

Due: December 31, 2022

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. According to contract requirements, a CCO's annual SHARE Initiative designation must be spent down within three years¹ of OHA's approval of the same year's SHARE Initiative spending plan; a one-year extension may be requested (four years total).

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;
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 December 31² 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
 - o **Annual SHARE Initiative Designation** in [Exhibit L6.7](#) to identify its SHARE Initiative designation based on the *prior year's financials*.
 - o **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.
 - o **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*.

CCO name: UHA

¹ See the [2022 contract waiver memo \(12/13/2021\)](#), which extends the spend-down period from two years to three years. CCOs still have the option to request a one-year extension.

² See the [2022 contract waiver memo \(12/13/2021\)](#), which extends the spending plan due date to 12/31. (CCOs may submit it any time from 9/30/2022 through 12/31/2022). 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.

2022 SHARE Initiative Spending Plan Template

CCO contact: Keith Lowther, CFO

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@dhsosha.state.or.us 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 E30 in [Exhibit L – Report L6.7](#))**
\$400,000

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.**
City of Roseburg Gary Leif Navigation Center – Serving the homeless population in a rural community by providing a low barrier shelter to assist in transitional housing and help the homeless population into permanent housing.
Umpqua Heart Hasting Village – Developing a low barrier homeless village and transitional housing shelter to serve the homeless population in the rural area of Sutherlin and assisting those residing in the shelter with wrap around services to transition into more permanent housing.
ADAPT Value Inn Transitional Housing – Remodel and development of a recently acquired hotel into SUD transitional housing for community members transitioning from recovery facilities while additionally providing wrap around services.

CHP/statewide priorities

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

As part of its 2019 CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. UHA will contribute half of SHARE designation in the amount of \$200,000 to the City of Roseburg to help to continue development of the low barrier navigation center. This facility will present a shelter/housing first option and then help to direct community members to the resources and services they need. The \$200,000 will be used to create infrastructure for the facility

2022 SHARE Initiative Spending Plan Template

including but not limited to utility connections and brick and mortar building.

UHA will contribute \$100,000 to Umpqua Heart to help develop a low barrier homeless village and shelter in Sutherlin, Oregon, where there are currently no established shelters.

UHA will also contribute \$100,000 to ADAPT to assist in remodel of a recently acquired, 12-unit hotel that is being re-designed to act as SUD transitional housing for community members being discharged from facilities or hospitals who need housing/wrap around services to continue successful recovery. According to the Umpqua Health Alliance/Douglas County Health Improvement Plan-2019, Housing and Homelessness are one of the key focus areas addressed under the Social Determination of Health section. By working with the City of Roseburg, Umpqua Heart and ADAPT, UHA is part of an effort to consolidate local resources and promote collaboration among many groups with an interest in housing and homeless problems

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

According to the Oregon Housing and Community Services (OHCS) Statewide Housing Plan 2019-2023 Breaking New Ground report, Homelessness is the priority. The reports states as its primary goal: Build a coordinated and concerted statewide effort to prevent and end homelessness, with a focus on ending unsheltered homelessness of Oregon's children and veterans.

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: City of Roseburg

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: Umpqua Heart

B. SDOH-E domain(s) for the SHARE activities being funded for this partner (check all that apply):

Neighborhood and built environment

Economic stability

2022 SHARE Initiative Spending Plan Template

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: ADAPT

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.

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

SDOH-E partners were identified and selected through the course of a community grassroots homeless commission formed in response to the housing crisis to partner on solution ideas. The City of Roseburg (COR) received a \$1.5 million grant from the State to set up a navigation center. COR was a leader in creating a Homelessness Commission from Roseburg organizations to address the homeless situations as needed. Members of ADAPT and the President of Umpqua Heart are also participants on the homeless commission and are active contributors to address the homeless need. Umpqua Health Alliance's CEO is a member of the Homelessness Commission along with several other community leaders.

ADAPT is in the process of developing three separate housing programs to assist the community and has received multiple grants to promote these projects to improve the community housing need. This includes the remodel of a recently obtained 12-unit hotel into transitional housing.

Umpqua Heart has partnered with City of Sutherlin to address Sutherlin's homeless crisis and provide a low barrier shelter for those in need, which will entail the development and launch of a multi-tier homeless project to establish a shelter and homeless village that will provide overall support and wrap around services to those in need in that rural community. UHA's CEO and Executive team reviewed the community's needs, information from the Homeless Commission, the CHIP and SHIP and SDOH, and utilizes this information to select partners and projects to support. In the future, with the increasing SHARE dollar allocation, UHA is expanding the current process of project selection to meaningfully include the CAC and UHA board with the Executive Team to review a portfolio of potential projects in alignment with community needs.

2022 SHARE Initiative Spending Plan Template

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.

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.)

Our Community Advisory Council was involved with the creation of the Community Health Assessment and the Community Health Improvement Plan which specifically prioritized the development of SDOH-E strategies including housing and homelessness. The CAC will be informed on the decisions made for SHARE spending and will receive a copy of the Spending Plan and engaged throughout the development of the navigation center, Umpqua Heart's shelter, and ADAPTs housing remodel and participate in the monitoring of its key metrics and indicators. UHA's executive team will provide the information directly to the CAC. Looking forward to the enhanced SHARE project selection process, UHA plans to launch in 2023, the CAC (with support from UHA staff) will serve as a venue for vetting of potential projects. Projects will surface to the Executive Team and Board for final consideration and decision making with the CAC informed of final choices.

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.

Click here to enter text.

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

UHA
Simple Budget-SHARE Initiative 2022

SDOH-E Partner and project	budget line items	amount
City of Roseburg-Assistance with creating a low barrier shelter/navigation Center in Roseburg	Develop and operationalize low barrier shelter	\$ 200,000.00
Umpqua Heart-Assistance with creating a low barrier shelter-Sutherlin	Develop and operationalize low barrier shelter	\$ 100,000.00
Adapt-Assistance with transitional housing	Remodel and operationalize hotel	\$ 100,000.00
	total	<u>\$ 400,000.00</u>

MASTER FUNDING AGREEMENT
Between
CITY OF ROSEBURG
And
UMPQUA HEALTH ALLIANCE, LLC

This Master Funding Agreement (the “Agreement”) is entered into by and between Umpqua Health Alliance, LLC (“UHA”), an Oregon limited liability company and the City of Roseburg (the “Recipient”), an Oregon municipal corporation, each of which operates in Douglas County, Oregon. UHA and the Recipient are each referred to herein as a “Party.”

BACKGROUND

- A. UHA is a coordinated care organization whose enrolled members reside in Douglas County (the “County”). The Recipient is an Oregon municipal corporation, that with community support, works to address the unmet health care needs of County residents, reduce barriers to care and to promote the overall health of the community.
- B. Pursuant to its contract with the Oregon Health Authority (“OHA”) and its Community Health Improvement Plan (“CHIP”), UHA provides financial support from time to time for programs or activities (“Community Programs”) that are intended to improve the quality, accessibility, efficiency, and outcomes of healthcare in the community; to address social determinants of health, or otherwise enhance the health of and health care available to UHA members and County residents.
- C. The Recipient may also support such Community Programs, by among other means fundraising and/or administering financial support for specific Community Program development activities.
- D. In light of their shared interest in community health and well-being, healthcare quality and access and Community Programs generally, the Parties desire to set forth in this Master Agreement certain terms and conditions upon which the Recipient will administer and distribute amounts (the “Funding”) that UHA provides for specified Community Programs (“Funded Programs”) subject to any additional terms and conditions set forth in a Statement of Work (“SOW”) that may be appended to and made part of this Agreement.

Now, therefore, the parties agree as follows:

AGREEMENT

- 1. **Funding and Uses.** UHA agrees to provide the Funding for each Funded Program and the Recipient agrees to administer and distribute the Funding in accordance with this Agreement and the terms of the applicable agreement within the SOW, which will set forth additional requirements such as timelines and milestones, reporting and applicable uses.

- a. Prohibition. Funding may not be used for the purposes set forth in Attachment 1 to this Agreement or as prohibited in any SOW. Further, in no event may the Funding be used to secure any obligation of a Funded Program for the Recipient.
 - b. Generally Permissible Purposes. The Funding may be used for purposes that include but are not limited to:
 - i. Health Information Technology including but not limited to records system; systems to enable referrals from community providers and agencies that address social determinants of health; and systems necessary to monitor Funded Program outcomes.
 - ii. Community Engagement, including consultation with UHA's designated Community Advisory Council, public and private agencies, other providers, and local institutions of higher education, regarding Program design, the development of culturally and linguistically appropriate services and workforce needs.
 - iii. Program Design, including attention to elements of the CHIP, mechanisms for collaboration between local social services agencies and the local network of care, and enhancing quality of care within the community.
2. **Administration**. The Recipient will be responsible for ensuring that the Funding is used for the purposes set forth in the SOW and will provide oversight of expenditures by the Funded Program. The Recipient will enter into necessary agreements or arrangements with Funded Programs in support of the SOW requirements and manage and administer the Funding in accordance with industry standards. If a Funded Program fails to comply with requirements established by the Parties or by the Recipient in an agreement with the Funded Program, or if the Funded Program development is discontinued prior to distribution of the Funding, the Recipient will notify UHA via U.S. mail within 15 calendar days of when the Recipient is aware of the need to discontinue the Funded Program. UHA may direct unused Funding to other initiatives or services within the community at its discretion.
3. **Reporting and Accounting**.
- a. Record-keeping. The Recipient will maintain complete and accurate records regarding distributions and other administration of the Funding in accordance with sound accounting principles applicable to community philanthropic organizations and will require the Funded Programs to maintain detailed records regarding the use and expenditure of the Funding.
 - b. Reports. The Recipient will ensure that each Funded Program provides regular reports to UHA regarding the status activities related to the Funding and the achievement of anticipated milestones. Upon request, the Recipient will forward reports to UHA within 15 calendar days. The Recipient will provide reports to

UHA regarding the maintenance and distribution of the Funding and other administrative matters. The Recipient will provide UHA a final accounting when all Funding has been distributed.

- c. Access. At its own expense, UHA or its designee may review the Recipients records related to administration and use of the Funding upon reasonable requests. In addition, for a period of ten (10) years, the Recipient shall require Funded Programs to provide UHA reasonable access to records related to the use of the Funding or as required for compliance with UHA's contract with OHA or by applicable law(s) or regulation(s).





4. General Terms.

- a. Compliance. In carrying out this Agreement, the Recipient and its agents shall comply with all applicable laws, regulations, and rules and, upon reasonable request, shall provide documentation of such compliance as requested by UHA for a period of ten (10) years.
- b. Responsibility for Others. The Recipient will be responsible for all acts and omissions of its affiliates, directors, officers, employees, contractors, or any other agents who participate in performing this Agreement. UHA will have no responsibility for the conduct of the Recipient or the Funded Program, or the affiliates, directors, officers, employees, contractors or other agents of either.
- c. Insurance. The Recipient will maintain insurance sufficient to cover all activities related to this Agreement.
- d. Assignment. The Recipient may not reassign this Agreement, in whole or in part, without UHA's prior written consent. UHA may, upon giving notice to the Recipient, reassign all or any part of its rights and interests under this Agreement.
- e. No Third-Party Benefit. The provisions of this Agreement are for the sole benefit of the parties hereto and confer no rights, benefits, or claims upon any person or entity not a party hereto.
- f. Complete Agreement. This Agreement contains entire agreement of the parties and supersedes any prior agreements regarding the subject matter of this Agreement. No change to this Agreement will be effective unless signed by the parties.
- g. Severability; No Waiver. If any provision of this Agreement is held to be invalid or unenforceable for any reason, the remaining provisions will continue in full force without being impaired or invalidated in any way. The parties agree to replace any invalid provision with a valid provision that most closely approximates the intent and economic effect of the invalid provision. The waiver of a breach of any provision of this Agreement will not operate or be interpreted as a waiver of any other or subsequent breach.





- h. Authority. Each Party represents and warrants that (a) it has the corporate, statutory, or other power and authority to enter into this Agreement and to perform its obligations hereunder; (b) the person who executes this Agreement on its behalf has the necessary authority to bind the Party; and (c) neither the execution and delivery of this Agreement nor the performance of its obligations hereunder will constitute a violation of, a default under, or conflict with any term of any governance documents or other agreements to which it is bound.
- i. Governing Law. This Agreement will be governed by the laws of the state of Oregon, without regard to its conflict of law.
- j. Notices And Approvals. Written notices, requests, and approvals under this Agreement must be delivered by mail or email (delivery receipt requested) to the other Party's contacts and addresses as set forth below the Party's signature or as otherwise directed by the Party.
- k. Counterparts And Electronic Signatures. This Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- l. Use of Name & Acknowledgement. Unless otherwise specified in a SOW:
 - i. UHA Name. The Recipient will, and will require each Funded Program to, identify UHA as a sponsor for each Funded Program in all press releases, public announcements, acknowledgements, website content, event announcement and other publications regarding Funded Program donors. In addition, the Recipient on its website and in its publications will identify UHA as a partner in its efforts to promote community health and well-being. Upon reasonable notice, and absent objection by UHA, the Recipient or a Funded Program may use UHA's logo in such communications. Recipient or a Funded Program shall obtain prior written consent of UHA for any other use of UHA's name in any publicity.
 - ii. Recipient and Funded Program Name. UHA may utilize the name and logo of the Recipient's name and the name of each Funded Program in its own publications regarding healthcare improvement, community initiatives and announcements as well as in required reports. The Recipient will ensure that each Funded Program authorizes the same in writing.

Signature Page Follows

For: **UMPQUA HEALTH ALLIANCE, LLC**

DocuSigned by:
By: 
9E391EC127CF429...
Name: 
Title: 
Date: 

For: **CITY OF ROSEBURG**

DocuSigned by:
By: 
857F7B07131E4EF...
Name: 
Title: 
Date: 

Attest: _____

Amy L. Sowa, Assistant City Manager/Recorder

ATTACHMENT 1
Generally Prohibited Uses of Funding

Except as otherwise approved in advance and in writing by an authorized officer of UHA, the Funding shall not be used for expenses related to the following:

1. Services that may be billed or allocated by a provider for care delivery and/or covered services provided to UHA members;
2. Activities designed primarily to control or contain costs;
3. Activities eligible to be, or paid for with other funding separate from revenue received through a CCO's contract;
4. Claims adjudication, claims processing, or claims payment capabilities;
5. Professional hotline activities that do not meet the definition of activities that improve health quality;
6. Utilization review;
7. Fraud prevention activities;
8. Developing and executing provider contracts and fees associated with establishing or managing a provider network, including fees paid to a vendor for the same reason;
9. Provider credentialing;
10. Calculating and administering individual member incentives;
11. Prospective utilization that does not meet the definition of activities that improve health quality;
12. Activities that do not comply with UHA policies and procedures for "health-related services."; and
13. Activities that do not comply with 45 CFR 158.150, 45 CFR 158.151, and OAR 410-141-3845.

**STATEMENT OF WORK--#1
Homeless Low Barrier Shelter**

1. **Funded Program for Purposes of this SOW #1:** Investment in the development of a low barrier homeless shelter in Roseburg, OR.
 - a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
 - b. Health Related Services/Community Benefit Initiative Classification (primarily designed to meet which of the following (check all that apply):
 - Improve health outcomes and reduce health disparities among specified populations.
 - Prevent avoidable hospital readmissions through a program for hospital discharge.
 - Improve patient safety, reduce medical errors, and lower infection and mortality rates.
 - Implement, promote and increase wellness and health activities.
 - Health information technology expenditures that support the activities above
 - Support expenditures related to health information technology and meaningful use requirements.
 - c. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA's community health improvement plan.
 - d. State Health Improvement Plan Implementation Areas: Built environment, community resilience, social service integration, housing stability, food security, crisis intervention.
2. **Background:** 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 intends to develop a large low barrier shelter program for the community. To support the program, UHA will provide funds to develop and operationalize the program in 2021 and 2022.
 - 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.
3. **The Funding, for purposes of this SOW #1:** Two Hundred Thousand Dollars (\$200,000).
 - a. Duration of Funding: CY 2021 to CY 2022
 - b. Funding Timing: April 1, 2022

- c. **Funding Allocation:**
 - i. Flexible Services: _____%
 - ii. Community Benefit Initiative: 100%
 - iii. Health Information Technology: _____%
 - 1. For activities that improve quality: _____%
 - 2. Or that are related to meaningful use: _____%
 - d. **Funding Contingencies:** In addition to the restrictions in Attachment 1, funds cannot be awarded to organizations that will be providing a related covered service. Recipient must agree to participate in the Unite Us Community Information Exchange.
4. **Use and Purpose of the Funding:** 100% of the funds shall be used to develop and operationalize the low barrier shelter. Examples of appropriate usage of the funds include but not limited: initial set up costs, linens, food, transportation, temporary lodging.
5. **Reporting Obligations:** Recipient will provide the following:
- a. June 30, 2022: A description of how the funds will be utilized.
 - b. September 30, 2022: Progress report on the deployment of the shelter.
 - c. December 31, 2022: Progress report on the deployment of the shelter.
 - d. March 31, 2023: Final report.
6. **Outcomes:** The program intends to achieve outcomes by:
- a. Demographics
 - i. Reduce the number of unhoused individuals in the City of Roseburg.
 - ii. Identify the number of people served by the center.
 - iii. Identify the number of distinct Medicaid members served by the center.
 - b. Services
 - i. Average length of stay within the center.
 - ii. Types of services received.
 - iii. Number of temporary financial services an individual has applied for.
 - iv. Number of housing assistance services an individual has applied for.
 - c. Referrals
 - i. Increase the number of referrals to social service agencies to unhoused individuals.
 - ii. Number of primary care visits established.
 - iii. Number of dental care visits established.
 - iv. Number of behavioral health visits established.
7. **Evidenced-Based Reference:** This Agreement and any associated agreement executed by Receipt to support this Agreement must include a rationale that the program and services are either evidence-based, best-practice, or widely accepted best clinic practice.

MASTER FUNDING AGREEMENT

Between

ADAPT

And

UMPQUA HEALTH ALLIANCE, LLC

This Master Funding Agreement (the “Agreement”) is entered into by and between Umpqua Health Alliance, LLC (“UHA”), an Oregon limited liability company and ADAPT (the “Recipient”), each of which operates in Douglas County, Oregon. UHA and the Recipient are each referred to herein as a “Party.”

BACKGROUND

- A. UHA is a coordinated care organization whose enrolled members reside in Douglas County (the “County”). The Recipient, with community support, works to address the unmet health care needs of County residents, reduce barriers to care and to promote the overall health of its members and the community.
- B. Pursuant to its contract with the Oregon Health Authority (“OHA”) and its Community Health Improvement Plan (“CHIP”), UHA provides financial support from time to time for programs or activities (“Community Programs”) that are intended to improve the quality, accessibility, efficiency, and outcomes of healthcare in the community; to address social determinants of health, or otherwise enhance the health of and health care available to UHA members and County residents. Additionally, UHA must spend a portion of its previous calendar year’s net income or reserve on services designed to address health disparities and social determination of health and equity, through the Supporting Health for All through Reinvestment Initiative (“SHARE Initiative”). As identified in its SHARE Spending Plan, UHA will make investments in domains that address Neighborhood and Built Environments and Social and Community Health, through low barrier housing and navigation center.
- C. The Recipient may also support such Community Programs, by among other means fund-raising and/or administering financial support for specific Community Program development activities.
- D. In light of their shared interest in community health, well-being, healthcare quality and access, the Parties desire to set forth in this Master Agreement certain terms and conditions upon which the Recipient will receive SHARE Initiative funding (the “Funding”). Recipient shall administer and or distribute certain funds and/or services for specified Community Programs (“Funded Programs”) subject to any additional terms and conditions set forth in a Statement of Work (“SOW”) that may be appended to and made part of this Agreement. The Agreement intends to satisfy UHA obligations with relations to its 2022 SHARE Initiatives to define the services and data collection method as required for UHA’s SHARE Spending Plan.

Now, therefore, the parties agree as follows:

AGREEMENT

1. **Funding and Uses.** UHA agrees to provide the Funding for each Funded Program and the Recipient agrees to administer and distribute the Funding in accordance with this Agreement and the terms of the applicable agreement within the SOW, which will set forth additional requirements such as timelines and milestones, reporting and applicable uses.
 - a. Prohibition. Funding may not be used for the purposes set forth in Attachment 1 to this Agreement or as prohibited in any SOW. Further, in no event may the Funding be used to secure any obligation of a Funded Program for the Recipient.
 - b. Generally Permissible Purposes. The Funding may be used for purposes that include but are not limited to:
 - i. Health Information Technology including but not limited to records system; systems to enable referrals from community providers and agencies that address social determinants of health; and systems necessary to monitor Funded Program outcomes.
 - ii. Community Engagement, including consultation with UHA's designated Community Advisory Council, public and private agencies, other providers, and local institutions of higher education, regarding Program design, the development of culturally and linguistically appropriate services and workforce needs.
 - iii. Program Design, including attention to elements of the CHIP, mechanisms for collaboration between local social services agencies and the local network of care, and enhancing quality of care within the community.
2. **Administration.** The Recipient will be responsible for ensuring that the Funding is used for the purposes set forth in the SOW and will provide oversight of expenditures by the Funded Program. The Recipient will enter into necessary agreements or arrangements with Funded Programs in support of the SOW requirements and manage and administer the Funding in accordance with industry standards. If a Funded Program fails to comply with requirements established by the Parties or by the Recipient in an agreement with the Funded Program, or if the Funded Program development is discontinued prior to distribution of the Funding, the Recipient will notify UHA. UHA may direct unused Funding to other initiatives or services within the community at its discretion.
3. **Reporting and Accounting.**
 - a. Record-keeping. The Recipient will maintain complete and accurate records regarding distributions and other administration of the Funding in accordance with

sound accounting principles applicable to community philanthropic organizations and will require the Funded Programs to maintain detailed records regarding the use and expenditure of the Funding.

- b. Reports. The Recipient will ensure that each Funded Program provides regular reports to the Recipient regarding the status activities related to the Funding and the achievement of anticipated milestones. Upon request, the Recipient will forward reports to UHA. The Recipient will provide reports to UHA regarding the maintenance and distribution of the Funding and other administrative matters. The Recipient will provide UHA a final accounting when all Funding has been distributed.
- c. Access. At its own expense, UHA or its designee may review the Recipients records related to administration and use of the Funding upon reasonable requests. In addition, the Recipient shall require Funded Programs to provide UHA reasonable access to records related to the use of the Funding or as required for compliance with UHA's contract with OHA or by applicable law(s) or regulation(s).

4. General Terms.

- a. Compliance. In carrying out this Agreement, the Recipient and its agents shall comply with all applicable laws, regulations, and rules and, upon reasonable request, shall provide documentation of such compliance.
- b. Responsibility for Others. The Recipient will be responsible for all acts and omissions of its affiliates, directors, officers, employees, contractors, or any other agents who participate in performing this Agreement. UHA will have no responsibility for the conduct of the Recipient or the Funded Program, or the affiliates, directors, officers, employees, contractors or other agents of either.
- c. Insurance. The Recipient will maintain insurance sufficient to cover all activities related to this Agreement.
- d. Assignment. The Recipient may not reassign this Agreement, in whole or in part, without UHA's prior written consent. UHA may, upon giving notice to the Recipient, reassign all or any part of its rights and interests under this Agreement.
- e. No Third-Party Benefit. The provisions of this Agreement are for the sole benefit of the parties hereto and confer no rights, benefits, or claims upon any person or entity not a party hereto.
- f. Complete Agreement. This Agreement contains entire agreement of the parties and supersedes any prior agreements regarding the subject matter of this Agreement. No change to this Agreement will be effective unless signed by the parties.

- g. Severability; No Waiver. If any provision of this Agreement is held to be invalid or unenforceable for any reason, the remaining provisions will continue in full force without being impaired or invalidated in any way. The parties agree to replace any invalid provision with a valid provision that most closely approximates the intent and economic effect of the invalid provision. The waiver of a breach of any provision of this Agreement will not operate or be interpreted as a waiver of any other or subsequent breach.
- h. Authority. Each Party represents and warrants that (a) it has the corporate, statutory, or other power and authority to enter into this Agreement and to perform its obligations hereunder; (b) the person who executes this Agreement on its behalf has the necessary authority to bind the Party; and (c) neither the execution and delivery of this Agreement nor the performance of its obligations hereunder will constitute a violation of, a default under, or conflict with any term of any governance documents or other agreements to which it is bound.
- i. Governing Law. This Agreement will be governed by the laws of the state of Oregon, without regard to its conflict of law laws.
- j. Notices And Approvals. Written notices, requests, and approvals under this Agreement must be delivered by mail or email (delivery receipt requested) to the other Party's contacts and addresses as set forth below the Party's signature or as otherwise directed by the Party.
- k. Counterparts And Electronic Signatures. This Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- l. Use of Name & Acknowledgement. Unless otherwise specified in an SOW:
 - i. UHA Name. The Recipient will, and will require each Funded Program to, identify UHA as a sponsor for each Funded Program in all press releases, public announcements, acknowledgements, website content, event announcement and other publications regarding Funded Program donors. In addition, the Recipient on its website and in its publications will identify UHA as a partner in its efforts to promote community health and well-being. Upon reasonable notice, and absent objection by UHA, the Recipient or a Funded Program may use UHA's logo in such communications. Recipient or a Funded Program shall obtain prior written consent of UHA for any other use of UHA's name in any publicity.
 - ii. Recipient and Funded Program Name. UHA may utilize the name and logo of the Recipient's name and the name of each Funded Program in its own publications regarding healthcare improvement, community initiatives and

announcements as well as in required reports. The Recipient will ensure that each Funded Program authorizes the same in writing.

Signature Page Follows

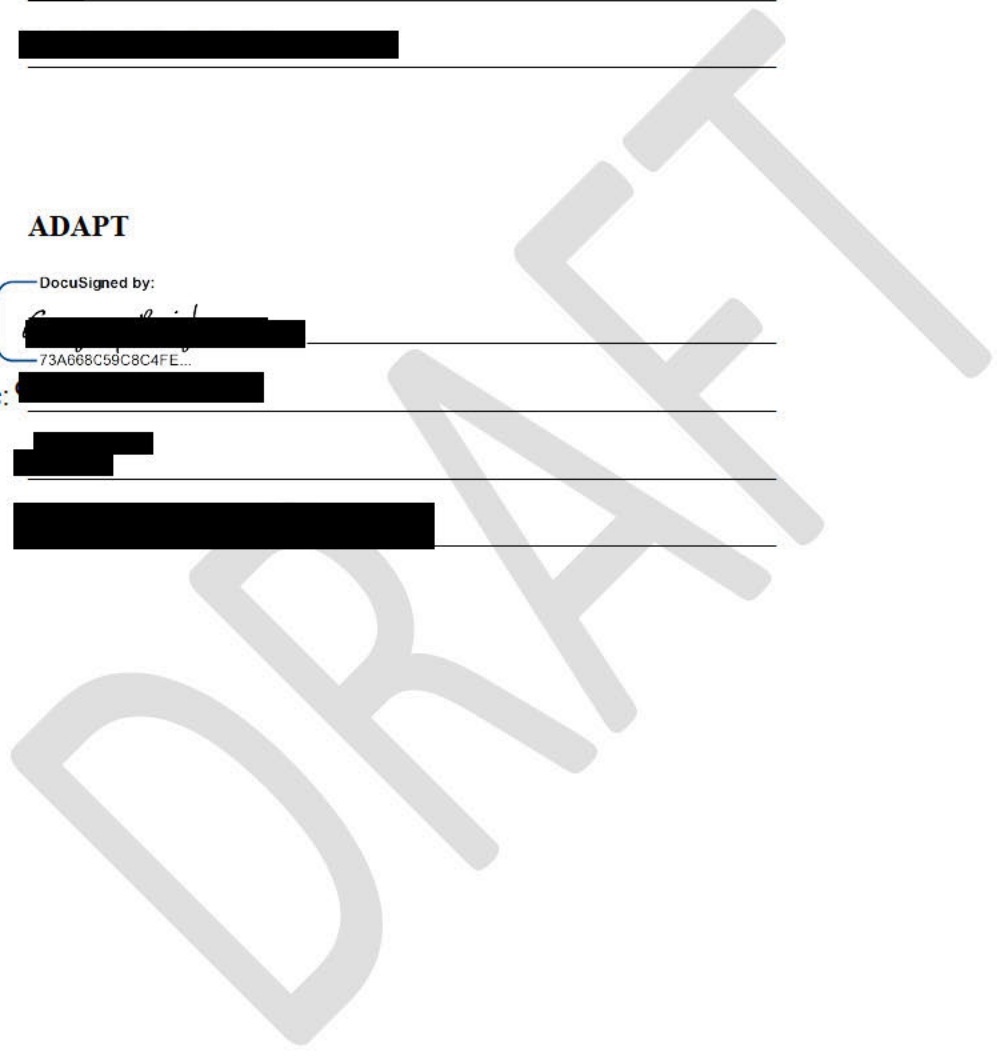
DRAFT

For: **UMPQUA HEALTH ALLIANCE, LLC**

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By: [Redacted Signature] _____
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Name: [Redacted Name] _____
Title: [Redacted Title] _____
Date: [Redacted Date] _____

For: **ADAPT**

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By: [Redacted Signature] _____
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Date: [Redacted Date] _____



ATTACHMENT 1
Generally Prohibited Uses of Funding

Except as otherwise approved in advance and in writing by an authorized officer of UHA, the Funding shall not be used for expenses related to the following:

1. Services that may be billed or allocated by a provider for care delivery and/or covered services provided to UHA members.
2. Activities designed primarily to control or contain costs;
3. Activities eligible to be or paid for with other funding separate from revenue received through a CCO's contract.
4. Claims adjudication, claims processing, or claims payment capabilities.
5. Professional hotline activities that do not meet the definition of activities that improve health quality;
6. Utilization review;
7. Fraud prevention activities;
8. Developing and executing provider contracts and fees associated with establishing or managing a provider network, including fees paid to a vendor for the same reason;
9. Provider credentialing;
10. Calculating and administering individual member incentives;
11. Prospective utilization that does not meet the definition of activities that improve health quality; and
12. Activities that do not comply with UHA policies and procedures for "health-related services."
13. Activities that do not comply with 45 CFR 158.150, 45 CFR 158.151, and OAR 410-141-3845.

STATEMENT OF WORK--#1
Program Title: Travel Inn

1. **Funded Program for Purposes of this SOW #1:** Travel Inn SUD Transitional Housing
 - a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
 - b. SDOH-E Domains and Community Health Improvement Plan (CHIP)/Statewide Priorities (check all that apply):
 - Neighborhood and Built Environment
 - Economic Stability
 - Education
 - Social and Community Health
 - c. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA's CHIP. As part of its 2019 CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E.
2. **Background:** As part of its 2019 CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. As a result, UHA will make its 2022 SHARE Initiative investment to ADAPT to assist in the remodel a twelve-unit hotel into Transitional Housing. This facility will present a shelter option that helps to direct community members to the resources and services they need. This program will initially service the male population with plans to expand.

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 continues to be needed. In 2021 Adapt applied for an Access to Care (ACT) Grant from OHA that was the first response to the passage of Measure 110 that decriminalized many illicit drugs. The ATC grant was a quick, funding a pathway to begin the work that would later be called Behavioral Health Resource Network (BHRN) grants, which ADAPT also received. ADAPT has purchased a small hotel in this rural area with these funds and is remodeling it to assist in addressing the needs of community members transitioning from care facilities and hospitals who have experienced substance use. The remodel is supported by a consortium of local organizations including businesses from the non-profit, clinical, and public sectors.

- a. Services Provided: Remodel and operationalization of hotel rooms to allow ADAPT to provide fully furnished units with an initial supply of essentials, like toiletries, pots/pans, and an equipped pantry to get them started. Peers will work with the tenants to learn how to be a tenant, shop and cook for themselves, and connect to others in a healthy way. Peers will provide about 10 hours of coverage at least 5 days a week and there will be on call help, if there are any issues or problems that cannot wait for staff on their regular work schedule.
- b. Priority Population: Individuals with substance use disorder in a rural area in a transitional or unsafe setting.

3. **The Funding, for purposes of this SOW #1:** One Hundred Thousand Dollars (\$100,000).
 - a. **Duration of Funding:** January 2023 to December 2023
 - b. **Funding Timing:** 50% funding available upon funding agreement execution, 25% available upon submission of first quarter report, and 25% upon project completion and after all reporting requirements are fulfilled.
 - c. **Funding Contingencies:** In addition to the restrictions in Attachment 1, funds cannot be awarded to organizations that will be providing a related covered service. Recipient must agree to participate in the Connect Oregon Community Information Exchange.

4. **Use and Purpose of the Funding:** 100% of the funds shall be used to remodel and operationalize the hotel. Examples of appropriate usage of the funds include but not limited: initial set up costs, linens, remodel, food, transportation, temporary lodging.

5. **Reporting Obligations:** Recipient will provide Progress Reports on the program and data to demonstrate success of the Outcome identified in section 6:
 - a. Three interim reports, due April 1, July 1, and October 1 of 2023
 - b. One final report due no later than January 15, 2024 (or final report due the quarter following project completion).

6. **Outcomes:** The program intends to achieve outcomes by:
 - Complete remodel of two to three units.
 - Provide transitional housing.
 - Assist clients to go from unhoused to housed.
 - Assist clients in obtaining assistance to determine eligibility for OHP and other health benefits.
 - Assist clients in receiving and connecting to health services.
 - Allow clients to work with Peers and Case Managers to get permanent housing.

7. **Evidenced-Based Reference:** According to the Department of Housing and Urban Development's (HUD) 2020 Annual Homeless Assessment Report (AHAR) to Congress, on a single night in 2020, there were approximately 580,000 individuals experiencing homelessness in the United States. People experiencing unsheltered homelessness (e.g., those sleeping outside or in places not otherwise meant for human habitation) were typically concentrated in large cities, followed by suburban areas. Thirty percent of homeless people were members of a family with at least one adult and one child under 18 years of age, and most homeless people in families were sheltered. Many experiencing homelessness have high rates of chronic and co-occurring health conditions, mental and substance use disorders. Individuals who are homeless also may be dealing with trauma, and children experiencing homelessness are at risk for emotional and behavioral problems (Perlman et al., 2014). Additionally, research has shown that individuals who are homeless have a risk of mortality that is 1.5 to 11.5 times greater than the general population (Gambatese et al., 2013). Preventive services, including mental health, substance use, medical care, and social supports, are needed for people who are

homeless, irrespective of whether they present with diagnosable conditions. Preventive services may include medical care, housing support, and other social and supportive services (e.g., employment, educational supports for children). These services help a client work toward housing stability and support retention in substance use and mental health treatment and long-term recovery. Housing services are a vital component of treatment for individuals with substance use and/or mental disorders who are experiencing homelessness. For example, immediate access to housing and support from a mental health team has been shown to decrease inpatient days for homeless individuals with schizophrenia or bipolar disorder (Tinland et al., 2020). Housing services can come in the form of emergency shelters or temporary and transitional housing placements, with the needs of each client being different based on the severity of their illness and the client's readiness to change. Many studies show that supportive housing successfully interrupts this cycle — people with histories of incarceration or institutionalization significantly reduce their use of those systems after moving into supportive housing. One of the largest studies to date that documents these reductions, conducted in New York City, found that individuals placed in supportive housing spent, on average, 115 fewer days per person in homeless shelters, 75 fewer days in state-run psychiatric hospitals, and almost eight fewer days in prison or in jails, in the two years after entering supportive housing, compared to a similar group without supportive housing.^{[101](#)}

MASTER FUNDING AGREEMENT
Between
Umpqua Heart
And
UMPQUA HEALTH ALLIANCE, LLC

This Master Funding Agreement (the “Agreement”) is entered into by and between Umpqua Health Alliance, LLC (“UHA”), an Oregon limited liability company and Umpqua Heart (the “Recipient”), a domestic nonprofit corporate, each of which operates in Douglas County, Oregon. UHA and the Recipient are each referred to herein as a “Party.”

BACKGROUND

- A. UHA is a coordinated care organization whose enrolled members reside in Douglas County (the “County”). The Recipient is a non-profit organization, that with community support, works to address the unmet health care needs of County residents, reduce barriers to care and to promote the overall health of its members and the community.
- B. Pursuant to its contract with the Oregon Health Authority (“OHA”) and its Community Health Improvement Plan (“CHIP”), UHA provides financial support from time to time for programs or activities (“Community Programs”) that are intended to improve the quality, accessibility, efficiency, and outcomes of healthcare in the community; to address social determinants of health, or otherwise enhance the health of and health care available to UHA members and County residents. Additionally, UHA must spend a portion of its previous calendar year’s net income or reserve on services designed to address health disparities and social determination of health and equity, through the Supporting Health for All through Reinvestment Initiative (“SHARE Initiative”). As identified in its SHARE Spending Plan, UHA will make investments in domains that address Neighborhood and Built Environments and Social and Community Health, through low barrier housing and navigation center.
- C. The Recipient may also support such Community Programs, by among other means fund-raising and/or administering financial support for specific Community Program development activities.
- D. In light of their shared interest in community health, well-being, healthcare quality and access, the Parties desire to set forth in this Master Agreement certain terms and conditions upon which the Recipient will receive SHARE Initiative funding (the “Funding”). Recipient shall administer and or distribute certain funds and/or services for specified Community Programs (“Funded Programs”) subject to any additional terms and conditions set forth in a Statement of Work (“SOW”) that may be appended to and made part of this Agreement. The Agreement intends to satisfy UHA obligations with relations to its 2022 SHARE Initiatives to define the services and data collection method as required for UHA’s SHARE Spending Plan.

Now, therefore, the parties agree as follows:

AGREEMENT

1. **Funding and Uses.** UHA agrees to provide the Funding for each Funded Program and the Recipient agrees to administer and distribute the Funding in accordance with this Agreement and the terms of the applicable agreement within the SOW, which will set forth additional requirements such as timelines and milestones, reporting and applicable uses.
 - a. Prohibition. Funding may not be used for the purposes set forth in Attachment 1 to this Agreement or as prohibited in any SOW. Further, in no event may the Funding be used to secure any obligation of a Funded Program for the Recipient.
 - b. Generally Permissible Purposes. The Funding may be used for purposes that include but are not limited to:
 - i. Health Information Technology including but not limited to records system; systems to enable referrals from community providers and agencies that address social determinants of health; and systems necessary to monitor Funded Program outcomes.
 - ii. Community Engagement, including consultation with UHA's designated Community Advisory Council, public and private agencies, other providers, and local institutions of higher education, regarding Program design, the development of culturally and linguistically appropriate services and workforce needs.
 - iii. Program Design, including attention to elements of the CHIP, mechanisms for collaboration between local social services agencies and the local network of care, and enhancing quality of care within the community.
2. **Administration.** The Recipient will be responsible for ensuring that the Funding is used for the purposes set forth in the SOW and will provide oversight of expenditures by the Funded Program. The Recipient will enter into necessary agreements or arrangements with Funded Programs in support of the SOW requirements and manage and administer the Funding in accordance with industry standards. If a Funded Program fails to comply with requirements established by the Parties or by the Recipient in an agreement with the Funded Program, or if the Funded Program development is discontinued prior to distribution of the Funding, the Recipient will notify UHA. UHA may direct unused Funding to other initiatives or services within the community at its discretion.
3. **Reporting and Accounting.**
 - a. Record-keeping. The Recipient will maintain complete and accurate records regarding distributions and other administration of the Funding in accordance with

sound accounting principles applicable to community philanthropic organizations and will require the Funded Programs to maintain detailed records regarding the use and expenditure of the Funding.

- b. Reports. The Recipient will ensure that each Funded Program provides regular reports to the Recipient regarding the status activities related to the Funding and the achievement of anticipated milestones. Upon request, the Recipient will forward reports to UHA. The Recipient will provide reports to UHA regarding the maintenance and distribution of the Funding and other administrative matters. The Recipient will provide UHA a final accounting when all Funding has been distributed.
- c. Access. At its own expense, UHA or its designee may review the Recipients records related to administration and use of the Funding upon reasonable requests. In addition, the Recipient shall require Funded Programs to provide UHA reasonable access to records related to the use of the Funding or as required for compliance with UHA's contract with OHA or by applicable law(s) or regulation(s).

4. General Terms.


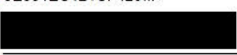

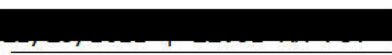
- a. Compliance. In carrying out this Agreement, the Recipient and its agents shall comply with all applicable laws, regulations, and rules and, upon reasonable request, shall provide documentation of such compliance.
- b. Responsibility for Others. The Recipient will be responsible for all acts and omissions of its affiliates, directors, officers, employees, contractors, or any other agents who participate in performing this Agreement. UHA will have no responsibility for the conduct of the Recipient or the Funded Program, or the affiliates, directors, officers, employees, contractors or other agents of either.
- c. Insurance. The Recipient will maintain insurance sufficient to cover all activities related to this Agreement.
- d. Assignment. The Recipient may not reassign this Agreement, in whole or in part, without UHA's prior written consent. UHA may, upon giving notice to the Recipient, reassign all or any part of its rights and interests under this Agreement.
- e. No Third-Party Benefit. The provisions of this Agreement are for the sole benefit of the parties hereto and confer no rights, benefits, or claims upon any person or entity not a party hereto.
- f. Complete Agreement. This Agreement contains entire agreement of the parties and supersedes any prior agreements regarding the subject matter of this Agreement. No change to this Agreement will be effective unless signed by the parties.

- g. Severability; No Waiver. If any provision of this Agreement is held to be invalid or unenforceable for any reason, the remaining provisions will continue in full force without being impaired or invalidated in any way. The parties agree to replace any invalid provision with a valid provision that most closely approximates the intent and economic effect of the invalid provision. The waiver of a breach of any provision of this Agreement will not operate or be interpreted as a waiver of any other or subsequent breach.
- h. Authority. Each Party represents and warrants that (a) it has the corporate, statutory, or other power and authority to enter into this Agreement and to perform its obligations hereunder; (b) the person who executes this Agreement on its behalf has the necessary authority to bind the Party; and (c) neither the execution and delivery of this Agreement nor the performance of its obligations hereunder will constitute a violation of, a default under, or conflict with any term of any governance documents or other agreements to which it is bound.
- i. Governing Law. This Agreement will be governed by the laws of the state of Oregon, without regard to its conflict of law laws.
- j. Notices And Approvals. Written notices, requests, and approvals under this Agreement must be delivered by mail or email (delivery receipt requested) to the other Party's contacts and addresses as set forth below the Party's signature or as otherwise directed by the Party.
- k. Counterparts And Electronic Signatures. This Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- l. Use of Name & Acknowledgement. Unless otherwise specified in an SOW:
 - i. UHA Name. The Recipient will, and will require each Funded Program to, identify UHA as a sponsor for each Funded Program in all press releases, public announcements, acknowledgements, website content, event announcement and other publications regarding Funded Program donors. In addition, the Recipient on its website and in its publications will identify UHA as a partner in its efforts to promote community health and well-being. Upon reasonable notice, and absent objection by UHA, the Recipient or a Funded Program may use UHA's logo in such communications. Recipient or a Funded Program shall obtain prior written consent of UHA for any other use of UHA's name in any publicity.
 - ii. Recipient and Funded Program Name. UHA may utilize the name and logo of the Recipient's name and the name of each Funded Program in its own





publications regarding healthcare improvement, community initiatives and announcements as well as in required reports. The Recipient will ensure that each Funded Program authorizes the same in writing.

Signature Page Follows

For: Umpqua Health Alliance, LLC

By: 
DocuSigned by:
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Name: 
Title: 
Date: 

For: Umpqua Heart

By: 
DocuSigned by:
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Name: 
Title: 
Date: 

ATTACHMENT 1
Generally Prohibited Uses of Funding

Except as otherwise approved in advance and in writing by an authorized officer of UHA, the Funding shall not be used for expenses related to the following:

1. Services that may be billed or allocated by a provider for care delivery and/or covered services provided to UHA members.
2. Activities designed primarily to control or contain costs;
3. Activities eligible to be, or paid for with other funding separate from revenue received through a CCO's contract.
4. Claims adjudication, claims processing, or claims payment capabilities.
5. Professional hotline activities that do not meet the definition of activities that improve health quality;
6. Utilization review;
7. Fraud prevention activities;
8. Developing and executing provider contracts and fees associated with establishing or managing a provider network, including fees paid to a vendor for the same reason;
9. Provider credentialing;
10. Calculating and administering individual member incentives;
11. Prospective utilization that does not meet the definition of activities that improve health quality; and
12. Activities that do not comply with UHA policies and procedures for "health-related services."
13. Activities that do not comply with 45 CFR 158.150, 45 CFR 158.151, and OAR 410-141-3845.

STATEMENT OF WORK--#1

Program Title: Hastings Village

1. **Funded Program for Purposes of this SOW #1:** Umpqua Heart
 - a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
 - b. SDOH-E Domains and Community Health Improvement Plan (CHP)/Statewide Priorities (check all that apply):
 - Neighborhood and Built Environment
 - Economic Stability
 - Education
 - Social and Community Health
 - c. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA’s CHIP. Hasting Village project aligns with CHIP by assisting with need for housing/shelters and assisting those experiencing homelessness in rural areas with obtaining wrap around services.

2. **Background:** As part of its 2019 CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. As a result, UHA will make its 2022 SHARE Initiative investment to Umpqua Heart to develop a low barrier shelter and homeless village. 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 Sutherlin, a comprehensive program to integrate social services with supportive shelter care is needed. The village is supported by a consortium of local organizations including businesses from the non-profit and public sectors.

- a. Services Provided: Development and operation of a low-barrier congregate living facility.
 - b. Priority Population: The program will support unhoused individuals living in a rural area and will work in coordinating care and services with social service agencies and behavior health providers.
3. **The Funding, for purposes of this SOW #1:** One Hundred Thousand Dollars (\$100,000).
 - a. Duration of Funding: January 2023 to December 2023
 - b. Funding Timing: 50% funding available upon funding agreement execution, 25% available upon submission of second quarter report, and 25% upon project completion and after all reporting requirements are fulfilled.
 - c. Funding Contingencies: In addition to the restrictions in Attachment 1, funds cannot be awarded to organizations that will be providing a related covered service. Recipient must agree to participate in the Connect Oregon Community Information Exchange.

4. **Use and Purpose of the Funding:** 100% of the funds shall be used to develop and operationalize the low barrier shelter/ homeless village. Examples of appropriate usage of the funds include but not limited: initial set up costs, linens, food, transportation, temporary lodging.
5. **Reporting Obligations:** Recipient will provide Progress Reports on the program and data to demonstrate success of the Outcome identified in section 6:
 - a. Three interim reports, due April 1, July 1, and October 1 of 2023
 - b. One final report due no later than January 15, 2024
6. **Outcomes:** The program intends to achieve outcomes by:
 - a. Umpqua Heart will provide a tiered approach to low-barrier congregate living. This will include a Tent Village in the first tier, Contained Housing Units (CHU) and RV slips in the second tier, a Tiny Home Village in the third tier, and an Administration Building in tier four.
 - b. Umpqua Heart will assist approximately 50 individuals with housing/wrap around services by December 31, 2023.
 - c. Umpqua Heart will arrange for all residents to receive appropriate supports and wrap-around services. Umpqua Heart will achieve this through the help of community partners. Umpqua Heart will have Memorandums of Understanding with four organizations and/or agencies to provide services by the December 31, 2023.
7. **Evidenced-Based Reference:** This housing model is shown to result in greater reductions in inpatient and emergency health care services. A quicker exit from homelessness also leads to more secure and stable housing, which results in increased health and wellbeing for individuals. Of the four total major randomized controlled trials of the Housing First model,¹ three have been conducted in the United States, including the original trial of the Pathways to Housing program of Housing First in New York. Two of the randomized trials in the United States found that Housing First led to a quicker exit from homelessness and greater housing stability over time compared with treatment as usual.^{2,3} In addition to these trials in the United States, a \$110 million five-city randomized controlled trial was conducted in Canada called At Home/Chez Soi. Similar to studies conducted in the United States, this trial found that Housing First participants spent 73% of their time in stable housing compared with 32% of those who received treatment as usual.⁴ Studies: 1. Baxter AJ, Tweed EJ, Katikireddi SV, Thomson H. Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *J Epidemiol Community Health*. 2019;73(5):379–387. [PMC free article] [PubMed] [Google Scholar] 2. Tsemberis S, Gulcur L, Nakae M. Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am J Public Health*. 2004;94(4):651–656. [PMC free article] [PubMed] [Google Scholar] 3. Wolitski RJ, Kidder DP, Pals SL et al. Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS Behav*. 2010;14(3):493–503. [PubMed] [Google Scholar] 4. Aubry T, Nelson G,

- Tsemberis S. Housing First for people with severe mental illness who are homeless: a review of the research and findings from the At Home—Chez Soi demonstration project. *Can J Psychiatry*. 2015;60(11):467–474. [PMC free article] [PubMed] [Google Scholar]
- 8.