

2022 SHARE Initiative Detailed Spending Report CCO: InterCommunity Health Network CCO

Instructions: Describe all SHARE funds your CCO spent January 1–December 31, 2021. Submit your completed table to CCO.MCOTDeliverableReports@dhsosha.state.or.us by June 30, 2022.

Questions? Please contact Transformation.Center@dhsosha.state.or.us

Paid to [SDOH-E partner name or "CCO internal"]	Project, program or initiative associated with payment	Brief description of services or infrastructure to address SDOH-E *See spending exclusions below	Total amount committed	Amount paid through December 31, 2021	Note braided/supplementary funding from other sources, if applicable	Confirm spending has NOT (and will not) be counted as health-related services
Samaritan Health Services	Care Hub Respite	Medical respite supports	90,000	15,000		<input checked="" type="checkbox"/>
Faith Community Health Network	Rebuilding the Bridge Between Healthcare and Faith Communities	Increasing health equity by adding touch points in the faith community	48,746	48,746	42,220.10 from the Faith Community Health Network	<input checked="" type="checkbox"/>
Community Outreach, Inc.	Young Adult Dorm	Housing for homeless youth	28,500	28,500		<input checked="" type="checkbox"/>
Communities Helping Addicts Negotiate Chance Effectively	Second Change Respite Renovations	Respite bed brick and mortar	184,237	184,237		<input checked="" type="checkbox"/>
Olalla Center	Brave Pathways Coalition	Housing collaborative specific to the LGBTQ2SIA+ population	64,688	-		<input checked="" type="checkbox"/>
Family Tree Relief Nursery	Hope Center Project	Housing supports for homeless members	123,750	-		<input checked="" type="checkbox"/>
Family Assistance Center and Resource Group	Sweet Home Sleep Center	Low-barrier housing for homeless members	149,098	-		<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
				276,484		

***Note** - SHARE Initiative dollars must be segregated for SHARE Initiative spending only. SHARE dollars **may not** be spent on:

- Medicaid-covered services (a CCO may not count expenses that are factored into its global budget);
- Expenses that have been reported separately, such as health-related services (a CCO may not double-count spending);
- General administrative costs that are not directly related to a SDOH-E and/or health disparities related initiative;
- General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison);
- Sponsorships/advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- Costs for SDOH-E related research where findings are only used internally, only by another private entity, or are proprietary;
- Educational or promotional items or goods for the purpose of general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions; or
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives).