



Annual SHARE Initiative Spending Plan Report Template

Overview

Supporting Health for All through REinvestment: the SHARE Initiative was created through House Bill 4018 (Oregon Legislature, 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). OHA's SHARE Initiative [guidance document](#) is provided on 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. According to contract requirements, a CCO's annual SHARE Initiative designation must be spent down within two years of OHA's approval of the same year's SHARE Initiative Spending Plan.

For Contract Years 2020 and 2021, CCOs that exceed minimum financial requirements are expected to define their own SHARE Initiative portion in compliance with the statute and rules referenced above.

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 (CHPs);
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.

By September 30¹ of each Contract Year, each CCO shall annually submit to OHA for review and approval its SHARE Initiative Spending Plan identifying how it 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 Report will capture from CCOs how they are meeting these contractual requirements.

SHARE Initiative Reporting

- A. Beginning in 2021, by no later than April 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*.
- B. Beginning in 2021, by no later than September 30, each CCO must complete the **Annual SHARE Initiative Spending Plan** described in this document for the *prior year's financials*.

¹ CCOs can submit their proposed Spending Plans at any time from 6/30/2021 through 9/30/2021. OHA will notify each CCO about the approval status of its plan within 30 days of receipt. In the event a CCO's plan cannot be approved as submitted, OHA will work with the CCO to resolve the identified deficiencies as quickly as possible.

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Beginning in 2022, by no later than April 30, each CCO must report its **Annual SHARE Initiative Spend-Down** in Exhibit L6.71 to track year-over-year spending from a CCO's SHARE Initiative and to tie such spending to the appropriate year's SHARE Initiative Spending Plan **Report Template**

CCO Name: **Jackson Care Connect**

CCO Contact: **Janet Holland**

Instructions:

- Respond to items 1-11 below using this template.
- Be clear and concise in your responses. Do not exceed 20 total pages for your report. (This page count does not include the attachments referenced in items 7, 8 and 11.)
- Your submission must include the formal agreement with each of the SDOH-E Partners as required by the CCO contract and 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 and referenced in item 7. Refer also to the OHA [memo](#) dated March 4, 2021, that clarifies SHARE Initiative SDOH-E Partner contract requirements.
- All file names must clearly reflect the content (e.g., CCOxyz_SHARE_Item7).
- When submitting materials, CCOs must ensure that only materials pertinent to the focus area are submitted.

Submit the completed report to CCO.MCOTDeliverableReports@dhsosha.state.or.us by September 30 of the Contract Year.

Section 1: SHARE Initiative Designation

1. **What is the dollar amount for your CCO's SHARE Initiative Designation? (as recorded in cell E30 in [Exhibit L – Report L6.7](#))**
\$100,000

Section 2: SHARE Initiative Spending Plan

SDOH-E Domains and CHP/Statewide Priorities

2. **Identify the SDOH-E domains applicable to your CCO's SHARE Initiative Spending. (Check all that apply.)**

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

3. **Describe how your SHARE Initiative spending aligns with your CCO's Community Health Improvement Plan (CHP).**

JCC's SHARE initiative spending directly aligns with JCC's CHP, "All in For Health" in both the Housing for All and Parenting & Life Skills priorities.

Housing:

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Priority Area Goal 2: increase the percentage of individuals living in housing that is safe, accessible, and connected to community and services.

In 2019, JCC supported a Community Health Assessment (CHA) to identify community health issues, which then informed the collaborative Jackson and Josephine Counties CHP. Prior to September 2020, housing vacancy rates in Jackson County were estimated to be around 1.5%. The September 2020 Almeda Wildfire carved a nine-mile path of destruction from Ashland to Phoenix that burned 4,449 structures and killed three people. Included in those structures lost were approximately 2600 homes, with approximately three-quarters being affordable housing units like mobile home parks, manufactured homes and apartment buildings. This disaster added to the already difficult housing crisis in Jackson County and hit three groups particularly hard that had already been disproportionately affected by the COVID-19 pandemic: the Latino/a/x community, senior citizens and low-income individuals and families. Many Almeda fire survivors are still living in hotels and other temporary housing situations. In April 2021, it was estimated that the vacancy rates were below 1% and we expect an official report to be released in September 2021 confirming this rate.

To address this growing crisis, early in 2021, Fortify Holdings purchased four properties in Jackson County, with approximately 500 rooms dedicated to providing shelter to fire survivors. Jackson Care Connect has been working closely with Oregon Department of Human Services, Rogue Community Health, and other entities in Jackson County to identify ways in which we can support fire survivors with housing and reduce other barriers they may be experiencing in addressing other social determinants of health.

Jackson Care Connect, in partnership with Rogue Community Health (RCH), propose to utilize the funding from the SHARE Initiative to expand RCH's current staff of Community Health Workers (CHW) and Disaster Case Mangers (DCM) to include a housing-related services focus that will enable greater outreach throughout our service area. Housing-related services and supports will help people find and maintain stable and safe housing. 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 is 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 will initially be identified as part of the target population of Almeda and Obenchain fire survivors, with the long-term goal of developing and expanding capacity to address other target populations within the community.

Parenting & Life Skills Goal 4: community-based organizations create a coordinated and collaborative service delivery system.

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.

4. Describe how your CCO's SHARE Initiative spending addresses the statewide priority of housing-related services and supports, including Supported Housing.

This SHARE initiative aligns with the *Healthier Together Oregon 2020-2024* SHIP priority area of Economic Drivers of Health and has the potential to positively impact issues related to housing. This initiative spending plan directly addresses the goal of ensuring "that all people in Oregon live, work and play in a safe and healthy environment and have equitable access to stable, safe, affordable housing, transportation and other essential infrastructure so that they may live a healthy resilient life". Additionally, this initiative directly supports the Oregon Housing and Community Services Statewide Housing Plan 2019-2023, Permanent, Supportive Housing Priority, reducing barriers to housing stability. This project will directly impact the goal of increasing supportive housing units to "improve the future long-term housing

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stability for vulnerable Oregonians”.

Four hotels have been purchased and are currently being converted into long-term affordable housing supports, with rooms expanded and linked so larger families may be easily accommodated. Additionally, supportive services will be provided through the CHWs as outlined above.

The initial target of this initiative is 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 will initially be identified as part of the target population of Almeda and Obenchain fire survivors, with the long-term goal of developing and expanding capacity to address other target populations within the community.

SDOH-E Partners

5. Identify each of the SDOH-E Partner(s) that will receive a portion of SHARE Initiative funding. (SDOH-E partners must have demonstrated experience delivering services or programs, or supporting policy and systems change, or both, related to SDOH-E.)

Rogue Community Health will be the contractor receiving SHARE funding. It is anticipated that Rogue Community Health will be working with a variety of community partners and clinics to assist in coordination efforts to place and maintain individual and families needing housing. Rogue Community Health is already involved in the Jackson County Community Long-Term Recovery Group. The Jackson County Community Long-Term Recovery Group (JCC LTRG) was organized in the wake of the fires. The goal of the JCC LTRG is to secure and unite recovery resources with the community need to ensure that even the most vulnerable Survivors in the community recover from the disaster. The list of partners involved in this community wide effort include: ODHS, Oregon-Idaho Conference of the United Methodist Church, OSU – Southern Oregon Research and Extension Center, Rogue Action Center, Rogue Climate, The Hearth, the Nonprofit Association of Oregon, YMCA, United Way of Jackson County and United Rotary of Southern Oregon

6. Describe how each of the SDOH-E Partners identified above were selected for SHARE Initiative project(s) or initiative(s).

JCC connected with several organizations committed to housing solutions for fire survivors and vulnerable community members to identify a project for investment. This project was chosen because it addresses immediate needs of displaced fire survivors in our community, and because of the coordinated and collaborative efforts of multiple organizations ensuring the project’s success, including ODHS.

RCH is a non-profit Federally Qualified Health Center providing medical and dental homes with locations in Ashland, Butte Falls, Medford, Prospect and White City. RCH employs a staff of CHWs who are trained in helping members access services related to SDOH-E including food, housing, transportation, benefits, personal safety and security, behavioral health support, addictions and recovery services, childcare and health insurance. Additionally, RCH’s CHWs offer support in skill-building to develop plans to reach goals that permanently address these issues. With support of organizations across Jackson County, RCH is well positioned to lead the effort in supporting the hundreds of wildfire survivors who are still displaced, providing affordable housing and supportive services for some of our most vulnerable community members.

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7. **Do you have a formal agreement with each of the SDOH-E Partners described in item 5** (Please be sure to submit the formal agreement for each SDOH-E Partner.)

Yes No

If no, please explain why not. Click here to enter text.

8. **Attach a budget proposal indicating the amount of funding from the SHARE Initiative that will be put toward each project or initiative, including the amount of funds that will be directed to each SDOH-E Partner. Did you attach a simple budget proposal with this submission?** Yes No

Community Advisory Council (CAC)

9. **Describe the designated role for your CAC with regard to decision-making on SDOH-E spending under the SHARE Initiative.** (As appropriate, please be sure to include in your description the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.)

Rogue Community Health and JCC will collaborate with JCC's CAC to create a transparent and objective accountability and evaluation process focused on the outcomes the SHARE initiative is working to achieve, with the role of the CAC to include the following:

- Assessing program progress in addressing community priorities as they relate to the Community Health Improvement Plan

Providing community and member perspective and advocacy for issues related to housing and other social determinants of health affecting fire survivors

- Analysis of shared programmatic and outcome data
- Review and approve CHIP grant applications that may align with the SHARE initiative
- Periodic review of the project's strategic plan to ensure activities continue to be consistent with long term goals.

Project updates will be provided to the CAC at a minimum on a quarterly basis providing an opportunity for bi-directional information sharing, with the CAC giving input for current and future priorities of the SHARE initiative.

Section 3: Optional: Additional Details

10. **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.**

Objectives of the Project are to:

- A. Improve target population health quality and health outcomes in ways that are capable of being objectively measured with verifiable results and achievements.
- B. Be grounded in evidence-based criteria issued by recognized professional organizations.
- C. Reduce health disparities among specified populations.
- D. Promote Project Initiatives that align with goals of the Community Health Improvement Plan (CHIP)

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1. This project directly addresses goal two of the Housing for All priority area: increase the percentage of individuals living in housing that is safe, accessible, and connected to community and services.
 2. This project directly addresses goal four of the Parenting & Life Skills priority area: community-based organizations create a coordinated and collaborative service delivery system.
- E. Address the social determinants of health and health equity (SDOH-E) domain of economic stability:
1. Place fire survivors and families into transitional housing programs, supportive housing, and permanent housing.
 2. Provide fire survivors with resource and service navigation to address social determinants of health and equity.
 3. Engage with community partners to assist fire survivors with navigating a closed loop referral system.

Outcomes will be measured and evaluated using the following Specific Measurable, Achievable, Relevant, Time-Based, Inclusive and Equitable goals:

- A. By the end of month three, 2.0 FTE CHWs are dedicated to the program, and strategic planning occurs to identify fire survivors for housing and resource navigation supports.
- B. By the end of month three, communication materials are available in Spanish and English with input identified from sub-populations.
- C. By the end of month six, Grantee will enter into at least three Letters of Agreement, including organizations that partner in meeting CHIP priorities, those who serve Latinx/o/a community, Alameda/Obenchain fire survivors, and/or OHP members.
- D. By the end of month six, Grantee will assist at least 30 fire survivors in addressing social determinants of health needs including connection to housing supports.
- E. By the end of month twelve, complete at least one "use case" in a Fortify Properties housing unit, using a process that is considerate of the needs of focus population members.
- F. By the end of month twelve, complete at least three meetings between Grantee and JCC to strategize, plan, and set goals in building a glide path to long-term project sustainability upon completion of SHARE Initiative payment.
- G. By the end of month twelve, grantee will complete at least three presentations to JCC's Community Advisory Council on program progress.

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

JCC and RCH already have an existing data agreement in place.

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Jackson Care Connect Coordinated Care Organization Letter of Agreement

This Letter of Agreement (“**Agreement**”) is made and entered into as of September __, 2021 (“Effective Date”), by and between Rogue Community Health, (hereinafter, “Grantee”) and Jackson County CCO, LLC, dba Jackson Care Connect (“CCO”). Grantee and CCO are referred to in this Agreement as a “**Party**” or, collectively, as the “**Parties**”.

Project: JCC SHARE Initiative
Agreement Contact: William North
Contract email: wnorth@roguech.org
Project Contact: William North
Project E-mail: wnorth@roguech.org

CCO Agreement Number:
CCO Project Number: <<TBD >>
CCO Contact: Janet Holland
E-mail: hollandj@careoregon.org

I. Recitals

- A. **WHEREAS**, CCO is a Limited Liability Corporation of which CareOregon, Inc., an Oregon nonprofit, public benefit corporation, is the single member.
- B. **WHEREAS**, CCO is contracted with the Oregon Health Authority (OHA) via a Health Plan Services, Coordinated Care Organization Contract and Cover All Kids Health Plan Services Contract (intentionally referred to in the singular as the “CCO Contract”) to operate as a Coordinated Care Organization for the Oregon Health Plan (“OHP”).
- C. **WHEREAS**, pursuant to the CCO Contract, CCO participates in the Supporting Health for All through Reinvestment Initiative (SHARE Initiative) whereby CCO reinvests certain funds into its community to address health inequities and other social determinants of health and Equity (SDOH-E).
- D. **WHEREAS**, Grantee is a non-profit medical and dental home with locations in Ashland, Butte Falls, Medford, Prospect and White City.
- E. **WHEREAS**, through this Agreement, CCO and Grantee endeavor to impact overall health and well-being of their populations through the provision of SHARE Initiative funds granted by CCO to Grantee for the delivery of services and supports to help people find and maintain stable and supportive housing (“Grant Funds”) pursuant to the terms expressed below.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained in this Agreement, the receipt and sufficiency of which are acknowledged, the Parties agree as follows:

II. Administration/ Interpretation of Agreement/ Performance.

The Parties agree and understand that the foregoing Recitals, Exhibit A, Exhibit B, and Exhibit C to this Agreement are incorporated herein by reference with the same force and effect as if fully set forth in this Agreement. Grantee agrees to assume the duties, obligations, rights, and privileges applicable to receiving Grant Funds for this Project, the Description, Objectives, and Obligations of which are further stipulated in Exhibits A, B, and C to this Agreement.

Grantee agrees to perform its duties and obligations under this Agreement in accordance with requirements described Exhibit B, Part 4, Section 11 of the CCO Contract, should such requirements be applicable, and any other applicable requirements identified in the CCO Contract. Grantee also agrees to perform its duties and obligations under this Agreement in accordance with applicable federal, state, and local laws; the terms and conditions of this

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Agreement; and, all applicable policies and procedures adopted by CCO that are related to this Agreement.

For purposes of this Agreement, capitalized words shall have the meaning ascribed herein, unless the context clearly requires otherwise.

III. Term and Termination:

- A. **Term.** This Agreement is effective February 1, 2021 (“Effective Date”) and shall terminate on February 1, 2022 (“Expiration Date”), unless sooner terminated as stipulated herein.
- B. **Termination.**
 1. The Parties may terminate this Agreement without cause by mutual written agreement.
 2. CCO may immediately terminate this Agreement for cause if:
 - i. The Project is terminated by Grantee;
 - ii. An employee, agent, contractor, or representative of Grantee performing the responsibilities hereunder has violated any applicable laws, rules, or regulations;
 - iii. An employee, agent, contractor, or representative of Grantee has engaged in fraud, dishonesty, or personal conduct that may harm the business and/or reputation of either Party;
 - iv. Grantee fails to comply with any provisions of this Agreement;
 - v. Grantee demonstrably lacks the ability or competence to perform the responsibilities under this Agreement; or
 - vi. Grantee elects to make a material change to the Project such that the fundamental purposes of this Agreement are abandoned.
 3. Upon termination under any circumstance, funding will cease immediately, any payments not yet made by CCO to Grantee shall not be made, and any remaining balance of payment disbursed under this Agreement that has not been used for, or committed to, this Project shall be promptly returned to CCO.

IV. Project Elements.

- A. **Payment Components.** CCO agrees to disburse to Grantee a specified amount of Grant Funds based on a Disbursement Schedule stipulated in Exhibit B herein and consistent with the terms and conditions of this Agreement.
 1. Grantee understands and agrees that it shall use Grant Funds solely for this project and that any costs incurred by Grantee which are not eligible for funding under this Agreement shall be the sole obligation of Grantee.
 2. Grantee understands and agrees that nothing in this Agreement implies or guarantees ongoing funding or payment throughout and beyond the Term of this Agreement. In addition, CCO is under no obligation to pay for or participate in any cost increases, change orders, cost overruns, or additional Project expenses of any kind.
 3. Grantee shall repay CCO all or a percentage of payment received for (1) overpayment of Grant Funds to Grantee; (2) use of Grant Funds by Grantee for any purpose other than the Scope of Work described in Exhibit A of this Agreement; (3) noncompliance with the terms of this Agreement; or (4) for any other reason as specified in this Agreement. If repayment of any amount is due, Grantee shall repay CCO such sum or sums promptly or no later than thirty (30) days after a full accounting of payment is complete.
- B. **Scope of Work.** Grantee shall perform the obligations and duties required to execute this Project as stipulated in Exhibit A, Scope of Work (Scope of Work).
 1. Grantee shall carry out the Scope of Work in pursuit of fulfilling this Project’s Description, Objectives, and Obligations pursuant to Exhibit A and consistent with the terms and conditions of this Agreement.

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2. CCO shall evaluate and document Grantee's readiness and ability to perform the Scope of Work set forth prior to the effective date of this Agreement.
- C. **Reporting Requirements/Auditing/Maintenance of Records.**
1. Grantee agrees to prepare and submit reports as further defined in Exhibit C of this Agreement. Grantee must submit all Reports via email to the CCO Contact specified.
 2. Notwithstanding any other clause within this Agreement, Grantee shall maintain all receipts for any purchases made with Grant Funds along with any other records that specifically show the use of Grant Funds was in compliance with this Agreement.
 3. CCO shall have the right to conduct an audit of Grant Funds paid through this Agreement. Grantee shall make all books, accounting records, and other documents available at the reasonable request of CCO and for a period of three (3) years beyond the Term of this Agreement for inspection by the State, CCO, or their authorized designees.
 4. If for any reason CCO finds noncompliance with the terms of this Agreement and requires a repayment of Grant Funds previously paid to the Grantee, the Grantee is required to submit such sum or sums within thirty (30) days after receipt of a billing from CCO.

V. Representations and Warranties.

- A. Grantee represents and warrants that Grantee, its agents, or its representatives possess the knowledge, skill, experience, valid licensure, and required insurance necessary to execute this Project in a timely manner and with the maximum reasonable degree of quality, care, and attention to detail.
- B. Grantee expressly represents and warrants to CCO that Grantee is eligible to participate in and receive Grant Funds pursuant to this Agreement. In so doing, Grantee certifies by entering into this Agreement that neither it nor its officers, directors, employees, subcontractors, agents, or representatives are: (1) placed on the Tier Monitoring System by any CCO's Peer Review Committee; (2) have documented contract and/or compliance issues; or, (3) are presently declared ineligible or voluntarily excluded from entering into this Agreement by any federal or state department or agency.
- C. Grantee represents and warrants that it nor its officers, directors, employees, subcontractors, agents and other representatives are excluded from participating in any federal health care programs, as defined under 42 U.S.C. 1320-a7b (f), and that no pending or threatened governmental investigations that may lead to such exclusion exist to the best of their knowledge. Grantee agrees to notify CCO of the commencement of any such exclusion or investigation within seven (7) business days of first learning of it.
- D. Grantee represents and warrants that neither it nor its officers, directors, employees, subcontractors, agents and other representatives are included in the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists. If an officer, director, employee, subcontractor, agent or other representative of Grantee is identified to be on such lists, such individual will immediately be removed from any work related directly or indirectly to all work performed pursuant to this Agreement. CCO shall have the right to immediately terminate this Agreement upon learning of any such exclusion and Grantee shall keep CCO apprised of the status of any such investigation.
- E. Should it be determined that Grantee was ineligible to receive Grant Funds from CCO pursuant to this Agreement, Grantee expressly agrees to promptly repay all such Grant Funds disbursed to it under this Agreement and all funding associated with this Agreement shall be discontinued until Grantee has resolved compliance issue(s) to CCO's satisfaction. Any discontinued funding that has been withheld will not be disbursed.

VII. General Provisions:

- A. **Force Majeure.** Neither party shall be deemed in default of this Agreement to the extent that any delay or failure in the performance of its obligations results from any cause beyond its reasonable control and without its negligence provided such Party gives notice to the other Party, as soon as reasonably practicable, specifying the nature and the expected duration thereof. Failure of a Party to give notice shall not prevent such Party from relying on this Section except to the extent that the other Party has been prejudiced thereby. Notwithstanding the foregoing, any dates and obligations specified in this Agreement

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shall be subject to change, without liability on either Party, based on the current information available concerning COVID-19.

- B. **Amendments and Waivers.** No amendment, modification, assignment, discharge, or waiver of this Agreement shall be valid or binding without prior written consent (which shall not be unreasonably withheld) of the Party against whom enforcement of the amendment, modification, assignment, discharge or waiver is sought. A waiver or discharge of any of the terms and conditions hereof shall not be construed as a waiver or discharge of any other terms and conditions hereof.
- C. **Confidentiality and Marketing.**
1. Grantee agrees to safeguard all confidential information related to this Project.
 2. Both Parties agree that this Agreement and all negotiations and related documentation will remain confidential and that no press, news releases, or other publicity release or communication to the general public concerning the obligations contemplated herein will be issued without providing a written copy of the communication to the other Party and receiving the other Party's prior written approval, unless applicable law requires such disclosure. In addition, both Parties agree that they must obtain written permission prior to using the other Party's name, trade name, image, symbol, design, or trademark in any marketing, advertising, or promotional campaign in any medium or manner. Email approval by the CCO Contact or Agreement Contact specified herein will suffice as written approval.
- D. **HIPAA.** The Parties do not anticipate that protected health information (PHI) will be exchanged as a result of this Agreement. If PHI is exchanged for any reason, both Parties agree to keep notify the other Party of such disclosure and shall ensure that the information remains confidential in compliance with HIPAA and State privacy laws. If at any point the Parties anticipate PHI may be exchanged as a result of this Agreement, both Parties agree to comply with the privacy requirements of HIPAA and agree to execute a business associate agreement, if so required.
- E. **Agreement Contact.** Grantee agrees that the Agreement Contact named above is responsible for all aspects of the Agreement, including monitoring progress and performance, obtaining all necessary data and information, and notifying CCO of any significant obstacles or delays in pursuit of this Project. Grantee will notify CCO if the Agreement Contact changes.
- F. **Insurance.** Grantee and CCO each agree to maintain, at all times during this Agreement and at their own cost and expense, commercial general liability insurance, errors and omissions insurance, and workers compensation insurance coverage in amounts standard to its industry. If the Oregon Tort Claims Act is applicable to either CCO or Grantee, this section is modified by its terms.
- G. **Indemnity; Defense.** Each Party agrees to waive any claims, losses, liability, expenses, judgements, or settlements (referred to herein as "Claims") against the other Party for any claims arising out of or related to performance under this Agreement which result from the non-waiving Party's own negligence. Further, each Party hereby agrees to defend, indemnify and hold harmless the other party, its officers, directors, and employees from and against third party claims, loss, liability, expense (including reasonable attorney's fees), judgments or settlement contribution arising from injury to person or property, arising from negligent act or omission on its part or its officers, directors, volunteers, agents, or employees in connection with or arising out of: (a) the Scope of Work performed under this Agreement, or (b) any breach or default in performance of any such Party's obligations in this Agreement including, without limitation, any breach of any warranty or representation. In the event that either Party, its officers, directors, or employees are made a party to any action or proceeding related to this Agreement then the indemnifying Party, upon notice from such Party, shall defend such action or proceeding on behalf of such Party at the indemnifying Party's sole cost and expense. Each Party shall have the right to designate its own counsel if it reasonably believes the other Party's counsel is not representing the indemnified Party's best interest. This indemnity shall not be limited by reason of any insurance coverage required under this Agreement and shall survive termination of this Agreement.
- H. **Compliance and Licensure.** Grantee and CCO shall, at all times during the term of this Agreement comply with all applicable federal, state, and local laws, rules and regulations, and shall maintain in force any licenses and obtain applicable permits and consents required for performance of the Scope of Work under

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this Agreement. The Parties shall provide to each other copies of such applicable current valid licenses and/or permits upon request.

- I. **Relationship of the Parties.** CCO and Grantee 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.
- J. **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.
- K. **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.
- L. **Governing Law.** The validity, interpretation, and performance of this Agreement shall be governed by and construed in accordance with the laws of the State of Oregon.

Entire Agreement. This Agreement and the exhibits and attachments hereto contain a full and complete expression of the rights and obligations of the Parties and it shall supersede all other agreements, representations, and offers, written or oral, heretofore made by the Parties regarding any of the subject matter contained herein. This Agreement may be modified only in writing, signed by the Parties hereto.

Agreed to on behalf of **[Party Name]**:

Agreed to on behalf of **Jackson County CCO, LLC,
dba Jackson Care Connect:**

Signature

Name: _____

Title: _____

Date: _____

Tax ID: _____

Signature

Name: _____

Title: _____

Date: _____

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Exhibit A. Scope of Work

I. Obligations of Grantee:

Grantee agrees to:

- A. Perform work toward meeting the Project Description and Project Objectives during the term of this Agreement.
- B. Use Grant Funds for Eligible Project Expenses.
- C. Participate in other activities as agreed upon by Grantee and CCO.

II. Project Description:

CCO, in partnership with Grantee shall utilize the funding from the SHARE Initiative to expand Grantee's current staff of Community Health Workers (CHW) and Disaster Case Managers (DCM) to include a housing-related services focus that will enable greater outreach throughout our service area. Housing-related services and supports means the services and supports necessary to help people find and maintain stable and safe housing. CHW/Peer Housing Support Specialists shall also work within Grantee's system to engage with community partners in an effort to aid fire survivors in navigating the closed loop referral system.

The initial target is to place fire survivors and families into transitional housing programs, supported housing, and permanent housing by providing support services throughout the whole housing process starting from establishing needs to placement for the 12-month budget period. These individuals/families will initially be identified as part of the target population of Alameda and Obenchain fire survivors, with the long-term goal of developing and expanding capacity to address other target populations within the community.

III. Project Objectives:

- A. Objectives of the Project are to:
 1. Improve target population health quality and health outcomes in ways that are capable of being objectively measured with verifiable results and achievements.
 2. Be grounded in evidence-based criteria issued by recognized professional organizations.
 3. Reduce health disparities among specified populations.
 4. Promote Project Initiatives that align with goals of the Community Health Improvement Plan (CHIP) by: increasing the percentage of individuals living in housing that is safe, accessible, and connected to community and support services in alignment with the Housing for All priority; and, creating a coordinated and collaborative service delivery system in alignment with the Parenting & Life Skills priority area.
- B. Address the social determinates of health and health equity (SDOH-E) domain of economic stability:
 1. Place fire survivors and families into transitional housing programs, supportive housing and permanent housing.
 2. Provide fire survivors with resource and service navigation that address social determinants of health and equity.
- C. Engage with community partners to assist fire survivors with navigating the housing referral system.
- D. Additional expectations of Project include:
 1. By the end of month three, 2.0 FTE CHWs shall be dedicated to the program, and strategic planning occurs to identify fire survivors for housing and resource navigation supports.
 2. By the end of month three, communication materials to be made available in Spanish and English with input identified from sub-populations.

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3. By the end of month six, Grantee to enter into at least three Letters of Agreement, including organizations that partner to meet CHIP priorities, those who serve Latinx/o/a community, Alameda/Obenchain fire survivors, and/or OHP members.
 4. By the end of month twelve, complete at least one "use case" in a Fortify Properties housing unit, using a process that is considerate of the needs of focus population members.
 5. By the end of month twelve, complete at least three meetings between Grantee and CCO to strategize, plan, and set goals in building a glide path to long-term project sustainability upon completion of SHARE Initiative payment.
 6. By the end of month twelve, Grantee to complete at least four presentations to CCO's Community Advisory Council on program progress.
- E. Progress toward meeting objectives shall be documented by Grantee in reports as further specified in Exhibit C, **Reporting Requirements**. Such objectives shall be measured and evaluated using the Specific, Measurable, Achievable, Relevant, Time-Based, Inclusive and Equitable standards.

IV. Population(s) to be Served:

- A. Alameda and Obenchain fire survivors, including CCO members, communities of color, and community members at large.

V. Project Deliverables:

Grantee agrees to:

- A. Perform work toward meeting the Project Description and Project Objectives during the term of this Agreement. In so doing, Grantee Shall:
 - a. Work with Alameda/Obenchain fire survivors including OHP clients, and dually eligible Medicare/Medicaid clients to connect members to improve health and mitigate adverse health effects resulting from lack of safe and stable housing.
- B. Extend outreach and enrollment in the respective service area.
- C. Verify and report on OHP enrollment status of members utilizing the program, if applicable.
- D. Transition current grant-funded model to a value-based payment contract.

VI. Eligible Project Expenses:

Grantee agrees to exclusively use Grant Funds to assist in financing the following Eligible Project Expenses, in amounts to be determined at the Grantee's sole discretion:

- A. Eligible project expenses include salary and benefits for CHW/Peer Housing Support Specialists.
- B. There is no allowance for indirect/administrative expenses.
- C. Upon completion of the Project, Grantee shall return to CCO all disbursed Grant Funds not exclusively used to finance Eligible Project Expenses.

Grantee has discretion to determine which categories of the above expenses will be covered by Grant Funds, as well as the amount of grant funds that will be used for each category.

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Exhibit B. Grant Funding Components

I. Payment:

- A. CCO will grant \$100,000 to Grantee for the Project subject to the terms and conditions of this Agreement. CCO will disburse Grant Funds to Grantee according to the Disbursement Schedule in this Exhibit B.
- B. Eligible Project Expenses.** Eligible project expenses include salary and benefits for CHW/Peer Housing Support Specialists.
1. No amount of Grant Funds shall be used for indirect/administrative expenses associated with this Project; such indirect or administrative expenses shall be the sole responsibility of Grantee.
 2. Upon completion of the Project, Grantee shall return to CCO all disbursed Grant Funds not exclusively used to finance Eligible Project Expenses.

II. Disbursement Schedule:

Disbursement	Conditions Precedent to Disbursement	Disbursement Amount
First Disbursement	Letter of Agreement signed by both Parties, and Grantee's delivery of a true and accurate Contribution Installment Certificate to CCO	

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III. Form of Contribution Installment Certificate

Prior to disbursement, Grantee will deliver to CCO a Contribution Installment Certificate in substantially the same form as follows:

In connection with the Letter of Agreement between Jackson Care Connect Coordinated Care Organization (CCO) and Rogue Community Health ("Grantee"), the undersigned certifies the following in support of its request for the complete installment of the contribution by Jackson Care Connect CCO in the amount of \$100,000:

- 1. No default or breach by Grantee exists under the Letter of Agreement.*
- 2. The project will be conducted as described in the Letter of Agreement.*
- 3. All reports required under the Letter of Agreement have been delivered to Jackson Care Connect CCO as of the date of this Certificate.*
- 4. All conditions for this Grant Installment as set forth in the Letter of Agreement have been met.*
- 5. Any funds previously received from Jackson Care Connect CCO have been applied to current expense, or are being held for future expenses, as authorized under the Letter of Agreement.*

Signature: _____

Printed Name: _____

Title: _____

Date: _____

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Exhibit C. Reporting Requirements.

- A. Grantee shall assist in all applicable reporting requirements in the CCO Contract associated receiving Grant Funds and the SHARE Initiative generally. CCO shall share these CCO Contract reporting requirements with Grantee as soon as reasonably possible so Grantee can adequately prepare to produce such reports. Additionally, Subcontractor will produce any additional reports as reasonably requested by CCO in order for it to carry out its oversight and monitoring duties.
1. Grantee will provide semi-annual written reports to CCO beginning December 31, 2021 (with additional reports due every six (6) months), regarding progress-to-date of Project and the financial administration of the Grant Funds. Grantee shall provide CCO with a final cumulative written report regarding progress to date and the financial administration of the Grant Funds upon completion of the project. Data elements may include the number of CCO members entering into transitional, supportive or permanent housing, the number of CCO members who receive resource navigation, and those who successfully transition into other permanent housing solutions. Data should be disaggregated by race, ethnicity language and disability.
 2. From time to time, CCO may request certain information, records, and the submission of certain reports concerning various aspects of this Agreement including progress of the Project, use of Grant Funds, compliance with the terms of this Agreement, percentage of the target population served, etc. At the reasonable request of CCO, Grantee shall provide such information and records, submit such reports, or make its personnel available to discuss aspects of the Project. CCO shall provide Grantee with reasonable notice along with detailed instructions on any material requested from Grantee, should any such request be made.
- B. **Financial Reporting Requirements.**
1. Grantee shall follow and use Statutory Accounting Principles in the preparation of all financial statements and reports filed with CCO, unless CCO policies and procedures or written reporting instructions allow otherwise.
 2. Grantee shall maintain sound financial management procedures and demonstrate to CCO through proof of financial responsibility that it is able to perform the work required under this Agreement efficiently, effectively and economically and is able to comply with the requirements of this Agreement.
 3. Grantee shall cooperate with CCO to submit any information required for CCO to complete the reporting required under Exhibit L of the CCO Contract including but not limited to annual, quarterly, and audited financial statements as needed.

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Jackson Care Connect SHARE Initiative Logic Model

	INPUTS:	ACTIVITIES:	OUTPUTS:	ST OUTCOMES	LT OUTCOMES
<p style="text-align: center;">THE SITUATION:</p> <p>The September 2020 Alameda Wildfire carved a nine-mile path of destruction from Ashland to Phoenix that burned 4,449 structures and killed three people. Included in those structures lost were approximately 2600 homes, with approximately three-quarters being affordable housing units like mobile home parks, manufactured homes and apartment buildings. This disaster added to the already difficult housing crisis in Jackson County and hit three groups particularly hard that had already been disproportionately affected by the COVID-19 pandemic: the Latino/a/x community, senior citizens and low-income individuals and families. Many Alameda fire survivors are still living in hotels and other temporary housing situations.</p> <p>Rogue Community Health (RCH) proposes to utilize the funding from the SHARE Initiative to expand their current staff of Community Health Workers (CHW) and Disaster Case Mangers (DCM) to include a housing-related services focus that will enable greater outreach throughout our service area.</p>	<p>Funding available: \$100,000 awarded by JCC CCO.</p> <p>Expand RCH's current staff by one Community Health Workers (CHW) and one Disaster Case Mangers (DCM) to include a housing-related services focus.</p> <p>Jackson Care Connect Community Advisory Council members.</p> <p>Grantee will enter into at least three Letters of Agreement, including organizations that partner in meeting CHIP priorities, those who serve Latinx/o/a community, Alameda/Obenchain fire survivors, and/or OHP members.</p> <p>Work with a translation vendor.</p>	<p>CHW/Peer Housing Support Specialists will work within the RCH system to engage with community partners to help fire survivors navigate through the closed loop referral system.</p> <p>CHWs will work 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.</p> <p>Provide fire survivors with resource and service navigation to address social determinants of health and equity, such as: housing, food insecurity, employment and workforce training, childcare, legal services, and access to medical, dental, and behavioral health care.</p> <p>Complete at least three meetings between Grantee and JCC to strategize, plan, and set goals in building a glide path to long-term project sustainability upon completion of SHARE Initiative payment.</p> <p>Complete at least one "use case" in a Fortify Properties housing unit, using a process that is considerate of the needs of focus population members.</p> <p>Extend outreach and enrollment in the respective service area.</p> <p>Communication material is translated into Spanish.</p> <p>Grantee will complete at least three presentations to JCC's Community Advisory Council on program progress.</p>	<p>Rogue Community Health (RCH) leads this program.</p> <p>Alameda and Obenchain fire survivors, including CCO members, communities of color, and community members at large are served through this program.</p> <p>Communication materials are available in Spanish and English with input identified from sub-populations.</p> <p>CAC assists in shaping current and future priorities of the SHARE Initiative.</p> <p>Community-based organizations create a coordinated and collaborative service delivery system.</p> <p>Be grounded in evidence-based criteria issued by recognized professional organizations</p>	<p>Increase the number of support services that provide stability, affordability, quality and safety for low income individuals who have housing needs.</p> <p>Reduce health disparities among specified populations.</p> <p>Improve target population health quality and health outcomes in ways that are capable of being objectively measured with verifiable results and achievements.</p> <p>Increase the percentage of individuals living in housing that is safe, accessible and connected to community and services.</p> <p>Reduce adverse health effects resulting from lack of safe and stable housing.</p>	<p>Address the need to provide supports to maintain tenancy for OHP-enrolled individuals in Jackson County.</p>



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Budget Proposal

Proposed Budget (12 Months)	
Expenses	Amount
Personnel Expenses	
Salary for 2 CHW/Peer Housing Support Specialists	100,000
Total Personnel Expenses	100,000
Subtotal Expenses	100,000
Indirect/Administrative Expenses	0
Total Proposed Budget	100,000

BUDGET NARRATIVE

Personnel Expenses: Total requested \$ 100,000:

Rogue Community Health (RCH) proposes to utilize the funding from the SHARE Initiative to expand our current staff of Community Health Workers (CHW) and Disaster Case Mangers (DCM) to include a housing-related services focus that will enable greater outreach throughout our service area. Housing-related services and supports means the services and supports will help people find and maintain stable and safe housing.

We propose to bring in 2 CHWs/Peer Housing Support Specialists who will be supported at 79% of their personnel costs by the SHARE initiative with the balance of the costs for these positions being supported by other funding sources.

	Other Funding	SHARE Contribution
Personnel Expenses		
Salary for CHW/Peer Housing Support Specialists		98,400
Benefits	26,400	1,600
Total Personnel Expenses	26,400	100,000

GOALS & OBJECTIVES

The September 2020 Alameda Wildfire carved a nine-mile path of destruction

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from Ashland to Phoenix that burned 4,449 structures and killed three people. This disaster added to the already difficult housing crisis in Jackson County. Many of the fire survivors are still living in hotels and other temporary housing situations. To address this current need in the community, the CHW/Peer Housing Support Specialists will work within the RCH system to engage with community partners to help the fire victims navigate through the close looped referral system.

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.

The initial target is 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 will initially be identified as part of the target population of Almeda and Obenchain fire survivors, with the long-term goal of developing and expanding capacity to address other target populations within the community.

RCH cannot agree to use a referral platform in exchange for funding as part of this agreement. We remain interested in a formal partnership between the Rogue Hub and the CIE. We will provide results of our overall efforts to move individuals into supported and permanent housing.