

Supporting Health for All through REinvestment (SHARE) 2023 Spending Plan Summary

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Authority



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Oregon Rural Practice-Based
Research Network



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Acknowledgments

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Executive summary

SHARE Initiative background and requirements

The **Supporting Health for All through REinvestment (SHARE) Initiative** comes from a legislative requirement for coordinated care organizations (CCOs) to invest some of their profits back into their communities. After meeting minimum financial standards, CCOs must spend a portion of their net income or reserves on efforts to address health inequities and social determinants of health and equity (SDOH-E). SHARE Initiative spending must:

- Align with community priorities from CCOs' community health improvement plans (CHPs)
- Include a role in spending decisions for CCOs' community advisory councils (CACs)
- Fund partnerships with community organizations or agencies called SDOH-E partners
- Meet OHA's definition of SDOH-E and address at least one of four SDOH-E domains
- Include spending toward a statewide housing priority

2023 was the third year of the SHARE Initiative and the first year CCOs had a minimum amount they were required to spend on SHARE based on their profits and reserves (in the first two years, CCOs could choose how much to spend on SHARE). CCOs submit a SHARE spending plan to OHA annually. The spending plan describes how the CCO will spend SHARE dollars in its community and includes SDOH-E priorities, partners, proposed budgets and other information.

Document purpose

This document provides an overview of CCOs' SHARE Initiative spending plans submitted in 2023, with a goal of increasing transparency and awareness of CCO community spending. The document also may provide CCOs with examples to support future SHARE Initiative spending. This summary is compiled from information reported in CCOs' SHARE spending plans and may not reflect every aspect of CCOs' individual SHARE processes. This summary does not reflect all CCO spending on social determinants of health, such as CCO spending through health-related services or other CCO programs.

Highlights of summary and analysis

Key findings of this 2023 SHARE spending plan summary include the following:

- All 16 CCOs were required to participate in SHARE based on their 2022 profits or reserves.
- CCOs contributed \$31,435,943 to SHARE (an increase of \$4,550,486 from 2022), continuing an upward trend to address SDOH-E.
- Nine CCOs contributed more money to SHARE than required.
- On average, CCOs spent \$2.74 per member month on SHARE, an increase from \$1.21 per member month in 2022.
- CCOs funded 115 SDOH-E partners through SHARE, compared with 73 SDOH-E partners in 2022 and 45 in 2021.

- Over half of the 118 SHARE projects focused on the statewide priority of housing, reflecting an investment of \$16,055,775.
- After housing, the next three most common topics CCOs supported through SHARE were food access, community well-being and family education and supports.
- The most common activities CCOs funded through SHARE were building organizational capacity, buying property (land, buildings, vehicles, etc.) and improving property (renovations, accessibility features, repairs, etc.).

Background

Introduction to SHARE

The SHARE Initiative was developed by the Oregon Health Authority (OHA) to implement the legislative requirements in enrolled Oregon House Bill 4018 (2018). The primary goals of the SHARE Initiative are to:

- Protect public dollars by requiring CCOs to reinvest a portion of their profits in their communities; and
- Improve CCO member and community health by requiring that reinvestments go toward upstream, non-health care factors that impact health (for example, housing, food, transportation, education or civic engagement).

SHARE requirements

SHARE Initiative dollars, as defined by state law and [Oregon Administrative Rule](#) (OAR), must meet the following minimum requirements:

1. Fit into at least one of four SDOH-E domains (economic stability, neighborhood and built environment, education, and social and community health) and include spending toward a statewide housing priority.
2. Align with community priorities in the CCO's current community health improvement plan (CHP).
3. Define a role in spending decisions for the CCO's community advisory council (CAC).
4. Include a portion of dollars that is invested directly to SDOH-E partners.

These program requirements were informed by the Oregon Medicaid Advisory Committee definition of and recommendations on social determinants of health as well as the Oregon Health Policy Board's policy recommendations. Guidance and definitions can be found in the [2024 CCO contract](#), [OAR 410-141-3735](#) and on OHA's [SHARE Initiative webpage](#).

SHARE Initiative spending is in CCO contracts and is legislatively required for CCOs that exceed financial requirements. In the first two years of the SHARE Initiative (2021 and 2022), CCOs chose how much to contribute to SHARE. Beginning in 2023, Oregon requires SHARE spending

of zero to 20 percent of CCOs' adjusted net income based on a set formula (see ["SHARE minimum spending formula" section of SHARE guidance](#)). CCOs may contribute more than the minimum amount set by the formula. If a CCO does not exceed minimum financial requirements, they are not required to participate in the SHARE Initiative for that year.

SHARE reporting

CCOs submit an annual SHARE spending plan to OHA by December 31 to describe how their current year's SHARE dollars will be spent. The spending plan includes SDOH-E priorities, partners, proposed budgets and other information required by contract. OHA reviews CCO spending plans for compliance with CCO contract requirements. CCOs have three years to spend down SHARE dollars as detailed in their plans. The information provided in this report was compiled from 2023 CCO SHARE spending plans; additional information from prior SHARE plans is included for comparison.

Context of SHARE

The SHARE Initiative is part of a larger trend across state and federal agencies that connects health care and social service systems by directing state and federal dollars to address SDOH-E. In recent years, the Centers for Medicare and Medicaid Services has released guidance that lay the foundation for addressing SDOH-E through various policy and funding approaches. Oregon is taking a multi-strategy approach to community-driven partnerships and spending.

The SHARE Initiative is one way CCOs address SDOH-E, health inequities and the social needs of their members and communities. Oregon's approach has provided CCOs multiple pathways to address SDOH-E. In addition to the SHARE Initiative, [health-related services](#), the [SDOH screening and referral incentive measure](#) and [health-related social needs services](#) offered through Oregon's 1115 demonstration waiver are all opportunities to invest in the conditions that impact health.

See [Appendix A](#) for a list of terms and definitions frequently used throughout this spending plan summary.

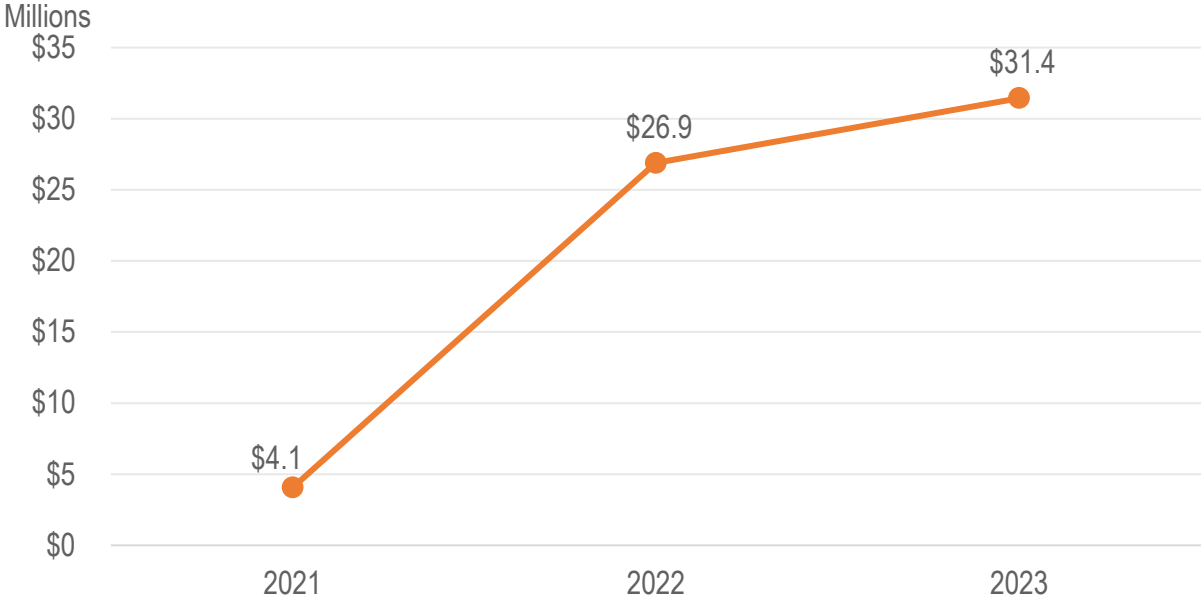
2023 SHARE Initiative spending plans

2023 SHARE commitments

All 16 CCOs were required to participate in SHARE in 2023, due to annual net income or reserves that were higher than their financial requirements. 2023 was the first year CCOs had a minimum amount they were required to contribute to SHARE. CCOs submitted spending plans that described how their current year's SHARE funds will be spent. CCOs have three years to spend their committed SHARE dollars.

In total, in 2023 CCOs committed \$31,435,943 to be reinvested into their communities through SHARE, continuing an upward trend since the SHARE Initiative began. This is a 17 percent increase from 2022 (\$26,885,457) and 674 percent increase from 2021 (\$4,062,545). These increases in each of the first three years were in part because of the SHARE Initiative moving from voluntary spending to required minimum spending. See Figure 1 below for CCOs’ overall SHARE commitments by year.

Figure 1. Overall SHARE commitments by year (shown in millions of dollars)



While 2023 was the first year of required minimum spending amounts and full CCO participation in SHARE, many CCOs have invested in SDOH-E beyond requirements. In 2023, nine CCOs contributed more to SHARE than required, totaling \$694,735. In addition, several CCOs voluntarily participated in prior years of SHARE, and CCOs commonly invest in SDOH-E outside of SHARE. See Table 1 for a summary of SHARE amounts by year.


Table 1. Summary of overall SHARE commitments by year

	2021	2022	2023
Number of CCOs participating in SHARE	13	15	16
Total CCO SHARE commitment	\$4,062,545	\$26,885,457	\$31,435,943
Smallest CCO commitment	\$57,992	\$48,578	\$236,120
Largest CCO commitment	\$750,000	\$19,855,000	\$10,629,052

SHARE amounts by individual CCOs ranged from \$236,120 to \$10,629,052. From 2022 to 2023, 15 of 16 CCOs increased their SHARE commitments. See Table 2 for CCO SHARE commitments and trends across years.

Table 2. CCO SHARE commitments by year; CCO spending trend across years

CCO	2021	2022	2023	Trend
Advanced Health	\$500,000	\$650,000	\$535,000†	
AllCare CCO	\$100,000	\$100,000	\$2,702,893†	
Cascade Health Alliance	\$225,000	\$150,000	\$590,000†	
Columbia Pacific CCO	\$100,000	\$150,000	\$961,400†	
Eastern Oregon CCO	\$342,229	\$1,500,000	\$1,946,399†	
Health Share	\$ - *	\$19,855,000	\$10,629,052†	
InterCommunity Health Network	\$689,019	\$1,076,144	\$2,515,051†	
Jackson Care Connect	\$100,000	\$150,000	\$1,080,000†	
PacificSource: Central Oregon	\$57,992	\$238,843*	\$919,253	
PacificSource: Columbia Gorge	\$98,305	\$48,578*	\$236,120	
PacificSource: Lane	\$ - *	\$200,500*	\$906,384	
PacificSource: Marion Polk	\$ - *	\$ - *	\$407,427	
Trillium: Lane	\$558,783	\$500,000	\$2,890,669	
Trillium: Tri-County	\$441,217	\$502,400*	\$904,607	
Umpqua Health Alliance	\$100,000	\$400,000	\$2,182,398†	

Yamhill CCO	\$750,000	\$663,992	\$2,029,290	
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*SHARE participation not required

†SHARE commitment exceeded required SHARE amount (only applies to 2023)

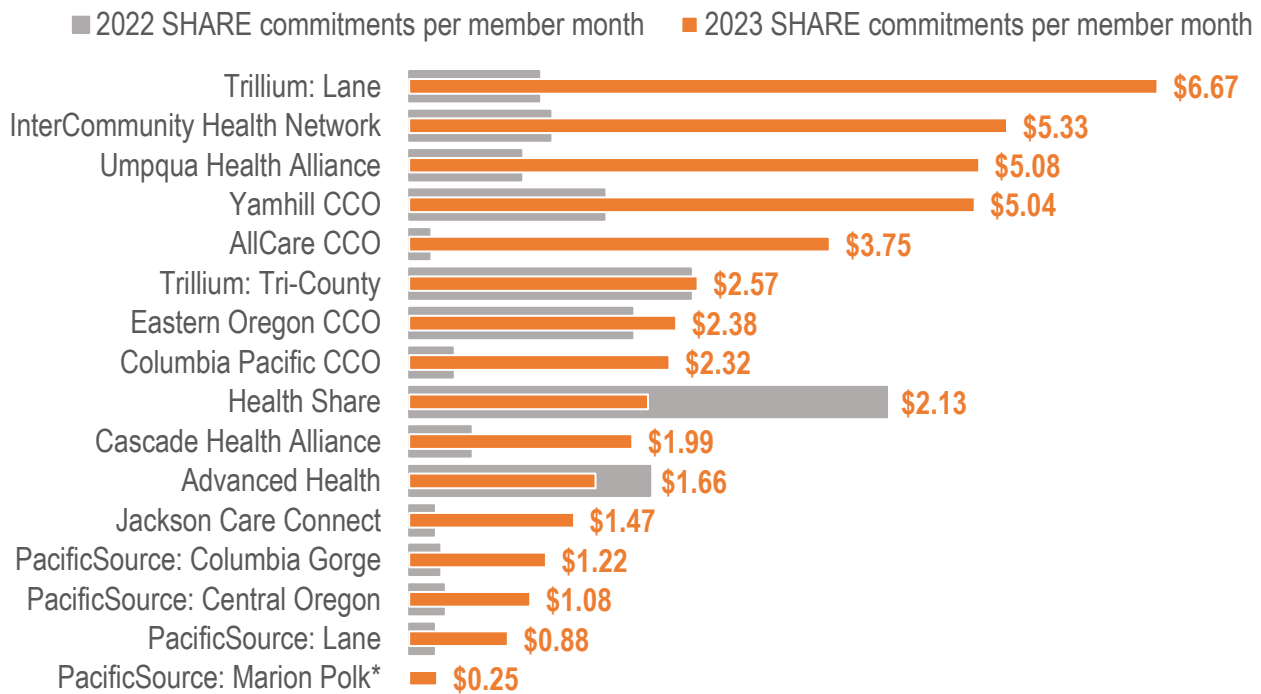
Overall, 2023 CCO SHARE commitments translated to an increased investment per member, as measured in member months, compared to 2022. A member month refers to the total number of months Oregon Health Plan members were enrolled in a CCO's Medicaid plan. Due to the large variation of total member enrollment across CCOs, and because many members within a CCO are not continuously enrolled, member months are used to calculate SHARE spending in a consistent, comparable way across CCOs. 2023 SHARE commitments averaged \$2.74 per member month, which continued the upward trend (shown in Table 3) since the SHARE Initiative began.

Table 3. Average SHARE commitment per member month by year

	2021	2022	2023
Average commitment per member month	\$0.85	\$1.21	\$2.74

Figure 2 compares 2022 and 2023 SHARE commitments per member month by CCO. Since SHARE plans are based on the CCOs' prior year financials, 2021 and 2022 member months were used to calculate amounts for 2022 and 2023 plans, respectively.

Figure 2. 2022 and 2023 CCO SHARE commitments per member month



*PacificSource: Marion Polk was not required to participate in SHARE in 2022.

SDOH-E domains

SHARE Initiative spending must meet OHA’s definition of SDOH-E (as defined in [Appendix A](#)) and address at least one of four SDOH-E domains: economic stability, neighborhood and built environment, education, and social and community health.

Across 2023 SHARE spending plans, 76 percent of SHARE projects addressed more than one SDOH-E domain. Social and community health was the most common SDOH-E domain addressed in 2023 SHARE spending plans, with 75 percent of projects addressing this domain, followed by economic stability (72 percent), neighborhood and built environment (60 percent) and education (29 percent). See Table 4 for the number of projects addressing each SDOH-E domain.

Table 4. 2023 SHARE projects by SDOH-E domains addressed*

SDOH-E domain	Number of projects
Social and community health	88
Economic stability	84
Neighborhood and built environment	71
Education	34

*SHARE Initiative projects can fall within multiple domains.

SDOH-E partners

SHARE Initiative spending should be used to engage and support organizations trusted in their communities to address SDOH-E and work for policy and systems change. CCOs must invest a portion of SHARE dollars directly into these organizations, called SDOH-E partners. The number of partners each CCO funds through SHARE is decided by the CCO and depends on the CCO's community investment strategy.

CCOs reported 115 unique SDOH-E partners in 2023 SHARE spending plans, a 58 percent (42 partners) increase from 2022 plans. 2023 SDOH-E partners included a variety of community-based nonprofit organizations, clinics, health systems and behavioral health providers, local government agencies and the Nine Federally Recognized Tribes of Oregon. The number of partners by individual CCOs ranged from one to 30, and investments in individual SDOH-E partners ranged from \$9,000 to \$3,729,053. See Table 5 for a comparison of total SDOH-E partners by year and [Appendix B](#) for a list of each CCO's partners and projects.

Table 5. SHARE SDOH-E partners by year

	2021	2022	2023
Total CCO SDOH-E partners	45	73	115
Smallest SDOH-E partner award	\$600	\$3,500	\$9,000
Largest SDOH-E partner award	\$435,192	\$7,600,000	\$3,729,053

Choosing SDOH-E partners

Across CCOs and within individual CCO 2023 SHARE plans, CCOs used a variety of approaches to choose SDOH-E partners. Aside from the thirteen SDOH-E partners who received continued funding from 2022, most 2023 partners were new SHARE funding recipients.

Six CCOs used a request for proposals (RFP) process as their only approach to choosing new partners; three CCOs used an open, competitive RFP process; and three CCOs invited potential SDOH-E partner(s) to submit proposals. For five CCOs, all new SDOH-E partners were chosen outside a formal proposal process and determined by either CCO leadership or their CACs. Four CCOs used a mix of these approaches, having either their leadership or CAC choose a portion of SDOH-E partners and determining the remaining partners through an RFP process. One CCO's selection process was not clearly described.

All CCOs considered alignment with CHPs and other health equity efforts and involved CACs, specialized CCO staff task forces or local community health partnerships to choose their SDOH-E partners. See the [CAC role](#) and [CHP priorities](#) sections for more detail.

Several CCOs made efforts to raise awareness about and improve the access to SHARE funding opportunities across their regions, often in collaboration with their CAC, with the goal of expanding reach, increasing equity and reducing the administrative burden on potential SDOH-E partners. Some CCO efforts included:

- Promoting opportunities through local media, email distribution lists, newsletters, CACs, local community health partnerships, regional councils and other channels.
- Hosting technical assistance sessions during the application period for partners to better understand SHARE and to consult on applications.
- Offering one universal grant application for all potential CCO funding opportunities, including SHARE, to simplify the application process.
- Keeping the application window for SHARE funding open year-round for partners to apply at their own pace.
- Requesting a letter of intent for initial screening of project proposals before inviting a full proposal to reduce administrative burden on partners.

SHARE projects

2023 SHARE spending plans included 118 unique projects. The number of projects within individual CCO SHARE plans varied, ranging from one to 27 projects. The number of SHARE projects differs from the number of SDOH-E partners, as some projects included more than one SDOH-E partner, and some SDOH-E partners were involved in multiple projects.

See [Appendix B](#) for a full list of CCOs’ 2023 SHARE projects, including project summaries, SDOH-E partners and investment amounts.

2023 SHARE projects were qualitatively analyzed to understand projects’ 1) focus areas and 2) specific activities or efforts. Most 2023 SHARE projects focused on housing, food and community well-being, and 25 percent of projects addressed more than one focus area. See Table 6 for focus area descriptions and examples.

Table 6. SHARE project focus areas with descriptions and examples†

Category	Description and examples
Housing	64 projects* include any aspect or type of housing, including permanent supported housing, housing supports and services, affordable or transitional housing, shelters and emergency stays. See below for further detail and examples of housing-related SHARE projects.

Food	<p>26 projects* address food access, security and nutrition. Examples include:</p> <ul style="list-style-type: none"> • Purchasing a vehicle to launch mobile food pantry program • Remodeling community commercial kitchen space • Implementing a Veggie Rx program • Nutrition education community outreach campaign
Community well-being	<p>25 projects* address community-wide well-being, including educational and preventive programs focused on health, connection and/or wellness. Examples include:</p> <ul style="list-style-type: none"> • Developing a county-wide program to combat health inequities and address SDOH-E • Renovating a community arts facility • Establishing a nonprofit cooperative community center • Culturally appropriate life skills and self-sufficiency training
Family education and supports	<p>22 projects* support education and resources for children and families. Examples include:</p> <ul style="list-style-type: none"> • Parenting education for resource families with children in foster care • Expanding an early learning center and childcare facility • Operating costs for a relief nursery • Youth programming to promote academic success and healthy lifestyles
Behavioral health	<p>17 projects* support the behavioral health sector, excluding Medicaid covered services. Examples include:</p> <ul style="list-style-type: none"> • Establishing a behavioral health crisis center • Staffing costs for a community counseling program • Renovating a facility that hosts addiction and substance use recovery support services
Other	<p>4 projects* address other areas not described in categories above. One example is free and reduced-cost annual transit passes for low-income community members.</p>

*Projects can address more than one category.

†At the time of plan submission, a small portion of committed spending was unallocated; upon resubmission of SHARE plan(s) in later 2024, this summary report will be updated to reflect changes.

Activities funded

Beyond the categories of projects described above, the projects were analyzed by the type of activity or effort funded. For example, a CCO could support organizational capacity building activities for multiple focus areas (housing, behavioral health, etc.). For 28 percent (33 projects) of 2023 SHARE projects, SHARE funding supported more than one project activity. The most common activity funded in 2023 SHARE projects was organizational capacity building, with 62

percent (74 projects) using funds to continue or expand service through operating, staffing or administrative costs. The second most common use of funding was capital expenses, or funding to buy or improve property such as land, buildings or vehicles. Specifically, 35 percent (41 projects) used SHARE funding for new property, and 24 percent (28 projects) used funds to improve current property. Other activities funded in 2023 SHARE plans included workforce training and data sharing or analysis. See Table 7 for activities funded through 2023 SHARE plans.

Table 7. Activities funded through 2023 SHARE plans*

Activity funded	Description and examples
<p>Organizational capacity building</p>	<p>74 projects* include funds to sustain or build an organization’s or project’s ability to serve, including general program implementation, operation or expansion costs. Examples include:</p> <ul style="list-style-type: none"> • Expansion of Double-Up Food Bucks program, doubling the value of healthy produce vouchers at local farmer’s markets • Re-establishment of rent, utility and move-in assistance • Staffing of social resource navigation services • Program costs to offer daily, year-round early learning classes • Establish Medicaid billing capacity for traditional health worker services
<p>Capital expenses: new property</p>	<p>41 projects* cover all or a portion of costs to buy or construct new property, such as land, housing, buildings, vehicles, technology and other significant assets. Examples include:</p> <ul style="list-style-type: none"> • Down payment and closing costs of a house to use as transitional housing • Purchase of land to construct new affordable housing units • Construction and development of an early learning center • Refrigerated truck and freezer for a food access program • Passenger van to transport community members to appointments, interviews and classes • Computers, video cameras and technology support software for senior center members
<p>Capital expenses: property improvements</p>	<p>28 projects* include funds to improve the quality or functionality of property, including renovations, remodels or repairs to current housing, buildings and other significant assets. Examples include:</p> <ul style="list-style-type: none"> • Remodel of hotels into transitional housing • Renovations of multi-unit housing complexes to meet housing quality standards • Commercial kitchen renovations • Electrical and plumbing costs for low-barrier housing units

	<ul style="list-style-type: none"> • Accessibility improvements to a 23-hour stabilization center • Expansion of food pantry’s storage and office space • Replacement of damaged flooring at a youth arts center • Home repairs and remediation services
Workforce training and development	<p>9 projects* include funds to provide staff training or professional development to improve equity or connections to SDOH-E supports. Examples include:</p> <ul style="list-style-type: none"> • Traditional health worker certifications • Community health worker training courses • Health and safety trainings for community providers • Diabetes Prevention Program provider training and certification • Restorative justice training
Data sharing and analysis	<p>5 projects* include funding to launch data sharing platforms or evaluate health and/or project data. Examples include:</p> <ul style="list-style-type: none"> • Analysis of gaps and inefficiencies of food pantry operations • Evaluation of food sovereignty needs for an urban American Indian and Alaska Native population • Monitoring and evaluation of SHARE projects • Implementation of data sharing software and referral workflows • Purchase of tracking software for housing support program

*Projects can fund more than one activity.

Alignment with state and community priorities

Housing as a SHARE priority

CCOs are required to designate a portion of their SHARE funds toward the statewide housing priority of housing-related services and supports, identified during the CCO 2020–2024 contract policy engagement period. Following a similar trend to 2022, housing was the leading category of 2023 SHARE projects, with a little over half of 2023 SHARE projects related to housing. Reflective of the increase in total number of projects, the number of housing-related SHARE projects almost doubled, jumping from 33 to 64 projects. These housing projects totaled \$16,005,775, though some of the projects also included non-housing related aspects. One example of this is the remodel of low-barrier housing units, a community kitchen and food pantry, addressing both food and housing within one project. Another example is a project that installed showers and bathrooms at an emergency shelter and expanded a peer support services recovery program, addressing housing and behavioral health.

Of housing-related projects, 69 percent included housing services and supports, or services that help people find and maintain stable and safe housing. Transitional housing was the second largest category of housing-related projects with 31 percent (20 projects), followed by 27 percent

(17 projects) related to affordable housing. Approximately 41 percent of housing-related projects (26) addressed more than one housing area. Table 8 below shows the types of housing addressed through CCOs' housing-related SHARE projects. See Table 9 for descriptions and examples of these housing project types.

Table 8. Housing project type(s) by CCO

CCO	Services and supports	Transitional housing	Affordable housing	Emergency shelter	Permanent supportive housing	Total SHARE funding of housing-related projects (\$)*
Advanced Health	✓	✓	✓		✓	\$339,000
AllCare CCO	✓	✓	✓	✓		\$1,980,883
Cascade Health Alliance	✓	✓	✓			\$590,000
Columbia Pacific CCO	✓	✓	✓	✓		\$960,000
Eastern Oregon CCO	✓	✓	✓	✓	✓	\$623,687
Health Share		✓		✓		\$1,500,000
InterCommunity Health Network	✓	✓	✓	✓	✓	\$2,169,482
Jackson Care Connect	✓	✓				\$1,080,000
PacificSource: Central Oregon	✓		✓		✓	\$919,253
PacificSource: Columbia Gorge	✓	✓		✓		\$200,000
PacificSource: Lane	✓		✓			\$441,012
PacificSource: Marion Polk	✓	✓	✓			\$307,427
Trillium: Lane	✓				✓	\$1,888,414

Trillium: Tri-County	✓					\$200,000
Umpqua Health Alliance	✓	✓	✓			\$2,007,436
Yamhill CCO	✓	✓	✓		✓	\$849,181
Number of SHARE projects*	44	20	17	9	6	\$16,055,775

*Projects can address more than one housing category and include aspects unrelated to housing.

Table 9. Descriptions and examples of housing-related project types

Housing project type	Description and examples
Affordable housing	<p>Housing that costs no more than 30 percent of tenants' gross household income for rent and utilities, as defined by U.S. Department of Housing and Urban Development (HUD). Examples include:</p> <ul style="list-style-type: none"> • Remodel of multi-unit affordable housing complexes to meet HUD quality standards • Down payment on a 10+ bedroom home to provide affordable housing for seniors (aged 55 and up) and individuals with disabilities • Redevelopment of 77 affordable manufactured homes previously destroyed by wildfires
Emergency shelters	<p>Facilities that provide temporary shelter for people experiencing homelessness, as defined by HUD. Examples include:</p> <ul style="list-style-type: none"> • Bathroom and shower renovations at a low-barrier shelter • Operational expenses for an emergency shelter and hygiene center • Hotel vouchers for severe weather events and individuals awaiting housing placement • Staffing and utility costs for a daytime warming and cooling center
Permanent supportive housing	<p>Permanent supportive housing combines lease-based, affordable housing with tenancy supports and other voluntary services to better serve the most vulnerable populations, as defined by OHA. This includes people who are houseless or at risk of becoming houseless and people who are institutionalized or at risk of institutionalization. Permanent supportive housing generally refers to a specific building or site dedicated to providing deeply affordable housing paired with housing supports. Examples include:</p> <ul style="list-style-type: none"> • Constructing scattered-site permanent supportive housing (multiple single-family buildings or very small multifamily buildings located throughout a community) • Transforming former hotel into permanent supportive housing units • Accessibility improvements and furnishing units

	<ul style="list-style-type: none"> Property purchase for an adult foster home that will offer culturally appropriate medical and personal care services Staffing and operating costs for permanent supportive housing facility that provides tenant-based affordable housing and supportive services
Services and supports	<p>Services and supports that help people find and maintain stable and safe housing, as defined by OHA. Examples include:</p> <ul style="list-style-type: none"> Community health worker outreach and housing navigation services Tenant education for eviction prevention Culturally specific financial literacy and homeowner education courses Substance use and mental health counseling provided to youth in transitional housing Home improvement, weatherization and remediation services Rent and utility support for households experiencing financial stress
Transitional housing	<p>Housing for individuals or families experiencing houselessness to provide interim stability and support to successfully move to and maintain permanent housing, as defined by HUD. Examples include:</p> <ul style="list-style-type: none"> Creating substance use disorder transitional housing units with wraparound services for individuals in early recovery Developing transitional living program and facility for youth (ages 26 years and younger) Property improvements to a transitional housing site Accessibility renovations of facility that provides stabilization beds for recuperation post-hospital discharge for those experiencing houselessness

Like funding trends across all SHARE projects, housing projects most frequently included funding for organizational capacity building. Examples include staffing costs for recovery support at sober housing, housing support programs' operating costs and planning expansion of a new housing development. Eleven CCOs' housing projects supported capital expenses, such as purchasing property for affordable housing, constructing new transitional housing units or renovating current housing facilities or homes. See the types of housing-specific activities funded in 2023 SHARE plans by CCO in Table 10 below.

Table 10. Housing activities funded by CCO*

CCO	Organizational capacity building	Capital expenses: acquisition	Capital expenses: improvements	Workforce training and development	Data sharing, evaluation
Advanced Health	✓	✓			✓
AllCare CCO	✓	✓	✓		

Cascade Health Alliance	✓	✓	✓		
Columbia Pacific CCO	✓		✓	✓	✓
Eastern Oregon CCO	✓	✓	✓		
Health Share		✓	✓		
InterCommunity Health Network	✓	✓	✓	✓	✓
Jackson Care Connect	✓				
PacificSource: Central Oregon	✓				
PacificSource: Columbia Gorge	✓				
PacificSource: Lane	✓				
PacificSource: Marion Polk	✓	✓	✓		
Trillium: Lane	✓	✓	✓		
Trillium: Tri-County	✓				
Umpqua Health Alliance	✓	✓	✓		
Yamhill CCO	✓	✓	✓		
Number of housing projects*	39	23	17	4	3

*Projects can fund more than one activity.

Community health improvement plan (CHP) priorities supported with SHARE

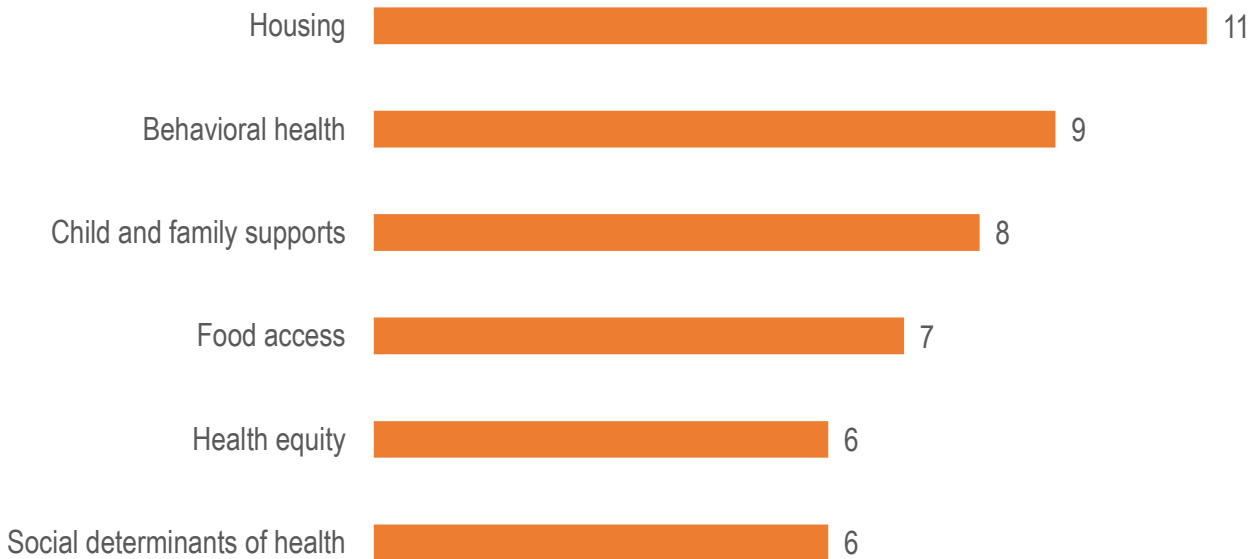
CCOs are required to use SHARE Initiative spending to support priorities identified in their community health improvement plans (CHPs), which are developed by CCOs and local organizational partners in collaboration with populations experiencing health inequities. The CHPs must be adopted by the CCO's community advisory council(s) (CACs) at least every five years.

The CHP priorities supported by SHARE plans were similar across CCOs but varied based on the community's unique needs. The most supported CHP area was housing related, with 11 CCOs using SHARE plans to support their CHPs' housing priorities. CCOs focused their

investments on addressing and preventing homelessness, transitional support and supportive housing, accessibility, affordable housing, remediation services and eviction prevention. See [Appendix C](#) for details on CHP priority areas and priorities supported by SHARE.

The second-most common CHP priority area supported by SHARE plans was behavioral health, which includes behavioral health integration and supports, trauma and resiliency, mental health promotion, prevention and harm reduction, and substance use, addiction and recovery. Other CHP priorities supported by SHARE plans included food access, child and family supports, access to care, health equity and social determinants of health. Figure 3 below shows the most common CHP priorities CCOs supported with their SHARE plans. See [Appendix D](#) for CHP priorities supported by individual CCO SHARE plans.

Figure 3. Number of CCO SHARE plans supporting common CHP priorities



SHARE alignment with CHPs is just one way to make sure community investments are coordinated across partners and responsive to community needs. In addition to aligning with CHPs, CCOs reported engaging their CACs (described below) and using data-driven approaches to choose SHARE spending priorities. Some CCOs also aligned their SHARE plans with other local and statewide initiatives, such as Oregon Housing and Community Services’ Statewide Housing Plan and Healthier Together Oregon, the state health improvement plan.

Community advisory council (CAC) role in SHARE

CCOs must provide a role for their CAC in SHARE spending decisions. Each CCO determines what that role includes. Overall, CACs were given a larger role this past year in directing SHARE funding decisions.

CCOs used a wide range of strategies to engage their CACs. In some CCOs, CACs provided feedback or recommendations, while in other CCOs, CACs led the entire SHARE spending process. The most common approaches CCOs used to involve CACs included:

- **88 percent (14)** of CCOs asked their CAC for input, recommendations and/or approval of proposed SHARE projects. Some examples include:
 - CAC reviewed and scored all SHARE proposals
 - CAC reviewed a smaller portion of SHARE proposals and provided feedback
 - The top three proposed projects were presented to the CAC for feedback and approval
- **63 percent (10)** of CCOs' CACs planned to have a role in ongoing monitoring of SHARE projects. Some examples include:
 - CAC created the evaluation plan for SHARE projects
 - CAC will receive mid-year progress reports of SHARE projects and visit project sites
 - CAC will receive monthly updates on SHARE projects
- **50 percent (8)** of CCOs' SHARE spending priorities were determined or informed by their CAC. Some examples include:
 - CAC was polled to identify priorities
 - CAC voted on SDOH-E domains, CHP priorities and CAC-identified priority populations to establish SHARE priorities
 - CAC recommended spending priorities

Other engagement strategies included CACs taking a lead role in creating and implementing the overall process (four CCOs) or creating applications and rubrics for collecting and scoring proposals (five CCOs). Since the SHARE Initiative is just one of the CACs' many responsibilities, some CCOs engaged their CACs in specific points of the process or engaged a smaller subcommittee of their CAC to balance involvement and time commitment. See [Appendix E](#) for common ways CACs were involved in SHARE by CCO.

Populations served

CCOs reported on a variety of populations that will be served through 2023 SHARE projects, with many projects serving multiple populations. Beyond the several projects that indicated serving the CCO's wider community, county or region, the most reported population was people with health-related social needs, including people who are housing or food insecure or who have lower incomes. See Table 11 below for the number of SHARE projects that reported serving specific populations.

Table 11. Populations served in 2023 SHARE projects*

Population	SHARE projects serving this population
People with health-related social needs, including people experiencing or at risk of food insecurity or homelessness; people with lower incomes or experiencing poverty; or people eligible for or receiving Supplemental Nutrition Assistance Program and Oregon Health Plan benefits	88
Children and families, including parents; pregnant people; school-aged youth; children in foster care; or resource families	34
People with behavioral health conditions or experiencing behavioral health-related concerns, including people with mental illness or mental health concerns; people experiencing or in early recovery from addiction and substance use; or people transitioning from state hospitals or inpatient psychiatric facilities	32
American Indian and Alaska Native persons or Tribal members	16
Older adults (ages > 55 years) or Elders	15
People with a disability, including those experiencing a disabling condition or physical challenges	15
Black, Indigenous, people of color, or communities of color	11
People with a health condition, high medical needs or special health care needs	11
Hispanic or Latino, Latina or Latinx persons	7
Rural communities	7
People who have experienced or are experiencing domestic violence, sexual assault or child abuse	5

*SHARE projects can address more than one population.

Other populations CCOs reported serving in 2023 SHARE projects included people affected by the carceral system; lesbian, gay, bisexual, transgender, queer, intersex, asexual/aromantic, two-spirit, plus (LGBTQIA2S+) persons; persons with non-English language preference; agricultural workforce members, including migrant and seasonal farmworkers; veterans; people affected or displaced by wildfires; immigrants and refugees; educational workforce members; and Pacific Islanders.

SHARE spending plan highlights and opportunities

Year three continues upward trend of SDOH-E investments

The third year of the SHARE Initiative reflects its highest overall and per member month designated spending, continuing an upward trend of SDOH-E investments. In total, CCOs designated \$31,435,943 in 2023, a 17 percent increase from 2022. All CCOs met their minimum required amounts and two contributed more than required. While implementing the minimum-spend formula likely increased the amount spent on SHARE, the increase also reflected CCOs' desire to invest in their communities. In previous years, many CCOs designated more than would have been required, and some CCOs participated who were not required.

As SHARE spending is dependent on CCO profits, this upward trend of SDOH-E spending could change in future years regardless of CCO priorities. The first three years of SHARE were during the COVID-19 pandemic, when people delayed health care services and CCOs paid for fewer services — leaving more of CCOs' global budgets unspent and available for SHARE.

Housing remains a SHARE priority

Housing — specifically housing-related supports, services and permanent housing solutions — continues to be a statewide priority for SHARE spending. Most CCO-designated housing spending in 2023 focused on housing services and supports. Though only a few CCOs designated spending for permanent supportive housing projects, several CCOs invested in temporary housing as a path to permanent housing. Compared to 2022, more CCOs used 2023 SHARE plans to invest in constructing or improving housing, and fewer CCOs invested in emergency shelters, reflecting a shift toward longer-term housing solutions.

Though the number of housing projects almost doubled from 2022 to 2023, the proportion of housing projects in SHARE plans remained at around 50 percent. Given Oregon's ongoing housing crisis and heightened interest from the executive branch to increase housing investments, CCOs have a unique and timely opportunity to build community partnerships and raise housing investments within their portfolios.

Diversified spending reflects CCO efforts to address local needs

CCOs used 2023 SHARE dollars to invest in a range of local priorities. In addition to housing investments, 2023 SHARE plans supported communities' abilities to access food and basic needs, promote harm reduction and substance use recovery, and support social connection and wellness. This diversity reflects CCO efforts to engage their local communities and tailor investments to best meet their needs. By simplifying and promoting funding opportunities, growing CACs' role in spending decisions and aligning SHARE priorities with several CHP priorities (see [Appendix D](#)), CCOs continue to evolve processes to make meaningful investments at the local level.

CCOs coordinate SHARE investments within larger SDOH-E strategy

Many CCOs have aligned SHARE plans with other Medicaid-related efforts with the goal of increasing impact and longevity of SDOH-E efforts. Examples of this in 2023 plans included supporting organizations that offer SDOH screening and referral services in alignment with the [SDOH: Social needs screening and referral metric](#) and investing in partners' Medicaid billing infrastructure ahead of the 1115 waiver's health-related social needs covered services roll out. Other key activities to both sustain operations and promote future coordination included implementing data sharing platforms and regional strategic planning efforts. CCOs with coordinated investments through SHARE and across other Medicaid spending opportunities can more meaningfully address SDOH-E of their regions and social needs of members.

CCOs expand SDOH-E partner networks

The number of SDOH-E partners increased by 58 percent from 2022 to 2023 SHARE plans. One growing trend in 2023 SHARE plans was streamlined or simplified application processes to increase access to funding opportunities. Approaches such as lengthening application windows and creating universal applications demonstrate CCOs' desire to both expand the reach and quality of their SDOH-E partnerships.

Only half of CCOs continued at least one partnership from prior SHARE plans. However, many CCOs reported choosing trusted partners either identified by their CAC or that have received CCO funding from other spending mechanisms. As CCOs grow their network of partnerships, it will also be important to consider ways to deepen and sustain their current partners.

Recommendations for next steps

After the review and analysis of 2023 SHARE plans, Oregon Rural Practice-based Research Network compiled the following recommendations and considerations for future SHARE efforts.

Recommendations for OHA:

- Continue to update SHARE guidance to clarify requirements and align SHARE with statewide priorities so CCO spending and other partner efforts are working toward shared statewide goals (for example, housing).
- Continue to adapt reporting templates to reduce CCO reporting burden and standardize data collection. Collecting and compiling standardized, high-quality information about investments will help improve opportunities for both CCOs and OHA to evaluate the impact of spending programs.
- Continue to provide space for questions and technical assistance as CCOs develop and innovate SHARE plans.
- Continue to provide guidance to CCOs around the intersections of SHARE and Medicaid-covered benefits under the 1115 waiver's health-related social needs covered services.

Recommendations for CCOs:

- Align SHARE housing investments with statewide and local priorities; continue to shift investments from temporary supports to more permanent solutions.
- Increase capital investments through SHARE, an uncommon opportunity for Medicaid dollars to construct and improve property.
- Advance accessibility and equity in SDOH-E partner application and selection processes through simplified, streamlined applications.
- Continue to uplift CACs to define their own role in SHARE spending decisions; engage CACs in creating SHARE plans rather than consulting for approval.
- Deepen relationships and expand investments with current SDOH-E partners to sustain programs year over year.
- Coordinate SHARE investments with other investment programs to build one comprehensive strategy to address SDOH-E and support partners from multiple funding streams.
- Set aside funding for evaluating SHARE plans, especially as investments continue to grow.

Appendix A: SHARE spending plan summary terms and definitions

These terms are frequently used throughout the following spending plan summary:

- **Community advisory council (CAC):** A CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of Oregon Health Plan members and advises the CCO on how to improve health quality and services in their community. Each CCO has at least one CAC and is contractually required to designate a role for the CAC in various decisions, including SHARE Initiative spending.
- **Community health improvement plans (CHPs):** Long-term, systematic efforts to address public health problems based on community health assessments. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate resources. A CHP is critical for developing policies and identifying actions to promote health and define the vision for the health of the community. CHPs use a collaborative process that addresses community strengths, weaknesses, challenges and opportunities.
- **Coordinated care organization (CCO):** A CCO is a network of health care providers who work in their local communities to serve Oregon Health Plan members. Oregon has 16 CCOs across the state.
- **SDOH-E partner:** A single organization, local government, one or more of the Nine Federally Recognized Tribes of Oregon, the Urban Indian Health Program or a collaborative that delivers SDOH-E related services or programs, supports policy and systems change, or both, within a CCO's service area.
- **SHARE designation:** The total dollar amount a CCO commits to contributing to the SHARE Initiative for a given year, referred to as **SHARE commitment** in this summary report; the designation amount must be the same or more than the CCO's SHARE obligation for that year, as defined by OAR 410-141-3735.
- **SHARE obligation:** The minimum dollar amount a CCO is required to contribute to the SHARE Initiative for a given year, based on the formula set by OAR 410-141-3735.
- **SHARE projects:** Individual projects within a CCO's SHARE spending plan.
- **SHARE spending plan:** A plan submitted by CCOs to OHA annually that details how SHARE dollars will be spent, including priorities, projects and partners, proposed budgets and other required information.
- **Social determinants of health and equity (SDOH-E):** SDOH-E, as defined by OHA in [OAR 410-141-3735](#), encompasses three interrelated terms:
 - **Social determinants of health (SDOH):** The social, economic and environmental conditions in which people are born, grow, work, live and age, which are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

- **Social determinants of equity (SDOE):** Systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels; institutional bias; discrimination; racism and other factors.
- **Health-related social needs (social needs):** An individual's social and economic barriers to health, such as housing instability or food insecurity.

Appendix B: SHARE project summaries by CCO

CCO	Investment amount (\$)	SDOH-E partner	Activities, services or items funded by SHARE
Advanced Health	\$51,000	Kathy R Ingram, PH.D., Inc	Independent contractor to evaluate Advanced Health's SHARE projects
Advanced Health	\$60,000	Curry Homeless Coalition	Capital costs to create a permanent, supported housing facility with four to six ADA-accessible bedrooms, multiple bathrooms
Advanced Health	\$86,000	Coos Head Food Co-Op*	Sustain and increase capacity for community outreach and nutrition education, Farm to School program and Double-Up Food Bucks programs and efforts to address inequities in accessing healthy and sustainable food supplies
Advanced Health	\$110,000	Coastal Families Relief Nursery*	Sustain and expand capacity of relief nursery services, including classrooms, home visits, outreach services and parent education programs proven to reduce the likelihood of abuse for at-risk youth and increase family functioning and resilience
Advanced Health	\$228,000	The Nancy Devereux Center*	Operate the pallet home community and capital support for scattered-site permanent supported housing
AllCare CCO	\$9,000	Chetco Activity Center	Accessibility renovations and replace doors
AllCare CCO	\$10,500	Brookings CORE Response*	Accessibility renovations to the office door and waiting room
AllCare CCO	\$20,000	American Legion	Replace kitchen hood to support continued hot meals and a trauma-informed setting for veterans and family members in Josephine County
AllCare CCO	\$25,000	Rural Development Initiatives	Implement "Starting a Childcare Business" training program and one-on-one technical assistance in Spanish
AllCare CCO	\$50,000	Oregon Center for Creative Learning	Offer early learning classes daily and year-round
AllCare CCO	\$80,202	Reclaiming Lives/ Recovery Cafe Medford	Renovate facility to continue to provide recovery dinners, circles and peer support mentoring
AllCare CCO	\$135,000	Wally's House	Renovate newly purchased building to provide increased anonymity to clients while seeking sensitive services; develop a playroom

AllCare CCO	\$149,500	Mobile Integrative Navigation Team	Operating expenses for a daytime warming and cooling center in Josephine County; provide navigational and other non-covered, non-billable services for the unhoused community
AllCare CCO	\$150,000	CASA of Oregon	Capital support to redevelop 77 manufactured homes destroyed by the Almeda fire in 2020
AllCare CCO	\$155,733	Mid Rogue Foundation	Staffing and supports to provide non-covered, non-billable resource navigation and case management services
AllCare CCO	\$175,000	Brookings CORE Response*	Purchase building to create an accessible resource hub in Curry County, enabling essential walk-in services and housing case management to residents experiencing houselessness or unstable housing
AllCare CCO	\$175,000	Mid Rogue Foundation	Purchase (down payment, acquisition costs, closing costs, etc.) a 10+ bedroom home that will offer affordable, long-term housing and on-site supports for 10+ low-income elderly and/or disabled individuals
AllCare CCO	\$175,000	Rogue Retreat	Purchase, repair and furnish a home to be used as a shared recovery house to offer individuals coming out of inpatient drug and alcohol treatment access to another sober living environment
AllCare CCO	\$177,500	Ashland School District	Support the development of 60-100 units of affordable housing for low-income families and the educational workforce
AllCare CCO	\$200,000	CASA of Oregon	Partial development costs and capital improvements for a 110-space manufactured dwelling park to be used as a nonprofit cooperative
AllCare CCO	\$202,808	Glendale May Club	Purchase property for a community center for the rural south Douglas community of Glendale that will include youth programs, classes, food distribution, fitness center and community services
AllCare CCO	\$225,000	North Bend City/ Coos-Curry Housing Authority	Purchase property to create 26 units of multi-generational and affordable housing in Curry County
AllCare CCO	\$287,650	The Salvation Army	Construction costs for expanding seven new family studio apartments located at the Hope House Transitional Living property

AllCare CCO	\$300,000	Curry County Homeless Coalition	Support the purchase of a four-to-six-bedroom home that will offer rooms rented in accordance with Section 8 criteria
Cascade Health Alliance	\$50,000	Klamath Tribes	Client financial and emergency assistance, honorarium for groups led by professionals, food and refreshments for client and community events, and a vehicle for resident transportation to appointments, etc. at Melita's Motel and RV Park; development of a community gathering space, soup kitchen and space for on-site services
Cascade Health Alliance	\$140,000	Integral Youth Services	Site preparation such as project scoping, contractor bidding and engineering to develop new housing for co-ed transitional living program for youth ages 26 and younger, including youth aging out of foster care
Cascade Health Alliance	\$140,000	Transformations Wellness	Renovations, supplies and first and last month's rent and utilities assistance for affordable and sober recovery housing
Cascade Health Alliance	\$260,000	Klamath Housing Authority	Remodel multi-unit complexes to meet the Housing and Urban Development Housing Quality Standards
Columbia Pacific CCO	\$160,000	Community Action Team (CAT) Columbia County	Continue Healthy Homes operations for housing repairs and renovations of Medicaid members' homes; improvements to closed loop referral process, service status and delivery reporting, outreach and engagement; and identify and support CAT staff to complete traditional health worker certification
Columbia Pacific CCO	\$175,000	Community Action Resources Enterprises, Inc. Tillamook County	24/7 peer supervision and support, increased programming and development or renovations of bathrooms and showers at low barrier shelter
Columbia Pacific CCO	\$225,000	Clatsop Community Action	Assess and address maintenance, property development and structural needs of a 22-unit affordable apartment complex; support for the Rapid Rehousing Program
Columbia Pacific CCO	\$400,000	Helping Hands Re-Entry	Three months of operations and staffing costs to continue to provide beds, social and health care navigation, recovery support and relapse prevention, and employment and life skill assistance; certification for traditional health worker for staff; organizational capacity building, including data sharing, referral workflows and technical assistance

Eastern Oregon CCO	\$25,000	Morrow County Health District	Purchase or build an adult foster home in Boardman, Oregon, that will provide culturally appropriate housing, medical care and personal care to vulnerable populations
Eastern Oregon CCO	\$30,355	Lake County Food Share	Evaluate gaps and inefficiencies within food pantry's operations and implementation of improvements for policies, processes, trainings, etc. to increase volunteer, program and policy, and administrative efficiencies
Eastern Oregon CCO	\$33,247	Harney County Senior and Community Services Center	Purchase a refrigerated food truck and a freezer for food pantry to deliver food in the region; modest operations costs such as fuel and insurance
Eastern Oregon CCO	\$35,000	Winding Waters Medical Clinic	Refrigerators and food displays to store fresh food at Winding Waters Medical Clinics in Wallowa, Enterprise and Joseph; purchase reliable transportation to transport and stock food
Eastern Oregon CCO	\$41,281	Grant Local Community Health Partnership	Funding for the following projects: Humbolt Childcare Center (Grant County Childcare Committee) to expand capacity of childcare center; Grant County Public Library Reaching Healthy Habits (Grant County Public Library); Student Enrichment at Long Creek School District (Grant County Education Service District) for improvements to student enrichment space, such as window coverings, paint, furniture, snacks, etc.; and Teen Health Fair (John Day Canyon City Parks and Recreation District)
Eastern Oregon CCO	\$41,545	Community Connection of Northeast Oregon, Inc.	Replace and repair kitchen equipment to continue providing nutritious meals at senior centers and meal delivery to home-bound seniors
Eastern Oregon CCO	\$44,011	Wallowa County Local Community Health Partnership	Funding for the following projects: Eastern Oregon Legacy Lands and Joseph Center for Arts and Culture projects; Eastern Oregon ecosystem and landscape educational programming, visual performing arts education classes, exhibits and/or performances
Eastern Oregon CCO	\$46,291	Lake County Local Community Health Partnership	Funding for the following projects: Frontier Veggie Rx program, Lake County Food Share trainings for outreach and communication plan to increase reach of food distributions and Lake Health Districts Outback Strong Summer Food Program for continuation of summer food service program, cooking classes, menstrual supplies and menstrual equity program

Eastern Oregon CCO	\$49,017	Lake Health District	Operationalize a community arts center including staffing, flooring to replace damaged and dangerous carpet, art supplies and office supplies
Eastern Oregon CCO	\$50,000	Baker Relief Nursery Inc.	Purchase a childcare and ADA-approved bus to transport children to daily therapeutic classroom, families to monthly family fun events and parents to weekly evidenced-based parent education courses
Eastern Oregon CCO	\$50,000	Condon Child Care, Inc.	Capital costs to expand the Condon Early Learning Center facility with three additional classrooms
Eastern Oregon CCO	\$50,000	Stepping Stones Alliance	Purchase a passenger vehicle to shuttle guests to and from Stepping Stones Alliance, medical appointments, interviews, classes and community resources
Eastern Oregon CCO	\$50,582	Grant County Education Service District	Shelf-stable food items for eligible students to take home on non-school days, storage supplies and county resource guides
Eastern Oregon CCO	\$52,000	Harney Partners for Kids and Families	Respite care and monthly stipends for resource families participating in program that aims to stabilize children in foster care placement by equipping resource families to meet their needs, providing intensive services to the child and engaging friends and relatives for the child to improve the child's relational health
Eastern Oregon CCO	\$56,635	Morrow County Local Community Health Partnership	Funding for the following projects: Community Access for Resource Effectiveness, wraparound wellness and Students Providing Understanding and Respectful Support, peer-mentoring projects, including staffing for resource navigation, community counseling, behavioral health services and peer mentoring
Eastern Oregon CCO	\$70,116	Baker Local Community Health Partnership	Funding for the following projects: Baker County Public Health Department's Youth Wellness Event and Adolescent Wellness Days to provide food boxes for youth and staffing providers for sports physicals; Community Connections of Northeast Oregon's Raw Food Project to support raw food for senior nutrition program; New Directions Northwest's Outreach, activities and capacity building for LGBTQIA2S+ students with Baker County High Schools Gay Straight Alliance; St. Luke's Eastern Oregon Medical Associates' Frontier Veggie Rx Program; Baker County Local Community Health Partnership

			Training and Event Funds to support community health fair and training courses, such as mental health first aid, CPR and AED, etc., for community members
Eastern Oregon CCO	\$75,000	Union County Warming Station	Staffing to sustain and expand social resource navigation services at Union County Warming Center
Eastern Oregon CCO	\$84,400	Crossroads Ranch of Harney County	Supplies and operation costs for camps and summer programs, including staff, two horses, one pony, helmets, hay, insurance, riding lesson scholarships and winter facility fees to increase access and reduce social isolation of youth and adults
Eastern Oregon CCO	\$91,981	Union County Local Community Health Partnership	Funding for the following projects: Shelter from the Storm to provide critical repairs to transitional housing for survivors of domestic violence and sexual assault; La Grande Farmers Market DoubleUp Food Bucks program; Union County Warming Station's operating expenses; Growing Community Roots' science, art and social emotional learning weekly program for neurodiverse youth; Union County Juvenile Department to support staffing of parenting education coordinator; Building Healthy Families Community Resource Network to support community engagement program, including resource navigation and address community needs; Community Connections of Northeast Oregon Personal Identification Assistance to support payment assistance for EOCCO members needing personal IDs; Grande Ronde Hospital's operating costs of program that supports expectant mothers affected by drug or alcohol use
Eastern Oregon CCO	\$100,000	Fossil Community Food Pantry	Facility design, permitting costs, site preparation, partial construction materials and labor costs to construct a new food pantry facility, including distribution space with shopping style experience, commodity storage space and loading dock, bathrooms and office space
Eastern Oregon CCO	\$100,000	Grant County Childcare Committee	Construct a permanent childcare building at Humbolt Elementary for children ages 0-5 years
Eastern Oregon CCO	\$100,456	Mid-Columbia Community Action Council	Provide housing case management with wraparound services, including assistance with security deposits and limited duration rent, landlord incentives, outreach supplies and client incidentals, staffing, hotel vouchers for severe weather events and clients awaiting housing placement

Eastern Oregon CCO	\$124,296	Oregon Regional Food Bank	Purchase a mobile food pantry truck that includes a refrigeration unit for food pantry items; operational costs such as fuel and insurance
Eastern Oregon CCO	\$131,250	Malheur County Local Community Health Partnership	Funds for the following projects: Senior Center Information Technology for technical enhancement; Dolly Parton Imagination Library; The Senior Strength to support senior wellness program to address SDOH-E; River Bend Storage Lockers; Farmworkers Appreciation Day, Frontier Veggie Rx Program; Parent Education to Improve Health and Wellness; Help us Build a Building; continue two parent education and early literacy programs, continue Fruit and Veggie Rx programs; resource outreach and programming for migrant and seasonal farmworkers and supply items for affordable housing program
Eastern Oregon CCO	\$131,250	Umatilla County Local Community Health Partnership	Funds for the following projects: Community Action Program of East Central Oregon to provide food for people experiencing houselessness; Rocky Heights Elementary School to provide book vending machine, book tokens and books; Doulas Latinas International to provide nutrition and National Diabetes Prevention Program in Spanish and native languages and support training new community leaders and staff to become certified National Diabetes Prevention Program providers; Pendleton Adventist Church to provide wraparound support for substance use disorder recovery; Oregon Washington Health Network to support operating costs for addiction and recovery programming
Eastern Oregon CCO	\$132,686	Gilliam, Harney, Sherman and Wheeler County Local Community Health Partnerships	Administer and implement Frontier Veggie Rx program through Greater Oregon Behavioral Health, Inc.
Eastern Oregon CCO	\$150,000	Lifeways, Inc.	Install plumbing, electrical and flooring fixtures and furnishings for two units within Lifeways Transitional Housing facility
Health Share	\$1,500,000	Central City Concern	Convert a 66-unit hotel to expand a Recuperative Care Program: add a new Enhanced Medical Respite component, include a primary care clinic to provide short-term stabilization beds for recuperation post-hospital discharge for those experiencing houselessness, build common ADA shower

			rooms, large capacity elevator, commercial kitchen build-out, convert approximately 20 in-unit ADA restrooms
Health Share	\$1,500,000	Native American Rehabilitation Association of the Northwest	Expand community resource center's programs focused on social and community health, including developing a resource center to provide screening, referrals and navigation
Health Share	\$1,900,000	Native American Youth and Family Center	Research and analysis to understand food sovereignty for the urban Native community, increasing access to food services and advancement of food systems
Health Share	\$2,000,000	Family Justice Center of Washington County	Construct a new facility to house the Family Peace Center to provide a space for prevention, intervention, healing and hope for survivors of domestic violence, sexual assault and child abuse
Health Share	\$3,729,053	Regional Local Public Health - Clackamas, Multnomah, and Washington Counties	Transition local traditional health worker infrastructure to a collaborative approach and develop plans for sustainability
InterCommunity Health Network	\$39,500	Creating Housing Coalition	Purchase and implement tracking software at an affordable housing village for residents to improve sense of community; train residents and staff in restorative justice
InterCommunity Health Network	\$98,824	United Way of Linn, Benton, and Lincoln Counties	Develop a Community Sustainability and Support Program to support community-based organizations and traditional health worker integration to obtain sustainable funding and deliver more robust housing and housing-related services
InterCommunity Health Network	\$100,000	Benton County Health Department	Capital expenses to provide behavioral health supports, SDOH referrals and connection with CCO care coordination
InterCommunity Health Network	\$100,000	Community Outreach, Inc	Provide unhoused young adults gender-inclusive and supportive transitional housing, education, job training, employment opportunities, medical and dental care, crisis services, substance use and mental health counseling
InterCommunity Health Network	\$100,000	Corvallis Daytime Drop-In Center*	Services for individuals experiencing poverty and houselessness, including assistance and advocacy, community building and social networks, and support for individuals' welfare and rehabilitation across emergency, transitional and ongoing life circumstances

InterCommunity Health Network	\$119,500	Young Roots Oregon	Wraparound support for adolescent parents and their children in accessing safe and affordable housing; financial literacy coaching and education on obtaining and maintaining housing
InterCommunity Health Network	\$119,570	Mid-Willamette Trans Support Network	Microgrant funding to advance financial independence of the LGBTQIA2S+ community and track clients in support groups and community engagement programs
InterCommunity Health Network	\$120,912	2nd Chance Shelter	Renovations to shelter to increase availability of ADA-accessible respite beds
InterCommunity Health Network	\$126,000	Samaritan Health Services Research Institute*	Collaboration to build a robust community partnership that leverages shared resources to support SDOH-E programs and resources
InterCommunity Health Network	\$133,429	Helping Hands Reentry Outreach Centers	Support the opening of a new Hope Center in Lincoln City that will provide services and transitional and emergency beds to people experiencing homelessness
InterCommunity Health Network	\$138,529	Faith, Hope and Charity, Inc.	Low barrier shelter for unhoused youth, families and individuals; peer-led street outreach, referral and support services
InterCommunity Health Network	\$145,234	Casa Latinos Unidos	Community education and training opportunities for first generation Latinx immigrants: system navigation and support in accessing resources; emergency, one-time financial support to households experiencing financial stress; community health worker outreach and housing support program
InterCommunity Health Network	\$148,554	Corvallis Housing First	Outreach housing case management for unhoused; establish billing capacity for traditional health worker services
InterCommunity Health Network	\$200,000	Lincoln County Health and Human Services	Low barrier winter shelter operations
InterCommunity Health Network	\$325,000	Unity Shelter*	Operational expenses for men's emergency shelter and hygiene center to operate in the winter
InterCommunity Health Network	\$500,000	Albany Fire Department	Establish Frequent User System Engagement program in Linn and Benton counties; SDOH screening and referral services for chronic homeless population
Jackson Care Connect	\$1,080,000	ACCESS	30 non-congregate bridge beds for individuals or households participating in a housing case management plan to obtain and maintain housing: outreach, case management, landlord

			engagement, financial assistance, service support and partnerships in the community
PacificSource: Central Oregon	\$459,627	Central Oregon FUSE	Staffing and program costs of interagency program that supports unhoused clients access stable housing by paying for security deposit, tenant application fees, replacement ID, ADA accessibility modifications, etc.; staffing and operating costs of scattered-site permanent supportive housing for formerly chronically homeless individuals
PacificSource: Central Oregon	\$459,627	REACH Central Oregon	Staffing and operating costs of a safe parking program, mobile case management and housing navigation, and low-barrier employment program
PacificSource: Columbia Gorge	\$11,120	Mid-Columbia Economic Development District	Provide no-cost and reduced-cost annual Gorge transit passes (GOrge Passes) to low-income community members participating in Columbia Area Transit (Hood River County) and The Link Public Transit (Wasco County) programs
PacificSource: Columbia Gorge	\$25,000	Columbia Gorge Food Bank	Expand food access to people experiencing food insecurity throughout the region, including American Indian and Alaska Native people, migrant farmworkers and very rural communities; launch mobile food pantry, expand support for equity populations and improve pantry operations
PacificSource: Columbia Gorge	\$200,000	Mid-Columbia Community Action Council*	Staffing and security for The Annex, which offers transitional housing and shelter units with coordinated supportive services integrated onsite in collaboration with community partners
PacificSource: Lane	\$65,000	Oakridge Food Box	Purchase a truck, cooler for food access program, and healthy, fresh food, including culturally specific and appropriate options for individuals with specific health and dietary needs
PacificSource: Lane	\$185,082	McKenzie Valley Long Term Recovery Group	Staffing to support case management, senior programs and daycare services; includes allocation for affordable housing project and a fund for individuals for home improvements, weatherization and basic needs
PacificSource: Lane	\$192,191	Siuslaw Vision	Capacity building for organization collaboratively developing locally developed solutions to service needs
PacificSource: Lane	\$208,181	Junction City Local Aid	Expand services and supports for basic needs assistance, including food security, economic relief and support; staffing, update technology and supplement services

PacificSource: Lane	\$255,930	Community Sharing	Increase capacity of social services provider, primarily focused on maintaining housing, clothing and access to healthy food and utilities
PacificSource: Marion Polk	\$100,000	Boys & Girls Club of Salm, Marion and Polk Counties	Staffing to coordinate youth programming designed to promote academic success and healthy lifestyles
PacificSource: Marion Polk	\$150,000	Soaring Heights Recovery Homes	Property improvements to a transitional housing site for individuals recovering from substance use to provide intermediary step between shelters or high-risk living conditions and permanent housing; bus passes for clients
PacificSource: Marion Polk	\$157,427	Habitat for Humanity of the Mid-Willamette Valley	Land purchase, engineering and architecture services and site development to construct 10 new single-family homes that will be sold to low-income households with affordable, income-based mortgages; develop walking path connecting the neighborhood to a park, garden and larger planned trail system, enabling physical activity and social connections
Trillium: Lane	\$80,000	FOOD for Lane County*	Operating costs and fridges to store perishable goods for Trillium Produce Plus and Veggie Rx programs to continue providing fresh produce in clinics and other settings that provide social services
Trillium: Lane	\$100,000	Frequent User System Engagement (FUSE) Program Lane County*	Fund outreach to individuals on the FUSE list and provide case management to help address barriers to housing, connect participants to community resources and supportive housing placements that help lower participants' use of crisis services
Trillium: Lane	\$922,255	Lane County	Staffing for planning and developing programs to combat health inequities and address SDOH; community engagement to advise on program development such as peer delivered services, holistic care and connection to long-term supports
Trillium: Lane	\$1,788,414	Homes for Good	Renovate former hotel into 56 units of new permanent supportive housing, including six fully accessible units; improve existing permanent supportive housing including capital expenses for repair and building improvements, uncollectable rent and staffing for security, janitor and front desk
Trillium: Tri-County	\$25,000	The Immigrant and Refugee Community Organization*	90-hour community health worker training to 15 participants; participant outreach and enrollment from region

Trillium: Tri-County	\$179,607	Clackamas County	Capital improvements to 23-hour stabilization center, including accessibility for individuals with disabilities; stabilization center to provide SDOH-E needs
Trillium: Tri-County	\$200,000	Samoa Pacific Development Corporation	Community education initiatives, workshops and outreach campaigns, specifically focused on housing support for Pacific Islander communities
Trillium: Tri-County	\$500,000	Washington County	Capital improvements for transition services, peer drop-in center, crisis services, co-located supports, care coordination and preventive services
Umpqua Health Alliance	\$34,500	NeighborWorks Umpqua	Develop housing support program including new processes, tracking tools and evaluation surveys; support individuals at risk of houselessness in transition to affordable housing with rental deposits, moving costs, furniture and food to increase housing stability and resilience
Umpqua Health Alliance	\$250,000	ADAPT*	Remodel and develop a 12-unit hotel into substance use disorder transitional housing with wrap-around services for men in the early stages of their recovery journey
Umpqua Health Alliance	\$393,068	Peace at Home Advocacy Center	Remodel four low-barrier housing units to add kitchenettes, purchasing and installing cabinets, counters, flooring, and heat pumps, create a community kitchen, remodel a room to provide a climate-controlled food pantry; convert a large home into transitional housing for youth ages 18-24
Umpqua Health Alliance	\$500,000	Roseburg Dream Center	Re-establish and expand community programs, including climate and emergency supplies for homeless community members, rent support for low-income individuals and families, utility support, move-in fee assistance, tenant education for eviction prevention, home buyer support and hygiene services
Umpqua Health Alliance	\$829,868	ADAPT*	Remodel and develop a 50-unit hotel into combination transitional housing; most units will be substance use disorder housing with wraparound services for community members transitioning from other facilities, and 10-15 units will be specifically for temporary housing for UHA members
Yamhill CCO	\$15,000	Willamette Valley Community Campus	Revitalize activity space at the West Valley Community Campus, a nonprofit community center in Willamina that offers educational, recreational and cultural activities

Yamhill CCO	\$36,000	Operation Generation	Multigenerational housing complex predevelopment in McMinnville, providing 23-unit affordable housing with prevention and intervention services onsite; apartments will have ADA and handicap options, outdoor and indoor community recreational space, dining and childcare facilities
Yamhill CCO	\$50,000	Habitat for Humanity	Housing development providing homeownership through building three homes in Newberg and providing financial and homeowner education through a culturally and linguistically responsive process
Yamhill CCO	\$53,689	Confederated Tribes of Grand Ronde	Complete transitional housing complex and furnish temporary and permanent supportive housing under the Community Transition Program
Yamhill CCO	\$60,000	Lutheran Community Services	Purchase bus to ensure children can access non-covered respite care services, which will offer transportation for youth to and from relief nursery locations to maintain service continuity for families without access to reliable transportation; families, uninsured or with any insurance type, enrolled in these programs receive home visiting support services, parenting classes and access to therapeutic early childhood classrooms
Yamhill CCO	\$96,100	United Way (with Communities United [C-Suite])	Develop financial literacy, life skills training and resources, including age and culturally appropriate trainings and classes to increase financial literacy and self-sufficiency
Yamhill CCO	\$99,992	Henderson House	Expand outreach to and advocacy for survivors of domestic violence, delivery of advocacy, housing stabilization and supportive services; bus purchase
Yamhill CCO	\$150,000	McMinnville Public Library (City of McMinnville)	Develop, expand and support a Library of Things to lend items to community members to enhance education, career, home improvement and personal enrichment opportunities; offer tools and education to increase ability to perform household maintenance, educate children, maintain gardens, mend clothing and operate technology to support lifelong learning, mental health, self-sufficiency and workforce readiness
Yamhill CCO	\$209,000	Dayton Food Pantry	Remodel building to expand available food pantry and clothing closet space
Yamhill CCO	\$609,500	City of McMinnville (with Yamhill	Construct and develop housing navigation center; rehabilitate two existing structures and build a new addition joining the two

		Community Action Partnership)	structures as an emergency, low-barrier shelter and supportive services facility
Yamhill CCO	\$650,000	Confederated Tribes of Grand Ronde	Construct and develop 25,000 square foot child development center with 12 classrooms, ten offices, two outdoor play areas, mother's lounge, library, motor-skills room, laundry, kitchen, therapy office and parking lot; all rooms and play areas will have culturally specific designs and structures

*Continued SDOH-E partner from 2022 SHARE plans

Appendix C: CCO community health improvement plan (CHP) priorities supported by SHARE plans

CHP priority area	Themes	CCO CHP priorities supported by CCOs' SHARE plans
Housing	Address and prevent homelessness; Supportive housing; Accessible, affordable housing; Transitional support; Eviction prevention; Remediation	<ul style="list-style-type: none"> • Increase accessible housing availability, affordability, quality • Increase the number of people paying 30% or less of what they earn on housing • Increase housing stability and prevent eviction • Decrease the rate of homelessness and the percentage of renters who pay 30% or more of their household income on rent, in part by advocating for an increase in the housing supply • Increase supportive housing units to meet needs of highly vulnerable • Prevent and end chronic homelessness • Stable housing upon discharge from hospital or emergency room • Leverage and expand previous supportive housing investments • Expand the knowledge of the community advisory council and residents in the CCO's region to support community housing planning and development to provide safe, affordable housing • Increase access to shelter housing, transitional support to acquire permanent housing, and options for permanent housing • Encourage local adoption of evidence-based recovery housing, supported housing, supported employment, and supported education programs • Increase the number of tenancy sustaining services • Create transitional support services between higher and lower levels of care • Increase programs that support the remediation of unsafe or inadequate housing conditions
Behavioral health	Behavioral health integration and supports; Trauma and resiliency; Mental health promotion; Prevention and harm reduction; Substance use, addiction and recovery	<ul style="list-style-type: none"> • Prevent use and misuse of substances • Improve ways to get behavioral health and addiction services • Help young people and older adults feel less alone • Improve integration between behavioral health and other care • Increase youth perception of harm of alcohol, tobacco and marijuana to prevent substance use • Substance use disorder recovery • Mitigate effects of trauma • Community knowledge, tools and resources to empathetically accept and help individuals in need of behavioral health support

		<ul style="list-style-type: none"> • Help create, develop and implement collaborative partnerships that promote mental health in the community • Overdose prevention and harm reduction • Decrease loneliness and increase connection
Food access	Food access; Food security; Accessible healthy foods; Nutrition education	<ul style="list-style-type: none"> • Decrease food insecurity • Make healthy, nutritious food more available • Reduce the prevalence of food insecurity and hunger through safe, accessible and community driven options • Access to nutritious foodstuffs, knowledge of proper nutrition
Child and family supports	Healthy, resilient families; Parenting and life skills; Infants and youth	<ul style="list-style-type: none"> • Parenting and life skills — help families feel cared for and stronger through building family protective factors • Make sure families can access safe, accessible and affordable childcare • Build family resiliency • Help families feel connected, cared for and strengthened • Expand services in support of child/maternal health and family stability, normalizing the need to seek parenting support to develop stronger parent-child relationships, with a focus on stabilizing children in foster care • Trauma-informed childcare supports (for ages 0 to 5)
Access to care	Access to primary care; Language access; Social service access	<ul style="list-style-type: none"> • Help people go to their doctor more often instead of using the emergency department • Language access • Remove barriers to accessing services and supports • Support growing the THW workforce • Community resource navigators to key locations in the region
Health equity	Health equity; Addressing health disparities; Racial equity and justice; Health literacy	<ul style="list-style-type: none"> • Health equity • Systems transformation — equity and justice • Address current historical injustices that produce disparities • Address health disparities experienced by members due to age, disability, gender identity, geographical location, income, race or ethnicity, sex, sexual orientation, etc. • Availability of health equity data • Focus on key populations experiencing inequities (Indigenous, Tribal, American Indian and Alaska Native population, members with disabilities) • Increase access to the social safety net through social needs screening and coordination using Unite Us/Connect Oregon • Promote awareness, conversation and action about cultural competency, equity, health literacy and social justice

Social determinants of health and equity	SDOH; Community and physical wellness; Economic stability; sufficient incomes to afford basic costs of living and meet basic needs; Emergency preparedness	<ul style="list-style-type: none"> • Address social determinants of health and equity • Community wellbeing • Emergency preparedness (stock of supplies/supports) • Ensure incomes are sufficient to meet basic costs of living and ensuring basic needs are met for those most vulnerable • Physical safety and wellbeing • Transportation
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Appendix D: Supported CCO community health improvement plan priority areas by CCO SHARE plan

CCO	Housing	Behavioral health	Child and family supports	Food access	Health equity	Social determinants of health	Access to care
Advanced Health	✓		✓	✓			
AllCare CCO		✓	✓	✓	✓		✓
Cascade Health Alliance		✓			✓		
Columbia Pacific CCO	✓						✓
Eastern Oregon CCO	✓	✓	✓	✓			
Health Share	✓		✓	✓			✓
InterCommunity Health Network	✓	✓	✓	✓	✓	✓	
Jackson Care Connect	✓	✓	✓		✓		
PacificSource: Central Oregon	✓						
PacificSource: Columbia Gorge	✓			✓		✓	
PacificSource: Lane	✓	✓					
PacificSource: Marion Polk					✓	✓	
Trillium: Lane		✓				✓	
Trillium: Tri-County		✓	✓		✓		✓
Umpqua Health Alliance	✓					✓	
Yamhill CCO	✓	✓	✓	✓		✓	

Number of CCOs supporting CHP priority through SHARE	11	9	8	7	6	6	4
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Appendix E: Common areas of community advisory council (CAC) involvement by CCO*

CCO	CAC gave recommendations and/or approval of proposed SHARE projects	CAC will have a role in ongoing monitoring of SHARE projects	CAC informed or determined SHARE priority areas	CAC created all or part of the SHARE application and evaluation process
Advanced Health	✓	✓	✓	✓
AllCare CCO		✓		
Cascade Health Alliance	✓	✓		
Columbia Pacific CCO	✓	✓		
Eastern Oregon CCO	✓			
Health Share	✓	✓		✓
InterCommunity Health Network	✓		✓	✓
Jackson Care Connect	✓			
PacificSource: Central Oregon	✓	✓	✓	
PacificSource: Columbia Gorge	✓	✓	✓	✓
PacificSource: Lane		✓	✓	
PacificSource: Marion Polk	✓	✓		✓
Trillium: Lane	✓		✓	
Trillium: Tri-County	✓			
Umpqua Health Alliance	✓		✓	
Yamhill CCO	✓	✓	✓	

*This table includes common ways CACs were involved in CCOs' SHARE spending processes, as described in CCOs' SHARE spending plans. This table may not represent all the ways CACs are involved in SHARE.



HEALTH POLICY AND ANALYTICS

Transformation Center

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