

## 2023 SHARE Initiative Detailed Spending Report CCO: InterCommunity Health Network CCO

**Instructions:** Describe all SHARE funds your CCO spent January 1–December 31, 2022. Submit your completed table to CCO.MCOTDeliverableReports@odhsosha.oregon.gov by June 30, 2023.

**Questions?** Please contact Transformation.Center@odhsosha.oregon.gov

Paid by [CCO or affiliate name]	Paid to [SDOH-E partner name or "CCO internal"]	Project, program or initiative associated with payment	Brief description of services or infrastructure to address SDOH-E <small>*See spending exclusions below</small>	Full amount designated to partner in 2021 SHARE spending plan and 2020 Exhibit L6.71	Full amount designated to partner in 2022 SHARE spending plan and 2021 Exhibit L6.71	Amount paid January 1–December 31, 2022	Note braided/supplementary funding from other sources, if applicable	Confirm spending has NOT (and will not) be counted as health-related services	Confirm spending was NOT on Medicaid covered benefits, including those in Oregon's Substance Use Disorder 1115 waiver
IHN-CCO/Samaritan Health Plans	SHS Research Institute	InterCommunity Health Research Institute	A collaboration to build a robust community partnership that leverages shared resources to support SDOH/E programs and resources.	-	125,856	115,368			
IHN-CCO/Samaritan Health Plans	Oregon State University	InterCommunity Health Research Institute	A collaboration to build a robust community partnership that leverages shared resources to support SDOH/E programs and resources.	-	100,000	100,000			
IHN-CCO/Samaritan Health Plans	Northwest Oregon Works	NW Oregon Works	Focuses on equitable hiring and outreach to support professional development of the non-dominant culture workforce; addresses pay equity to impact members with historical and intergenerational trauma, discrimination, and social exclusion.	-	250,000	250,000			
IHN-CCO/Samaritan Health Plans	Olalla Center	Brave Pathways Coalition	Establish regional coalition to address LGBTQ+ housing needs, provide resources and outreach to LGBTQ+ youth	\$60,000.00	-	64,688			
IHN-CCO/Samaritan Health Plans	Samaritan Health Services	Care Hub Respite Staffing	Develop and implement a tracking system for patients using medical respite services	\$90,000.00	-	75,000			
IHN-CCO/Samaritan Health Plans	Family Tree Relief Nursery	Hope Center Project	Develop and document peer services delivery model specific to Hope Center and East Linn County houseless community	\$123,750.00	-	123,750			
IHN-CCO/Samaritan Health Plans	Family Assistance and Resource Center Group	Sweet Home Sleep Center	Provide new techniques and technologies to create pathways from Low Barrier Sleep Center housing to Permanent Supportive Housing	\$149,097.50	-	149,098			
IHN-CCO/Samaritan Health Plans	ReConnections Counseling	ReConnections Counseling Supportive Housing	Wrap-around transitional housing support, case management, training, peer, & tenancy navigation for the unhoused people in motel rooms.	-	66,000	66,000			
				422,848	541,856	943,903			

\*SHARE dollars may not be spent on:

- Medicaid-covered services (a CCO may not count expenses that are factored into its global budget);
- Any covered services or 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);
- Any activities, projects or initiatives targeted exclusively at delivery of health care or expanding access to care;
- Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (LOS) — CCOs may not double-count spending;
- General administrative costs that are not directly related to a SDOH-E and/or health disparities initiative;
- General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison);
- Sponsorships or advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- Costs for SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary;
- Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions; or
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives).