

## 2024 Annual SHARE Initiative Spending Plan Template

**Due: December 31, 2024**

### Overview

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

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

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

SHARE Initiative spending must meet the following four requirements:

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

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

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

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

### SHARE Initiative Reporting

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

## 2024 SHARE Initiative Spending Plan Template

**CCO name:** Columbia Pacific Coordinated Care Organization (CPCCO)

**CCO contact:** Nancy Knopf

### Instructions:

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

### Section 1: SHARE Initiative Designation

1. What is the dollar amount of your CCO’s SHARE Initiative designation represented in this spending plan? This amount must meet or exceed your CCO’s designation amount recorded in cell G40 in [Exhibit L – Report L6.7](#). If the amount does not match, please explain.  
We have \$100,000 for this spending plan.

### Section 2: SHARE Initiative Spending Plan

#### Spending plan project summaries

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

| Project # | Project name   | Brief project description, including project goals, objectives and expected outcomes  | Is this a housing project? If yes, indicate project type. <sup>1</sup>   | SDOH-E domain   | Populations served (list) <sup>2</sup>  |
|-----------|--|---|--|---|---|
| 1         | Community Action Resource Enterprises (CARE) Tillamook | 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 | <input type="checkbox"/> Housing services and supports<br><input type="checkbox"/> Permanent supportive housing<br><input checked="" type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing): | <input checked="" type="checkbox"/> Neighborhood and built environment<br><input checked="" type="checkbox"/> Economic stability<br><input type="checkbox"/> Education<br><input checked="" type="checkbox"/> Social and community health | People unhoused or at risk of houselessness<br>Priority populations include people with functional difficulties |

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

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

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|   |   | due to lack of resources and/or because they do not meet the criteria for higher-barrier programs.   |  |   | and/or SUD, and non-English speakers.  |
| 2 | Clatsop Community Action (CCA): Hilltop Apartments, Rapid Rehousing, & Preserving Housing Stock | Preserves much needed housing stock in Clatsop County, which has the highest rate of homelessness in Oregon. SHARE funds will support CCA staff capacity to 1) Evaluate the maintenance and development needs of the affordable housing community of Hilltop Apartments, and 2) Begin implementing a Maintenance and Development Plan for Hilltop Apartments.  | <input checked="" type="checkbox"/> Housing services and supports<br><input type="checkbox"/> Permanent supportive housing<br><input type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing): | <input checked="" type="checkbox"/> Neighborhood and built environment<br><input checked="" type="checkbox"/> Economic stability<br><input type="checkbox"/> Education<br><input checked="" type="checkbox"/> Social and community health | People unhoused or at risk of houselessness<br>Priority populations include people with functional difficulties and non-English speakers |
| 3 | Community Action Team (CAT) Healthy Homes (HH) Program  | The HH program serves households in Clatsop, Columbia and Tillamook Counties and subscribes to the HUD Healthy Homes Model. 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. The program will work to transition as an HRSN service provider for eligible populations upon rollout of the benefit, not duplicating SHARE dollars. SHARE dollars will continue to be used to fill gaps in the population served who do not qualify for HRSN or HRSF. | <input checked="" type="checkbox"/> Housing services and supports<br><input type="checkbox"/> Permanent supportive housing<br><input type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing): | <input checked="" type="checkbox"/> Neighborhood and built environment<br><input checked="" type="checkbox"/> Economic stability<br><input type="checkbox"/> Education<br><input checked="" type="checkbox"/> Social and community health | People unhoused or at risk of houselessness<br>Priority populations include people with functional difficulties and non-English speakers |
| 4 | Helping Hands Re-Entry Program:   | Funding for Helping Hands supports OHP members engaged in the Reentry Program by   | <input checked="" type="checkbox"/> Housing services and supports<br><input type="checkbox"/> Permanent supportive housing   | <input checked="" type="checkbox"/> Neighborhood and built environment  | People unhoused or at risk of  |

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|  | <b>Contract Readiness</b><br><br>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 are providing a glide path towards successfully contracting with CPCCO as a social care and safety net provider. SHARE funds will not be used to support covered services under HRSN or the SUD waiver. Helping Hands is not currently an HRSN provider. | <input checked="" type="checkbox"/> Other (write in; for example, transitional housing, emergency shelter, affordable housing):<br>Transitional housing | <input checked="" type="checkbox"/> Economic stability<br><input type="checkbox"/> Education<br><input checked="" type="checkbox"/> Social and community health | houselessness<br>Priority populations include people with functional difficulties and/or SUD, and non-English speakers |
|--|---|---|---|--|

### CHP/statewide priorities

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

Housing is a priority area of both CPCCO's current (2019-2024) and updated Regional Health Improvement Plan (2025-2029) (RHIP). During our previous RHIP, 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 health improvement plan.

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

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 (1) provides funds for a low-barrier shelter for individuals experiencing houselessness. The CCA (2) project focuses on preserving affordable housing stock in Clatsop County,

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which has the highest per capita rate of homelessness in Oregon. The CAT project (3) expands the existing Healthy Homes program, which prevents houselessness by supporting low-income individuals to stay safely in their homes. The Helping Hands program (4) funds 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.

### SDOH-E partners and agreements

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

**A) Identify each SDOH-E partner that will receive a portion of SHARE Initiative funding.**

**B) Identify the total SHARE budget (dollar amount) being allocated to the partner.**

**C) Briefly describe how the partner will be using the SHARE funds.**

**Note:** For each partner, your CCO must have a partner agreement in place that meets requirements in guidance. You don't need to submit the agreements to OHA.

| Project #<br>(match above) | Partner name   | SHARE budget to partner (\$) | Partner agreement  | Describe the specific items, activities or services being funded with SHARE  |
|----------------------------|--|------------------------------|--|--|
| 1                          | Community Action Resource Enterprises (CARE) Tillamook | \$100,000                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <ol style="list-style-type: none"> <li>1) By Dec 2024, hire staff whose FTE is dedicated to the development and implementation of maintenance and upgrades of the No or Low Barrier Shelter Program.</li> <li>2) By March 2025, staff whose FTE is dedicated to the No and Low Barrier Shelter Program will have created a plan for maintenance and development needs that is inclusive of member and community participation.</li> <li>3) By June 2025, CARE oversight committee staff will have developed plans for phase two, renovating the "navigation center to provide wrap around services for program participants including a budget that identifies maintenance costs, administrative oversight, and ongoing fundraising needs to leverage state, federal, and foundation funding for CARE services.</li> <li>4) By June 2025, CARE will have created an oversight committee for grants, program, and policies to ensure the long-term sustainability of the shelter and housing programs the peer support programs that are being developed for Tillamook County to support those dealing with homelessness, addiction, and/or mental illness.</li> <li>5) By August 2025, complete at least four</li> </ol> |

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|---|---|-----------|--|---|
| 2 | Clatsop Community Action (CCA): Hilltop Apartments, Rapid Rehousing, & Preserving Housing Stock | \$115,000 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <p>meetings between Contractor and CPCCO to strategize, plan, and set goals in building paths identifying components of sustainable funding beyond SHARE funds.</p> <ol style="list-style-type: none"> <li>1) Continue implementation of the Maintenance and Development plan for the Hilltop Apartment complex.</li> <li>2) Continue to explore the adjacent property development with contracted developer.</li> <li>3) By the end of month 12, complete at least two meetings between Contractor and CPCCO to strategize, plan, and set goals in building paths identifying components of sustainable funding beyond SHARE funds.</li> </ol>   |
| 3 | Community Action Team (CAT) Healthy Homes (HH) Program  | \$150,000 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <ol style="list-style-type: none"> <li>1) Complete the Trauma Informed Oregon Trauma Informed Care Implementation Assessment tool and develop a trauma informed care action plan for at least one program in the organization by December 31, 2025.</li> <li>2) Continue documentation of outreach strategy and increase in reaching Spanish speaking households and reach to all 3 counties through 2025.</li> <li>3) Continue participation in the Social Needs Screening and Referral Metric working towards meeting Tier Two criteria by December 31, 2025.</li> <li>4) Throughout 2025, use ConnectOregon and Care Coordination hub for reporting of Health-Related Social Needs (HRSN) service provision and Health Related Services (HRS)-Flex. Ensure workflow of service provision and allocated funds are separate from service provision and funds used from the SHARE Healthy Homes program.</li> </ol> |

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| 4 | Helping Hands Re-Entry Program:<br>Contract Readiness | \$200,000 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <p>5) Report Healthy Homes SHARE spending to CCO Contact and document all SHARE funded projects in SHARE-Healthy Homes database twice per year, in January 2025 and June 2025, prior to release of payment.</p> <p>6) Meet with CCO partners to discuss program status at least twice per year, once in the first half of the year and another during the second half of the year.</p> <p>7) By the end of 2025, sponsor at least one CHW certification for organizational staff. Staff should have lived experience and/or a strong relationship with priority populations and strong connections to the Healthy Homes program.</p> <p>1) By the end of month 12, 4 staff whose FTE is dedicated to the program will have, at minimum, enrolled in or completed a Traditional Health Worker certification.</p> <p>2) By the end of month 12, staff and program directors whose FTE is dedicated to the program will have 4 contacts with CCO staff to understand and develop processes for referrals to Helping Hands. Includes invoicing process, strategizing/planning/goal setting for paths to sustainable funding.</p> <p>3) Document engagement with existing community partner organizations who serve people from priority populations (reentry post incarceration, SUD treatment, houseless, Latinx/o/a community, OHP members), specifically with a narrative on the process for receiving referrals and closing the loop on referrals.</p> <p>4) By the end of months 6 and 12, submit deidentified documentation of service population who are OHP members entering reentry program services and number of days in program.</p> |
|---|---|-----------|--|--|

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

### Partner selection and community advisory council (CAC role)

7. Describe the process for identifying and selecting the SDOH-E partners for SHARE Initiative projects.



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**A. Below are some examples of CAC roles in SHARE. Check all boxes that apply.**

- ☐ CAC determined SHARE priority areas.
- ☐ CAC created or approved the overall SHARE decision-making process.
- ☐ CAC developed a scoring rubric for reviewing SHARE proposals.
- ☒ CAC members recommended organizations to fund using SHARE dollars.
- ☒ CAC members reviewed SHARE proposals and made recommendations to CCO leadership.
- ☐ CAC made final SHARE project funding decisions.
- ☒ CAC will have a role in ongoing monitoring of SHARE projects.

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

CPCCO selected 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. SHARE Partners have attended CAC meetings in 2024 to provide updates on the status of projects, and to get feedback on how projects are being implemented in the community. Starting in 2025, CACs will get a broad overview of CCO funding streams and opportunities, and the CACs will provide direction on which SDOH-E domains to focus on for 2026 and potential partners to approach.

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

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

☐ Yes ☒ No

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

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