2023 Annual SHARE Initiative Spending Plan Template

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*.

2022 SHARE Initiative Spending Plan Template

CCO name: Jackson Care Connect

CCO contact: Samantha Watson, Director, Community Health Partnerships

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.MCODeliverableReports@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)***
   $1,080,000

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.**

Project Title – Bridge Bed Program (Provider: ACCESS)

Activities Funded

This proposal acknowledges the importance of providing secure, temporary housing as a crucial measure when households that lack stability and have doubts about support systems make decisions about their recovery. It aims to secure funding for the immediate availability of 30 non-congregate bridge beds to households that have actively chosen to participate in case management and have a housing plan. This additional capacity will benefit Jackson County by making this service that is offered by ACCESS accessible to all service providers who are dedicated to ending homelessness in Jackson County through the ACCESS Outreach/Peer Support team.

ACCESS will assist 30 unsheltered households or 30 unsheltered individuals in obtaining and maintaining housing through a comprehensive plan utilizing outreach, case management, landlord engagement, financial assistance, service support, and partnerships in the community including with Fortify Holdings. As housing is not a one size fits all solution, ACCESS' landlord engagement staff will work closely with local landlords and the case management team in locating best-fit housing depending on a household's needs.

The services ACCESS will provide will support these households to move towards stability.

- Safe, non-congregate shelter.

- Regularly occurring check-ins with an ACCESS Peer Support.
- Collaborate within ACCESS services or with other agencies working with the household to ensure seamless services and help solve any potential issues.
- Refer participants to other ACCESS programs and external resources as appropriate.
- Serve as an advocate for participants and their families to help meet their housing goals.
- Remain connected to participants after exiting the program to offer additional support as needed.
- Support through positive social interactions with participants in one-on-one settings to build mutual trust and build positive relationships.
- Regular case conferencing with participants care team as approved by program participant.

Staffing:
The average caseload for a Peer Support Specialist is 15-20 depending on the acuity of caseload. The proposed staffing structure needed for program delivery is as follows:

- Outreach/Peer Support Program Manager – 0.25 FTE
- Lead Peer Support Specialist - .5 FTE
- Program Support Specialist - .5 FTE
- Peer Support/Outreach Specialists -3 FTE

ACCESS staff ensures comprehensive and appropriate services and referral through regular case conferencing and problem-solving strategies that include their network of specialist community partners. Some of these partners include Rogue Retreat, OHRA, Maslow Project, Community Works, Jackson County Housing Authority, Unete, ARC, Ontrack, Options, and many others. To further advance these coordinated care efforts, ACCESS is a coordinated care agency within the Connect Oregon initiative and works with local housing partners through Unite Us to help ensure individual and family needs are met in the most dynamic service delivery possible.

Populations Served – JCC members and individuals/households from the general community that have actively chosen to participate in case management and have a housing plan.

CHP/statewide priorities

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

JCC's SHARE initiative spending directly aligns with our regional CHIP, "All in For Health" in all four priority areas, including Housing for All, Behavioral Health, Parenting & Life Skills and Health Equity and the specific goals outlined below:

Housing:
Goal 2: Increase the percentage of individuals living in housing that is safe, accessible, and connected to community and services.

Behavioral Health:
Goal 1: Mitigate the effects of trauma.
Goal 3: Equip our community with the knowledge, tools, and resources to empathetically accept and help individuals in need of behavioral health support.
Goal 4: Prevent use and misuse of substances.
Goal 5: Reduce harm associated with mental health and substance use through use of community-wide approaches.
Goal 6: Ensure access and coordination of care for people impacted by mental health and substance use disorders.

Parenting and Life Skills:
Goal 1: Help families feel connected, cared for and strengthened.
Goal 3: Increase access to food, including healthy food.
Goal 4: Assure community-based organizations work together to deliver coordinated services.

Equity:
Goal 1: Remove barriers to accessing services and supports in our communities – especially those services intended to help our most vulnerable residents.

Immediate access to temporary housing addresses the urgent need for shelter, providing stability that enables individuals and families to focus on long-term solutions like employment and support services. It serves as a steppingstone, reducing the immediate stress of homelessness, and allowing individuals and families to engage with resources that facilitate their transition into more permanent housing. This stability often improves mental health, job prospects, and overall well-being, fostering a stronger foundation for individuals to regain housing stability, and improving health outcomes.

Access to temporary housing reduces stress and anxiety, positively influencing mental health outcomes. With a secure housing situation, individuals and families are more likely to address and manage health issues, access health care services, and adhere to treatment plans, contributing to an overall improvement in their wellbeing.

This program removes barriers to accessing services and supports by providing a comprehensive and integrated approach, with services embedded within the housing facility. This proximity eliminates logistical barriers, making it easier for individuals and families to access the help they need. Moreover, this model recognizes that individuals and families facing housing instability may have complex needs. By combining temporary housing with the support services that ACCESS is offering, it creates a holistic environment that addresses both immediate housing concerns and the underlying issues contributing to homelessness. This integrated approach helps break down silos between services, streamlining the process for individuals and families to access the support they require for a more stable and sustainable future.

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

This SHARE initiative aligns with the Healthier Together Oregon 2020-2024 SHIP priority area of Economic Drivers of Health and has the potential to positively impact issues related to housing by preparing individuals and families to enter housing programs. This initiative spending plan directly addresses the goal of ensuring “that all people in Oregon live, work and play in a safe and healthy environment and have equitable access to stable, safe, affordable housing, transportation and other essential infrastructure so that they may live a healthy resilient life”. Additionally, this initiative directly supports the Oregon Housing and Community Services Statewide Housing Plan 2019-2023, Homelessness priority, to “build a system in which every child has a safe and stable place to call home”.

Funding will allow individuals and families to engage in a safe temporary housing arrangement, development of a housing plan that may include referral into an existing supportive housing program. By addressing the participants immediate housing needs, additional systems can be engaged to create a longer-term solution to meet not only their housing but other identified supportive needs. The “bridge” we seek to create is to address both the immediate and long term needs of the participants. This SHARE funding proposal targets both the short-term housing costs and enhances the team of ACCESS to take on this additional capacity to serve theses participants.

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: ACCESS

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).**

ACCESS is a 47-year-old 501(c)3 nonprofit organization located in Jackson County, Oregon. Their mission is "Through partnerships and service, ACCESS provides food, warmth, and shelter to promote stability for vulnerable populations". In 1985, the State of Oregon designated ACCESS as the Community Action Agency for Jackson County. Today, they have grown to 120 employees and offer services in Jackson and Josephine Counties. They provide food programs, energy assistance, education programs, supportive services to Veterans, emergency and long-term rental assistance, housing stabilization programs, outreach programs, affordable housing, first-time home buyer assistance, weatherization programs, wildfire survivor services, and no-cost loans of durable medical equipment.

ACCESS is governed by and is accountable to a twelve (12) member Board of Directors. The Board of Directors employs an Executive Director who is responsible for the overall management of agency programs. At the top of their organizational structure, they have the Executive Leadership team which consists of our Executive Director, Chief Financial Officer, and seven (7) Department Directors. They are responsible for setting the overall strategic direction of the agency, making major decisions, and ensuring the agency's overall financial health and mission achievement.

Within each department, there are teams focused on specific functions or projects. These groups are led by team leaders and supervisors who report to the Department Manager. This structure allows for specialization and expertise in different areas while maintaining a coordinated approach toward achieving our goals. They also emphasize cross-functional collaboration and communication. This means that teams and individuals from different departments often work together on projects or initiatives, breaking down silos and promoting a holistic approach to problem-solving and innovation.

ACCESS has the infrastructure, partnerships, and systems in place to meet programmatic goals, maintain accountability, and change the lives of the families they serve. Although they have a diversified funding stream including fund raising events, private foundations, government grants, and private donors, their main sources of funding are the VA, Oregon Housing and Community Services (OHCS), the Oregon Food Bank, the Oregon Community Foundation, and Avista Utilities.

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.)

JCC's CAC approved housing as an area of focus for JCC's 2023 SHARE designation, and formally approved this partnership. ACCESS and JCC will collaborate with JCC's CAC to create a transparent and objective accountability and evaluation process focused on the outcomes outlined within the SHARE initiative. The role of the CAC will include the following:

- Assessing program progress in addressing community priorities as they relate to the Community Health Improvement Plan.
- Providing community and member perspective and advocacy for issues related to housing and other social determinants of health.
- Analysis of shared programmatic and outcome data.
- Periodic review of the project's plan and program updates to ensure activities continue to be consistent with long term goals.

Project updates will be provided to the CAC at least two times per year with an opportunity for bi-directional information sharing as the CAC gives input regarding current and future priorities of the SHARE initiative.

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.**

JCC is committed to understanding the impact of the CCO's investments in this project and will conduct evaluation and monitoring as appropriate. Jackson Care Connect and ACCESS will meet to formulate program evaluation, including the following:

- We will develop a logic model that includes the situation, inputs, activities, outputs and outcomes. This will help us understand the flow of the program, participants, resources, and evidence needed to be collected to identify programmatic outcomes.
- The logic model will lead us to the development of research questions that will help break down the specifics of evidence collected, in this case data about the members served through the SHARE Initiative program, to create visuals and analysis of what the program was able to accomplish. Both successes and barriers within the program can be identified through this process and help with making improvements in the future.
- We will implement an evaluation design matrix around data collection and evaluation, including research questions, key criteria and information, methods, and sources. Using the research questions created in the Evaluation Matrix Design we will then break down the questions for data collection and create a survey measurement tool.

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

    We do not anticipate that this project will require sharing personally identifiable information or electronic health records.

2022 SHARE Initiative Spending Plan Template

BUDGET

Start -Up Program Expenses			
Budget Item	**Cost**	**Quantity**	**Total**
Computers	$ 1,200	2	$ 2,400
Furniture	$ 1,100	2	$ 2,200
Misc Office Equipment	$ 100	2	$ 200
Software Licenses & Fees	$ 500	2	$ 1,000
Data Software Licenses and Fees	$ 750	2	$ 1,500
Training	$ 1,000	4	$ 4,000
Total			**$ 11,300**

Annual Budget - Staffing				
Staffing	**Wages**	**Fringe**	**Total**	**FTE**
Outreach/Peer Support Program Manager	$ 78,000	$ 27,300	$ 26,325	0.25
Lead Peer Support Specialist	$ 49,500	$ 17,325	$ 33,413	0.5
Program Support Specialist	$ 40,560	$ 14,196	$ 27,378	0.5
Peer Support/Outreach Specialist	$ 43,680	$ 15,288	$ 58,968	1
Peer Support/Outreach Specialist	$ 43,680	$ 15,288	$ 58,968	1
Peer Support/Outreach Specialist	$ 43,680	$ 15,288	$ 58,968	1
Total			**$ 264,020**	**4.25**

Annual Operating Costs Excluding Salaries			
Other Costs	**Monthly Cost**	**Frequency**	**Annual Total**
Facilities costs	$ 1,200	$ 12	$ 14,400
Copies & Printing	$ 200	$ 12	$ 2,400
Phones	$ 100	$ 12	$ 1,200
Travel & Auto Expenses	$ 250	$ 12	$ 3,000
Total			**$ 21,000**

Annual Client-Direct Budget			
Client Direct Expenese	**Monthly Cost**	**Frequency**	**Annual Total**
Bridge bed reservations	$ 55,000	12	$ 660,000
Emergency Supplies	$ 100	60	$ 6,000
Transportation assistance	$ 100	60	$ 6,000
Shelter Supplies	$ 215	60	$ 12,900
Total			**$ 684,900**

Program Admin Costs (10%)			**$ 98,122**
Total Program Costs			***$ 1,079,341***