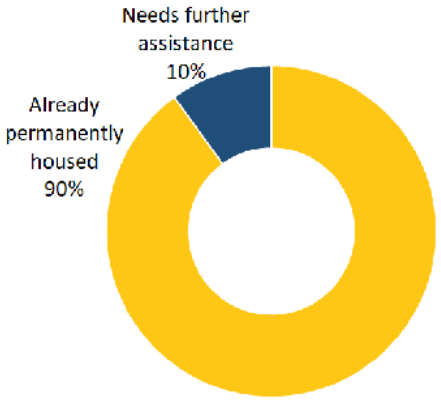


Housing Status & Needs:

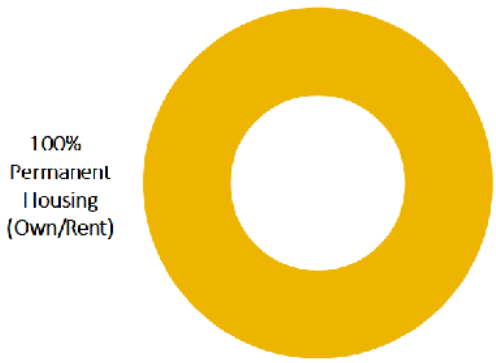
14) Housing Rating at Entry of Program



15) Housing Needs Addressed



16) Current Housing Stability



Conclusion

The biggest success was increasing housing stability for all households; however, we want to continue evaluating housing needs to prevent any major repairs that would cause someone to lose their home. Most participants had minor repair needs but we did not gather details about these repairs, which will be helpful do to in future evaluations.

The barriers identified in health needs were participants needing additional assistance in navigating the healthcare system in order to find insurance, choosing a primary doctor, and anything else related to accessing health care. Similar to housing repair needs, if we are able to better identify health needs of the SHARE program participants then future evaluations can measure whether the SHARE program is able to meet participants' needs and if it is improving health of participants over time.

Something that could negatively impact the recommendations made is the missing information, such as race/ethnicity. Understanding the participants with as much information about them as possible can mitigate the lost opportunities for inclusiveness. If participants are uncomfortable with sharing that information, it would also be beneficial to understand why and come up with ways to improve the process of collecting data.

Additionally, while all participants reported English as their primary language, it is recommended to continue gathering this data. As participants enroll and graduate from the program the demographics of individuals could change and we want to make sure we continue meeting them where they are, eliminating any language barriers they may face and providing reading material in primary languages.

Overall, this is an impressive set of data to start working with. A comparison evaluation could be done in the future, using the recommendations made, to see how the SHARE Initiatives program impacted the partners and participants long-term.

Recommendations

1. Expand on the data collected around housing needs to ensure that the program is positively impacting safe and adequate housing conditions.

2. Expand on the data collected around health needs – are members reporting a positive increase in their health outcomes through the assistance of the SHARE Initiative program?

STAKEHOLDER: SHARE INITIATIVE PARTNER – HEALTHY HOMES – COMMUNITY ACTION TEAM

Research Design

Evaluation Approach

A qualitative approach through a meeting with the staff of HH-CAT to better understand what went well and how CPCCO could support partners and staff in the future.

Data Sources and Methods

Data Collection Instrument

Data would be collected through a focus group, or interview, post year one of the program evaluation.

Selection/Design of Data Collection Instrument

The data collection instrument, and the questions we wanted to ask the SHARE partner, was being worked on during the completion of this evaluation report.

Involvement of and Protection of Human Subjects

Those who wish to participate in the focus group will not have their name linked to their responses in the public reports. Quotes and visuals will represent the group as a whole and not individuals.

Results, Conclusion, and Interpretation

Conclusion

Due to timing reasons the interview with HH-CAT staff will occur early 2023.

Recommendations

1. Due to the unpredictable nature of programs, partners, fundings, etc., it is recommended to do a mid-year focus group as an opportunity to collect some data in case something interrupts the evaluation.

USE AND DISSEMINATION PLAN

Plans for Use

CPCCO staff will work will the program evaluator to continue collecting data to measure outcomes year after year. Part of the evaluation will be implementing the recommendations into the program and evaluating their effectiveness.

The findings report will also be shared with the Columbia Pacific CCO leadership team through a PowerPoint Presentation, and with the community through the Snapshot Report, see *Appendix F: SHARE Initiative Snapshot Report.*

SHARE Initiative Program 2022 Snapshot Report

What we learned year one

Columbia Pacific CCO™
Part of the CareOregon Family

Community Action Team
Serving Columbia, Clatsop, and Tillamook Counties

About the Participants

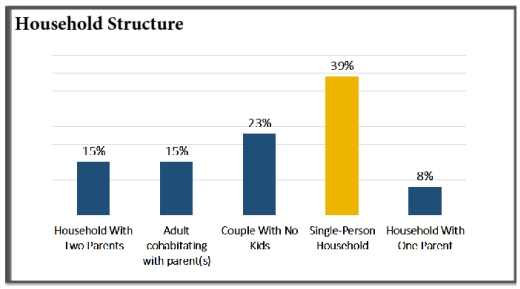
37
Households
(24 in process of enrollment)

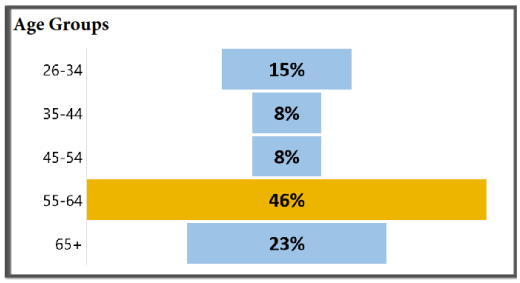
Top Zip Codes:
97048 & 97051
(Participants Live in)

100%
OHP/Dual Members

Primary Language:
English

60%
Reported a Disability





Accessing Assistance & Resources

Resource Requested:

100%
Home Repair

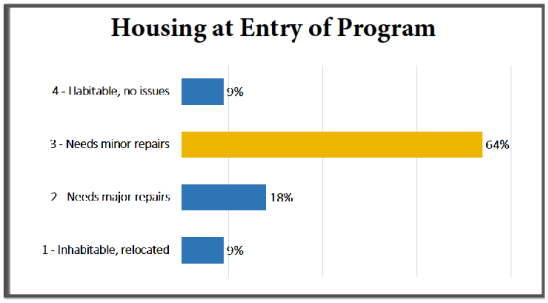
Times Requested:

55%
Several Times.

Barriers to Accessing Resources:
No other housing, resistance to moving.

Health & Housing | Statuses & Needs

100%
are in permanent housing through ownership or renting.



10% **Reported a need for housing.**

80%
Have minor health needs.

Such as navigating health care, getting a primary doctor assigned, or adjusting insurance coverage.

Credentials:

Program evaluation and findings report was completed by:
Yelena Voznyuk - *Program Evaluations Coordinator*

With support from:
Nancy Knopf, MSW – *Director of Community Health Partnerships*
Teresa Lavagnino, MSW/MPH – *Community Engagement Specialist*
Heather Oberst, MS – *Community Engagement Manager*
Judy Bankman, MPH – *Community Engagement Specialist*

With contribution from:
Healthy Homes – Community Action Team

Completion Date:
December 2022