2023 SHARE Initiative Detailed Spending Report
CCO: Yamhill Community Care

Instructions: Describe all SHARE funds your CCO spent January 1–December 31, 2022. Submit your completed table to CCO.MCODeliverableReports@odhsoha.oregon.gov by June 30, 2023.
Questions? Please contact Transformation.Center@odhsoha.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 *See spending exclusions below	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
Yamhill Community Care	Yamhill County Health and Human Services	Sheridan Housing Project	This project supports a capital build project to create 72 units of peer supported housing for individuals and families in recovery fom substance use disorder.	314,808	163,992	163,992	$3.5M in match and/or from other agencies/grants	☑	☑
Yamhill Community Care	Housing Authority of Yamhill County	Stratus Village Project	This capital build is designed to support low-income community members with 175 units of permanent affordable housing for individuals and families.	-	500,000	500,000	$28.4M in match and/or from other agencies/grants	☑	☑
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				314,808	663,992	663,992			

*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 (ILOS) — 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).