

Due: December 31, 2023

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. Starting in 2023, CCOs are subject to a formula that determines their required minimum SHARE obligation. CCOs will follow the instructions in the [Exhibit L6.7](#) financial reporting template to apply this formula to their 2022 financials and report their 2023 SHARE designation.

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

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.

It is important to note that SHARE Initiative reinvestments must go toward upstream, non-health care factors that impact health (for example, housing, food, transportation, educational attainment or civic engagement).

By December 31 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
 - **Annual SHARE Initiative Designation** in [Exhibit L6.7](#) to identify its SHARE Initiative designation based on the *prior year's financials*.
 - **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.
 - **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*.

2023 SHARE Initiative Spending Plan Template

CCO name: Umpqua Health Alliance (UHA)

CCO contact: Brandi Gardner, Senior Manager – Community Impact and Engagement

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.MCOCDeliverableReports@odhsoha.oregon.gov 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 G40 in [Exhibit L – Report L6.7](#))**

\$2,007,436 for 2023 designation

Note: Additional \$174,962 approved by OHA to be set aside and saved for 2024 allocation.

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.**

ADAPT Travel Lodge SUD Housing – Completion of remodel and development of a recently acquired 12-unit hotel into SUD transitional housing. This space has been transformed into Substance Use Disorder (SUD) transitional housing catering to male community members in the early stages of their recovery journey. The facility not only provides housing but also offers wrap-around services to enhance the recovery process.

Funding Use: Remodel of the hotel.

Target Population: Adult males with SUD in a transitional setting.

ADAPT – Rodeway Inn Transitional Housing - Remodel and development of the recently acquired 50-unit hotel into combination transitional housing. While most units will be SUD for community members transitioning from other facilities, that additionally provide wrap around services, 10-15 units will be set aside specifically for temporary housing for UHA members.

Funding Use: Remodel of hotel.

Target Population: Adults with SUD and UHA members in traditional setting.

The Dream Center – Re-establishment - Support re-establishment of the center, who is facing challenges post-COVID funding loss and staff turnover. The funding will contribute to community

2023 SHARE Initiative Spending Plan Template

program development and expansion. These programs include climate and emergency supplies for homeless community members, rent support for low-income individuals and families, utility support, move-in fee assistance, tenant education for eviction prevention, home buyer support, and hygiene services.

Funding Use: Re-establishment and expansion of community facing programs.

Target Population: Low-income individuals and families, veterans, people experiencing homelessness, people in transition.

NeighborWorks Umpqua - Building Resilience During Transitions to Affordable Housing - This initiative focuses on assisting very low-income residents (60% AMI or lower) transitioning to affordable housing with rental deposits, moving costs, furniture, and food. The goal of this program is to increase housing stability and resilience of individuals at risk of homelessness, as they transition to permanent affordable housing, so that they can remain housed successfully for at least the first twelve months. Project will include creation of new processes, tracking tools and evaluation surveys effectively manage the various components.

Funding Use: Development and implementation of housing support program.

Target Population: Low-income individuals and families.

Peace at Home - Supportive Housing for Underserved Populations - Investment in low-barrier, affordable housing for people who have experienced trauma and abuse. Peace at Home's housing provides trauma-informed programming, supports eliminating barriers, provides lease agreements and advocacy for program participants to attain permanent housing. This funding will be used to: 1. Remodel units and allow for low-barrier housing that will cater, in part, to the HRSN transitioning populations. 2. Remodel 4-units to add kitchenettes (including purchasing and installing cabinets, counters, flooring, and heat pumps). 3. Remodel a space to create a community kitchen and remodel a room to provide a food pantry that is climate controlled and easy to keep clean and free of pests (install a heat pump and vinyl plank flooring). 4. Convert a large home into transitional housing for youth ages 18-24.

Funding Use: Remodel of facilities for nutrition access, remodel of facilities for youth housing, remodel facilities for transitional housing.

Target Population: People who have experienced trauma and abuse.

CHP/statewide priorities

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

In line with the 2019 CHIP, UHA prioritizes housing and homelessness as a key focus area addressing Social Determinants of Health and Equity (SDOH-E). The following contributions demonstrate UHA's commitment to supporting initiatives that directly align with this focus:

1. ADAPT SUD Transitional Housing:
UHA will contribute \$250,000 to ADAPT to finalize the remodel of a 12-unit hotel,

2023 SHARE Initiative Spending Plan Template

transforming it into Substance Use Disorder (SUD) transitional housing. This initiative addresses the housing needs of community members in recovery, aligning with the CHIP's emphasis on addressing SDOH-E.

2. **ADAPT 50-Unit Transitional Housing:**

UHA commits \$829,868.00 to ADAPT to remodel and operationalize a 50-unit hotel, prioritizing the SUD population. This contribution directly supports the CHIP's goal of addressing housing issues with a focus on the SDOH-E.

3. **Peace at Home Low-Barrier Housing:**

UHA's \$393,068 contribution to Peace at Home supports the creation of low-barrier, affordable housing for individuals who have experienced trauma and abuse. This aligns with the CHIP's emphasis on addressing social determinants, including housing.

4. **NeighborWorks Umpqua Transitional Support:**

UHA allocates \$34,500 to NeighborWorks Umpqua to assist very low-income residents in transitioning to affordable housing, addressing needs such as rental deposits and moving costs. This initiative directly supports the CHIP's goal of increasing housing stability and preventing eviction.

5. **The Dream Center Re-establishment:**

UHA's \$500,000 contribution to The Dream Center supports its re-establishment after facing financial challenges and staffing changes. The funding aids in community program development, including services related to housing, aligning with the CHIP's focus on social determinants and community well-being.

By partnering with organizations like ADAPT, Peace at Home, NeighborWorks Umpqua, and The Dream Center, UHA actively participates in consolidating local resources to address housing and homelessness challenges. This collaborative effort reflects the community-wide approach outlined in the CHIP. Additionally, UHA's involvement in projects that partly support populations identified in the 1115 waiver underscores its commitment to comprehensive and targeted interventions in the realm of housing and social determinants of health.

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

As per the Oregon Housing and Community Services (OHCS) Statewide Housing Plan 2019-2023 Breaking New Ground report, Homelessness has been identified as the top priority. The report underscores the primary goal of establishing a coordinated and concerted statewide effort to prevent and end homelessness, with a specific emphasis on eradicating unsheltered homelessness among Oregon's children and veterans.

In accordance with this statewide priority, all five projects under the 2023 SHARE initiative have been strategically designed to incorporate a housing component. This deliberate inclusion is aimed at directly addressing the priority outlined in the OHCS report. The overarching objective of these SHARE initiative projects is to contribute to the reduction of the homeless population and minimize the number of individuals at risk of homelessness.

2023 SHARE Initiative Spending Plan Template

By integrating housing-related services and supports, the SHARE initiative aligns seamlessly with the statewide goal of building a comprehensive effort to combat homelessness. Through these projects, we are actively contributing to the broader mission of the OHCS Statewide Housing Plan, working towards a coordinated and impactful approach to address the housing challenges faced by vulnerable populations, especially children and veterans, in Oregon.

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: [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.

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.

A. Partner name: [Peace at Home](#)

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

- Neighborhood and built environment
- Economic stability

2023 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: Neighborworks Umpqua

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: The Dream Center

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).

The identification and selection of SDOH-E partners for the SHARE initiative were conducted through a systematic and transparent process established by Umpqua Health Alliance (UHA). This process aimed to ensure equity, clarity, and alignment with organizational priorities.

UHA initiated the process with an operating procedure specifically tailored to facilitate an equitable and transparent decision-making process for allocating SHARE dollars. UHA organized conferences and conducted thorough outreach, including educational webinars, to inform Community-Based Organizations (CBOs) about the funding opportunities under the SHARE initiative. This effort ensured that potential partners were well-informed about the Oregon Health Authority (OHA) criteria and the

2023 SHARE Initiative Spending Plan Template

grant timeline. UHA facilitated the application process by posting the SHARE application on its website. CBOs were encouraged to complete and submit applications for consideration. Technical assistance opportunities were made available for those who submitted early.

UHA established an internal review team with diverse expertise to evaluate SHARE applications. The team's evaluation criteria included alignment with the Community Health Improvement Plan (CHIP), State Health Improvement Plan (SHIP), and OHA criteria. The internal review team utilized a holistic approach, considering inputs from the community's needs assessment, information from the Homeless Commission, and alignment with the CHIP, SHIP, and Social Determinants of Health (SDOH-E). This informed the team's recommendations for selecting partners and projects that would best address identified needs.

Applications were systematically scored using a scorecard, providing a clear representation of how well each application met the established criteria and its potential impact. The internal review team then drafted recommendations based on the scoring outcomes.

Both the projects and the internal recommendations were presented to the Community Advisory Committee (CAC) for review and additional input. The CAC played a vital role in providing diverse perspectives and insights into the selection process. Subsequently, projects, along with recommendations from both the CAC and the internal review team, were submitted to UHA leadership and the board for comprehensive review. The board played a pivotal role in selecting projects based on predetermined criteria, alignment with CHIP/SHIP, overall impact, scoring outcomes, and recommendations.

In summary, the selection process employed by UHA for the SHARE initiative reflects a meticulous and inclusive approach, ensuring that chosen partners and projects are aligned with organizational goals, community needs, and statewide priorities in addressing Social Determinants of Health and Equity.

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. Click here to enter text.

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.)
The CAC actively contributes to the development of SDOH-E strategies, emphasizing priorities such as housing and homelessness. These priorities are identified through the creation of the Community Health Assessment and are further outlined in the CHIP. Following an internal review team's comprehensive assessment and scoring of projects, the team formulates an overview of all the projects

2023 SHARE Initiative Spending Plan Template

for the CAC. These overviews, along with associated scorecards, are then submitted to the CAC for thorough review.

The CAC engages in a collaborative discussion to assess the alignment of proposed projects with the identified priorities and objectives. This collaborative process ensures that community perspectives are considered in the decision-making regarding SHARE Initiative spending. This approach ensures a well-rounded evaluation of each initiative's potential impact, feasibility, and relevance to community needs. Upon the completion of the CAC review, projects, along with both CAC and internal recommendations, are submitted to UHA leadership. The leadership team, in conjunction with the board review the selection of projects for SHARE Initiative funding.

By actively participating in the review and recommendation process, the CAC contributes valuable insights derived from its understanding of community priorities and needs. This collaborative approach ensures that the SHARE Initiative spending plan is well-informed, transparent, and aligned with the broader community health goals established in the CHIP.

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**

**2023 SHARE Initiative Budget
CCO: Umpqua Health Alliance**

Paid by	Allocated to	Project, program or initiative associated with payment	Total Budget	Notes
Umpqua Health Alliance	Peace at Home Advocacy Center	Supportive Housing for Underserved Populations	393,068	
Umpqua Health Alliance	Roseburg Dream Center	Resource Expansion Initiative	500,000	
Umpqua Health Alliance	Neighborworks Umpqua	Supportive Housing for Underserved Populations	34,500	
Umpqua Health Alliance	Adapt	Adapt Recovery Lodge	250,000	
Umpqua Health Alliance	Adapt	Adapt Behavioral Health Housing	829,868	
			2,007,436	

MASTER FUNDING AGREEMENT (SHARE)
Between
ADAPT INTEGRATED HEALTH CARE
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 Integrated Health Care an Oregon non-profit corporation and a Community Based Organization (CBO) (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 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. Considering 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 2024 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.
 - c. Contingent Approval. Project funding is contingent upon receiving final authorization from the Oregon Health Authority (OHA). We anticipate that the final notification from the OHA will be on or before January 30th, 2024.
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

DocuSigned by:
By: [Redacted Signature] _____
Name: [Redacted Name] _____
Title: CEO _____
Email: [Redacted Email] _____
Date: 12/7/2023 | 8:31 AM PST _____

For: ADAPT Integrated Health Care

DocuSigned by:
By: [Redacted Signature] _____
Name: [Redacted Name] _____
Title: Chief Executive Officer _____
Email: [Redacted Email] _____
Date: 12/4/2023 | 12:35 PM PST _____

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.
14. The project addresses at least one domain of social determinants of health and equity: economic stability, neighborhood and built environment, education, or social and community health. See the guidance document for examples of each of the domains;
15. The project will fund non-clinical, upstream activities – that is, it is not focused on health, health care or accessing health care (which are part of a CCO's foundational work in Oregon's health care system);

16. The project is not funding Medicaid-covered benefits, or the delivery of Medicaid covered benefits. This includes the recently expanded covered benefits in Oregon's Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver (health-related social needs services for eligible members, beginning in 2024);
17. The project is not funding equipment or services to address an identified medical need.
18. Project activities are not being submitted as health-related services (HRS) or otherwise being double-counted as other expenses;
19. The project aligns with the CCO's community health improvement plan priorities.
20. The project addresses the statewide priority of housing-related supports and services. If it does not address housing-related supports and services, the CCO's SHARE spending plan must include at least one other project that does;
21. The CCO's community advisory council has a role in selecting or approving the projects within the spending plan;
22. The project dollars are going to an SDOH-E partner. If not, the CCO's SHARE spending plan includes other projects with funds going to one or more SDOH-E partners.
23. The project activities are not general administrative costs that are otherwise necessary for the regular business operations of the CCO;
24. The project is not funding member incentives (for example, gift cards for accessing preventive services);
25. The project is not funding educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;

26. The project is not funding political campaign contributions;
27. The project is not funding advocacy specific to CCO operations and financing;
28. The project is not funding SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary.

STATEMENT OF WORK--#2
Program Title: Adapt Recovery Lodge

1. Funded Program for Purposes of this SOW #2:

- a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
- b. SDOH-E Domains (check all that apply):
 - Neighborhood and Built Environment
 - Economic Stability
 - Education
 - Social and Community Health
- c. Community Health Improvement Plan (CHIP)/Statewide Priorities: (check all that apply):
 - Social determinants of health
 - Behavioral health and addictions
 - Healthy Lifestyles
 - Families & Children
- d. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA's CHIP.
 - ii. Social Determinants of Health: SDOH-E, Families and Children, Healthy Lifestyles

2. **Background:** As part of its CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. This project provides housing for people with a behavioral health diagnosis and are experiencing a lack of housing resources. Peer support will be provided onsite, and they will work with tenants to develop support for their treatment needs, both physical and behavioral health, other housing issues, employment, and recovery connections. As a result, UHA will make a 2024 SHARE Initiative investment to Adapt Integrated Health Care

- a. Services Provided: Tenants will receive supportive housing that includes peer support services, and they will also be offered addiction and mental health treatment as their needs dictate. Peers will work with the tenants to identify needs and goals of the tenants, make the connections to allow the tenant to engage in the services identified, and work to maintain continued progress on these services. The Peers will also work to develop resources with the tenants for health benefits, future housing, employment, social services, social activities, and a recovery community.
- b. The work toward these outcomes will begin from day one and it is expected that they (the tenant and the peer) will make progress throughout the tenant's stay as measured on documentation by the peer each week. The expected length of stay

for the tenant is 6-12 months although Adapt will be flexible depending on the situation of each tenant.

- c. Priority Population: People with low incomes, people with disabilities, people with a behavioral health diagnosis
3. **The Funding, for purposes of this SOW #2**: Two hundred fifty thousand dollars (\$250,000.00).
- a. Duration of Funding: January 1, 2024 to December 31, 2024
 - b. Funding Timing: 50% funding available after funding agreement execution and OHA approval, 25% available upon submission of second quarter report in 2024, and 25% upon submission of final report required upon completion of project.
 - 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 (CIE).

Payment Terms

- a. If at the end of the program, any unspent funds will be returned to the SHARE Initiative Program.
4. **Use and Purpose of the Funding**: 100% of the funds shall be used to develop and operationalize Adapt Recovery Lodge. Examples of appropriate usage of the funds include but not limited: These funds will be used to remodel the last three units of the facility with new flooring, paint, furniture, structural repairs, and system upgrades for the whole facility.
5. **Reporting Obligations**: Recipient will provide progress reports on the program and data to demonstrate success of the outcomes identified in section 6:
- a. Three interim reports, due April 30th, 2024, July 31st, 2024, and October 31st, 2024.
 - b. Final report due upon completion of project due January 31, 2025.
 - c. Recipient will complete the reporting template in Appendix A of this agreement in accordance with the reporting timelines in sections 5.a and 5.b above including all necessary data elements.
 - d. Final reporting will include budget and spending amounts for the project, any unspent funds will be returned to the SHARE Initiative Program.
6. **Outcomes**: The program intends to achieve outcomes by:
- a. 12-15 participants will be housed and supported while they complete behavioral health treatment.
 - b. Tenants will receive supportive housing that includes peer support services, and they will also be offered addiction and mental health treatment as their needs dictate. Peers will work with the tenants to identify needs and goals of the tenants, make the connections to allow the

tenant to engage in the services identified, and work to maintain continued progress on these services.

- c. Complete remodel of the Recovery Lodge.

7. Evidenced-Based Reference:

Target Pop.	Evaluation Details	Intervention	Summary of Services	Results	Health	HC Use	HC Costs	Summary of Outcomes
Homeless individuals	Flaming et al. (2009) Los Angeles, California n=10,19	Skid Row Housing Trust & Emergency Housing Vouchers	Homeless individuals entered supportive housing with (a) integrative supportive services through SRHT or (b) basic single-room occupancy through emergency housing vouchers.	22 mos			X	<ul style="list-style-type: none"> • 91% savings (\$768 pp) estimated for Health Services inpatient visits • 82% savings (\$348 pp) estimated for private hospital inpatient visits • 87% savings (\$144) estimated for paramedics • 87% savings (\$165 pp) estimated for outpatient visits • 56% savings (\$81) estimated for Dept of Mental Health Full report segments results by program/services.
Homeless individuals with severe mental disabilities	Culhane et al. (2002) New York City, NY n=4,679	NY/NY Housing	Homeless individuals with severe mental illness were placed in subsidized permanent housing either in the form of supportive housing (with community-based service support and single-room occupancy) or community residence facilities (which have services available on site and participation mandated by	2 years		X		<ul style="list-style-type: none"> • 20% decline in proportion of population accessing Medicaid hospital days (vs. 13% in control group) • 36% decline in mean number of Medicaid hospital days compared to (vs. 0% in control group) • 4% increase in proportion of population with Medicaid-reimbursed outpatient visits (vs. 8% decrease in control group) • 90% increase in mean number of Medicaid-reimbursed outpatient visits (vs. 7% in control group) • 41% decline in OMH state hospital days

			the residence agreement).					used (vs. 17% in control group)
Chronically homeless adults	Rosenheck & Mares (2010) Various Locations n=734	Collaborative Initiative to Help End Chronic Homelessness (CICH)	Provided permanent housing, substance abuse and mental health treatment, and supportive primary healthcare.	1 year	X		X	<ul style="list-style-type: none"> • 50% reduction in health costs (including the costs of mental health services and substance use disorder treatment as well as medical and dental treatment) • 28 -50% reduction in substance use by drug users
Adults with serious mental illness	Levine & Meschede (2007) Massachusetts n=453	Special Homeless Initiative (HI)	Permanent supportive housing arrangements that help tenants retain their housing and achieve stable living situations. Services include protocols for discharge planning, staff training to focus on housing issues, outreach to people with serious mental illness living on the streets or in shelters, development of specialized shelters, and other aspects of homelessness prevention and intervention.	2 years			X	93% reduction in average number of hospital days per client, resulting in \$18 million reduction in health care costs annually
Frequent users of ED services	Linkins et al. (2008) California n=1,180	Frequent Users of Health Services Initiative	Provided case management services following discharge and connected individuals to local social service organizations. Of participants, half were	2 years		X	X	<ul style="list-style-type: none"> • 60% decline in ED from baseline • 17% decline in hospital charges • 64% decline in admissions and 69% decline in charges • 3% increase in outpatient visits • Of the participants without insurance, 64% were connected

			homeless at the time of enrollment, among which 1/3 were connected to permanent housing through HUD vouchers and 1.2 were placed in shelters, board and care homes, or other similar placements.					to local county indigent program. Medi-Cal apps filed for 25%. Full report outlines the most effective practices among the six intervention models.
--	--	--	--	--	--	--	--	---



SHARE Funding Interim Report

Project Name: [Your Project Name]

Grant Period: [Start Date] to [End Date]

Report Submission Date: [Date]

Reporting Period Date: [Which quarter report is for]

Submitted by: [Your Name]

Title: [Your Title]

Contact Information: [Your Email Address] | [Your Phone Number]

Fully complete the below report. Do not delete or alter any stated questions. If a question is not applicable to the project, please enter N/A in the response.



Table of Contents

Executive Summary.....	3
2. Project Progress	3
2.1. Project Overview.....	3
2.2. Objectives and Outcomes	3
2.3. Data Elements Collected	3
2.4. Budget Utilization.....	3
3. Community Engagement.....	3
4. Challenges and Mitigations	3
5. Next Steps	4
5.1. Remaining Activities.....	4
5.2. Adjustments to the Project	4
5.3. Timeline.....	4
6. Conclusion.....	4
7. Appendices.....	4
7.1. Supporting Documents	4
7.2. Photos and Visuals	4



Executive Summary

Provide a brief overview of the project's progress, highlighting key accomplishments and outcomes achieved during the grant period. Please include your project plan, if available.

2. Project Progress Details

2.1. Project Overview

Describe the project's objectives, scope, and the overall purpose of the SHARE project.

2.2. Objectives and Outcomes

Report on progress towards achieving the outlined outcomes and objectives. Highlight any completed objectives. Include dates and progress percentages where relevant.

2.3. Data Elements Collected

Provide any data points that are relative to this project and/or demonstrate progress. This includes but is not limited to: start/completion dates, progress percentages (where relevant), milestones, trade completion dates, etc.

2.4. Budget Utilization

Provide an overview of the grant budget utilization, including expenditures and any changes made to the initial budget plan.

3. Community Engagement

Highlight key partnerships and collaborations established with other organizations to support the project. Include description of the involvement of community stakeholders, including residents, local organizations, and any advisory committees.

4. Challenges and Mitigations

Identify any challenges or obstacles encountered during the project and describe the strategies employed to address or mitigate them. Include any valuable lessons learned during the grant period, and how these lessons will inform future project planning and implementation.



5. Next Steps

5.1. Remaining Activities

Outline the activities and milestones that are yet to be completed before the project's conclusion.

5.2. Adjustments to the Project

Discuss any adjustments or modifications made to the project plan based on the interim findings, including any adjustments made to the project budget. Explain the reasons for these changes.

5.3. Timeline

Provide an updated project timeline, indicating when remaining activities will be completed.

6. Conclusion

Sum up the progress and impact of the project to date and reiterate the importance of the community health improvement initiative.

7. Appendices

Include any necessary supporting documents, photos, and visuals that provide additional context and evidence of project progress.

7.1. Supporting Documents

7.2. Photos and Visuals

MASTER FUNDING AGREEMENT (SHARE)
Between
PEACE AT HOME: ADVOCACY CENTER
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 Peace at Home: Advocacy Center, an Oregon non-profit corporation and a Community Based Organization (CBO) (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 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. Considering 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 2024 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.
 - c. Contingent Approval. Project funding is contingent upon receiving final authorization from the Oregon Health Authority (OHA). We anticipate that the final notification from the OHA will be on or before January 30th, 2024.
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

DocuSigned by:
By: [Redacted]

Name: [Redacted]

Title: CEO

Email: [Redacted]

Date: 12/7/2023 | 8:31 AM PST

For: Peace at Home: Advocacy Center

DocuSigned by:
By: [Redacted]

Name: [Redacted]

Title: Executive Director

Email: [Redacted]

Date: 12/4/2023 | 10:42 AM PST

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.
14. The project addresses at least one domain of social determinants of health and equity: economic stability, neighborhood and built environment, education, or social and community health. See the guidance document for examples of each of the domains;
15. The project will fund non-clinical, upstream activities – that is, it is not focused on health, health care or accessing health care (which are part of a CCO's foundational work in Oregon's health care system);

16. The project is not funding Medicaid-covered benefits, or the delivery of Medicaid covered benefits. This includes the recently expanded covered benefits in Oregon's Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver (health-related social needs services for eligible members, beginning in 2024);
17. The project is not funding equipment or services to address an identified medical need.
18. Project activities are not being submitted as health-related services (HRS) or otherwise being double-counted as other expenses;
19. The project aligns with the CCO's community health improvement plan priorities.
20. The project addresses the statewide priority of housing-related supports and services. If it does not address housing-related supports and services, the CCO's SHARE spending plan must include at least one other project that does;
21. The CCO's community advisory council has a role in selecting or approving the projects within the spending plan;
22. The project dollars are going to an SDOH-E partner. If not, the CCO's SHARE spending plan includes other projects with funds going to one or more SDOH-E partners.
23. The project activities are not general administrative costs that are otherwise necessary for the regular business operations of the CCO;
24. The project is not funding member incentives (for example, gift cards for accessing preventive services);
25. The project is not funding educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;

26. The project is not funding political campaign contributions;
27. The project is not funding advocacy specific to CCO operations and financing;
28. The project is not funding SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary.

STATEMENT OF WORK

Program Title: Supportive Housing for Underserved Populations

1. Funded Program for Purposes of this SOW:

- a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
- b. SDOH-E Domains (check all that apply):
 - Neighborhood and Built Environment
 - Economic Stability
 - Education
 - Social and Community Health
- c. Community Health Improvement Plan (CHIP)/Statewide Priorities: (check all that apply):
 - Social determinants of health
 - Behavioral health and addictions
 - Healthy Lifestyles
 - Families & Children
- d. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA's CHIP.
 - ii. Social Determinants of Health: SDOH-E, Families and Children, Healthy Lifestyles

2. **Background:** As part of its CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. This project is an investment in low-barrier, affordable housing for people who have experienced trauma and abuse. Peace at Home's housing provides trauma-informed programming, supports eliminating barriers, provides lease agreements and advocacy for program participants to attain permanent housing. As a result, UHA will make a 2024 SHARE Initiative investment to Peace at Home; Advocacy Center.

- a. Services Provided: Peace at Home has been providing community-based advocacy services since 1978. Their 6 programs provide support, empowerment and education to people experiencing family violence, sexual assault stalking, dating violence and human trafficking. Peace at Home currently owns five (5) properties to provide low-barrier shelter and housing, emergency (24-hour crisis) services and programs that promote community resilience. Advocates provide services to over 1,200 people each year and answer over 4,000 calls on the 24-hours crisis line.
- b. The purpose of the Peace at Home Supportive Housing for Underserved Populations Program is to increase access to healthy food and improve nutrition,

increase housing opportunities to improve health outcomes, and improve economic stability for families.

- c. Priority Population: People with low incomes, people with disabilities, and families
3. **The Funding, for purposes of this SOW**: Three hundred ninety-three thousand and sixty-eight dollars (\$393,068.00).
- a. Duration of Funding: January 1, 2024 to December 31, 2025
 - b. Funding Timing: 50% funding available after funding agreement execution and OHA approval, 25% available upon submission of second quarter report in 2024, and 15% upon submission of fourth report (January 15, 2025). And 10% upon submission of final report required upon completion of project.
 - 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 (CIE).

Payment Terms

- a. If at the end of the program, any unspent funds will be returned to the SHARE Initiative Program.
4. **Use and Purpose of the Funding**: 100% of the funds shall be used to develop and operationalize Peace at Home Supportive Housing for Underserved Populations. Examples of appropriate usage of the funds can include but is not limited: help remodel four (4) hotel rooms to include kitchenettes. Replace flooring and install a heat pump to create a pantry space for dry food for residents to access daily. Residents will be able to prepare vegetables from the community garden during the summer months and access the food pantry for fresh foods and healthier options (less processed foods). Development of criteria, policy and procedures using an equity and trauma informed lens and include community stakeholders input to operationalize a youth transitional housing program. Hire an engineer and contractor to convert a house (owned by Peace at Home) to accommodate youth ages 18-24 with transitional housing. Purchase a vacant lot next to their current hotel property for future expansion to include a childcare center.
5. **Reporting Obligations**: Recipient will provide progress reports on the program and data to demonstrate success of the Outcome identified in section 6:
- a. Interim reports due April 30th, July 31st, and October 31st and January 31st (for each year of funding)
 - b. Final report due upon completion of project due January 31, 2026.
 - c. Recipient will complete the reporting template in Appendix A of this agreement in accordance with the reporting timelines in sections 5.a and 5.b above including all necessary data elements.
 - d. Final reporting will include budget and spending amounts for the project, any unspent funds will be returned to the SHARE Initiative Program.

6. **Outcomes:** The program intends to achieve outcomes by:
- a. Peace at Home shelter and transitional housing residents will be able to eat healthier while living in a hotel environment with increased access to a food pantry and cooking facilities.
 - b. After operationalizing a new program, by December 2024, opportunity youth (ages 18-24) will have more positive health and social outcomes when stably housed in transitional housing for at least 6-months.
 - c. Within the next 2-5 years, Peace at Home program participants will have access to onsite childcare which will improve parents' economic stability and access to permanent housing can make healthier choices, and for dignity to be restored for a healthier mind, body, and soul.
 - d. Remodel 4 hotel rooms to include kitchenettes. Replace flooring and install a heat pump to create a pantry space for dry food for residents to access daily. Each year, at least 8 primary survivors (and their children) will be able to prepare healthy meals in their own room and 32 families throughout the year will have to a community kitchen. Residents will be able to prepare vegetables from the community garden during the summer months and access the food pantry for fresh foods and healthier options (less processed foods).
 - e. Board and staff will develop criteria, policy and procedure using an equity and trauma informed lens and include community stakeholders input to operationalize a youth transitional housing program. Peace at Home will hire an engineer and contractor to convert a house (owned by Peace at Home) to accommodate youth ages 18-24 with transitional housing by December 2024.
 - f. Peace at Home's Board of Directors will purchase a vacant lot next to their current hotel property for future expansion to include a childcare center.
7. **Evidenced-Based Reference:** Without stability, people who are homeless tend to place heavier demands on non-shelter services such as hospitals, mental health facilities, substance use clinics, and prisons. U.S. Interagency of Homelessness recommend strategies that include:
- a. Elevating awareness and attentiveness to the impact of housing stability on a broad range of outcomes, including education, health, and employment. This project is grounded in offering supportive services that are delivered by peers and use a peer model. Peace at Home hires advocates with lived experience, represent communities of color, the LGBTQIA+ community, and people with disabilities.
 - b. Strengthening partnerships to improve program participants' housing stability. Peace at Home has formal partnerships and funding to support education, consultation and referrals with the Task Force on Family Violence, Human Trafficking Task Force, Latinx serving Groups, Cow Creek Tribes Human Services, Housing, Health & Wellness, ODHS, Umpqua Community College,

Adapt Integrated Care, Law Enforcement agencies. Peace at Home has worked with community partners to develop this project including HYSI, CCR, Tasha's House and OHDS.

- c. Identifying and removing barriers to housing assistance and/or prioritizing households experiencing or most at risk of homelessness. Peace at Home uses an inclusion criterion, life domains assessment, and a low-barrier shelter model.
- d. Aligning all housing affordability and homelessness efforts. Peace at Home works closely with other agencies to inform best-practices, increase access and improve coordination of services. These agencies include HUD, UCAN/Navigation Center, and Umpqua Heart.



SHARE Funding Interim Report

Project Name: [Your Project Name]

Grant Period: [Start Date] to [End Date]

Report Submission Date: [Date]

Reporting Period Date: [Which quarter report is for]

Submitted by: [Your Name]

Title: [Your Title]

Contact Information: [Your Email Address] | [Your Phone Number]

Fully complete the below report. Do not delete or alter any stated questions. If a question is not applicable to the project, please enter N/A in the response.



Table of Contents

Executive Summary.....	3
2. Project Progress	3
2.1. Project Overview.....	3
2.2. Objectives and Outcomes	3
2.3. Data Elements Collected	3
2.4. Budget Utilization.....	3
3. Community Engagement.....	3
4. Challenges and Mitigations	3
5. Next Steps	4
5.1. Remaining Activities.....	4
5.2. Adjustments to the Project	4
5.3. Timeline.....	4
6. Conclusion.....	4
7. Appendices.....	4
7.1. Supporting Documents	4
7.2. Photos and Visuals	4



Executive Summary

Provide a brief overview of the project's progress, highlighting key accomplishments and outcomes achieved during the grant period. Please include your project plan, if available.

2. Project Progress Details

2.1. Project Overview

Describe the project's objectives, scope, and the overall purpose of the SHARE project.

2.2. Objectives and Outcomes

Report on progress towards achieving the outlined outcomes and objectives. Highlight any completed objectives. Include dates and progress percentages where relevant.

2.3. Data Elements Collected

Provide any data points that are relative to this project and/or demonstrate progress. This includes but is not limited to: start/completion dates, progress percentages (where relevant), milestones, trade completion dates, etc.

2.4. Budget Utilization

Provide an overview of the grant budget utilization, including expenditures and any changes made to the initial budget plan.

3. Community Engagement

Highlight key partnerships and collaborations established with other organizations to support the project. Include description of the involvement of community stakeholders, including residents, local organizations, and any advisory committees.

4. Challenges and Mitigations

Identify any challenges or obstacles encountered during the project and describe the strategies employed to address or mitigate them. Include any valuable lessons learned during the grant period, and how these lessons will inform future project planning and implementation.



5. Next Steps

5.1. Remaining Activities

Outline the activities and milestones that are yet to be completed before the project's conclusion.

5.2. Adjustments to the Project

Discuss any adjustments or modifications made to the project plan based on the interim findings, including any adjustments made to the project budget. Explain the reasons for these changes.

5.3. Timeline

Provide an updated project timeline, indicating when remaining activities will be completed.

6. Conclusion

Sum up the progress and impact of the project to date and reiterate the importance of the community health improvement initiative.

7. Appendices

Include any necessary supporting documents, photos, and visuals that provide additional context and evidence of project progress.

7.1. Supporting Documents

7.2. Photos and Visuals

MASTER FUNDING AGREEMENT (SHARE)
Between
ADAPT INTEGRATED HEALTH CARE
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 Integrated Health Care an Oregon non-profit corporation and a Community Based Organization (CBO) (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 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. Considering 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 2024 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.
 - c. Contingent Approval. Project funding is contingent upon receiving final authorization from the Oregon Health Authority (OHA). We anticipate that the final notification from the OHA will be on or before January 30th, 2024.
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

DocuSigned by:
By: [Redacted Signature] _____
[Redacted Name]

Title: CEO _____

Email: [Redacted Email] _____

Date: 12/7/2023 | 8:31 AM PST _____

For: ADAPT Integrated Health Care

DocuSigned by:
By: [Redacted Signature] _____
[Redacted Name]

Name: [Redacted Name] _____

Title: Chief Executive Officer _____

Email: [Redacted Email] _____

Date: 12/4/2023 | 12:35 PM PST _____

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;
14. The project addresses at least one domain of social determinants of health and equity: economic stability, neighborhood and built environment, education, or social and community health. See the guidance document for examples of each of the domains;
15. The project will fund non-clinical, upstream activities – that is, it is not focused on health, health care or accessing health care (which are part of a CCO's foundational work in Oregon's health care system);

16. The project is not funding Medicaid-covered benefits, or the delivery of Medicaid covered benefits. This includes the recently expanded covered benefits in Oregon's Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver (health-related social needs services for eligible members, beginning in 2024);
17. The project is not funding equipment or services to address an identified medical need.
18. Project activities are not being submitted as health-related services (HRS) or otherwise being double-counted as other expenses;
19. The project aligns with the CCO's community health improvement plan priorities.
20. The project addresses the statewide priority of housing-related supports and services. If it does not address housing-related supports and services, the CCO's SHARE spending plan must include at least one other project that does;
21. The CCO's community advisory council has a role in selecting or approving the projects within the spending plan;
22. The project dollars are going to an SDOH-E partner. If not, the CCO's SHARE spending plan includes other projects with funds going to one or more SDOH-E partners.
23. The project activities are not general administrative costs that are otherwise necessary for the regular business operations of the CCO;
24. The project is not funding member incentives (for example, gift cards for accessing preventive services);
25. The project is not funding educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;

26. The project is not funding political campaign contributions;
27. The project is not funding advocacy specific to CCO operations and financing;
28. The project is not funding SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary.

STATEMENT OF WORK--#1**Program Title:** Adapt Behavioral Health Housing**1. Funded Program for Purposes of this SOW #1:**a. Entity Type:

- Non-clinical SDOH-E Partner or CBO
- Public Health Entity
- Clinical Provider

b. SDOH-E Domains (check all that apply):

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

c. Community Health Improvement Plan (CHIP)/Statewide Priorities: (check all that apply):

- Social determinants of health
- Behavioral health and addictions
- Healthy Lifestyles
- Families & Children

d. Additional Classification/Criteria to be met:

- i. Services must promote alignment with the priorities identified in the UHA's CHIP.
- ii. Social Determinants of Health: SDOH-E, Families and Children, Healthy Lifestyles

2. **Background:** As part of its CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. This project provides housing for people with a behavioral health diagnosis and are experiencing a lack of housing resources. Peer support will be provided onsite, and they will work with tenants to develop support for their treatment needs, both physical and behavioral health, other housing issues, employment, and recovery connections. As a result, UHA will make a 2024 SHARE Initiative investment to Adapt Integrated Health Care.

- a. Services Provided: Tenants will receive supportive housing that includes peer support services, and they will also be offered addiction and mental health treatment as their needs dictate. Peers will work with the tenants to identify needs and goals of the tenants, make the connections to allow the tenant to engage in the services identified, and work to maintain continued progress on these services. The Peers will also work to develop resources with the tenants for health benefits, future housing, employment, social services, social activities, and a recovery community.
- b. Priority Population: People with low incomes, people with disabilities, people with a behavioral health diagnosis

3. **The Funding, for purposes of this SOW #1:** Eight hundred twenty-nine thousand eight hundred sixty-eight dollars (\$829,868.00).
 - a. Duration of Funding: January 1, 2024, to December 31, 2025
 - b. Funding Timing: 40% funding available after funding agreement execution and OHA approval 20% available upon submission of second quarter report in 2024, and 20% upon submission of fourth report (January 15, 2025). And 20% upon submission of final report required upon completion of project.
 - 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 (CIE).

Payment Terms

- a. If at the end of the program, any unspent funds will be returned to the SHARE Initiative Program.
4. **Use and Purpose of the Funding:** 100% of the funds shall be used to develop and operationalize Adapt Behavioral Health Housing. Examples of appropriate usage of the funds include but not limited: remodel the rooms to update the flooring, paint and make repairs as necessary. Upgrade systems and add security features at the facility.
 5. **Reporting Obligations:** Recipient will provide progress reports on the program and data to demonstrate success of the outcomes identified in section 6:
 - a. Interim reports due April 30th, July 31st, October 31st, and January 31st (for each year of funding)
 - b. Final report due upon completion of project due January 31, 2026.
 - c. Recipient will complete the reporting template in Appendix A of this agreement in accordance with the reporting timelines in sections 5.a and 5.b above including all necessary data elements.
 - d. Final reporting will include budget and spending amounts for the project, any unspent funds will be returned to the SHARE Initiative Program.
 6. **Outcomes:** The program intends to achieve outcomes by:
 - a. Tenants will receive supportive housing that includes peer support services, and they will also be offered addiction and mental health treatment as their needs dictate. Peers will work with the tenants to identify needs and goals of the tenants, make the connections to allow the tenant to engage in the services identified, and work to maintain continued progress on these services. The Peers will also work to develop resources with the tenants for health benefits, future housing, employment, social services, social activities, and a recovery community.
The work toward these outcomes will begin from day one and it is expected that they (the tenant and the peer) will make progress throughout the tenant's stay as measured on documentation by the peer each week.

The expected length of stay for the tenant is 24 months, although Adapt will be flexible depending upon the situation of each tenant.

- b. Up to 50 residents will be housed and supported while they engage in supportive services and treatment.
- c. Ten units remodeled and set aside for UHA members by January 1, 2025.

7. Evidenced-Based Reference:

Target Pop.	Evaluation Details	Intervention	Summary of Services	Results	Health	HC Use	HC Costs	Summary of Outcomes
Homeless individuals	Flaming et al. (2009) Los Angeles, California n=10,19	Skid Row Housing Trust & Emergency Housing Vouchers	Homeless individuals entered supportive housing with (a) integrative supportive services through SRHT or (b) basic single-room occupancy through emergency housing vouchers.	22 mos			X	<ul style="list-style-type: none"> • 91% savings (\$768 pp) estimated for Health Services inpatient visits • 82% savings (\$348 pp) estimated for private hospital inpatient visits • 87% savings (\$144) estimated for paramedics • 87% savings (\$165 pp) estimated for outpatient visits • 56% savings (\$81) estimated for Dept of Mental Health Full report segments results by program/services.
Homeless individuals with severe mental disabilities	Culhane et al. (2002) New York City, NY n=4,679	NY/NY Housing	Homeless individuals with severe mental illness were placed in subsidized permanent housing either in the form of supportive housing (with community-based service support and single-room occupancy) or community residence facilities (which have services available	2 years		X		<ul style="list-style-type: none"> • 20% decline in proportion of population accessing Medicaid hospital days (vs. 13% in control group) • 36% decline in mean number of Medicaid hospital days compared to (vs. 0% in control group) • 4% increase in proportion of population with Medicaid-reimbursed outpatient visits (vs. 8% decrease in control group) • 90% increase in mean number of Medicaid-reimbursed outpatient visits (vs.

			on site and participation mandated by the residence agreement).					7% in control group) • 41% decline in OMH state hospital days used (vs. 17% in control group)
Chronically homeless adults	Rosenheck & Mares (2010) Various Locations n=734	Collaborative Initiative to Help End Chronic Homelessness (CICH)	Provided permanent housing, substance abuse and mental health treatment, and supportive primary healthcare.	1 year	X		X	• 50% reduction in health costs (including the costs of mental health services and substance use disorder treatment as well as medical and dental treatment) • 28 -50% reduction in substance use by drug users
Adults with serious mental illness	Levine & Meschede (2007) Massachusetts n=453	Special Homeless Initiative (HI)	Permanent supportive housing arrangements that help tenants retain their housing and achieve stable living situations. Services include protocols for discharge planning, staff training to focus on housing issues, outreach to people with serious mental illness living on the streets or in shelters, development of specialized shelters, and other aspects of homelessness prevention and intervention.	2 years			X	93% reduction in average number of hospital days per client, resulting in \$18 million reduction in health care costs annually
Frequent users of ED services	Linkins et al. (2008) California n=1,180	Frequent Users of Health Services Initiative	Provided case management services following discharge and connected individuals to local social service	2 years		X	X	• 60% decline in ED from baseline • 17% decline in hospital charges • 64% decline in admissions and 69% decline in charges • 3% increase in outpatient visits

			organizations. Of participants, half were homeless at the time of enrollment, among which 1/3 were connected to permanent housing through HUD vouchers and 1.2 were placed in shelters, board and care homes, or other similar placements.					<ul style="list-style-type: none">• Of the participants without insurance, 64% were connected to local county indigent program. Medi-Cal apps filed for 25%. Full report outlines the most effective practices among the six intervention models.
--	--	--	--	--	--	--	--	---



SHARE Funding Interim Report

Project Name: [Your Project Name]

Grant Period: [Start Date] to [End Date]

Report Submission Date: [Date]

Reporting Period Date: [Which quarter report is for]

Submitted by: [Your Name]

Title: [Your Title]

Contact Information: [Your Email Address] | [Your Phone Number]

Fully complete the below report. Do not delete or alter any stated questions. If a question is not applicable to the project, please enter N/A in the response.



Table of Contents

Executive Summary.....	3
2. Project Progress	3
2.1. Project Overview.....	3
2.2. Objectives and Outcomes	3
2.3. Data Elements Collected	3
2.4. Budget Utilization.....	3
3. Community Engagement.....	3
4. Challenges and Mitigations	3
5. Next Steps	4
5.1. Remaining Activities.....	4
5.2. Adjustments to the Project	4
5.3. Timeline.....	4
6. Conclusion.....	4
7. Appendices.....	4
7.1. Supporting Documents	4
7.2. Photos and Visuals	4



Executive Summary

Provide a brief overview of the project's progress, highlighting key accomplishments and outcomes achieved during the grant period. Please include your project plan, if available.

2. Project Progress Details

2.1. Project Overview

Describe the project's objectives, scope, and the overall purpose of the SHARE project.

2.2. Objectives and Outcomes

Report on progress towards achieving the outlined outcomes and objectives. Highlight any completed objectives. Include dates and progress percentages where relevant.

2.3. Data Elements Collected

Provide any data points that are relative to this project and/or demonstrate progress. This includes but is not limited to: start/completion dates, progress percentages (where relevant), milestones, trade completion dates, etc.

2.4. Budget Utilization

Provide an overview of the grant budget utilization, including expenditures and any changes made to the initial budget plan.

3. Community Engagement

Highlight key partnerships and collaborations established with other organizations to support the project. Include description of the involvement of community stakeholders, including residents, local organizations, and any advisory committees.

4. Challenges and Mitigations

Identify any challenges or obstacles encountered during the project and describe the strategies employed to address or mitigate them. Include any valuable lessons learned during the grant period, and how these lessons will inform future project planning and implementation.



5. Next Steps

5.1. Remaining Activities

Outline the activities and milestones that are yet to be completed before the project's conclusion.

5.2. Adjustments to the Project

Discuss any adjustments or modifications made to the project plan based on the interim findings, including any adjustments made to the project budget. Explain the reasons for these changes.

5.3. Timeline

Provide an updated project timeline, indicating when remaining activities will be completed.

6. Conclusion

Sum up the progress and impact of the project to date and reiterate the importance of the community health improvement initiative.

7. Appendices

Include any necessary supporting documents, photos, and visuals that provide additional context and evidence of project progress.

7.1. Supporting Documents

7.2. Photos and Visuals

MASTER FUNDING AGREEMENT (SHARE)
Between
ROSEBURG DREAM CENTER, INC.
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 Roseburg Dream Center, Inc., an Oregon non-profit corporation and a Community Based Organization (CBO) (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 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. Considering 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 2024 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.
 - c. Contingent Approval. Project funding is contingent upon receiving final authorization from the Oregon Health Authority (OHA). We anticipate that the final notification from the OHA will be on or before January 30th, 2024.
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

DocuSigned by:
By: [Redacted Signature]

Name: [Redacted Name]

Title: CEO

Email: [Redacted Email]

Date: 12/7/2023 | 8:31 AM PST

For: Roseburg Dream Center, Inc.

DocuSigned by:
By: [Redacted Signature]

Name: [Redacted Name]

Title: Director

Email: [Redacted Email]

Date: 12/6/2023 | 12:59 PM PST

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.
14. The project addresses at least one domain of social determinants of health and equity: economic stability, neighborhood and built environment, education, or social and community health. See the guidance document for examples of each of the domains;

15. The project will fund non-clinical, upstream activities – that is, it is not focused on health, health care or accessing health care (which are part of a CCO’s foundational work in Oregon’s health care system);
16. The project is not funding Medicaid-covered benefits, or the delivery of Medicaid covered benefits. This includes the recently expanded covered benefits in Oregon’s Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver (health-related social needs services for eligible members, beginning in 2024);
17. The project is not funding equipment or services to address an identified medical need.
18. Project activities are not being submitted as health-related services (HRS) or otherwise being double-counted as other expenses;
19. The project aligns with the CCO’s community health improvement plan priorities.
20. The project addresses the statewide priority of housing-related supports and services. If it does not address housing-related supports and services, the CCO’s SHARE spending plan must include at least one other project that does;
21. The CCO’s community advisory council has a role in selecting or approving the projects within the spending plan;
22. The project dollars are going to an SDOH-E partner. If not, the CCO’s SHARE spending plan includes other projects with funds going to one or more SDOH-E partners.
23. The project activities are not general administrative costs that are otherwise necessary for the regular business operations of the CCO;
24. The project is not funding member incentives (for example, gift cards for accessing preventive services);

25. The project is not funding educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
26. The project is not funding political campaign contributions;
27. The project is not funding advocacy specific to CCO operations and financing;
28. The project is not funding SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary.

STATEMENT OF WORK

Program Title: Resource Expansion Initiative

1. **Funded Program for Purposes of this SOW:**

- a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
- b. SDOH-E Domains (check all that apply):
 - Neighborhood and Built Environment
 - Economic Stability
 - Education
 - Social and Community Health
- c. Community Health Improvement Plan (CHIP)/Statewide Priorities: (check all that apply):
 - Social determinants of health
 - Behavioral health and addictions
 - Healthy Lifestyles
 - Families & Children
- d. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA's CHIP.
 - ii. Social Determinants of Health: SDOH-E, Families and Children

2. **Background:** As part of its CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. This project offers a food bank, clothing boutique, hygiene assistance, & immediate needs/emergency resources free of charge to approximately 600+ clients a month. Roseburg Dream Center has been operating in Roseburg for the past 14 years, coming alongside those in need mostly through providing clothing and food free of charge and without prejudice. As a result, UHA will make a 2024 SHARE Initiative investment to the Roseburg Dream Center, Inc.

- a. Services Provided: Helping with eviction prevention - rental assistance, both those renting and those purchasing their homes, utility assistance, and financial assistance for move in funds (first, last and security deposits) to get into housing and helping with all late penalties that prohibit our clients from getting back on their feet. On site showers for the un-housed community as well as families who do not have hot water, ability to cook and serve hot meals for the hungry in our community, haircuts for the un-housed, children and families and to be able to attain more emergency & immediate needs resources such as: diapers, formula, blankets, needed food items, and needed clothing items.
- b. Offer a food bank, clothing boutique, hygiene assistance, and immediate needs/emergency resources free of charge to approximately 600+ clients a month.

- c. Priority Population: People with low incomes, people with disabilities, families, veterans
3. **The Funding, for purposes of this SOW:** Five hundred thousand dollars (\$500,000.00).
- a. Duration of Funding: January 1, 2024 to December 31, 2026
 - b. Funding Timing: 40% funding available after funding agreement execution and OHA approval, 40% available upon submission of the fourth quarter report (January 15, 2025). And 20% upon submission of final report required upon completion of project.
 - 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 (CIE).

Payment Terms

- a. If at the end of the program, any unspent funds will be returned to the SHARE Initiative Program.
4. **Use and Purpose of the Funding:** 100% of the funds shall be used to develop and operationalize the Roseburg Dream Center Resource Expansion Initiative . Examples of appropriate usage of the funds include but not limited: The funds will be used to help with eviction prevention - rental assistance, both those renting and those purchasing their homes, utility assistance, and financial assistance for move in funds (first, last and security deposits) to get into housing and helping with all late penalties. Along with expanding services for the food bank, clothing boutique, hygiene assistance, and immediate needs/emergency resources free of charge and offering a site shower.
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 30th, July 31st, and October 31st and January 31st (for each year of funding)
 - b. Final report due upon completion of project due January 31, 2026.
 - c. Recipient will complete the reporting template in Appendix A of this agreement in accordance with the reporting timelines in sections 5.a and 5.b above including all necessary data elements.
 - d. Final reporting will include budget and spending amounts for the project, any unspent funds will be returned to the SHARE Initiative Program.
6. **Outcomes:** The program intends to achieve outcomes by:
- a. Expect to provide basic food and clothing assistance to a larger demographic, the clientele base growing from an average of 600 to over 800 per month.
 - b. Expect to serve 4 hot, healthy meals to 400 low income/unhoused individuals and families per month.

- c. Expect to assist 10 – 15 individuals/families per month keep their utilities functioning and assist with eviction prevention. We also expect to assist 3 individuals / families per month transition from un-housed to housed.
 - d. Expect to provide hot showers and meet hygiene needs for 100 individuals per month.
 - e. Expect to help 30 with transportation assistance every month.
 - f. Tenants will receive supportive housing that includes peer support services, and they will also be offered addiction and mental health treatment as their needs dictate. Peers will work with the tenants to identify needs and goals of the tenants, make the connections to allow the tenant to engage in the services identified, and work to maintain continued progress on these services.
 - g. Expect to see the number of Douglas County people becoming un-housed decrease, the food and clothing insecurity crisis to decline in our clientele so that they can make healthier choices, and for dignity to be restored for a healthier mind, body, and soul.
7. **Evidenced-Based Reference:** According to Healthaffairs.org and a study done by the USDA, Food insecurity and clothing insecurity are directly connected to negative mental and physical health. Including but not limited to depression, anxiety, anemia, diabetes, aggression, poor overall health, suicide, crime, and substance abuse. Without stability, people who are homeless tend to place heavier demands on non-shelter services such as hospitals, mental health facilities, substance use clinics, and prisons. U.S.



SHARE Funding Interim Report

Project Name: [Your Project Name]

Grant Period: [Start Date] to [End Date]

Report Submission Date: [Date]

Reporting Period Date: [Which quarter report is for]

Submitted by: [Your Name]

Title: [Your Title]

Contact Information: [Your Email Address] | [Your Phone Number]

Fully complete the below report. Do not delete or alter any stated questions. If a question is not applicable to the project, please enter N/A in the response.



Table of Contents

Executive Summary.....	3
2. Project Progress	3
2.1. Project Overview.....	3
2.2. Objectives and Outcomes	3
2.3. Data Elements Collected	3
2.4. Budget Utilization.....	3
3. Community Engagement.....	3
4. Challenges and Mitigations	3
5. Next Steps	4
5.1. Remaining Activities.....	4
5.2. Adjustments to the Project	4
5.3. Timeline.....	4
6. Conclusion.....	4
7. Appendices.....	4
7.1. Supporting Documents	4
7.2. Photos and Visuals	4



Executive Summary

Provide a brief overview of the project's progress, highlighting key accomplishments and outcomes achieved during the grant period. Please include your project plan, if available.

2. Project Progress Details

2.1. Project Overview

Describe the project's objectives, scope, and the overall purpose of the SHARE project.

2.2. Objectives and Outcomes

Report on progress towards achieving the outlined outcomes and objectives. Highlight any completed objectives. Include dates and progress percentages where relevant.

2.3. Data Elements Collected

Provide any data points that are relative to this project and/or demonstrate progress. This includes but is not limited to: start/completion dates, progress percentages (where relevant), milestones, trade completion dates, etc.

2.4. Budget Utilization

Provide an overview of the grant budget utilization, including expenditures and any changes made to the initial budget plan.

3. Community Engagement

Highlight key partnerships and collaborations established with other organizations to support the project. Include description of the involvement of community stakeholders, including residents, local organizations, and any advisory committees.

4. Challenges and Mitigations

Identify any challenges or obstacles encountered during the project and describe the strategies employed to address or mitigate them. Include any valuable lessons learned during the grant period, and how these lessons will inform future project planning and implementation.



5. Next Steps

5.1. Remaining Activities

Outline the activities and milestones that are yet to be completed before the project's conclusion.

5.2. Adjustments to the Project

Discuss any adjustments or modifications made to the project plan based on the interim findings, including any adjustments made to the project budget. Explain the reasons for these changes.

5.3. Timeline

Provide an updated project timeline, indicating when remaining activities will be completed.

6. Conclusion

Sum up the progress and impact of the project to date and reiterate the importance of the community health improvement initiative.

7. Appendices

Include any necessary supporting documents, photos, and visuals that provide additional context and evidence of project progress.

7.1. Supporting Documents

7.2. Photos and Visuals

MASTER FUNDING AGREEMENT (SHARE)
Between
UMPQUA COMMUNITY DEVELOPMENT CORPORATION abn NEIGHBORWORKS
UMPQUA
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 NeighborWorks Umpqua an Oregon non-profit corporation and a Community Based Organization (CBO) (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 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. Considering 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 2024

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.
 - c. Contingent Approval. Project funding is contingent upon receiving final authorization from the Oregon Health Authority (OHA). We anticipate that the final notification from the OHA will be on or before January 30th, 2024.
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.

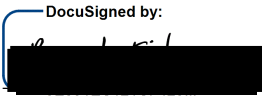
- e. No Third-Party Benefit. The provisions of this Agreement are for the sole benefit of the parties hereto and confer no rights, benefits, or claims upon any person or entity not a party hereto.
- f. Complete Agreement. This Agreement contains entire agreement of the parties and supersedes any prior 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.

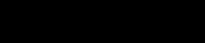
Upon reasonable notice, and absent objection by UHA, the Recipient or a Funded Program may use UHA's logo in such communications. Recipient or a Funded Program shall obtain prior written consent of UHA for any other use of UHA's name in any publicity.

- 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.

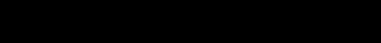
Signature Page Follows

For: Umpqua Health Alliance, LLC

By: 

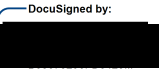
Name: 

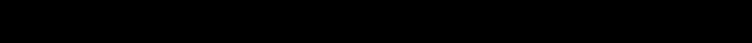
Title: CEO

Email: 

Date: 12/7/2023 | 8:31 AM PST

For: Umpqua Community Development Corporation abn NeighborWorks Umpqua

By: 

Name: 

Title: Director of Impact

Email: 

Date: 12/5/2023 | 10:54 AM EST

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.
14. The project addresses at least one domain of social determinants of health and equity: economic stability, neighborhood and built environment, education, or social and community health. See the guidance document for examples of each of the domains;

15. The project will fund non-clinical, upstream activities – that is, it is not focused on health, health care or accessing health care (which are part of a CCO’s foundational work in Oregon’s health care system);
16. The project is not funding Medicaid-covered benefits, or the delivery of Medicaid covered benefits. This includes the recently expanded covered benefits in Oregon’s Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver (health-related social needs services for eligible members, beginning in 2024);
17. The project is not funding equipment or services to address an identified medical need.
18. Project activities are not being submitted as health-related services (HRS) or otherwise being double-counted as other expenses;
19. The project aligns with the CCO’s community health improvement plan priorities.
20. The project addresses the statewide priority of housing-related supports and services. If it does not address housing-related supports and services, the CCO’s SHARE spending plan must include at least one other project that does;
21. The CCO’s community advisory council has a role in selecting or approving the projects within the spending plan;
22. The project dollars are going to an SDOH-E partner. If not, the CCO’s SHARE spending plan includes other projects with funds going to one or more SDOH-E partners.
23. The project activities are not general administrative costs that are otherwise necessary for the regular business operations of the CCO;
24. The project is not funding member incentives (for example, gift cards for accessing preventive services);

25. The project is not funding educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
26. The project is not funding political campaign contributions;
27. The project is not funding advocacy specific to CCO operations and financing;
28. The project is not funding SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary.

STATEMENT OF WORK

Program Title: Supportive Housing for Underserved Populations

1. **Funded Program for Purposes of this SOW:**

- a. Entity Type:
 - Non-clinical SDOH-E Partner or CBO
 - Public Health Entity
 - Clinical Provider
- b. SDOH-E (check all that apply):
 - Neighborhood and Built Environment
 - Economic Stability
 - Education
 - Social and Community Health
- c. Community Health Improvement Plan (CHIP)/Statewide Priorities: (check all that apply):
 - Social determinants of health
 - Behavioral health and addictions
 - Healthy Lifestyles
 - Families & Children
- d. Additional Classification/Criteria to be met:
 - i. Services must promote alignment with the priorities identified in the UHA's CHIP.
 - ii. Social Determinants of Health: SDOH-E, Mental Health and Addictions, Families and Children

2. **Background:** As part of its CHIP, UHA identified housing and homelessness as one of the key focus areas to address SDOH-E. This project will operate within the Housing First and Permanent Supportive Housing Models. According to the National Alliance to End Homelessness, the Housing First Model is cost-effective, and positively impacts quality of life and community stability. The State of Oregon is moving towards Permanent Supportive Housing in recognition of the fact that Housing First is most effective when the full spectrum of needs is addressed in transitioning the homeless into housing. Individuals suffering chronic homelessness often have serious psychiatric disabilities, substance use disorders, and/or other behavioral health issues and disabilities that undermine their housing stability. Thus, our Resident Services Program has been intensely focused on connecting residents with critical behavioral health and disability services. However, our lengthy experience with housing authorities clearly demonstrates that assistance with baseline material needs also significantly improves outcomes for individuals transitioning out of homelessness. As a result, UHA will make a 2024 SHARE Initiative investment to NeighborWorks Umpqua.

- a. Services Provided: Housing stability, food security, and social cohesion are the primary indicators that will be addressed; resiliency and stress will also be impacted. Effective transition from homelessness requires meeting the full spectrum of client's needs. In addition to behavioral and physical health issues,

transitioning from homelessness can involve significant economic and cultural stress. Lacking security deposit funds delays access to scarce housing, which is enormously stressful for clients. Lacking basic household necessities, such as food, furniture, and bedding, deprives individuals of the ability eat, rest, and sleep comfortably in their home, and prevents them from engaging in simple hospitality and fully participating in their new community with dignity. These stressors increase the likelihood of continued housing instability. Reducing these barriers will increase the odds of clients successfully transitioning to permanent housing by reducing economic stress, improving self-care and resiliency, and improving their ability to fully participate in community life.

- b. Priority Population: People with low incomes, people with disabilities, and families
3. **The Funding, for purposes of this SOW**: Thirty-four thousand five hundred dollars (\$34,500.00).
- a. Duration of Funding: January 1, 2024 to December 31, 2024
 - b. Funding Timing: 50% funding available after funding agreement execution and OHA approval, 25% available upon submission of second quarter report in 2024, and 25% upon submission of final report, no later than January 31, 2025
 - 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 (CIE).

Payment Terms

- a. If at the end of the program, any unspent funds will be returned to the SHARE Initiative Program.
4. **Use and Purpose of the Funding**: 100% of the funds shall be used to develop and operationalize NeighborWorks Umpqua Supportive Housing for Underserved Populations Examples of appropriate usage of the funds include but not limited to: Funds will be used to help very low-income residents (60% AMI or lower) transition to our affordable housing with rental deposits, moving costs, furniture, and food. Funds will be used for direct benefit to residents. Average deposit for permanent affordable housing is about \$1,500 per unit. In addition, there is a \$60 screening fee per adult. Many new residents arrive at their housing with little more than clothes and basic bedding. NeighborWorks Umpqua will use these funds to get residents off to a stable start in housing.
5. **Reporting Obligations**: Recipient will provide Progress Reports on the program and data to demonstrate success of the Outcome identified in section 6:
- a. Interim reports, due April 30th, 2024, July 31st, 2024, and October 31st, 2024, and January 31st, 2025
 - b. Final report due upon completion of project due January 31, 2025.

- c. Recipient will complete the reporting template in Appendix A of this agreement in accordance with the reporting timelines in sections 5.a and 5.b above including all necessary data elements.
 - d. Final reporting will include budget and spending amounts for the project, any unspent funds will be returned to the SHARE Initiative Program.
6. **Outcomes:** The program intends to achieve outcomes by:
- a. Increase housing stability and resilience of individuals at risk of homelessness as they transition to permanent affordable housing so that they can remain in our housing for the first twelve months.
 - b. 30 new residents and 20 existing residents who are at risk of homelessness will receive supports through this project by end of 2024.
 - c. Resident Services Coordinators will work directly with Adapt, UCAN, Umpqua Heart, Dream Center, and HADCO to receive referrals for individuals seeking permanent housing and coming from a houseless situation.
7. **Evidenced-Based Reference:** This project will operate within the Housing First and Permanent Supportive Housing Models. According to the National Alliance to End Homelessness, the Housing First Model is cost-effective, and positively impacts quality of life and community stability. The State of Oregon is moving towards Permanent Supportive Housing in recognition of the fact that Housing First is most effective when the full spectrum of needs is addressed in transitioning the homeless into housing. Individuals suffering chronic homelessness often have serious psychiatric disabilities, substance use disorders, and/or other behavioral health issues and disabilities that undermine their housing stability. Thus, our Resident Services Program has been intensely focused on connecting residents with critical behavioral health and disability services. However, our lengthy experience with housing authorities clearly demonstrates that assistance with baseline material needs also significantly improves outcomes for individuals transitioning out of homelessness.



SHARE Funding Interim Report

Project Name: [Your Project Name]

Grant Period: [Start Date] to [End Date]

Report Submission Date: [Date]

Reporting Period Date: [Which quarter report is for]

Submitted by: [Your Name]

Title: [Your Title]

Contact Information: [Your Email Address] | [Your Phone Number]

Fully complete the below report. Do not delete or alter any stated questions. If a question is not applicable to the project, please enter N/A in the response.



Table of Contents

Executive Summary.....	3
2. Project Progress	3
2.1. Project Overview.....	3
2.2. Objectives and Outcomes	3
2.3. Data Elements Collected	3
2.4. Budget Utilization.....	3
3. Community Engagement.....	3
4. Challenges and Mitigations	3
5. Next Steps	4
5.1. Remaining Activities.....	4
5.2. Adjustments to the Project	4
5.3. Timeline.....	4
6. Conclusion.....	4
7. Appendices.....	4
7.1. Supporting Documents	4
7.2. Photos and Visuals	4



Executive Summary

Provide a brief overview of the project's progress, highlighting key accomplishments and outcomes achieved during the grant period. Please include your project plan, if available.

2. Project Progress Details

2.1. Project Overview

Describe the project's objectives, scope, and the overall purpose of the SHARE project.

2.2. Objectives and Outcomes

Report on progress towards achieving the outlined outcomes and objectives. Highlight any completed objectives. Include dates and progress percentages where relevant.

2.3. Data Elements Collected

Provide any data points that are relative to this project and/or demonstrate progress. This includes but is not limited to: start/completion dates, progress percentages (where relevant), milestones, trade completion dates, etc.

2.4. Budget Utilization

Provide an overview of the grant budget utilization, including expenditures and any changes made to the initial budget plan.

3. Community Engagement

Highlight key partnerships and collaborations established with other organizations to support the project. Include description of the involvement of community stakeholders, including residents, local organizations, and any advisory committees.

4. Challenges and Mitigations

Identify any challenges or obstacles encountered during the project and describe the strategies employed to address or mitigate them. Include any valuable lessons learned during the grant period, and how these lessons will inform future project planning and implementation.



5. Next Steps

5.1. Remaining Activities

Outline the activities and milestones that are yet to be completed before the project's conclusion.

5.2. Adjustments to the Project

Discuss any adjustments or modifications made to the project plan based on the interim findings, including any adjustments made to the project budget. Explain the reasons for these changes.

5.3. Timeline

Provide an updated project timeline, indicating when remaining activities will be completed.

6. Conclusion

Sum up the progress and impact of the project to date and reiterate the importance of the community health improvement initiative.

7. Appendices

Include any necessary supporting documents, photos, and visuals that provide additional context and evidence of project progress.

7.1. Supporting Documents

7.2. Photos and Visuals