
Supporting Health for All through REinvestment (SHARE)

2022 spending plan summary

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Oregon
Health
Authority



ORPRN

*Oregon Rural Practice-Based
Research Network*

Today's presenters

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Agenda

- Overview of SHARE
- SHARE spending: 2021 and 2022
- SHARE social determinants of health and equity (SDOH-E) partnerships
- SHARE projects
- Community health improvement plan (CHP) alignment
- Community advisory council (CAC) involvement

SHARE overview

SHARE comes from the legislative requirement that CCOs invest some of their profits back into their communities.

The goals of SHARE are to:

- Safeguard public dollars by requiring that a portion of CCO profits are reinvested in their communities.
- Improve CCO member and community health by requiring reinvestments go towards upstream non-health care factors that impact health (for example, housing and food).

SHARE requirements

- Spending must fall within social determinants of health and equity (SDOH-E) domains and include spending toward a statewide housing priority.
- Spending priorities must align with community priorities from community health improvement plans (CHPs).
- A portion of funds must go to SDOH-E partners.
- CCOs must designate a role for their community advisory councils (CACs) related to SHARE Initiative spending decisions.

SHARE report

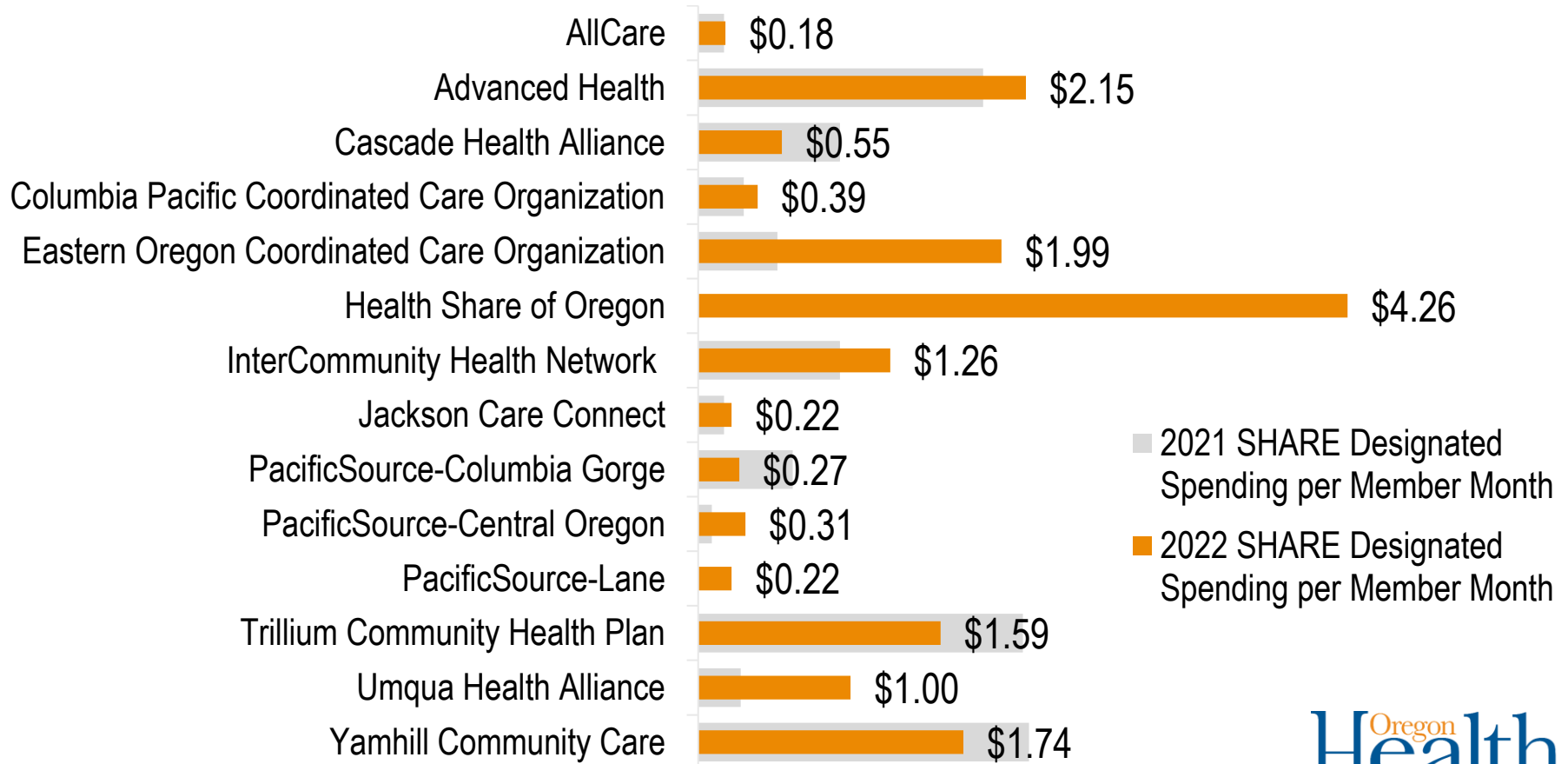
- Today's webinar presents findings from a report that compiled information from CCOs' submitted SHARE plans (December 2021 and December 2022).
- SHARE is not the only way that CCOs invest in SDOH-E in their communities.
- If CCOs were required to submit a SHARE spending plan last year (2022), the spending amount was not prescribed by OHA (spending formula goes into effect this year).

Total CCO SHARE spending amounts

SHARE designation year	2021	2022
Number of CCOs participating in SHARE	13	15
Total SHARE designations (all CCOs)	\$4,062,545	\$26,885,457
Smallest CCO designation amount	\$57,992	\$48,578
Largest CCO designation amount	\$750,000	\$19,855,000
Average designation amount per member month	\$0.85	\$1.15

Note: This chart includes designations for each year, not actual spending. CCOs have three years to spend each year's designation.

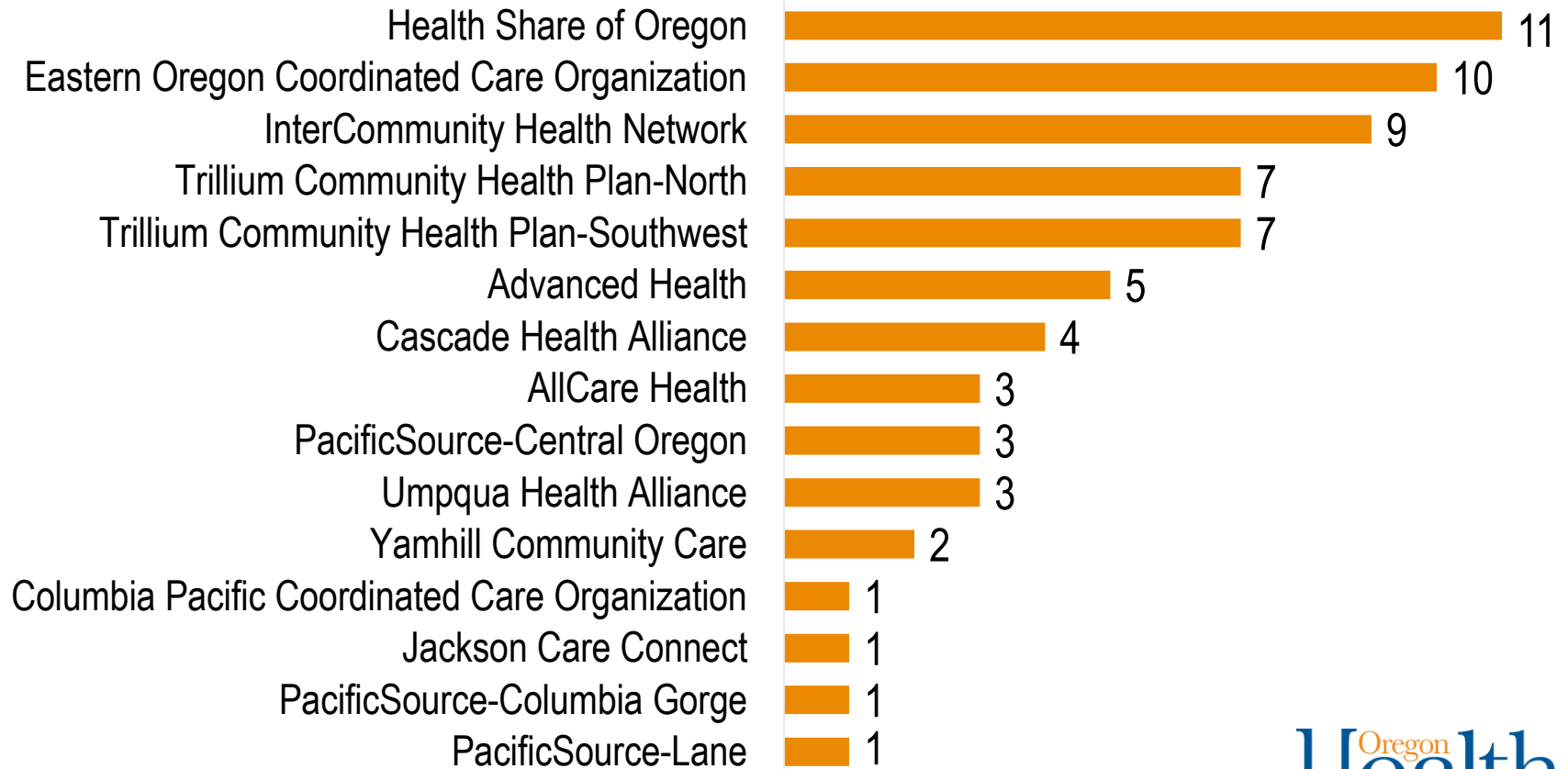
CCO spending per member month



Number of SDOH-E partnerships

SHARE designation year	2021	2022
Total SDOH-E partners for all CCOs	45	68
Smallest SDOH-E partner award	\$600	\$3,500
Largest SDOH-E partner award	\$435,192	\$7,600,000

Number of SDOH-E partnerships by CCO



CCO SDOH-E partner selection

- **Five** CCOs used open, competitive request for proposal processes to select partners (RFPs).
- **Two** CCOs used an invited RFP application process.
- All other CCOs had staff or the governing board select projects based on input from the CAC, CHP priorities and/or prioritization of specific populations experiencing health inequities.
- At least 17 SDOH-E partners received a continuation of funding from the prior year.

SHARE project SDOH-E domains

SDOH-E domain	Number of projects (68 total)
Economic stability	43
Neighborhood and built environment	36
Education	17
Social and community health	46

Note: SHARE Initiative projects can fall within multiple domains.

SHARE project types



Housing-related SHARE projects



Project type	Number of projects (33 total)
Housing supports and services	23
Permanent supportive housing	5
Transitional housing	10
Affordable housing	2
Emergency shelter	14
Other	3

SHARE housing activities funded



Housing activities funded by CCO	Number of projects
Capital expenses	13
Renovations or remodels	9
Data or evaluation	4
Organizational capacity building	18

Populations served through SHARE

Population	Number of projects
People with health-related social needs, including people experiencing homelessness, unstable housing, or housing insecurity; people facing food insecurity; or with lower incomes	43
Pregnant people, children and youth	15
People of color, communities of color, including Black/African American, Latinx/o/a	10
People experiencing behavioral health concerns	7
Federally recognized Tribes of Oregon	5
People identified as having a disability, including people living with HIV	5

Note: SHARE Initiative projects can address multiple populations.

SHARE alignment with community health improvement plans (CHPs)

- All CCOs aligned their SHARE plans with their CHPs.
- Across CCOs, CHP priorities were similar, with housing, behavioral health and food access being the most commonly cited for SHARE.
- Other CHP priorities included Access to Care, Economic Stability, Family and Parenting Supports, Physical Health, Health Equity, SDOH-E and Transportation.

Community advisory council (CAC) involvement with SHARE

- The CAC was consulted for feedback (87 percent).
- The CAC determined the SHARE priority areas (53 percent).
- The CAC made final project funding decisions and/or recommendations to the CCO board (53 percent).
- The CCO described a plan for engaging the CAC in ongoing monitoring of SHARE (53 percent).
- The CAC created/approved the overall SHARE decision-making process (13 percent).

Highlights and opportunities

- There was a five-fold increase in spending overall in 2022.
- Many CCOs are investing in partners long-term.
- Housing is a SHARE priority for CCOs .
- Community engagement in SHARE varies across CCOs.
- There are some challenges in securing formal SDOH-E partner agreements.
- Some CCOs are aligning SHARE with other Medicaid programs/requirements.

Recommendations for OHA

- Continue to update SHARE guidance to clarify statewide priorities and requirements.
- Adapt templates to reduce CCO reporting burden and improve evaluation opportunities.
- Continue to provide technical assistance for CCOs for SHARE plan development and innovation.
- Provide frequent and clear communication and guidance to CCOs about the planning and implementation of the Medicaid-covered benefits under the transitions program of the new 1115 Medicaid waiver as it relates to SHARE.

Recommendations for CCOs

- Allow ample time for finalizing agreements with SDOH-E partners.
- Within the housing priority area, begin to shift from more short-term solutions to more long-term solutions.
- Over time, shift the CAC's role in decision-making about SHARE spending to become more collaborative than consultative.
- Allow ample time to scale up programs to anticipate larger spending amounts in 2023 (if applicable).
- Ensure 2023 spending plans account for changes in Medicaid-covered benefits under the transitions program of the new 1115 waiver starting in 2024.

Questions for CCOs

- What questions does the information shared today raise for you?
- From the information shared today, what new ideas do you have for the next SHARE plan that would center health equity?
- What other information do you need?



For more information

View the full [SHARE spending plan summary](#).

For reporting guidance and individual CCO spending plans, see the [OHA SHARE webpage](#).

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