UMPQUA HEALTH ALLIANCE

COMMUNITY IMPACT AND ENGAGEMENT

SHARE Defined: Supporting Health for All through Reinvestment Initiative.



The Oregon Health Authority (OHA) developed/launched the SHARE Initiative in 2020 to implement the legislative requirements in Enrolled Oregon House Bill 4018 (2018) to address social determinants of health and health equity. SHARE Initiative spending is required, is in CCO contract, applies to CCOs that exceed financial requirements, and is spent from excess end-of-year profits.

SHARE – AN OVERVIEW

SHARE GOAL

The goal of SHARE is to safeguard public dollars by requiring that a portion of CCOs' net profits are reinvested in their communities; and improve CCO member and community health by requiring reinvestments go toward upstream nonhealthcare factors that impact health (for example, housing, food, transportation, educational attainment or civic engagement).

SHARE REQUIREMENTS, PER THE OREGON MEDICAID ADVISORY COMMITTEE (MAC), OAR 410-141-3735, AND 2023 CCO CONTRACT

Spending must fall within social determinants of health and equity (SDOH-E) domains and include spending toward a statewide housing priority.

Spending must fall into one or more of four domains: economic stability, neighborhood and built environment, education, and social and community health.

Spending priorities must align with community priorities from community health improvement plans (CHIPs).

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.

THE BENEFITS

SHARE can be used for Capital Expense improvements, such as building, purchasing, or remodeling a property that would be used to provide services.

SHARE has a high housing priority and can be used with relative flexibility for housing projects.

SHARE addresses social determinants of health and health equity.

SHARE funds are set aside and decided annually.

UHA'S TIMELINE

Request for Proposals	Finalize Proposal Portfolio	Board Finalizes Funding Decisions	Contract Drafting	Finalize Contracts	Funding Distribution
Jan.—July	August	Sept	Oct.–Nov.	Dec.	January

SHARE SCORING CONSIDERATIONS

- Does it align with SHARE and CHIP criteria as required by OHA?
- How well does it achieve the intent of building our community's capacity for housing and housing related services?
- Does this serve the broad population or is this a niche project with limitations on who will benefit from the increased capacity?
- Does this project leverage broad community partner investment or is this a more siloed project effort? Have additional partners committed support/funding?
- How much does this project increase capacity in general?
- Is this a one-time investment or will it need continued support? Is the sustainability plan realistic?
- Is the investment cost effective? Ex: What's the price per unit compared to other project proposals?
- Outcomes: Does the project have intention to demonstrate outcomes? What are they? (specific, measurable, attainable, realistic and timely)
- Does the project narrative clearly describe project scope and purpose?
- Is the purpose of funding reasonable and clearly defined within the budget?

PEACE AT HOME – TRANSITIONAL HOUSING FOR YOUTH AND UNDERSERVED POPULATIONS

ROSEBURG, OR 97470





NEIGHBORWORKS UMPQUA – BUILDING RESILIENCE DURING TRANSITIONS TO AFFORDABLE HOUSING ROSEBURG, OR 97470



ADAPT – 50 UNIT BH TRANSITIONAL HOUSING

511 SE STEPHENS ST, ROSEBURG, OR 97470



ADAPT – 12 Unit SUD Transitional Recovery Lodge

1627 SE Stephens St, Roseburg, OR 97470





DREAM CENTER - RESOURCE EXPANSION INITIATIVE

2555 NE Diamond Lake Blvd, Roseburg, OR 97470





COMMUNITY BENEFIT INITIATIVES

HEALTH RELATED SERVICES

WHAT IS HRS?

 Health-Related Services (HRS) are non-covered services that are offered as a supplement to covered benefits under Oregon's Medicaid State Plan to improve care delivery and overall member and community health and well-being.

HRS CRITERIA

Be designed to improve health quality;

Increase the likelihood of desired health outcomes in ways that are capable of being objectively measured and produce verifiable results and achievements:

Be directed toward either individuals or segments of enrollee populations, or provide health improvements to the population beyond those enrolled without additional costs for the nonmembers; and

Be grounded in evidence-based medicine, widely accepted best clinical practice or criteria issued by accreditation bodies, recognized professional medical associations, government agencies or other national health care quality organizations.

HRS CRITERIA



Improve health outcomes compared to a baseline and reduce health disparities among specified populations



Improve patient safety, reduce medical errors, and lower infection and mortality rates



Support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities above that are laid out in 45 CFR 158.151, which promote clinic community linkage and/or referral processes or support other activities as defined in 45 CFR 158.150.



Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge



Implement, promote and increase wellness and health activities

REJECTED HRS EXPENDITURE EXAMPLES

Traditional Health Care training to quickly increase certified THWS

Primary Care Physician training to enhance ability to treat chronic and complex illness

Care Coordinator staffing for a network primary care office

Building a non-profit, integrated physical and behavioral health center

Hiring and training a mobile staff person to assist with unhouse client services

Building an indoor community recreation center for the Parks and Recreation District

Administrative costs and workforce development

TWO TYPES OF HRS

Community
Benefit
Initiatives

Flexible Services

COMMUNITY BENEFIT INITIATIVE

Community benefit initiatives (CBI) are community-level interventions focused on improving population health and health care quality. These initiatives can include but are not necessarily limited to members.

CHIP FUNDING

Funds available for projects and programs that achieve the goals of UHA's Community Health Improvement Plan- Alignment with one of the key focus areas:





Healthy Lifestyle Classes



Playgrounds, Playscapes and School Tracks



Veggie Rx



Dolly Parton's Imagination Library







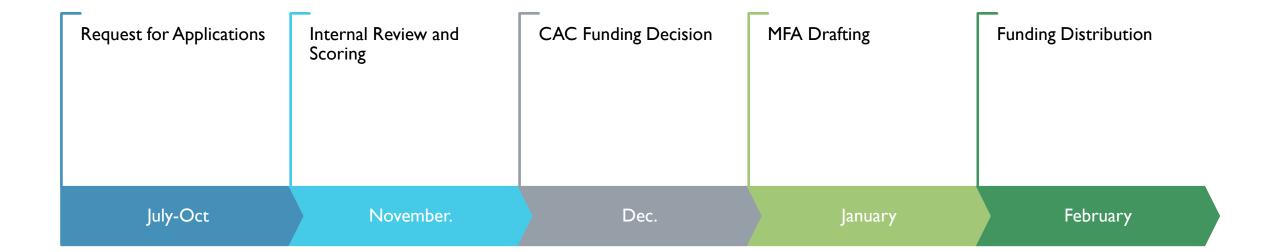
Community Gardens

Homeless Outreach

Mobile Food Pantry

PREVIOUS CHIP PROJECTS

CHIP TIMELINE



COMMUNITY ADVISORY COUNCIL:

16 MEMBERS REPRESENTING...

Mental Seniors or People Health/Medical Education Children w/ Disabilities Health/Addictions Local Faith Community Housing Tribe Dental Government 5 members at Chairperson large

COMMUNITY ADVISORY COUNCIL

51% of the Council must be an OHP recipient or a parent of a recipient (consumer)

Live in the CCO service area

Have an interest in Health Care and in the community

Over 16

Willing to participate in CAC meetings (held the second Thursday of every month 3:45-5:15)



CHIP FUNDING HISTORY



WHAT TO EXPECT FROM THE CHIP APPLICATION

- Application Topics
 - Project Overview
 - Project Details
 - Financial Considerations
 - Healthy Related ServicesClassification



2024 CHIP Funding Application



2024 CHIP Funding Application Example

PROJECT OVERVIEW

Amount of funds requested:

What is the minimum amount of funds that could be received that would permit the project to still move forward?

CHIP priority. If multiple, list in order of impact. (Priority areas include social determinants of health, behavioral health & addictions, healthy lifestyles, families & children):

How does the project support CHIP priorities?

How the project addresses community need:

Outcomes vs Outputs

- Outcomes The overall impact or value
- Outputs SMART Goals

Outcomes vs Outputs

- Outcomes The overall impact or value
- Outputs SMART Goals

Specific	This output is specific	
Measurable	We will measure the work	
Attainable	This output is attainable	
Realistic	Seems pretty realistic	
Timely	It will be done	

Outcomes vs Outputs

- Outcomes The overall impact or value
- Outputs SMART Goals

Specific	This output is specific		
Measurable	will rasure the work		
Attainable	This qut is attainable		
Realistic	S ins p. ty realistic		
Timely	It will be done		

Expected outcomes (overall impact or value):

The Community Beautification project will improve community wellbeing, physical fitness, and provide a beautiful vista for our community.

Expected outputs (SMART Goals):

- By the end of Q2 2024, Growing Gratitude will have distributed 5,000 plants, starts, pre-program surveys, and educational materials to 2,500 Sutherlin residents.
- By the end of Q4 2024, Growing Gratitude will have given a post-program survey to all program participants. 60% of surveys will be returned by participants. Participants will report, at minimum, a 10% average reduction in stress and a 10% average increase in physical activity.

FINANCIAL CONSIDERATIONS

Estimated program costs (this includes CHIP funding and other funds):

Item	Budget Source	Amount
Seeds and Starts	UHA CHIP Funds	\$8,000
Flower Pots	50% UHA CHIP Funds, 50%	\$2,000
	Garden Grant	
Communication Materials	50% UHA CHIP Funds, 50%	\$2,000
	Garden Grant	

Project Total \$12,000

CHIP Funding Budget (this breaks down your plan for spending CHIP funds):

Item	Amount
4,000 Seed Packets	\$3,000
1,000 Starts	\$5,000
1,000 Flower Pots	\$1,000
5 Boosted Social Media Posts	\$250
5,000 Flyers	\$750

Total CHIP Request \$10,000

HEALTH RELATED SERVICES CLASSIFICATION

State Health Improvement Plan Implementation Area (check all that apply):

Equity and Justice	Healthy Communities			
☐ Disaggregated Data	☐ Built Environment	☐ Community Resilience		
☐ Cultural Responsiveness	☐ Economic Development	☐ Workforce & Job Training		
☐ Community Driven	☐ Education Attainment	☐ Social Service Integration		
Decision Making	☐ Transportation			
☐ Policy, Procedure, and	·			
Investment				
	Healthy Families			
\square Preventive & Primary Care	☐ Early Childhood	☐ Family Resilience		
☐ Access to Insurance	☐ Care Coordination	☐ Trauma & Toxic Stress		
Coverage	☐ Health Education	☐ Trauma Informed Care		
☐ Prenatal & Postnatal Care	☐ Health Literacy	☐ Chronic Conditions		
☐ Sexual & Reproductive	☐ Oral Health			
Health				
☐ Physical Activity				
Healthy Youth	Housing and Food	Workforce Development		
☐ Behavioral Health	☐ Housing Stability	☐ Provider Recruitment		
☐ Youth Health Education	☐ Food Security	☐ Trauma Informed Care		
☐ Youth Oral Health	☐ Nutrition Policy & Ed	Training		
☐ Preventive Care	☐ Traditional Health Workers	☐ Provider Education & Training		
Behavioral Health	Technology & Health			
☐ Awareness & Education	☐ Telehealth			
☐ Alcohol & Substance Use	☐ Electronic Health Records			
☐ Crisis Intervention	☐ Community Information			
☐ Mental Health Treatment	Exchange			
☐ Prevention & Screening				
☐ Suicide Prevention				
☐ Treatment Integration				

Sustainability*

Clearly stated plans for project sustainability after the grant cycle concludes.

Outcomes and Outputs*

Goals are specific, measurable, attainable, realistic, and timely. Activities, services, methods, or approaches are clearly defined.

Community Partners and Support

Committed resources, funding, and/or collaboration.

Target Population

Addresses appropriate target population(s).

Community Capacity

Broad and meaningful reach to individuals in the target population.

Budget

The purpose of requested funding is clearly defined and aligned with CHIP priorities.

Social Determinants of Health

Impact clearly stated.

Health Equity

Impact clearly stated.

SCORE CARD

TIMELINE & PROCESS

- Application is live July I October 15
- Internal review process
- CAC member review process
- Funding slate creation
- Funding slate vote
- Applicants notified regarding funding decisions
- Contracting process begins



We work to improve the delivery of health services and address families' social determinants of health by removing barriers to successful health outcomes, coordinating care, and addressing health disparities.



THANK YOU!

CONTACT US WITH QUESTIONS!

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