Work Session Minutes
Public Meeting
July 16th, 2025

In Attendance:

☒Hammad Qadir, MD	☒Dacey Brooke, MD	☒Wallace Webster, MD
☒Paavani Atluri, MD	☒Charles Toledo, MD	☒Jeffrey Lang
☒Mike Rowley	☐Molly Johnson	☒Gregory Brigham, PhD
☒Linet Samson	☐	☐Jason Bell, MD
☐Andrea Zamora	☐	☒Tracy Lang ☐

Guest: Bevin Ankrom (OHA)

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, CQCO, Wendy Haack, DO, CMO; Samyukta Vendrathi, COO; Erica Tesdahl-Hubbard, CITO/IT; Amanda McCarthy, Director of SDoH Quality; Evelyn Bryant, Executive Administrative Coordinator

Work Session called to order at 7:01 A.M. by Dr. Wallace Webster for the purpose of discussion, but no action upon the Committee updates, including discussion of confidential and proprietary information constituting trade secrets under ORS 192.345.

Quorum established 7:00 am.

Meeting Minutes:

- Dr. Wallace Webster presented the meeting minutes from May 21st , 2025, Work Session.

❖ **MOTION:** Motion made by Jeff Lang to approve the May 21st, 2025, meeting minutes as presented and seconded by Charles Toledo, MD.

❖ **VOTE:** Unanimous approval. (End 7:01 A.M.)

Financials:

- Chris Hogan begins by going over May financials for Advanced Health:

Western Oregon Advanced Health, LLC.
STATEMENTS OF OPERATIONS
For the Year Ended May 31, 2025

	2025 Actual	2024 Actual	Variance Actual	2025 Budget	Variance Budget
	May '25	May '24		May '25	
REVENUES:					
Medical	70,038,566	67,821,524	2,217,042	69,000,004	1,038,562
Dental Health	5,285,072	3,743,566	1,541,505	5,215,315	69,757
NEMT	1,827,183	1,989,638	(162,455)	1,965,501	(138,318)
Investment Income	147,809	18,765	129,045	-	147,809
Total	77,309,970	73,573,493	3,736,477	76,180,820	1,129,150
MEMBER SERVICES EXPENSES:					
Medical	67,885,803	65,712,416	2,173,388	67,215,281	670,522
Dental Health	5,148,188	3,626,767	1,521,421	5,080,417	67,771
NEMT	1,753,103	1,512,784	240,319	1,601,664	151,439
Health Related Spending	827,240	230,552	596,688	506,529	320,711
Other	-	-	-	-	-
Total	75,614,334	71,082,518	4,531,816	74,403,891	1,210,443
Total revenues	1,695,636	2,490,975	(795,339)	1,776,929	(81,293)
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	928,400	751,943	176,457	917,723	(10,677)
Legal, accounting and professional	107,812	147,581	(39,769)	106,412	(1,400)
Employee benefits	183,516	172,342	11,174	187,542	4,026
Dues, membership, contributions	54,133	245,236	(191,103)	151,625	97,492
Office Supplies and Postage	-	7	(7)	50	50
Meals, travel and seminars	14,550	31,699	(17,150)	30,687	16,137
Other expenses	-	522,265	(522,265)	100	100
Total administrative expenses	1,288,411	1,871,073	(582,662)	1,394,139	105,728
Net Expenses $	407,225	619,902	(212,677)	382,791	24,434

Summary	2025	2024	Budget	Varience to PY	Variance to Budget
Revenue	$ 77,309,970	$ 73,573,493	$ 76,180,820	$ 3,736,477	$ 1,129,150
COGS	$ 75,614,334	$ 71,082,518	$ 74,403,891	$ 4,531,816	$ 1,210,443
Admin Expenses	$ 1,288,411	$ 1,871,073	$ 1,394,139	$ (582,662)	$ (105,728)
Income Tax & Investment Expense	$ (6,556)	$ (6,077)	$ (6,250)	$ (479)	$ (306)
Net Income	$ 400,669	$ 613,825	$ 376,541	$ (213,156)	$ 24,129

- Cost of Goods (COGS) are right around on target with aggregate budget variances tracking closely with revenues; Health related spending is over budget by quite a bit, which is unusual, typically this time of year

our health related spending is under budget. It's over budget here because of those same HRSN expenditures.

- On the on the admin side, we are very close to budget. We're about $100,000 under budget for admin expenses year to date and that variance is primarily driven by dues and subscriptions. They don't expect that downward variance to last the year. This is a timing related effect, but overall Advanced Health's net income year-to-date is just north of $400,000, which is slightly above the budget value of $376,000.
- With no questions or comments he moves on the balance sheet:

Western Oregon Advanced Health, LLC.
May 31, 2025 and May 31, 2024

	May '25	May '24
ASSETS		
Cash and cash equivalents	$ 6,151,387	$ 4,910,836
Restricted Reserve	7,527,849	7,460,521
Cash Suspense	25,295	44,111
Investments	3,696,575	4,144,266
Physical Health Receivable	5,704,754	1,033,415
Mental Health Receivable	-	-
Dental Health Receivable	1,359,699	298,907
HRSN Receivable	105,511	-
Quality Pool Receivable	5,136,307	7,131,897
Accrued Interest Receivable	110,724	83,235
Accounts Receivable, net (Related party)	463	1,942
Other assets	34,822	157,002
Total Assets	$ 29,853,386	$ 25,266,132
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	213,645	86,309
DOCS Management Admin Payable	18,341	11,726
Dental Health Payable	(431)	2,541
HRA Payable	-	-
MCO Payable	902,845	873,762
Mental Health Payable	(3,207)	2,178
Other Accrued Expenses	6,682,127	851,557
Payroll and Related Liabilities	$ 216,638	$ 162,379
Physical Health Payable	384,175	395,368
QDP Payable	7,839	973,728
Quality Pool	5,056,721	6,989,877
Capital Share Obligation	490,000	470,000
VBP Payable	158,552	112,307
Dividends Payable	-	-
Total Liabilities	14,127,246	10,931,732

- The biggest single theme driving a year over year variance on Advanced Health's balance sheet is related to risk corridors but the biggest new item here is related to tribal clinics.
- Tribal clinics are paid a large encounter rate for each encounter they produce and that program exists under a risk corridor in 2025 and that that risk corridor will be in place in 2026 as well.

- He moves on to Equity:

Equity		
Southwest Oregon IPA	9,711,504	7,776,794
North Bend Medical Center	-	1,296,132
Coos County	1,428,162	1,296,132
Advantage Dental	856,897	777,679
Bay Area Hospital	714,081	648,066
Coquille Valley Hospital	571,265	518,453
Bay Clinic	285,632	259,226
ADAPT	214,224	194,420
South Coast Orthopedic Associates	214,224	194,420
Waterfall	285,632	-
Dividends Declared	-	-
Prior Period Adjustment	-	-
Retained earnings	400,669	613,825
Capital Gain (loss)	1,043,847	759,252
Total stockholders' equity	15,726,139	14,334,400
TOTAL LIABILITIES AND EQUITY	$ 29,853,386	$ 25,266,132

- Chris states that here one can see that dividend have been distributed, prior year retained earnings has been loaded into capital accounts and retained earnings year to date is somewhat lower than it was last year, but unrealized gains is up quite a bit.
- With no questions or comments about the financials, they move to approve.

❖ **MOTION:** Motion made by Charles Toledo, MD , to approve the Financials for May2024 Vs. May2025, as presented and seconded by Mike Rowley.

❖ **VOTE:** Unanimous approval. (End 7:12 A.M.)

-With no public comment at this time they move on to the next agenda item.

2024 Quality Pool Methodology Distribution

- Anna takes the floor on presenting on the quality pool distribution discussion. She goes over the document below first to show a summary of the 2024 results. Advanced Health earned 60% of our potential quality pool this year. They did have a number of measures where they fell short by a handful of members.

Summary of 2024 Incentive Measure Performance

Met 8 out of the 15 measures (60%): $4,399,059
Met 2 of the 4 measures in the challenge pool: $353,245
MCO Tax $96,986 (withhold)
Admin Fee to DOCS (10%) (withhold)
Total Earned: $4.849,290

Measure name	Year	Denominator	Numerator	OHA goal	AH rate
Assessment for children in DHS custody	2024	33	31	93.20%	93.90%
Cigarette smoking prevalence	2024	6,323	1,374	17.80%	21.70%
Depression screening	2024	6,496	3,818	68.20%	58.80%
Diabetes HbA1c poor control	2024	978	275	21.10%	28.10%
Drug and alcohol screening SBIRT Rate 1	2024	5,317	3,420	66.60%	64.30%
Drug and alcohol screening SBIRT Rate 2	2024	818	164	16.60%	20.00%
Postpartum care	2024	239	204	85.90%	85.40%
Preventive dental or oral services ages 1-5	2024	2,130	1,474	52.90%	69.20%
Preventive dental or oral services ages 6-14	2024	4,418	3,149	61.00%	71.30%
Initiation of substance use disorder treatment 18+	2024	1346	575	33.70%	42.70%
Engagement of substance use disorder treatment 18+	2024	1346	196	13.40%	14.60%
Immunization status for adolescents	2024	385	107	28.80%	27.80%
Childhood immunization status	2024	327	204	63.10%	62.40%
Well-care visits ages 3-6	2024	1,471	1007	69.40%	68.50%
Health Equity Measure: Meaningful Language Access to Health Care Services for persons with limited English proficiency Component 1 – minimum points from must pass questions (score 109) Component 2 – benchmark for percentage of visits provided with interpreter services by OHA certified or qualified interpreters	2024	1,208	52	9.80%	4.30%
Health Aspects of Kindergarten Readiness: CCO System- Level Social-Emotional Health	Attestation Survey & Assett Map				Met
Social Determinants of Health: Social Needs Screening and Referral	Component 1 – structural measure: CCO attestation (beginning first year of use and				Met

- We were very close on quite a few of them, but didn't quite pull out the performance numbers that we needed in order to meet those. The ones that were very close were the postpartum care, the immunization measures both for adolescents and for children for two-year-olds and the well-care visits for children as well, all very close just within a handful of members unfortunately.
- So that is part of their strategies for improving performance and meeting those measures for 2025, we've discussed some of those already and are working on like the member incentive program to outreach to members directly and provide some incentive for them to contact their providers and complete those visits and get engaged in those services.

- So they're working to improve performance on those for 2025 so that we're not falling short on those measures. With no comments or questions Anna moves on to continue talking about the quality pool distribution. She goes over the document below:

BOARD ACTION ITEM:
2024 Quality Pool Distribution

Background:
As part of the agreement with the Centers for Medicare & Medicaid Services (CMS) as required by the Special Terms and Conditions (STCs) of Oregon's Section 1115 demonstration, the Oregon Health Authority (OHA) has established a Quality Incentive Program to provide financial incentives to reward CCO performance on a set of access, quality and outcome metrics ("incentive metrics") selected annually by the Metrics & Scoring Committee. Through this program, CCOs achieve financial rewards if they meet specific performance benchmarks or improvement targets. The funding for the program is from the quality pool.

This model rewards CCOs for outcomes, rather than utilization of services. This stimulus is one of several health system transformation mechanisms for achieving Oregon's vision for better health, better care, and lower costs.

Change to attribution methodology: In September 2024, CMS released a new Medical Loss Ratio (MLR) Toolkit with guidance for states on monitoring, reporting, and validating. This new CMS MLR Toolkit has led to revised guidance and requirements from OHA related to how CCOs and their delegates distribute Quality Pool funds if those funds are to be included favorably in the MLR report.

From a January 2025 memo from OHA:
"***Link provider bonus or incentive payments to quality or performance metrics.*** *For a provider bonus or incentive arrangement to be included in the MLR numerator, the payment must require providers to meet clearly defined, objectively measurable, and well-documented clinical or quality improvement standards (42 CFR §438.8(e)(2)(iii)(A)). Contracts should define and link quality or performance metrics that the provider must meet to receive the incentive payment. They should also include a defined performance period tied to the applicable MLR reporting period and specify dollar amounts or a percentage of a verifiable dollar amount that can be linked to the successful completion or achievement of the quality or performance metrics and date of payment (89 FR 41130)."*

This change in guidance requires quality payments and methodology to be set through contract.

Summary: Advanced Health met 8 out of the 15 quality pool measures and 2 of the 4 challenge pool measures for measurement year 2024.

Final 2024 performance for all quality measures was released in mid-June. Details of Advanced Health's performance are attached.

Quality Pool Earnings Summary

$4,399,059	60% of potential quality pool earned meeting 8 of 15 measures
$353,245	Challenge pool amount earned for meeting 2 of 4 challenge pool measures
$96,986	MCO Tax portion of the quality pool
$4,849,290	**Total 2024 Quality Pool Earnings**

Quality Pool Payment Summary

The Clinical Advisory Panel (CAP) reviewed the Quality Pool attribution methodology at their June 24, 2025, meeting. Their recommendation for attribution methodology is as follows:

Proposed Methodology

Aligning with the previous attribution methodology, with CAP annually reviewing the quality incentive measure set to determine:

a. Which measures can be attributed to a contractor
    i. What to do with those measures that are not attributable to a contractor
b. Which organization should receive the funds (i.e. SWOIPA, Advantage Dental, Advanced Health, DOCS)
c. Weigh each measure as a percentage of the entire quality pool through a process that considers population size, performance and complexity.

Weighing Methodology

CAP recommended methodology for weighing each measure using population size, performance, and complexity.

Population size

Review of the metric based on the denominator size.

Size	Number	Score
Micro	<100	1
Small	101-500	2
Med	501-1999	3
Large	2000-8000	4
x-large	8000+	5

Metric performance

Review of the metric based on performance during the measurement year.

Performance	Score
Met	1

Not Met	0

Determining complexity
Review of the metric for the number of services required for full numerator compliance.

Number of services	Score
Multiple services required for numerator compliance	1
Single service required for numerator compliance	0

Other partners/SDOH-E provider attribution
As per previous years, a portion of Quality Pool earnings reserved for payment to providers/organizations whose work directly impacts the incentive measure but cannot bill for services. Two options are available for this process

1. Include 3% of total quality pool earned allocation to SDoH-E providers (identified by Advanced Health staff and CAP annually) as part of the standard approved methodology.
2. Have this portion of the attribution methodology decided annually and included in the Q1 annual notice.

Include methodology in contract with annual notice of incentive measure set in Q1 of the measurement year.

Using this attribution methodology, distribution per contractor:

Amount	% of quality pool	Organization
$96,986	2%	Advanced Health (MCO tax)
$484,929	10%	DOCS (administrative services)
$3,241,156	66.8%	SWOIPA (physical and behavioral health measures)
$880,740	18.2%	Advantage Dental (oral health measures)
$145,479	3%	Other partners (organizations whose work contributed to meeting measures but who cannot bill for services)
$4,849,290	**Total**	

Action Needed: The Advanced Health Board needs recommend a distribution methodology for the 2024 Quality Pool, including a methodology that can be included in contract for future years' Quality Pool distribution.

- There have been some changes that we need to make in how we manage the distribution of quality pool funds for 2024 and moving forward. The changes here to the attribution methodology at the end of 2024, CMS released some new guidance around medical loss ratio calculations. The medical loss ratio we need to be at 85% or higher. That means we're spending at least 85% or more of the funding we received from OHA on medical services. We want to make sure we're spending those and we can count the money that we're spending for the quality pool as medical services in order to not harm our medical loss ratio calculations. If we fall below that 85% target, then we would be liable to pay that back to the state, the state has a recovery rebate that they'd have us do.

- So it's in Advanced Health interest to make sure that we're able to count our quality pool distribution as in the numerator of the medical loss ratio calculations.
- With that in mind CMS has issued new guidance and the State has issued some guidance as well to CCO. A summary of what the changes we need to make is that the quality payments need to be in our contracts with our delegated entities with our risk-bearing providers, so Advanced Health would need to make contract amendments with SWOIPA and with Advantage Dental to describe those quality payments so that the contractors know what is being measured, when they can expect those payments, and how those payments are being calculated and those payments need to be tied back to quality measures.
- After going through the entire document Anna asks if there are any questions or comments.

Discussion

- Dr. Toledo comments so once they have their percentage and the report this to OHA or to Medicaid and they give Advanced Health money for how well they did and since it isn't coming out of risk pool that's already been given to Advanced Health or to SWOIPA and since it's essentially a bonus payment, nobody is at risk here, so if they do well they get more money. So the providers all get more and SWOIPA and Advanced Health also benefit from this?
- Anna answers yes.
- Dr. Toledo adds that it seems like being more proactive early on could really benefit the entire program. It would benefit Advanced Health and the providers who are providing the service?
- Anna replies yes. They have their quality department at DOCS that works on engaging clinics. They have a monthly meeting that clinics are invited to attend, they don't have great attendance, but they're hoping to improve that this year by being a bit more aggressive in trying to find the right contacts at the clinics to attend those meeting and engage in the quality measures. The Advanced here has approved the direct member outreach as well. So Advanced Health will be doing that to try to engage members more directly to encourage them to contact their providers and complete the services.
- Many of the quality measures are based on EHR data. So they're based on the clinical data from the clinics and performance on those such as the depression screening, the drug and alcohol screening measures and the diabetes screening measures. They have a couple that are claims based, but OHA has really moved away from the claims based measures and those are the ones where Advanced Health has the best view on how we're doing throughout the year. So, we've had to change some of our strategies and how we gauge measure performance throughout the year because sometimes there's a pretty long lag between the data that's available and when we're able to take action.
- Ben M. agrees with Dr. Toledo's points. He adds that their goal is to have much more provider engagement. There is a lot of dedicated effort in making this happen but it's not always known at the time. There are variables but he understands Dr. Toledo's points.
- Dr. Toledo adds that that he wants them to know that physicians are on fire as far as trying to do a better job. Whatever they need to do to make this happen, they are about it. He wants to see that

68% closer to 90% because it benefits everybody and it benefits the patients to make sure they are doing what they are supposed to be doing.

- Anna states that they will need a recommendation, a vote from the Advanced Health Board to recommend a distribution methodology. The one we have described here would be then described in contract with SWIOPA and Advantage Dental and then these are the payment amounts that would go out for 2024.
- Dr. Webster asks about the percentages, is that in the contract would that be a set percentage or is that something that would be reviewed annually?
- Anna responds that they would be describing in contract the weights for each measure and the methodology of deciding which measure is paid to which contractor because OHA can change that measure set from year to year, so it would require an annual review of which measures are in the set and which contractor would be paid for those measures. So that part would be an annual review for the Board. We would be doing it earlier in the year once we know what the measure set is. So we would likely do it at the January or the March board meetings in the future years.
- Anna continues to state that right now we're trying to play catch up, so we're looking at 2024 at the September meeting, she would expect to bring back the 2025 measure set to review what that distribution would look like. They won't know any actual numbers for that yet, but we could then give notice to SWOIPA and Advantage Dental to say, we weight this measure at this value and SWOIPA would be paid for this one and Advantage Dental would be paid for that one.
- Dr. Webster asks if the CAP committee review that?
- Anna answers yes the Clinical Advisory Panel review that and review the measures, specifications and performance more in depth. So they've relied on them to review that and then make recommendations to the board.
- Dr. Webster asks if that has a wide participation of partners?
- Anna answers, yes they have practicing providers on that committee.
- Ben adds that also dentists, mental health providers, and Dr. Haack who runs the meeting.
- With no further comments or questions on what Anna has presented they move to accept:

Action Needed: The Advanced Health Board needs recommend a distribution methodology for the 2024 Quality Pool, including a methodology that can be included in contract for future years' Quality Pool distribution.

- **MOTION:** Motion made by Charles Toledo, MD , to approve the Advanced Health recommendation of a distribution methodology for the 2024 Quality Pool, including a methodology that can be included in contract for future year's Quality Pool distribution and seconded by Dr. Paavani Atluri.
- **VOTE:** Unanimous approval. (End 7:35 A.M.)

2024 SHARE Contribution

- Chris takes the floor and provides some background on the agenda item. He recaps on what the SHARE Initiative is and Advanced Health's annual designation. A few years ago OHA implemented a mechanism to require CCOs to set aside a portion of profits or what they refer to as excess surplus to be paid out for SDOH related projects. So OHA aiming to demonstrate that CCOs are using their surplus to improve community health.
- Each year in March we're estimating our year end financial results. So, we're estimating our earnings and when he says earnings he's talking system-wide earnings. So earnings at Advanced Health and among its risk-bearing entities, SWIOPA and Advantage Dental, and these things are a little bit uncertain due to claims run out which is not complete as of as of March and so we estimate a SHARE designation that would be required and typically they try to overshoot it a little bit just to give ourselves some buffer room, but for 2024 ultimately the minimum SHARE designation was higher than what was previously authorized by Advanced Health. So, at the March meeting, Advanced Health approved $350,000 for its 2024 SHARE designation and now we are requesting the Board to designate an additional $55,000 to bring the total 2024 share designation to $405,000, so small a small increase, but this is a this is a required designation.

AdvancedHealth

BOARD ACTION ITEM:

2024 SHARE Designation Adjustment

Background: On March 12, 2025, the Advanced Health Board of Directors approved a $350,000 2024 SHARE designation.

SHARE Designation Adjustment: Advanced Health's final 2024 financial statements, risk-based capital submission, and risk-accepting entity statements require a minimum designation of $404,085.

Management recommends the Board approve a 2024 SHARE designation of $405,000, inclusive of the $350,000 previously designated.

Action Needed:

Shall Advanced Health designate an additional $55,000 for SHARE Initiative projects and investments, bringing the total 2024 SHARE designation to $405,000?

- With no questions or comments they move to approve.

- **MOTION:** Motion made by Greg Brigham, to approve that Advanced Health designate an additional $55,000 for SHARE Initiative projects and investments bringing the total 2024 SHARE designation to $405,000 and seconded by Dr. Hammad Qadir.
- **VOTE:** Unanimous approval. (End 7:39 A.M.)

SHARE RFA Priority

- Anna takes the floor and goes over the document below:

ADVANCED HEALTH BOARD OF DIRECTORS

BOARD ACTION ITEM:
2025 SHARE INITIATIVE SPENDING PLAN

Background:
Supporting Health for All through REinvestment, or the SHARE Initiative, was developed by the OHA to implement the legislative requirements in House Bill 4018 to address social determinants of health. The SHARE Initiative requires CCOs to reinvest a portion of the prior year's profits to improve social determinants of health and equity (SDOH-E). The SHARE Initiative began in 2020, with the first SHARE Initiative funding becoming available in 2021.

1. Spending must fall within SDOH-E domains and include spending toward a statewide housing priority.
2. Spending priorities must align with community priorities from Community Health Improvement Plans.
3. A portion of funds must go to SDOH-E partners.
4. CCOs must designate a role for the Community Advisory Council(s) related to SHARE Initiative funds.

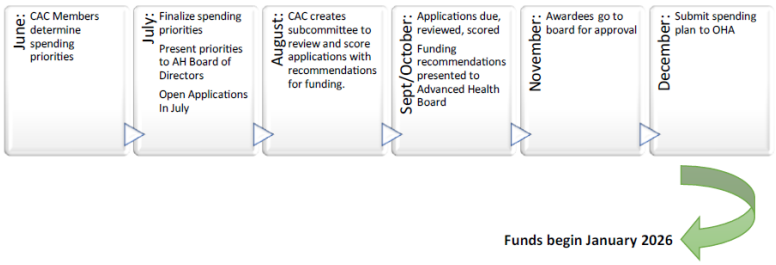
Advanced Health's first SHARE Initiative priorities were selected in 2021 with the assistance of SCRIPT, recommendations from the Coos and Curry Community Advisory Councils (CAC), and adopted by the Advanced Health board of directors.

1. Housing
2. Food and Nutrition
3. Trauma-informed child care

Advanced Health's Curry County Community Advisory Council (CAC), and Coos County Community Advisory Council (CAC), in collaboration with Advanced Health members and community stakeholders, each undertook a Community Health Assessment in 2023, and based on those assessments, developed Community Health Improvement Plans (CHIP) in 2024. With the new CHIP documents, Advanced Health is revisiting the SHARE priorities.

Summary:

2025 SHARE Initiative Timeline



At the June meetings of the Coos and Curry CACs, Advanced Health staff presented on the SHARE program and asked the CACs to choose priorities for SHARE spending that align with the new CHIP.

Housing is a statewide required priority for SHARE spending and aligns with both the Coos and Curry CHIP priorities.

Housing is a statewide required priority for SHARE spending and aligns with both the Coos and Curry CHIP priorities.

In Coos, the following additional priorities were selected by the CAC members:

1. Food and Nutrition (9 votes)
2. Preventing/Addressing Stigma (7 votes)

In Curry, the following additional priorities were selected by the CAC members:

1. Food and Nutrition (4 votes)
2. Childcare (3 votes)

Note: There was not a quorum of voting members for the Curry CAC meeting, but we are presenting the outcome of the votes that Advanced Health did receive.

Advanced Health has $405,000 from the 2024 SHARE designation. Advanced Health also has $60,000 remaining from an unspent SHARE award for a housing project in Curry County. That is a total of $465,000 to be awarded in this SHARE cycle.

Advanced Health staff recommend splitting the 2024 SHARE designation with 80% for Coos and 20% for Curry. Staff also recommend allocating 50% of each county's SHARE funds to the housing priority, and reserving the unspent $60k carry over funds for Curry for the Curry housing priority. See the table below for a list of spending priorities and amounts per county.

Recommended SHARE Spending Priorities and Allocations

Coos County	
Program Category	**Amount**
Housing and Homelessness	$162,000
Nutrition Program	$81,000
Preventing Stigma	$81,000
Total Funds Available	$324,000

Curry County	
Program Category	**Amount**
Housing and Homelessness	$100,500
Nutrition and/or Childcare	$40,500
Total Funds Available	* $141,000
* $81k from 2024 + $60k carry over	

The SHARE spending priorities and allocations will be released with Advanced Health's SHARE Initiative Request for Application (RFA).

Award recommendations from the RFA will be presented to the Advanced Health board at the September meeting.

Action Needed: The Advanced Health board needs to decide SHARE spending priorities and program award allocations.

- Dr. Webster asks if as far as the projects then that's within the community, these funds are given out to entities that are performing work in housing and homelessness etc.
- Anna answers yes. The next step in the process we would release this information with a request for application. So they'd be soliciting project applications from community partners. Since they did a refresh of their Community Health Improvement Plan, we're looking at doing a refresh essentially of who's applying for share funds and what projects we're able to fund.
- Jeff Lang asks if they have the ability to be more directive in terms of how those funds are spent? So for example under nutrition rather than just asking for proposals, let's say that Advanced Health wanted to facilitate implementation of, say, food pharmacies in local clinics. So do we have the ability to be directive in some of that or is it all just submit a program and we'll make decisions based on what people come up with?
- Anna responds that she can send out to everyone the request for application because they do have quite a bit more detail in that document with kind of how they are trying to target those funds and The kinds of information that applicants need to submit for review in order to be awarded funds, but there is a lot more detail included there.

- Ben adds to the point Jeff Lang made, that the Board definitely could prioritize certain areas and that could be built into the application. The Board has the authority to do that so if they would like to do so they can.
- With no further comments or questions they move to approve.

❖ **MOTION:** Motion made by Dr. Charles Toledo to approve the Advanced Health Board to decide SHARE spending priorities and program award allocations and action plan as presented and seconded by Greg Brigham.

❖ **VOTE:** Unanimous approval. (End 7:46A.M.)

The public work session was adjourned by common consensus at 7:46 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 07162025