

## 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: Health Share of Oregon

CCO contact: Tina Pfenning, [pfenningt@healthshareoregon.org](mailto:pfenningt@healthshareoregon.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.MCOTDeliverableReports@odhsoha.oregon.gov](mailto:CCO.MCOTDeliverableReports@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](#))  
\$10,629,052.51

### 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.

Project Title	Activities Funded	Population Served
Project 1: Recuperative Care Program	<p>SUMMARY: SHARE funding will be provided to Central City Concern to support capital costs associated with converting a 66-unit hotel to accommodate a major expansion of its Recuperative Care Program (RCP), the addition of a new Enhanced Medical Respite component, and the inclusion of a Primary Care Clinic to serve both.</p> <p>SDOH-E DOMAIN(S): This project addresses the SDOH-E domains of:</p> <ul style="list-style-type: none"><li>✓ Economic Stability</li><li>✓ Neighborhood and Built Environment</li><li>✓ Social and Community Health</li><li>✓ Housing</li></ul> <p>BACKGROUND:</p>	Houseless

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	<p>Central City Concern purchased a former Comfort Inn Hotel, located in NE Portland, Oregon in April of 2023 for expansion of the Recuperative Care Program (RCP). The purchase of the hotel enables this program to grow from its current bed capacity of 51 beds to up to 90 beds of capacity to serve the Portland Metro Region. This project increases RCP’s capacity by 75%, improving access not only to health care but also to services that improve social determinants of health (SDOH) for people experiencing homelessness.</p> <p>To transform this hotel into effective and therapeutic transitional housing, the building required a series of upgrades and improvements, including low voltage/security system, ADA improvements, floor replacement, various fixture, furniture, and equipment replacement, converting an indoor swimming pool room to usable space, and various client and staff tenant improvements of clinical, office, and common spaces. To complete the conversion, the building requires a second elevator to meet the needs of the 50% of residents requiring mobility assistance, further ADA improvements, and a community kitchen to serve the residents.</p> <p>CCC’s innovative Recuperative Care Program (RCP) addresses the needs of patients who are ready for discharge but are unable to leave the hospital because they are experiencing homelessness and lacking the basic essentials (hygiene, refrigeration for medications, etc.) required for full recuperation. RCP provides short-term stabilization beds to allow people to recover and return to activity, reducing days in the hospital and the probability of re-admissions, with the additional benefit of freeing up hospital beds to serve the community. RCP case managers work closely with hospitals and health plans to identify and transfer patients from the hospital, providing temporary housing and immediately establishing them with a primary care provider and case management team. The expansion will enable care for multiple acuity tiers of respite patients, with approximately 20 beds being reserved for a new Enhanced Medical Respite program (MR-E), serving those who need more intensive management and potentially longer stays in care, to those who need lighter touch case management and support.</p> <p>PROGRAM DETAILS/EXAMPLES: Building common ADA shower rooms, addition of large capacity elevator, commercial kitchen build-out, ~20 in-unit ADA restroom conversions.</p>	
<p><u>Project 2:</u> AI/AN Social Connection and</p>	<p>SUMMARY: NARA NW would like build on existing programs and current community partnerships to expand their programming focusing on</p>	<p>American Indians, Alaska Natives</p>

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<p>Economic Stability Initiative</p>	<p>social and community health. The center will be staffed by Traditional Health Workers and/or Social Service Navigators that can help complete social needs screening, execute referrals to community partners using a community information exchange platform such as Unite Us, and facilitate connection to medical, dental, mental health or other services as needed. Some of these activities will become covered services for some community members through the new Health Related Social Needs (HRSN) benefit under the 1115 Waiver. We will connect eligible members to covered benefits and avoid duplication of services.</p> <p><b>SDOH-E DOMAIN(S):</b>          This project addresses the SDOH-E domains of:</p> <ul style="list-style-type: none"> <li>✓ Economic stability</li> <li>✓ Neighborhood and Built Environment</li> <li>✓ Social and Community Health</li> <li>✓ Housing</li> </ul> <p><b>BACKGROUND:</b>          The Native American Rehabilitation Association of the Northwest (NARA NW) is a culturally specific organization within the Portland Oregon Metropolitan area that provides care to American Indians and Alaska Natives (AI/AN) as well as anyone else who needs care. They are the only Urban Indian Organization in the state, work regularly with the local nine tribes of Oregon, are an Indian Health Service clinic site, as well as a Federally Qualified Health Center and HRSA recipient. NARA NW has been in operation since 1970 initially providing substance abuse treatment and then expanding to include medical, pharmacy, dental and mental health. They have also been growing and expanding in providing social supports such as housing, case management for elders and veterans, and most recently adding a food pantry resource. Because many of the staff at NARA are part of the native community, their community partnerships, and close relationship with the tribes in Oregon, as well as our ability to provide culturally specific treatment, they are positioned to identify and address barriers, and to improve access to care and overall wellness that would not otherwise be possible.</p> <p><b>PROGRAM DETAILS/EXAMPLES:</b></p> <ul style="list-style-type: none"> <li>• Support the development of a community resource center to significantly enhance NARA NW’s programs focusing on addressing inequities related to housing, food access, access to care, social connection, economic stability for AI/AN elders, children, and families.</li> <li>• Provide screening, referrals, and navigation services to increase access to social services and health care services.</li> </ul>	
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## 2023 SHARE Initiative Spending Plan Template

<p><u>Project 3:</u> Portland Metro Food Sovereignty Initiative</p>	<p><b>SUMMARY:</b> The goal of the Portland Metro Food Sovereignty Initiative is to share cultural knowledge and resources while protecting first foods, land, and water and commit deeply to meaningful relationships with Indigenous, Tribal, and other communities.</p> <p><b>SDOH-E DOMAIN(S):</b> This project addresses the SDOH-E domains of:</p> <ul style="list-style-type: none"> <li>✓ Economic stability</li> <li>✓ Neighborhood and Built Environment</li> <li>✓ Education</li> <li>✓ Social and Community Health</li> </ul> <p><b>BACKGROUND:</b> The Portland Metro Food Sovereignty Initiative consists of shared projects such as seed saving, food education, land access and land back, food processing, research, mentorships, job pathways, community connections and social gatherings. The purpose of this investment is knowledge sharing, building collective capacity and power, and supporting Indigenous food producers, gatherers, and land tenders.</p> <p><b>PROGRAM DETAILS/EXAMPLES:</b></p> <ul style="list-style-type: none"> <li>• Identifying and centering the unique needs of the urban Native community - conducting a Portland Area Food Sovereignty Assessment to support the identification of food gaps and community concerns and elevate engagement in the food system.</li> <li>• Training and mentorship to increase the capacity of team members and expand staff.</li> <li>• Ensuring programming and activities are accessible to all community members - reducing barriers for community to access the work.</li> <li>• Creating pathways for community to provide feedback that will shape the work - participants will have opportunities to provide feedback where their input is truly implemented and reported back.</li> <li>• Collecting data that is meaningful, respectful, useful and culturally centered.</li> </ul>	<p>American Indians, Alaska Natives</p>
<p><u>Project 4:</u> Regional THW Worker Capacity-Building Initiative</p>	<p><b>SUMMARY:</b> The Tri-County Local Public Health Departments (Clackamas, Multnomah, and Washington Counties) plan to transition local Traditional Health Worker (THW) infrastructure to a collaborative Tri-County Public Health THW approach and develop plans for sustainability.</p>	<p>Culturally Specific Communities</p>

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	<p><b>SDOH-E DOMAIN(S):</b> This project addresses the SDOH-E domains of:</p> <ul style="list-style-type: none"> <li>✓ Neighborhood and Built Environment</li> <li>✓ Social and Community Health</li> </ul> <p><b>BACKGROUND:</b> Local public health departments in collaboration with community partners have a unique opportunity to address and co-create solutions with communities to address social determinants of health and equity (SDOH-E). THWs build trusting relationships to help community members successfully navigate complex systems. This project will advance health equity and increase access to culturally and linguistically responsive services primarily in communities with Medicaid and Medicaid-eligible members.</p> <p><b>PROGRAM DETAILS/EXAMPLES:</b> This proposal has an initial focus on a broad application of climate adaptation strategies and supporting communities disproportionately impacted by climate change. Climate adaptation in this context means taking simple protective measures (e.g., accessing cooling centers during a heat event) to adapt to climate consequences (e.g., extreme heat events) and access resources to support health (e.g., prenatal and perinatal, housing, chronic disease prevention, and emergency preparedness). In addition to building THW workforce capacity, this investment will build skills in the THW workforce to support communities to improve health outcomes (e.g., preterm birth) and acute health impacts (e.g., asthma triggers, heat exhaustion, dehydration, interruption in lactation).</p>	
<p><b>Project 5:</b> The Family Peace Center Project</p>	<p><b>SUMMARY:</b> The Family Peace Center seeks to establish a single location for prevention, intervention, healing, and hope for survivors of domestic violence, sexual assault, and child abuse in Washington County. This investment will assist in renovating and opening this new facility by 2026.</p> <p><b>SDOH-E DOMAIN(S):</b> This project addresses the SDOH-E domains of:</p> <ul style="list-style-type: none"> <li>✓ Neighborhood and Built Environment</li> <li>✓ Social and Community Health</li> </ul> <p><b>BACKGROUND:</b> The Family Peace Center will be specially designed to serve people impacted by domestic violence, sexual assault, child abuse, sex trafficking, elder abuse, or family violence and their many interconnected needs. These populations have disproportionately</p>	<p>Survivors of domestic violence, sexual assault, child abuse</p>

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	<p>high barriers to accessing housing, food, transportation, and appropriate care, as well as very high rates of chronic conditions and social isolation, as discussed in our attached document. The Family Peace Center Project aims to address these barriers by bringing all of these services into the center to eliminate barriers. On site will be access to shelter, housing, and rental/bill assistance; food access, benefits, and education; physical and mental healthcare, peer support and connections, as well as long-term coordinated support services to ensure that survivors no longer exist in silent isolation, they can now thrive.</p> <p>The center will be built to meet these needs, with spaces that include medical clinics, therapeutic counseling and mental health therapy offices, advocacy and peer support spaces, a court facility to reduce the trauma of going to the courthouse, a teaching kitchen a food pantry, a clothing “boutique” with changing rooms and laundry facilities to increase dignity, child and youth centers, large community gathering spaces for survivors, quiet decompression spaces for folks who are overstimulated, private outdoor healing spaces, all designed with trauma informed principles. This facility will also be co-located, with 22 agencies specially designed and built into the space, making it not only comprehensive and holistic to survivors, but the agencies as well, creating collective, long-term impact.</p> <p><b>PROGRAM DETAILS/EXAMPLES:</b> Oversee building renovations and upgrades according to design plans.</p> <ul style="list-style-type: none"> <li>• Facilitate collaborative planning sessions with community partners and survivors to ensure facility and future programming meets the diverse needs of the community.</li> <li>• Track and report construction spending utilizing the CMGC model.</li> <li>• Document actions and outcomes accordingly.</li> </ul>	
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### CHP/statewide priorities

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

Health Share’s SHARE spending plan is a broad set of investments that reflect key community health improvement priorities, and a focus on populations identified in our Community Health Needs Assessment as experiencing the most inequitable impacts across our system. In addition to funding that leverages and expands previous supportive housing investments, this plan includes further investment in food access, expansion of services in support of child/maternal health and family stability, supports for members with disabilities, and the expansion of THW workforce across the metro region. These are all key priorities and strategies identified in Health Share’s CHP and affirmed



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by our Community Advisory Council. Additionally, historic levels of investment in organizations serving American Indian/Alaska Native and other Indigenous populations, reflect a response to the well-documented inequities experienced by these communities; including higher levels of poverty, higher rates of substance abuse, mental illness, houselessness, food insecurity, and challenges to accessing health and health related services due to intergenerational trauma and forced cultural assimilation. This focus is also informed by the specific recommendations of Health Share’s Cultural Humility & Health Equity workgroup - comprised of representatives from our plan partners who are responsible for operationalizing strategic equity measures, programs, and policies across their organization - to “strengthen relationships and intentional collaboration with Indigenous/Tribal communities”, as noted in Health Share’s 2023 CHP Progress Report.

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

This SHARE spending plan includes two investments that address the statewide priority of housing-related services and supports including expansion of Central City Concern’s Recuperative Care Program, and increasing connections to housing supports through NARA NW’s new community resource hub. In addition to the housing investments in this portfolio, Health Share has a strategic commitment to assuring access to supportive housing for our members through integration and coordination across health systems, counties, the State, and housing service providers. Between August 2022 and December 2023, Health Share has piloted a housing benefit that has resulted in more than 500 members receiving housing supports during significant life transitions.

#### 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:** Central City Concern

**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.**



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**A. Partner name:** [NARA NW](#)

**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:** [NAYA](#)

**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:** [Clackamas County, Multnomah County, Washington County](#)

**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:** [Family Justice Center of Washington County](#)

**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

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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).**

The portfolio of projects above represents a set of SDOH-E partners and initiatives identified based on the community needs identified in Health Share’s Community Health Assessment and Community Health Improvement Plan. Health Share Member Organizations and the Community Advisory Council (CAC) were invited to submit proposals for SHARE funding. Fourteen proposals were submitted: ten from Member Organizations and four from the CAC.

A Proposal Review subcommittee was formed made up of four Community Advisory Council members and four Community Impact Member Advisory Committee members. The review process consisted of individual review and scoring, small group discussions, and large group discussions to reach consensus on which proposals to fund. Proposals were scored considering 1) justification for the investment, 2) community engagement in proposal development, 3) alignment with the Community Health Improvement Plan, 4) increases in culturally specific service capacity or access, and 5) advancing equitable impacts. Proposals also received a point for alignment with the Board’s priorities for 2023 SHARE investments which were housing, behavioral health access, and community capacity building.

The five projects described in detail above were selected through this review process. These proposals were then reviewed by the CAC and Health Share’s Community Impact Committee who forwarded a funding recommendation to the full Board of Directors who approved them on November 15, 2023.

**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.)

Health Share developed and approved a new policy codifying the role of the CAC in collecting, reviewing, and approving SHARE investments. The policy states clearly that the CAC will “jointly design

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the process and priorities for the investments available for CHP priorities in collaboration with the CI MAC (Community Impact Member Advisory Committee).”

Annually, Health Share staff convene a workgroup that includes members from the CAC, CI MAC, and other operational leaders, as appropriate, to review proposed investments and make recommendations for funding to the Community Impact Committee (CIC) who will make final investment recommendations to the Board of Directors.

CAC members may also support post-award organizational connection and ongoing relationship cultivation, as appropriate, and the full CAC will receive regular updates on the progress of investments that have been made.

See #6 for more detail about the CAC’s role in the decision-making process.

### **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.**

Health Share is committed to understanding the impact of the CCO’s investments in this portfolio and will conduct evaluation and monitoring as appropriate and as resources allow. Health Share also believe that scaling evaluation based on the level of investment and the capacity of the community partners is important. The CCO seeks to limit reporting burden, especially for smaller organizations with limited capacity and multiple funders.

- 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**

**Health Share of Oregon**

**SHARE Initiative Spending Plan 2023**

Budget Proposal for Use of 2022 Funds

Date Submitted: 12/31/2023

<b>SHARE Initiative Spending Plan - Budget Summary</b>	
Project 1: Recuperative Care Program, Central City Concern (CCC)	\$ 1,500,000.00
Project 2: AI/AN Social Connection and Economic Stability Initiative; Native American Rehabilitation Association of the Northwest (NARA NW)	\$ 1,500,000.00
Project 3: Portland Metro Food Sovereignty Initiative; Native American Youth and Family Center (NAYA)	\$ 1,900,000.00
Project 4: Regional THW Worker Capacity-Building Initiative; Regional Local Public Health - Clackamas, Multnomah, and Washington Counties	\$ 3,729,052.51
Project 5: The Family Peace Center Project; Family Justice Center of Washington County	\$ 2,000,000.00
<b>TOTAL HEALTH SHARE OF OREGON - SHARE BUDGET</b>	<b>\$ 10,629,052.51</b>

**INDIVIDUAL PROJECT BUDGET DETAILS**

<b>Project 1: Recuperative Care Program, Central City Concern (CCC)</b>	
<b>Budget Line Item</b>	<b>SHARE Allocation</b>
Common ADA shower rooms	\$ 200,000
Addition of large capacity elevator	\$ 500,000
Commercial kitchen build-out	\$ 300,000
~20 in-unit ADA restroom conversions	\$ 500,000
<b>Total</b>	<b>\$ 1,500,000</b>

<b>Project 2: AI/AN Social Connection and Economic Stability Initiative; Native American Rehabilitation Association of the Northwest (NARA NW)</b>	
<b>Budget Line Item</b>	<b>SHARE Allocation</b>
Staff	\$ 484,345
Local travel/mileage	\$ 43,283
Client assistance, training, and events	\$ 315,000
Rent and Utilities	\$ 151,743
Supplies	\$ 191,400

Federally negotiated indirect rate	\$	314,229
<b>Total</b>	<b>\$</b>	<b>1,500,000</b>

<b>Project 3: Portland Metro Food Sovereignty Initiative; Native American Youth and Family Center (NAYA)</b>		
Budget Line Item		SHARE Allocation
Project Staffing	\$	600,000
Employee Training and Development	\$	50,000
Supplies/Equipment	\$	330,000
Technology, subscriptions, data mgmt	\$	16,000
Rental space fees and occupancy	\$	11,012
Evaluation activities	\$	60,000
Subgrants and contracting	\$	500,000
Travel and meeting expenses	\$	75,000
Client Assistance	\$	11,600
Indirect	\$	246,388
<b>Total</b>	<b>\$</b>	<b>1,900,000</b>

<b>Project 4: Regional THW Worker Capacity-Building Initiative; Regional Local Public Health - Clackamas, Multnomah, and Washington Counties</b>		
Budget Line Item		SHARE Allocation
FTE/personnel	\$	900,000
Contracts -extensions for existing THW contracts	\$	800,000
CBO contracts - new regional THW contracts	\$	1,779,052
OSCI THW Project	\$	150,000
Summit event	\$	20,000
Operating costs	\$	80,000
<b>Total</b>	<b>\$</b>	<b>3,729,052</b>

<b>Project 5: The Family Peace Center Project; Family Justice Center of Washington County</b>		
Budget Line Item		SHARE Allocation
Capital expenses over 3 years for demolition, renovation and reconstruction of building which will be the site of the new Family Peace Center	\$	2,000,000

Total

\$

2,000,000



**MEMORANDUM OF UNDERSTANDING  
SHARE INITIATIVE**

This Memorandum of Understanding (“MOU”), by and between Health Share of Oregon (“Health Share”) and Regional Local Public Health - Clackamas, Multnomah, and Washington Counties (“Regional local public health”) collectively the “Parties” is made for the purpose of memorializing the Parties’ support and commitment to the Supporting Health for All through Reinvestment (SHARE) Initiative. This MOU will be effective upon Health Share’s receipt of approval from the Oregon Health Authority on Health Share’s SHARE Initiative Spending Plan (the “Effective Date”).

Whereas this MOU sets forth the Parties’ understanding regarding the expected use of funds regarding the SHARE Initiative requirements as outlined by the Oregon Authority in its contract with Health Share.

1. The SHARE Program: Regional local public health shall provide the services described in this Section 1 and further agrees to commit to all OHA-required terms of SHARE recipient requirements and the agreed upon General Scope of Work below.

**GENERAL SCOPE OF WORK**

Overall purpose:

- a. Regional Local Public Health -Clackamas, Multnomah, and Washington Counties plans to transition local traditional health worker (THW) infrastructure to a collaborative Tri-County Public Health (Washington, Clackamas, and Multnomah) THW approach and develop plans for sustainability. Local public health departments in collaboration with community partners have a unique opportunity to address and co-create solutions with communities to address social determinants of health and equity (SDOH-E). THWs build trusting relationships to help community members successfully navigate complex systems. This project will advance health equity and increase access to culturally and linguistically responsive services primarily in communities with Medicaid and Medicaid-eligible members. This proposal has an initial focus on a broad application of climate adaptation strategies and supporting communities disproportionately impacted by climate change. Climate adaptation in this context means taking simple protective measures (e.g., accessing cooling centers during a heat event) to adapt to climate consequences (e.g., extreme heat events) and access resources to support health (e.g., prenatal and perinatal, housing, chronic disease prevention, and emergency preparedness). In addition to building workforce capacity, this investment will build skills in the THW workforce to support communities to improve health outcomes (e.g., preterm birth) and acute health impacts (e.g., asthma triggers, heat exhaustion, dehydration, interruption in lactation).

Health Share funding will support the following:





- b. 3.0-3.5 FTE over 24 months to collaboratively develop a regional structure and coordinate and support regional THW Program (specific activities in section 3 and 4 below)
- c. Short-term extensions for existing community health worker contracts with CBOs for up to six months in Washington County and Multnomah County (specific number is to be determined based on interest from current community-based organizations and timelines for current projects).
- d. Funding for THW FTE with 8-12 culturally (e.g., BIPOC, immigrant, refugees, disabilities communities, older adults, and prenatal through early childhood) and/or linguistically specific (e.g., Spanish language, health literacy, visual literacy) CBOs (community-based organizations) in the region through a competitive process. Contracts will include funding for THW FTE, supervision, benefits, and professional development/training.
  - i. Priority will be given to CBOs who provide services across the region and in high priority zip codes with significant Health Share membership based on Health Share Bridge demographic and enrollment data.
- e. Pass-through funding for the Oregon Spinal Cord Injury Connection (OSCI) to support implementation of THW strategies to support disability community.

2) Activities related to collaboratively developing the regional structure and coordinating regional THW Program:

- i. Coordinate Public Health project team (FTE across three counties) to support alignment and success on this initiative.
- ii. Support and develop a co-leadership model for regional THWs with CBO partners; develop and maintain community partnerships to support THW strategies.
- iii. Co-create (with health systems and CBO partners) a comprehensive strategy that includes efforts to align and expand regional infrastructure and approach; develop and communicate collective approach to support alignment and reduce duplication; embed plan into existing structures and processes.
- iv. Co-create a sustainability-path for THW workforce capacity building; prepare and support CBO leads to identify additional funding; support CBO partners to define and identify capacity-building needs.
- v. Ensure utilizing existing resources and tools and working in partnership with key CHW partners to support capacity building and professional development needs (e.g., climate trainings, business trainings, Spanish-speaking CHW trainings).



- vi. Collaborate to identify outcomes and measures of success (e.g., how we define success for climate resilience for community, how do we measure capacity); utilize existing definitions, measures and tools.

3) Roles:

- i. Coordination to support regional approach and alignment, including evaluation and reporting (Washington County leads)
- ii. Subject matter expertise (e.g., climate) (Multnomah County leads)
- iii. RFP process and contract management (Washington County leads)
- iv. Coordinate regional community THW cohort (Multnomah County and Washington County co-lead)

Formal contract to follow with corresponding exhibits: Statement of Work, Reporting Requirements and Budget.

**Social Determinants of Health and Equity (SDOH-E) DOMAINS**

Investment will address Neighborhood and Built Environment and Social and Community Health as specified in OAR 410-141-3735(3)(b).

**COMPENSATION AND PAYMENT**

Health Share will distribute \$3,729,052.51 to the tri-county public health departments pending the OHA’s approval of the CCO’s SHARE Spending Plan (which will be submitted to the OHA no later than December 31, 2023). Payment will be in three installments scheduled for on or after January 31, 2024 (pending Health Share’s receipt of funds), January 31, 2025, and January 31, 2026.

Budget estimate:

	Clackamas	Multnomah	Washington
FTE/ personnel	300,000	300,000	300,000
Contracts – extensions for existing THW contracts		400,000	400,000
CBO Contracts – new regional THW contracts			1,779,052
OSCI THW Project			150,000
Summit event		20,000	



Operating costs			80,000
Total			\$3,729,052.51

Funds are intended to support allowable project expenses.

**EVALUATION and REPORTING**

Evaluation and reporting plan will be co-developed with CBO partners and will include outcome metrics, including: i. Specific, measurable, achievable, relevant, time-based, inclusive and equitable (SMARTIE) objectives; and ii. How outcomes align with CHP priorities. The plan will include data collection, sharing and reporting activities, including: i. Data to be collected; ii. How data is related to outcomes; and iii. Process and frequency of reports and/or data exchange. The regional local public health team will provide bi-annual narrative grant reporting.

2. **Use of Funds:** Organization shall use the funds for the purposes described in the scope of work.
3. **Term:** {1/1/2024} – {3/30/2026} (27 months)
4. **Indemnification:** Organization agrees to indemnify, defend, and hold Health Share of Oregon harmless against any third-party claims, loss, liability, or expense (including reasonable attorney fees resulting from or arising out of the work Organization performs under this agreement.
5. **Relationship of the Parties.** The Parties 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.
6. **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.
7. **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.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as of the Effective Date set forth herein.



Health Share of Oregon

By: Mindy Stadlander  
CD07E4FA3661448...

Name: Mindy Stadlander

Title: CEO

Date: 12/18/2023

Multnomah County

By: Rachel Banks  
DD41EB05DC75477...

Name: Rachel Banks

Title: Health Department Director

Date: 12/28/2023

Clackamas County

By: Rodney Cook  
6C92100B1387465...

Name: Rodney Cook

Title: H3S Director

Date: 12/20/2023

Washington County

By: Marni Kuyl  
725A631D058E414...

Name: Marni Kuyl

Title: Assistant County Administrator

Date: 12/19/2023



**MEMORANDUM OF UNDERSTANDING  
SHARE INITIATIVE**

This Memorandum of Understanding (“MOU”), by and between Health Share of Oregon (“Health Share”) and Central City Concern (“CCC”) collectively the “Parties” is made for the purpose of memorializing the Parties’ support and commitment to the Supporting Health for All through Reinvestment (SHARE) Initiative. This MOU will be effective upon Health Share’s receipt of approval from the Oregon Health Authority on Health Share’s SHARE Initiative Spending Plan (the “Effective Date”).

Whereas this MOU sets forth the Parties’ understanding regarding the expected use of funds regarding the SHARE Initiative requirements as outlined by the Oregon Authority in its contract with Health Share.

1. The SHARE Program. CCC shall provide the services described in this Section 1 and further agrees to commit to all OHA-required terms of SHARE recipient requirements and the agreed upon General Scope of Work below.

<b>GENERAL SCOPE OF WORK</b>
CCC plans to complete the conversion of a 66-unit hotel to accommodate a major expansion of its Recuperative Care Program (RCP), the addition of a new Enhanced Medical Respite component, and the inclusion of a Primary Care Clinic to serve both by September, 2025. To transform this hotel into effective and therapeutic transitional housing, the building required a series of upgrades and improvements, including low voltage/security system, ADA improvements, floor replacement, various fixture, furniture, and equipment replacement, converting an indoor swimming pool room to usable space, and various client and staff tenant improvements of clinical, office, and common spaces. To complete the conversion, the building requires a second elevator to meet the needs of the 50% of residents requiring mobility assistance, further ADA improvements, and a community kitchen to serve the residents. 100% of people RCP serves are actively experiencing homelessness. Formal contract to follow with corresponding exhibits: Statement of Work, Reporting Requirements and Budget.
<b>Social Determinants of Health and Equity (SDOH-E) DOMAINS</b>
CCC’s project will address Economic stability, Neighborhood and Built Environment, Social and Community Health, as specified in OAR 410-141-3735(3)(b), and housing-related supports.
<b>COMPENSATION AND PAYMENT</b>
Health Share will distribute \$1,500,000.00, pending the OHA’s approval of the CCO’s SHARE Spending Plan (which will be submitted to the OHA no later than December 31, 2023). Payment will be in two installments scheduled for on or after January 31, 2024 (pending Health Share’s receipt of funds) and January 31, 2025, with the option to request early payment of the January 2025 funds if construction is progressing faster than planned. Funds are intended to pay for building common ADA shower rooms (\$200,000), the addition of a large capacity elevator (\$500,000), commercial kitchen build-out (\$300,000), and ~20 in-unit ADA restroom conversions (\$500,000). No indirect costs are being paid for with these funds.
<b>EVALUATION and REPORTING</b>



Total # individuals served	Baseline served in FY23:	Capacity increase (84 beds vs. 51)	Projected # served in CY24:	Alignment with CHIP Priorities:
Increase service capacity by 65%	339	65%	559	Increased opportunity to improve equity of access to RCP services, which address all five CHIP priorities.
<b>Key success metrics:</b>		Target %	Projected # successful	
Primary Care engagement during RCP stay		85%	475	Access to Care
Permanent or Transition Housing at discharge		68%	380	Supportive Housing
Medical goal achieved		60%	336	Access to Care, Chronic Conditions

**Equity metrics:** Racial/ethnic demographic reports will compare RCP patients to most recent Point-In-Time count to evaluate progress toward goal that RCP patients be as racially diverse as the population experiencing homelessness.

Key success metrics will be subdivided to evaluate equity of success rates by racial/ethnic categories. There will be no member-level data sharing between Health Share and CCC as part of this grant.



- 2. **Use of Funds:** Organization shall use the funds for the purposes described in the scope of work.
- 3. **Term:** 1/1/2024– 9/31/2025 (21 months)
- 4. **Indemnification:** Organization agrees to indemnify, defend, and hold Health Share of Oregon harmless against any third-party claims, loss, liability, or expense (including reasonable attorney fees resulting from or arising out of the work Organization performs under this agreement.
- 5. **Relationship of the Parties.** The Parties 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.
- 6. **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.
- 7. **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.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as of the Effective Date set forth herein.

Health Share of Oregon  
 By: Mindy Stadlander  
CD07E4FA3661448...  
 Name: Mindy Stadlander  
 Title: CEO  
 Date: 12/26/2023

Central City Concern  
 By: Andrew Mendenhall  
7ABB9442744E4BB...  
 Name: Andrew Mendenhall  
 Title: President and CEO  
 Date: 12/26/2023





**MEMORANDUM OF UNDERSTANDING  
SHARE INITIATIVE**

This Memorandum of Understanding (“MOU”), by and between Health Share of Oregon (“Health Share”) and the Family Justice Center of Washington County (“FJCWC”), collectively the “Parties” is made for the purpose of memorializing the Parties’ support and commitment to the Supporting Health for All through Reinvestment (SHARE) Initiative. This MOU will be effective upon Health Share’s receipt of approval from the Oregon Health Authority on Health Share’s SHARE Initiative Spending Plan (the “Effective Date”).

Whereas this MOU sets forth the Parties’ understanding regarding the expected use of funds regarding the SHARE Initiative requirements as outlined by the Oregon Authority in its contract with Health Share.

1. The SHARE Program. FJCWC shall provide the services described in this Section 1 and further agrees to commit to all OHA-required terms of SHARE recipient requirements and the agreed upon General Scope of Work below.

**GENERAL SCOPE OF WORK**

The Family Peace Center seeks to establish a single location for prevention, intervention, healing and hope for survivors of domestic violence, sexual assault, and child abuse in Washington County. This investment will assist in renovating and opening this new facility by 2026.

Specific activities include:

- Oversee building renovations and upgrades according to design plans.
- Facilitate collaborative planning sessions with community partners and survivors to ensure facility and future programming meets the diverse needs of the community.
- Track and report construction spending utilizing the CMGC model.
- Document actions and outcomes accordingly.

Formal contract to follow with corresponding exhibits: Statement of Work, Reporting Requirements and Budget.

**Social Determinants of Health and Equity (SDOH-E) DOMAINS**

The Family Justice Center of Washington County’s investment will address Neighborhood and Built Environment, and Social and Community Health, as specified in OAR 410-141-3735(3)(b).

**COMPENSATION AND PAYMENT**

Health Share will distribute \$2,000,000.00, pending the OHA’s approval of the CCO’s SHARE Spending Plan (which will be submitted to the OHA no later than December 31, 2023). Funds are intended to support allowable capital project expenses over 3 years for demolition, renovation and reconstruction of building which will be the site of the new Family Peace Center. Payment will be in three installments scheduled for on or after January 31, 2024 (pending Health Share’s receipt of funds) and January 31, 2025, and January 31, 2026, with the option to request early payment of the January 2025/26 funds if construction is progressing faster than planned.

**EVALUATION and REPORTING**



The outcome of this project will be the completed Family Peace Center before the end of 2026.

The Family Peace Center will be specially designed to serve people impacted by domestic violence, sexual assault, child abuse, sex trafficking, elder abuse, or family violence and their many interconnected needs. These populations have disproportionately high barriers to accessing housing, food, transportation, and appropriate care, as well as very high rates of chronic conditions and social isolation, as discussed in our attached document. The Family Peace Center Project aims to address those barriers by bringing all those services into the center to eliminate barriers. On site will be access to shelter, housing, and rental/bill assistance; food access, benefits, and education; physical and mental healthcare, peer support and connections, as well as long-term coordinated support services to ensure that survivors no longer exist in silent isolation, they can now thrive. The center will be built to meet these needs, with spaces that include medical clinics, therapeutic counseling and mental health therapy offices, advocacy and peer support spaces, a court facility to reduce the trauma of going to the courthouse, a teaching kitchen a food pantry, a clothing “boutique” with changing rooms and laundry facilities to increase dignity, child and youth centers, large community gathering spaces for survivors, quiet decompression spaces for folks who are overstimulated, private outdoor healing spaces, all designed with trauma informed principles. This facility will also be co-located, with 22 agencies specially designed and built into the space, making it not only comprehensive and holistic to survivors, but the agencies as well, creating collective, long-term impact.

Progress-reports will be submitted to Health Share on a bi-annual basis including:

- Drawings of the above-mentioned floor plans,
- Pictures of the construction and spaces in progress,
- Spending reports,
- Written progress reports,
- Site tours
- Quotes from partners and survivors participating in the collaborative design process.

The culmination of this reporting will be to show progress toward the completion of the center in 2026 which will provide comprehensive wrap-around services to 5000-7000 survivors annually.

There will be no member-level data sharing between Health Share and FJCWC as part of this grant.



- 2. **Use of Funds:** Organization shall use the funds for the purposes described in the scope of work.
- 3. **Term:** January 1, 2024 to Dec. 31, 2026 (36 months)
- 4. **Indemnification:** Organization agrees to indemnify, defend, and hold Health Share of Oregon harmless against any third-party claims, loss, liability, or expense (including reasonable attorney fees resulting from or arising out of the work Organization performs under this agreement).
- 5. **Relationship of the Parties.** The Parties 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.
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- 7. **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.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as of the Effective Date set forth herein.

Health Share of Oregon

By: Mindy Stadlander  
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Name: Mindy Stadlander

Title: CEO

Date: 12/13/2023

Family Justice Center of Washington County

By: Rachel Schutz  
54B8581230044C7...

Name: Rachel Schutz

Title: Executive Director

Date: 12/13/2023



**MEMORANDUM OF UNDERSTANDING  
SHARE INITIATIVE**

This Memorandum of Understanding (“MOU”), by and between Health Share of Oregon (“Health Share”) and Native American Youth and Family Center (NAYA), collectively the “Parties” is made for the purpose of memorializing the Parties’ support and commitment to the Supporting Health for All through Reinvestment (SHARE) Initiative. This MOU will be effective upon Health Share’s receipt of approval from the Oregon Health Authority on Health Share’s SHARE Initiative Spending Plan (the “Effective Date”).

Whereas this MOU sets forth the Parties’ understanding regarding the expected use of funds regarding the SHARE Initiative requirements as outlined by the Oregon Authority in its contract with Health Share.

1. The SHARE Program - NAYA shall provide the services described in this Section 1 and further agrees to commit to all OHA-required terms of SHARE recipient requirements and the agreed upon General Scope of Work below.

**GENERAL SCOPE OF WORK**

The Portland Metro Food Sovereignty Initiative consists of shared projects such as seed saving, food education, land access and land back, food processing, research, mentorships, job pathways, community connections and social gatherings. The purpose of this investment is knowledge sharing, building collective capacity and power, and supporting Indigenous food producers, gatherers, and land tenders. The center of this work is based at the Native American Youth and Family Center; some specific project elements include:

- Identifying and centering the unique needs of the urban Native community - conducting a Portland Area Food Sovereignty Assessment to support the identification of food gaps and community concerns and elevate engagement in the food system.
- Training and mentorship to increasing the capacity of team members and expand staff.
- Ensuring programming and activities are accessible to all community members - reducing barriers for community to access the work.
- Creating pathways for community to provide feedback that will shape the work - participants will have opportunities to provide feedback where their input is truly implemented and reported back.
- Collecting data that is meaningful, respectful, useful and culturally centered.
- Collaborating with Health Share in alignment with its community health improvement activities around community food access.

Formal contract to follow with corresponding exhibits: Statement of Work, Reporting Requirements and Budget.

**Social Determinants of Health and Equity (SDOH-E) DOMAINS  
(as specified in OAR 410-141-3735(3)(b).**

The NAYA investment will address:

- Economic Stability
- Neighborhood and Built Environment
- Education
- Social and Community Health



### COMPENSATION AND PAYMENT

Health Share will distribute \$1,900,000.00, pending the OHA's approval of the CCO's SHARE Spending Plan (which will be submitted to the OHA no later than December 31, 2023). Payment will be in 3 annual installments scheduled for on or after January 31, 2024 (pending Health Share's receipt of funds) and January 31, 2026. Funds are intended to support allowable project expenses including:

Project Staffing	\$600,000
Employee Training and Development	\$50,000
Supplies/Equipment	\$330,000
Technology, subscriptions, data mgmt	\$16,000
Rental space fees and occupancy	\$11,012
Evaluation activities	\$60,000
Subgrants and contracting	\$500,000
Travel and meeting expenses	\$75,000
Client Assistance	\$11,600
Indirect	\$246,388
Total	\$1,900,000

### EVALUATION and REPORTING

Overall, the goal of the initiative is to share cultural knowledge and resources while protecting first foods, land, and water and commit deeply to meaningful relationships with Indigenous, Tribal, and other communities. Expected Outcomes from this project include:

- Increased capacity of initiative partners and expansion of staff - through training and mentorship.
- Reduced barriers for all community members to access healthy and culturally relevant food.
- Creation of new pathways for community to provide feedback that will shape the work - participants will have opportunities to provide feedback where their input is truly implemented and reported back.
- Collection of data that is meaningful, respectful, useful and culturally centered.

NAYA will report progress toward these goals to Health Share at regular intervals established in the final contract and upon completion of the grant term. There will be no member-level data sharing between Health Share and NAYA as part of this grant.

2. **Use of Funds:** Organization shall use the funds for the purposes described in the scope of work.
3. **Term:** January 1, 2024 to December 31, 2026 (36 months)
4. **Indemnification:** Organization agrees to indemnify, defend, and hold Health Share of Oregon harmless against any third-party claims, loss, liability, or expense (including reasonable attorney fees resulting from or arising out of the work Organization performs under this agreement.



- 5. **Relationship of the Parties.** The Parties 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.
- 6. **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.
- 7. **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.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as of the Effective Date set forth herein.

**Health Share of Oregon**

By: Mindy Stadlander  
CD07E4FA3661448...

Name: Mindy Stadlander

Title: CEO

Date: 12/22/2023

**Native American Youth and Family Center**

By: Oscar Arana  
DocuSigned by:  
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Name: Oscar Arana

Title: Acting CEO

Date: 12/22/2023



**Memorandum of Understanding  
Between  
The Native American Rehabilitation Association of the Northwest, Incorporated  
and  
CareOregon, Inc.**

This Memorandum of Understanding (“MOU”) sets forth the terms and understanding between The Native American Rehabilitation Association of the Northwest, Incorporated (“NARA NW”) and CareOregon, Inc. (“CareOregon”) (collectively, the “Parties”) for the purpose of memorializing the Parties’ support and commitment to the Supporting Health for All through Reinvestment (“SHARE”) Initiative.

**I. Background:**

Health Share and CareOregon have entered into an Integrated Community Network Participation Contract (“ICN Contract”). As part of the ICN Contract, CareOregon has contracted to support and assist Health Share in the development and implementation of Health Share’s Social Determinants of Health and Equity Spending Program. Health Share, via its contractual relationship with CareOregon, wishes to distribute SHARE Initiative funds to community-based organizations pursuing projects focused on addressing health inequities and the social determinants of health and equity for target populations.

**II. MOU Term:**

This MOU will be effective upon the date of Health Share of Oregon’s (“Health Share”) receipt of approval from the Oregon Health Authority (“OHA”) on Health Share’s SHARE Initiative Spending Plan (the “Effective Date”). The MOU will automatically expire upon signature by both Parties of a forthcoming written SHARE Initiative contract containing terms and conditions acceptable to CareOregon and NARA NW.

**III. Purpose:**

This MOU sets forth the Parties’ understanding regarding the expected use of funds in compliance with the SHARE Initiative requirements outlined by OHA in Exhibit K, Section 8 of the Coordinated Care Organization Health Plan Services Contract (“CCO Contract”).

**IV. Conditions:**

This MOU does not create any legally binding obligations upon Health Share, CareOregon, or NARA NW. The funds contemplated in this MOU are conditioned upon OHA’s approval of Health Share’s SHARE Initiative Spending Plan and execution of a forthcoming written contract containing terms and conditions acceptable to CareOregon



and NARA NW. NARA NW acknowledges that as a condition of receiving funds, it will be required to agree to comply with CCO Contract provisions and regulations regarding use of SHARE Initiative funds.

**V. Scope of Work and Anticipated Contract Duration:**

If the Conditions in Section IV of this MOU are met, NARA NW shall use SHARE Initiative funds for the purposes described in the Scope of Work submitted by NARA NW and set forth below. The anticipated term of the forthcoming written contract will be January 1, 2024 to June 30, 2025.

**SCOPE OF WORK**

NARA NW is a culturally specific organization within the Portland Oregon Metropolitan area that provides care to American Indians and Alaska Natives (AI/AN) as well as anyone else who needs care. We are the only Urban Indian Organization in the state, work regularly with the local nine tribes of Oregon, are an Indian Health Service clinic site, as well as a Federally Qualified Health Center and HRSA recipient. We have been in operation since 1970 initially providing substance abuse treatment and then expanding to include medical, pharmacy, dental and mental health. We have also been growing and expanding in providing social supports such as housing, case management for elders and veterans, and most recently adding a food pantry resource. Because many of our staff at NARA are part of the native community, our community partnerships, and our close relationship with the tribes in Oregon, as well as our ability to provide culturally specific treatment, we are positioned to identify and address barriers, and to improve access to care and overall wellness that would not otherwise be possible.

NARA NW would like build on existing programs and current community partnerships to expand our programming focusing on social and community health. We are requesting this funding to

- support the development of a community resource center to significantly enhance our programs focusing on addressing inequities related to housing, food access, access to care, social connection, economic stability for AI/AN elders, children, and families.
- Provide screening, referrals, and navigation services to increase access to social services and health care services.

The center would be staffed by Traditional Health Workers and/or Social Service Navigators that can help complete social needs screening, execute referrals to community partners using a community information exchange platform such as Unite Us, and facilitate connection to medical, dental, mental health or other services as needed.

We recognize that some of these activities will become covered services for some community members through the new Health Related Social Needs (HRSN) benefit under the 1115 Waiver. We will connect eligible members to covered benefits and avoid duplication of services.

**Social Determinants of Health and Equity (SDOH-E) DOMAINS**

Economic stability, Social and Community Health, and Housing Supports.

**COMPENSATION AND PAYMENT**

Payments to be made upon completion of all reporting requirements, and NARA NW's delivery of a true and accurate invoice to CareOregon.

Budget

Staff	\$	484,345
Local Travel/Mileage	\$	43,283
Client Assistance, Training, & Events	\$	315,000
Rent & Utilities	\$	151,743
Supplies	\$	191,400
Federally Negotiated Indirect Rate	\$	314,229
Total	\$	1,500,000

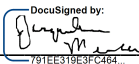
**EVALUATION and REPORTING**

Program milestones to be reported on quarterly.

- Q1 - Secure program location and finalize service delivery workflows.
- Q2 - Hire and train staff.
- Q3 – Open community center, start screening and referrals.
- Q4 start including the following in quarterly reports: # of community members served each quarter, # of successful referrals to services (food services, housing services, support services for seniors, health care services) and, # of community members attending money management and financial planning courses.

IN WITNESS WHEREOF, the Parties have executed this MOU as of the Effective Date set forth herein.

**NARA NW**

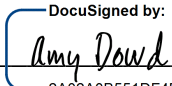
BY:  \_\_\_\_\_  
DocuSigned by:  
791EE319E3FC484

NAME: Jacqueline Mercer

TITLE: CEO

DATE: 12/22/2023

**CAREOREGON, INC.**

BY:  \_\_\_\_\_  
DocuSigned by:  
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NAME: Amy Dowd

TITLE: COO

DATE: 12/22/2023