2022 SHARE Initiative Detailed Spending Report **CCO: Jackson Care Connect**

Instructions: Describe all SHARE funds your CCO spent January 1-December 31, 2021. Submit your completed table to CCO.MCODeliverableReports@dhsoha.state.or.us by June 30, 2022. Questions? Please contact Transformation.Center@dhsoha.state.or.us

Acisson Care Connect, in partnership with Rogue Community Health (RCH), has utilized truding from the SHARE Initiative to expand RCH's current staff of Community Health Workers (CHW) to include a housing-related services focus that will enable greater outreach throughout our service area. The CHW/Peer Housing Support Specialists funded by the SHARE initiative will work within the RCH system to engage with community partners to help fire survivors and families into transitional housing programs, supported housing and permanent housing with the identified service navigation throughout the 12-month budget perhaps the service navigation with the community. The CHW/Peer Housing Support Specialists will help reduce barriers related to SDOH-E (as defined by OHA) for the target population by helping them navigate systems that allow access to assistance in several common areas such as: housing, food insecurity, employment and workforce training, childcare, legal services, and access to medical, dental, and behavioral health care.	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	Docombor	Note braided/supplementary funding from other sources, if applicable	Confirm spending has NOT (and will not) be counted as health-related services
	Rogue Community Health	"The Rogue Way Home"	the funding from the SHARE Initiative to expand RCH's current staff of Community Health Workers (CHW) to include a housing-related services focus that will enable greater outreach throughout our service area. The CHW/Peer Housing Support Specialists funded by the SHARE initiative will work within the RCH system to engage with community partners to help fire survivors navigate by utilizing a closed loop referral system. The initial target was to place fire survivors and families into transitional housing programs, supported housing and permanent housing with the identified service navigation throughout the 12-month budget period. These individuals/families were initially identified as part of the target population of Almeda and Obenchain fire survivors, and RCH has been developing and expanding capacity to address other target populations within the community. The CHW/Peer Housing Support Specialists will help reduce barriers related to SDOH-E (as defined by OHA) for the target population by helping them navigate systems that allow access to assistance in several common areas such as: housing, food insecurity, employment and workforce training, childcare, legal services, and access to	\$100,000	\$100,000	N/A	
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100,000							

*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).