2022 SHARE Initiative Detailed Spending Report CCO: Umpqua Health Alliance

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

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	December	funding from other sources, if applicable	Confirm spending has NOT (and will not) be counted as health-related services
City of Roseburg	Homeless Low Barrier Shelter	As part of its 2019 CHP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. As a result, UHA will make a SHARE Initiative investment to the City of Roseburg to develop a low barrier shelter and navigation center. This facility will present a shelter/housing first option that helps to direct community members to the resources and services they need. With the increase in the number of unhoused individuals in the City of Roseburg, a comprehensive program to integrate social services with supportive shelter care is needed. In partnership with UHA, United Community Action Network (UCAN), and other key community partners, the City of Roseburg sought and obtained a \$1.5 million grant from the State of Oregon to develop this center. The center is supported by a consortium of local organizations including businesses from the non-profit, clinical, and public sectors. a. Services Provided: Recipient will develop, launch, and operate a low barrier shelter within the City of Roseburg. b. Priority Population: The program will support unhoused individuals and will work in coordinating care and services with social service agencies and behavior health providers.	100,000	,		
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*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).