

**Due: December 31, 2023**

### 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. Starting in 2023, CCOs are subject to a formula that determines their required minimum SHARE obligation. CCOs will follow the instructions in the [Exhibit L6.7](#) financial reporting template to apply this formula to their 2022 financials and report their 2023 SHARE designation.

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

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.

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

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

### SHARE Initiative Reporting

- A. By June 30, each CCO must report its
  - **Annual SHARE Initiative Designation** in [Exhibit 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*.

## 2023 SHARE Initiative Spending Plan Template

**CCO name:** Columbia Pacific CCO

**CCO contact:** Nancy Knopf, [knopfn@careoregon.org](mailto:knopfn@careoregon.org)

### *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.MCOCDeliverableReports@odhsoha.oregon.gov](mailto:CCO.MCOCDeliverableReports@odhsoha.oregon.gov) 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 G40 in Exhibit L – Report L6.7)**  
\$961,400

### **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) a) CARE: low barrier shelter program  
b) Clatsop Community Action (CCA): Hilltop Apartments, Rapid Rehousing Program, and Preserving Housing Stock  
c) Community Action Team: Healthy Homes Program (CAT/HH)  
d) Helping Hands Re-Entry Program: contract readiness for services
  - 2) a) CARE Tillamook’s low barrier shelter program funding will provide infrastructure for new programming for CARE’s low barrier shelter. It will include funding bathrooms, showers, and 24/7 peer supervision and support. This program will serve those who do not currently qualify for other forms of shelter due to lack of resources and/or because they do not meet the criteria for higher-barrier programs.  
b) Funding for CCA will help preserve much needed housing stock in Clatsop County, which has the highest rate of homelessness in Oregon. SHARE funds will support CCA staff capacity to:
    - i. Evaluate the maintenance and development needs of the affordable housing community of Hilltop Apartments, and
    - ii. Begin implementing a Maintenance and Development Plan for Hilltop Apartments.CCA has owned and operated Hilltop Apartments since the 1980s. This complex provides 22

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affordable housing units that are dedicated to low- and very low-income residents (at or below 80% median income in the county). SHARE funds will also support CCA's Rapid Rehousing program, which prevents people from entering the cycle of homelessness when they're displaced or living in unsafe conditions.

c) CAT's Healthy Homes program will be a continuation of SHARE funds from the last two years to provide adequate funding for Healthy Homes, which supports low-income households staying in their homes by repairing safe or inadequate living conditions. 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, however CAT does not currently receive any state or federal funding for the program in the region, nor is it a covered benefit. The program provides repairs, remediation measures and/or enhancements that will improve the home environment for Medicaid members who have respiratory illness, balance/mobility issues that could lead to falls, or other health conditions that are intensified in the home environment. Please note that no SHARE funds will be used to support services covered under HRSN or the SUD waiver. The following activities will be worked on as part of SHARE:

- i. Continuing to work on enhancing referrals through a closed loop referral process;
- ii. Reporting service delivery and delivery status;
- iii. Technical assistance and review of their current practices and workflows;
- iv. Identifying and supporting staff to gain THW certification and;
- v. Exploring options for future, more sustainable funding models including the Health Related Social Needs (HRSN) benefit and other programs.

d) Funding for Helping Hands will support OHP members engaged in the Reentry Program by providing three months of program costs while individuals meet program goals. Key components of the Helping Hands' Reentry Program include mandatory community service, job seeking until employed, process groups and recovery support, and learning basic life skills. Helping Hands staff also help connect participants to community resources. Funds will also provide a glide path towards successfully contracting with CPCCO as a social care and safety net provider. The following activities will be worked on as part of SHARE, but no SHARE funds will be used to support covered services under HRSN or the SUD waiver:

- i. Preparing to receive referrals through a closed loop referral process;
- ii. Reporting service delivery and delivery status;
- iii. Technical assistance and review of their current practices and workflows;
- iv. Identifying and supporting staff to gain THW certification and;
- v. Exploring options for future, more sustainable funding models including the Health Related Social Needs (HRSN) benefit and other programs.

3) a) CARE will serve houseless individuals and families including those currently experiencing substance use disorder and/or who live with severe and persistent mental illness.

b) CCA's programs serve housing insecure individuals and families including elders and those most at risk of losing current housing.

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c) CAT's Healthy Homes program serves OHP members and their families who have health conditions that would be improved or stabilized by improvements to their home environment and/or by staying housed.

d) Helping Hand Reentry would serve houseless populations including those in early recovery from substance use disorder, those re-entering the community after being an adult in custody, and those who are or have recently been houseless.

### 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. All proposed projects above address housing from different perspectives.

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 that align to our SHARE projects are to:

- Partner with existing local housing task forces/committees to develop pathways for increased access to **shelter housing, transitional support to acquire permanent housing**, and options for permanent housing;
- Encourage local adoption of evidence-based **recovery housing, supported housing**, supported employment, and supported education programs;
- Increase the number of tenancy sustaining services;
- Create transitional support services between higher and lower levels of care; and
- 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." All projects listed above are with agencies that are either already on the Connect Oregon platform and working on further adoption or will be working towards joining the Connect Oregon (or similar) platform to send, receive, and close the loop of formal referrals and complete social needs screening.

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One of our three strategies under “Access to Care: Social Safety Net for increasing access to health-related community-based services and unmet social care needs 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:

- Increase community awareness of resources and supports through 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.

All projects involve staff who either act in the capacity of a THW or include certified & registered THWs.

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

All four SHARE Initiative projects align with the statewide priority of housing-related services and supports, as each project funds programs that help people find and/or maintain stable and safe housing. The CARE project will provide funds for a low-barrier shelter for individuals experiencing homelessness. The CCA project will focus on preserving affordable housing stock in Clatsop County, which has the highest per capita rate of homelessness in Oregon. The CAT project will expand the existing Healthy Homes program, which prevents homelessness by supporting low-income individuals to stay safely in their homes. The Helping Hands program will fund three months of Reentry Program costs, which includes system navigation support and connections to community resources for OHP members at risk of homelessness. CPCCO is committed to increasing housing stock and improving housing services and supports in our region, as detailed in our RHIP, and the SHARE Initiative is one way we meet this goal.

As housing is a major priority of both CPCCO’s RHIP and statewide housing priorities our Board of Directors approved and created our Regional Housing Impact Fund. SHARE funding complements our Housing Impact Fund, a shared impact model that leverages multiple avenues of funding opportunities and our projects and programs reflect such alignment. The Housing Impact Fund 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. Provides respite programs as an alternative to hospital level of care for mental health crisis.
2. Increasing homelessness services that are focused on:

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- 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:** CARE Tillamook

**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.**

**A. Partner name:** Clatsop Community Action (CCA)

**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.**

**A. Partner name:** Community Action Team/Healthy Homes

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

- Neighborhood and built environment
- Economic stability

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- 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.**

**A. Partner name:** Helping Hands Re-Entry

**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).**

Given the increase in allocated funding to SHARE and the large gaps that exist in our region around housing supports, CPCCO is expanding our SHARE funding to housing partners who serve our region in areas that have been identified as having the greatest need and where funding could best be leveraged. The organizations selected are the core housing and social service providers in the CPCCO region and these projects were identified by looking at the SHARE priorities with consideration for the current gaps in funding through our Regional Housing Impact Fund, our Community Advisory Councils' health equity considerations, and population data for our region. These organizations are also long-term, trusted partners who have received grant funding from CPCCO in the past. The specific programs were selected in consultation with the partners themselves, and aimed to fund programs that are vital to the community, aligned with our shared housing priorities, and that are not currently receiving other funds from the CCO. Additionally, SDOH-E partners must meet basic qualifications in order to participate in SHARE funding. They must provide best practice or evidence-based practices through their services that support low-income individuals to maintain or stabilize their living situation or to recover quickly from losing housing.

**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

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If no, please explain why not. *Please note, agreements are in draft form as they are not fully executed. Once signed by partners, CPCCO will re-submit the agreements.*

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.)  
Our CACs were the first group to give input on SHARE project proposals, providing initial approval and feedback. No objections to proposals occurred during this process. In the future if objections to proposals occur, the CACs' input will be given a weighted vote to be considered along with staff and board members. Starting in 2024, CPCCO will provide biannual updates to the CACs on SHARE projects including an environmental scan of gaps related to the CCO's housing strategy for the Regional Housing Impact Fund and strategies associated with the Regional Health Improvement Plan.

### 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.

The CAT/HH program has an established evaluation developed in partnership with CPCCO which aligns with program objectives and deliverables (See 2023 Program Evaluation and Findings: Columbia Pacific CCO SHARE Initiatives). The Specific, Measurable, Action-Oriented, Relevant, Time-bound, Inclusive, and Equitable (SMARTIE) goals for the objective and deliverable outcomes will be slightly adjusted for the next contract year with updated deliverables based on lessons learned from Year 2 and community priorities. For example, CAT/HH updated goals include enhancement of trauma-informed services and outreach planning to specific populations.

CPCCO staff will work with CARE Tillamook, Clatsop Community Action, and Helping Hands Re-Entry Program in the first quarter of 2024 to co-identify a SMARTIE goal to focus on in addition to other contract deliverables. This will allow for time to develop the most relevant and measurable deliverables that will help identify strengths and opportunities for each program and align with community priorities and system opportunities.

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



































































































































