



2023 SHARE Initiative Spending Plan (Year 3)

December 2023

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

CCO name: Advanced Health

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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](#))
\$535,000

Section 2: SHARE Initiative Spending Plan

Spending plan summary

2. Summarize the work your CCO is funding through this year's SHARE Initiative. At a high level, briefly describe 1) project titles; 2) what activities are being funded; and 3) what populations will be served.

Economic Stability, Coos County, Nutrition Emphasis: In SHARE Initiative Year 1 (November 1, 2021 to October 31, 2022), Advanced Health entered into a (potentially multi-year) cooperative agreement with Coos Head Food Co-Op, as approved by the Oregon Health Authority. During Year 1, the purpose of the cooperative agreement was primarily developmental in nature and three measurable process objectives were established. Because the program successfully attained its developmental objectives for Year 1, the project was continued for Year 2 (November 15, 2022 to November 14, 2023), with an array of consumer nutrition activities and measurable outcome objectives. Based on satisfactory attainment of the project's initial outcome metrics, the project will be continued for a third year (November 1, 2023 through October 31, 2024), with steadily increasing outcomes and measurement. Specific activities include increasing community outreach and nutrition education, building a Farm to School program, doubling the value of SNAP vouchers for healthy produce, and addressing inequities among youth and their families by working with school garden programs and local farms. The target population is comprised of any person who may be characterized by a socially-determining factor that either has, or may in the future, place the individual at risk for sub-optimal health and/or health disparities. The amount of the award under the cooperative agreement is \$86,000.

Economic Stability, Coos County, Trauma-Informed Child Care: In SHARE Initiative Year 1, Advanced Health awarded two cooperative agreements for trauma-informed child care services, each intended to be of one year's duration. The first agreement involved the Bandon Community Child Care Center and was of a capital nature. The capital project was completed in February, 2022, and as a direct result, 17 new child care slots became available to the community. The second agreement involved Southern Oregon Workforce Investment Board. Funds provided under the cooperative agreement (\$80,000) were used to leverage new federal grant dollars (\$950,000 over a multi-year term) that are

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

being used to train new and additional certified child care providers. These two projects are considered completed. In SHARE Initiative Year 2, Advanced Health awarded \$110,000 to Coastal Families Relief Nursery. Coastal Families Relief Nursery was an emerging organization, seeking to restore the services of a previous relief nursery that had failed. Advanced Health's SHARE contributions were developmental in nature and were purposed at seating a diverse and representative board of directors, attaining state certification as a Relief Nursery, retaining qualified staff, and establishing IRS 501(c)(3) tax-exempt status. These developmental milestones were fully attained. In SHARE Initiative Year 3 (November 1, 2023 through October 31, 2024), Advanced Health will sustain its investment in the Relief Nursery, and has established specific client-focused outcome metrics for the coming year. The services of the Relief Nursery will be made available to any family that may be characterized by a socially-determining factor that either has, or may in the future, place any member of the family, and particularly any children in the family, at risk for sub-optimal health and/or health disparities. The amount of the award under the cooperative agreement is \$110,000.

Economic Stability and Built Environment, Coos County, Housing and Homelessness: In SHARE Initiative Year 1 (November 1, 2021 to October 31, 2022), Advanced Health entered into a (potentially multi-year and renewable) cooperative agreement with The Nancy Devereux Center, as approved by the Oregon Health Authority, with the dual purposes of: (1) providing operating assistance for the establishment of a Pallet Home community; and (2) providing capital assistance for the establishment of a single-family-unit for supported housing. By the ninth project month, the Devereux Center has not only attained, but exceeded, its performance objectives. The Pallet Home community is at full-scale with many residents obtaining work and able to secure alternative housing. The supported housing unit is providing housing and supports for a seven-member multi-generational family, and when this family ultimately vacates the house, the structure is of sufficient capacity to be remodeled to support two family units. Because of these successes, the project was continued as previously agreed for Year 2 (November 15, 2022 to November 14, 2023). During this second year, the Devereux Center continued to operate a sizeable and successful pallet home community, and leveraged the SHARE Initiative's capital resources to acquire a single property consisting of a single-family home and a duplex which are being renovated to create three permanent supported housing units, meaning that the Devereux Center has successfully leveraged SHARE resources to create five permanent supported housing units. Given this success, and the need to offset operating costs for the pallet home community, Advanced Health will again support the Devereux Center during the third SHARE year (November 1, 2023 through October 31, 2024). The target population is comprised of any person who may be characterized by a socially-determining factor that either has, or may in the future, place the individual at risk for sub-optimal health and/or health disparities. The amount of the award under the cooperative agreement is \$128,000 for the continued operation of the pallet home community, and \$100,000 for capital support for scattered-site permanent supported housing, for a total cooperative agreement award of \$228,000.

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

Economic Stability and Built Environment, Curry County, Housing and Homelessness: In SHARE Initiative Year 1, Advanced Health entered into a cooperative agreement with the Curry Homeless Coalition, in the amount of \$60,000, the purpose of which was to provide capital assistance toward the acquisition or establishment of a temporary housing facility for persons identified with housing instability or homelessness. Despite tremendous technical assistance provided to the Curry Homeless Coalition, multiple attempts to establish a temporary housing facility were met with defeat. In the intervening period, several new nonprofit entities (Neighbor-to-Neighbor in northern Curry County, and Brookings Core Response) along with established agencies (Curry County Housing Authority, Oasis Shelter, Curry Homeless Coalition) sought technical assistance and established the Curry County Homeless Task Force, which has been recently recognized by the Governor's Office and awarded a \$500,000 grant from Oregon Housing and Community Services under the Governor's initiative for rural communities. In SHARE Initiative Year 3 (November 1, 2023 through October 31, 2024), Advanced Health will invest \$60,000 in the development of a permanent, co-housing, supported housing facility, which is an included element in the Curry Homeless Task Force's state-approved plan. Curry Homeless Coalition will serve as the awardee. The target population is comprised of persons aged 55 or older, who are unstably housed, and who may be characterized by a socially-determining factor that either has, or may in the future, place the individual at risk for sub-optimal health and/or health disparities.

CHP/statewide priorities

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

Prior to the outset of SHARE Initiative Year 1, in compliance with its contractual obligations with the State of Oregon as a Coordinated Care Organization, Advanced Health made consultants available to assist the Community Advisory Councils (CACs) and their community stakeholders, one in Coos County and one in Curry County, to undertake a complete the development of Community Health Assessments (CHAs), which in turn, informed the development of Community Health Improvement Plans (CHPs). Although the CHAs were comprehensive in identifying the social determinants of health that resulted in health disparities in each county, the CHAs shared the commonality of not establishing causal linkages among the various social determinants of health and resulting health disparities. Similarly, the CHAs indicated that the health assessments were made in the absence of a gap analysis, and recommended that a gap analysis be forthcoming.

To this end, the Program Committee of Advanced Health's board of directors, which was comprised of (largely retired) individuals who were long-time community members and who possessed tremendous scholarly and applied experience in robust and complex program development, initiated a three-pronged special study that was purposed at: (1) Identifying causal linkages among community-based social determinants of health and health disparities (i.e., a root cause analysis); (2) Completing a cursory gap analysis; and, (3) Based on the foregoing, making SHARE Initiative funding

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

recommendations to the CACs, and with the consent and approval of CACs, and together with the CACs, to Advanced Health's governing board of directors.

The Program Committee of Advanced Health began its work by developing grids that clustered causal socially determining factors and service delivery gaps, dichotomized by significant health disparities. As the Program Committee undertook this work, it determined that the work would be made more accurate and complete if additional community experts were consulted. To that end, the Program Committee developed a survey instrument and distributed it to twenty-five (25) key informants. A particular effort was made to include key informants who were not stakeholders in any CAC or otherwise affiliated with any social service agency or program. Data from each of the key informant surveys were then aggregated and summarized.

The Program Committee studied and analyzed the interplay of socially determined root causes for significant health disparities, drawing information from the Community Health Assessments, Community Health Improvement Plans, and key informant surveys, and concluded that the most prevalent and problematic social determinants of health disparities in Coos and Curry County are: housing and homelessness; inadequate nutrition; and employment participation and workforce development. Within these broad categories, there are decided gaps in affordable and available housing, access to nutritious foodstuffs, knowledge of proper nutrition, and trauma-informed child care supports (for ages 0 to 5).

The Coos County Community Health Improvement Plan identified nine (9) strategic priorities that specifically included housing and homelessness (i.e., increasing the availability of safe affordable housing; supporting projects that address homelessness), economic stability (i.e., supporting workforce development through the expansion of available trauma-informed child care, among other strategies), and food and nutrition (i.e., increasing the availability of healthy, nutritious food for all ages). The Curry County Community Health Improvement Plan identified seven (7) strategic priorities that specifically included housing and homelessness (i.e., increasing the availability, affordability, and quality of housing and supporting projects that address homelessness); economic stability (i.e., workforce and economic development, including improved access to quality child care services for parents who are entering the workforce); and food and nutrition (i.e., increasing the availability of healthy, nutritious food for all ages). To this end, it can be easily determined that there is a direct and crucial link, representing a high degree of alignment, between the priorities of the Community Health Improvement Plans (as determined by the Community Advisory Councils) and selected SHARE Initiative spending priorities.

The Program Committee presented the results of its root cause and gap analyses, along with its resulting recommendations for SHARE Initiative priorities. At the recommendation of the Coos County CAC, revisions in target population were made to the intended beneficiaries of subsidized child care to create better alignment with workforce development initiatives identified in the Coos

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

County Community Health Improvement Plan. SHARE Initiative funding priorities were jointly submitted by the CACs and the Program Committee to Advanced Health's board of directors and unanimously adopted.

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

Prior to the outset of the SHARE Initiative, Advanced Health contributed community benefit funds to: housing needs assessment studies in both Coos and Curry Counties; a resulting Housing Action Plan in Coos County; and resources required to establish a Coos County Housing Trust Fund. Advanced Health, as a relatively small CCO, understands that it will not be able to make significant improvements to well-documented housing shortages on an independent basis, but rather, that it can effectively use its funding to leverage additional resources.

In addition, and with a combination of community benefit, health-related services, and Community Health Improvement funding, Advanced Health has, since the time of its inception, provided annual and direct operating support to The Devereux Center in Coos County, and intermittent support to the Curry Homeless Coalition, to address a wide array of unmet needs on behalf of persons who are unstably housed. Advanced Health understands that the housing needs among persons who are homeless are dire, extreme, and urgent, and gave priority consideration within its SHARE Initiative RFA to these needs – almost as a precursor to supported housing.

In aggregate, of the \$535,000 in SHARE Initiative funding recommended by the Community Advisory Councils and approved by Advanced Health's board of directors, 54 percent, \$288,000, was directed to the support of housing and homeless projects. In Coos County, Advanced Health proposes to allocate \$228,000 to the Devereux Center to apply evidence-based strategies and a Collective Impact model to leverage a multidisciplinary array of community partners (i.e., homeless advocates, social service agencies, housing advocates, housing providers) to: (1) Work at the individual level to sustain and expand temporary housing for persons who are homeless; and, (2) Work at the community level to contribute establish affordable permanent, leasehold, supportive housing.

In Curry County, Advanced Health proposes to allocate \$60,000, to the Curry Homeless Coalition to apply evidence-based strategies (a co-housing model) and a Collective Impact model (through the Curry Homeless Task Force) to work at the community level to acquire and operate a property as a permanent supported housing unit.

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

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: [Coos Head Food Co-Op](#)

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: [Coastal Families Relief Nursery](#)

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 Nancy Devereux 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.

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

A. Partner name: Curry Homeless Coalition

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).

For Year 1, Advanced Health engaged in an open, transparent, and competitive application process. A formal Request for Applications (RFA) was developed, widely disseminated, and posted to Advanced Health's website. Because of COVID-19's contagion, in lieu of a formal bidder's conference, a question-and-answer period was permitted during which time potential bidders could anonymously submit questions, and all responses were posted to Advanced Health's website. Scoring criteria were established and included in the published RFA. The Program Committee reviewed and scored all applications. The Program Committee submitted its recommendations to the Community Advisory Councils, who made some revisions and independent recommendations. The Program Committee adopted and incorporated the CACs' revisions and recommendations, and submitted these to Advanced Health's board of directors, who accepted the recommendations as submitted and made the final funding decisions. In Year 3, continuation projects from the Year 1 selection process include: Coos Head Food Co-Op; and the Nancy Devereux Center.

For Year 2, the Community Advisory Council recommended projects for SHARE Initiative funding based in part on Year 1 applications, other proposals received during the CACs' CHIP grant application cycle, and CAC members' lived experiences in the community. In Curry County, advocates for the homeless came forward independently to recommend that any housing-related resources be directed to the Oasis Shelter in support of that organization's Project Turnkey. Projects selected for Year 2 funding by the CACs include: Coastal Families Relief Nursery; and Oasis Advocacy and Shelter. Of these two projects, Coastal Families Relief Nursery Relief Nursery, it is proposed that Coastal Families Relief Nursery will be continued into Year 3.

For Year 3 (the situate focus of this Spending Plan), unallocated funds remained available for the Housing and Homelessness Category in Curry County. An invitational Request for Applications was developed and submitted to the Curry County Community Advisory Council for review, scoring, and

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

recommendation. The Curry County Community Advisory Council recommends that the Curry Homeless Coalition be awarded a cooperative agreement for Year 3 in the amount of \$60,000. This recommendation has been approved by Advanced Health's board of directors.

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

See attached files:

- Advanced Health - 2023 SHARE Cooperative Agreement_Coastal Relief Nursery – signed
- Advanced Health - 2023 SHARE Cooperative Agreement_Coos Head Food Co-Op – signed
- Advanced Health - 2023 SHARE Cooperative Agreement_Curry Homeless Coalition – signed
- Advanced Health - 2023 SHARE Cooperative Agreement_Devereux Center – signed

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

See attached file:

- Advanced Health 2023 SHARE Initiative Budget Proposal

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.)

When Advanced Health submitted its original SHARE Initiative Spending Plan in 2021, the only concern expressed by the Transformation Center was that it had wished that the CACs played a greater role in the selection of SHARE awardees. To that end, during the planning period for Year 2, and when new and additional resources became available to the SHARE Initiative as the result of board action, the Community Advisory Councils were the singular entities that made recommendations to Advanced Health's governing board regarding SHARE priorities and awardees.

For Year 3 (the situate focus of this Spending Plan), unallocated funds remained available for the Housing and Homelessness Category in Curry County. An invitational Request for Applications was developed and submitted to the Curry County Community Advisory Council for review, scoring, and

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

recommendation. The Curry County Community Advisory Council recommends that the Curry Homeless Coalition be awarded a cooperative agreement for Year 3 in the amount of \$60,000. This recommendation has been approved by Advanced Health's board of directors.

During Year 1, it had been envisioned that representative members of the Community Advisory Councils would participate in the qualitative evaluation of SHARE-funded projects. However, given that COVID-19 was still rampant throughout Coos and Curry Counties for most of 2022, in-person and on-site meetings with projects and their beneficiaries were not deemed to be safe. As COVID-19 recedes, and more persons become inoculated, it is sincerely hoped that robust qualitative evaluation functions can be built into the existing formative and summative evaluation processes to more deeply engage the Community Advisory Councils and to harvest the lived experiences of both CAC members and program beneficiaries.

Regular, quarterly, formative and summative evaluation reports are independently prepared and made available to Community Advisory Councils for review and feedback. Year 3 (November 1, 2023 through October 31, 2024) is intended to be the final year under the former RFA solicitation process. Because new Community Needs Assessments and new Community Health Improvement Plans will be developed, an entirely new Request for Application process will commence in the Spring of 2024, for cooperative agreements to be awarded effective November 1, 2024. The Community Advisory Councils will identify the major categories in which solicitations will be sought, in compliance with OHA's guidance, and according to the newly adopted Community Health Needs Assessments and Community Health Improvement Plans. This RFA process will respect the right of current awardees to re-apply for funding if their projects are consistent with priorities identified and adopted by the CACs. In summary, CACs will: (1) Identify strategic priorities; (2) Establish application guidelines and requirements; (3) Author the Request for Applications; (4) Score and evaluate responses received to the RFA; and, (5) Make funding recommendations to Advanced Health's governing board. CACs will also determine the evaluator mechanisms for cooperative agreements awarded with an effective date of November 1, 2024.

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.**

Advanced Health has entered into an agreement with an independent party for the performance of professional program evaluation services. The independent program evaluation consultant has served as a federally approved evaluator or principal investigator for myriad projects funded by the U.S. Departments of Agriculture, Commerce, Health and Human Services, Interior, Labor, and Transportation. She holds national certification in Federal Grants Accountability and has taught program evaluation at the community and post-secondary level; she is a past member of the American Evaluation Association. The independent program evaluation consultant will provide professional

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

evaluation (and technical assistance) functions for each of the funded SHARE Initiative projects. Representative consumer-members of relevant CACs may serve as evaluation team members.

Under this evaluation design, formative and summative evaluation are performed by the independent program evaluation specialist, and the reports generated through this process are subject to review by Advanced Health's program and quality leadership, the Community Advisory Councils, and Advanced Health's governing board. Qualitative evaluation is the exclusive purview of the Community Advisory Councils.

The independent evaluator, together with CAC evaluation team members if assigned, will meet with, or review data from, each funded project according to the following schedule:

- a. Within thirty days of execution of the cooperative agreement, to review objectives, data collection systems, and expectations (and, for new awardees only, to complete a Readiness Review);
- b. Within ninety days of the execution of the cooperative agreement, to engage in data sampling at each funded site, and to review the source documentation for each data sample to test for data fidelity;
- c. At the six-month mark, to call for process and outcome data-to-date, and to complete a formative evaluation for each project that will be shared with Advanced Health's executive administrators, CACs, and board of directors; [If there is need for corrective action, the formative evaluation report will so-specify];
- d. At the nine-month mark, to call for process and outcome data-to-date, convene a CAC-driven qualitative evaluation, publish an Interim Summary of Findings, and if corrective action was previously specified, to report on the progress of that corrective action; and,
- e. At the conclusion of the twelve-month project period, the evaluator will complete a formal summative evaluation report for each funded project, specifically reporting on the degree of outcome attainment in quantifiable terms. This report will be shared with Advanced Health's executive leadership, CACs, and board of directors, and may formulate the basis upon which future funding will be recommended or withheld.

The primary program evaluation techniques to be applied will be that of the Goal-Attainment Model, and Pre/Post Comparison Model. The Goal-Attainment Model requires program planners to hypothesize and quantify their intended processes, outputs, and outcomes, and then statistically measures the degree to which those processes, outputs, and outcomes have been attained (or not). The Pre/Post Comparison Model examines pre- and post-program data to determine if positive change has occurred, and statistically examines any degree of change. Program evaluation techniques will not involve Quasi-Experimental or Experimental designs.

The independent evaluator has published a Final Summative Evaluation Report for Year 1, and thus far, an Interim Summary of Findings, as of the ninth-month mark, for Year 2. These reports are available to the Oregon Health Authority upon request.

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

For every SHARE Initiative project summarized below, the intended target population is comprised of a subset of general community members who have developed, or are at risk of developing, health disparities. The SHARE Initiative projects funded by Advanced Health do not target the CCO's members or OHP members, and will not track data according to those criteria.

Two of the five SHARE projects will be in their first year of SHARE funding and will be developmental in nature. For these two projects, time-framed process measures have been established and no outcome measures will be examined during their projects' first year. Representative process and outcome metrics for Year 3 are as follows:

For Curry Homeless Coalition

- 1.0 By not later than 31 August 2024, Curry Homeless Coalition will work at the community level to enter into escrow for the acquisition of real property, leading to the development of a permanent supported housing unit in Curry County, as will be verified by escrow documents.

For Coastal Families Relief Nursery

- 1.0 By not later than the conclusion of the first project period quarter, 29 February 2024, Coastal Families Relief Nursery will have hired a third qualified staff and opened a second age group (ages 1 to 2) additional capacity. The third qualified staff will allow the program to increase capacity for ages 2 to 3 years from four families to eight families, and for ages 1 to 2 years from zero families to six families, all served in the therapeutic model relief nursery. [Process Objective]
- 2.0 By not later than the conclusion of the second project period quarter, 30 April 2024, Coastal Families Relief Nursery's therapeutic classroom program will each enjoy at least an 80 percent utilization rate, as will be documented by the agency's internal data collection systems. [Process Objective]

For the Devereux Center

- 1.0 During the third project period, the Collective Impact Consortium, under the leadership of The Devereux Center, will provide 7,300 shelter nights in the Pallet Home community; 1,300 hours of intensive case management services; 7,300 hot meals; and at least 1,500 units of supportive services, on behalf of a minimum of 25 unduplicated Pallet Home residents, as will be documented by the Consortium's internal electronic data management systems. [Process Objective]

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

- 1.1 As a direct result of Objective 1.0, within six months of occupancy of a Pallet shelter, at least 80 percent of Pallet home community residents will have completed at least 80 percent of their initial and individually negotiated case management objectives, as will be documented by electronic care management records. [Outcome Objective]
 - 1.2 As a direct result of Objective 1.0 and 1.1, within nine months of occupancy of a Pallet shelter, at least 90 percent of Pallet home community residents will either: establish a new disability claim; enter, complete or maintain behavioral health treatment; secure employment; enter a formal or informal vocational training program; or demonstrate work-like or work-preparatory behavior through regular and meaningful volunteer work that creates positive community attachments, as will be documented by electronic care management records. [Outcome Objective]
 - 1.3 As a direct result of Objectives 1.0, 1.1, and 1.2, within twelve months of occupancy of a Pallet shelter, at least 95 percent of Pallet home community residents will secure permanent housing, as will be documented by the Consortium’s internal electronic data management systems. [Outcome Objective]
- 2.0 By no later than August 31, 2024, The Devereux Center, will have expended \$100,000 in SHARE Initiative capital resources to: (1) Retire the \$85,000 in debt resulting from the acquisition of permanent supported housing real property in 2023; or, (2) Renovate for habitation the permanent supportive housing real property acquired during 2022 and/or 2023; or, (3) Support the acquisition of real property in proximity to Coalbank Village in cooperation with the City of Coos Bay, or any combination of these, as will be documented by loan titles, purchase orders and corresponding cancelled checks, or escrow documents. [Process Objective]

For Coos Head Food Co-Op

- 1.0 By not later than 31 October 2024, to increase by at least 50 percent over the baseline established in January of 2023 for the Farm-to-School Expansion Program, the number of participating schools, number of participating students, number of participating volunteers, number of volunteer hours, and number of school gardens, and providing these data sets to Advanced Health [Outcome Objective].
- 2.0 By not later than 31 October 2024, to increase by at least 50 percent over the baseline established in 2023 for the Double-Up Food Bucks Program: the average number of monthly Double-Up Food Bucks program participants; the average monthly volume of pounds of produce distributed to program participants; and, the proportion of distributed produce that originates from local producers – all as will be documented by the Food Co-Op’s internal data collection systems [Outcome Measure].

Advanced Health 2023 SHARE Initiative Spending Plan (Year 3)

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



Advanced Health 2023 SHARE Initiative Budget

2023 SHARE Initiative spending approved by Advanced Health

Dec-23

Priority	Category	Organization	Amount Approved
Housing and Homelessness, Coos County	Built Environment	The Nancy Devereux Center (Capital)	\$ 100,000
Housing and Homelessness, Coos County	Economic Stability	The Nancy Devereux Center (Pallet Home Community)	\$ 128,000
Housing and Homelessness, Curry County	Built Environment	Curry Homeless Coalition	\$ 60,000
Food and Nutrition, Coos County	Economic Stability	Coos Head Food Co-op	\$ 86,000
Trauma-Informed Child Care, Coos County	Economic Stability	Coastal Families Relief Nursery	\$ 110,000
Program Evaluation (for all SHARE program awards)		Kathy R Ingram, PH.D., Inc	\$ 51,000
Total 2023 SHARE Initiative Spending			\$ 535,000