

**Request for Applications**

**Transformation Community Benefit Initiative Reinvestments**

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Application Deadline**: January 15, 2021**

Background

Thanks to successful efforts in 2020 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 14 of the 19 CCO incentive measures. This has allowed EOCCO to once again reinvest over $2 million in innovative projects to support better health, better health care, and lower costs for EOCCO members and their communities in 2021. EOCCO announces the availability of investments for projects that focus on challenging issues facing EOCCO. This year’s program will focus on two areas:

1. Opt-In Projects to address language services; comprehensive diabetes care; immunizations; and supporting primary care, hospital, and public health capacity in light of COVID-19.
2. Applications to continue successful 2020 EOCCO funded projects that focus on one or more incentive measures the county is having trouble meeting and that do not overlap with the below Opt-In opportunities.

Program Areas

1. **Opt-In Projects**

|  |  |
| --- | --- |
| **Project** | **Funding Amount Available Per Grantee** |
| COVID-19 Primary care, hospital, and public health capacity building | Up to $50,000 |
| Language Services | Up to $20,000 |
| Comprehensive Diabetes Care | $10,000 plus $50 per attributed EOCCO member with diabetes; Optional additional $10k stipend to address health disparities |
| Immunizations | Up to $20,000 plus $15 per attributed EOCCO member aged 0-2 and 9-13; Optional additional $10k stipend to address health disparities |

Additional details on the Opt-In Projects are provided in **Appendix 2**, including application requirements, funding information, and eligible organizations.

1. **Continuing Current Projects- Grants up to $20,000**

Funding is available to organizations proposing to continue successful, previously funded 2020 EOCCO projects. To be funded under this category applicants must provide sufficient evidence (quantitative and qualitative) that their current project is having the desired impact on their selected incentive measure(s). Additionally, projects cannot overlap with Opt-In project areas, must be programmatically and financially distinct from all other 2021 applications, and must include a sustainability plan for after funding ends. Eligible organizations for these grants are previously funded grantees from 2020.

Application Instructions

**Requirements for all Applications:**

1. Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.
2. Proposals that substantially overlap in purpose and budget will not be considered for funding. A committee appointed by the EOCCO Board will make the final funding decisions, subject to Board approval.
3. Support from the CBIR program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees will be required to request decreasing amounts of funds over time and funds for such positions will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.
4. Proposals must utilize funds to serve EOCCO members. Awarded funding may not be used to pay for covered services or services your organization is already required to provide to members as part of your Medicaid contracts.

**Submission Process:**

1. **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the Application Coversheet, a Project Narrative covering all questions described in the RFA, a Budget and a Budget Justification, and any required Letters of Commitment.
2. **Submission:** Send your full application in a **single** PDF to CBIR@ohsu.edu **by 5 pm PDT on January 15, 2021**. **Important Note:** You will receive an email receipt. If you do not receive that email within two business days of submission, please send a follow-up email to the CBIR inbox.
3. **Timeline:** Applicants should hear about the status of their requests by early March 2021.
4. **Technical Assistance:** You are encouraged to obtain technical assistance when needed as you develop your proposal. OHSU staff members are available to answer questions and to provide feedback on your project design and evaluation plan. Please contact CBIR@ohsu.edu, and OHSU staff members will find the best person to provide assistance.

# Transformation Community Benefit Initiative Application Coversheet

**Name of Applicant Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Opportunity to which the Applicant is Applying (check one):**

|  |  |
| --- | --- |
| \_\_ Comprehensive Diabetes Care | \_\_ COVID-19 primary care, hospital, and public health capacity building |
| \_\_ Immunizations | \_\_ Continuing Current Projects |
| \_\_Language Services |  |

**Total Amount Requested** (note funding limits on page 2):$\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Project Summary (do not exceed space below):**

**Signatures:**

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application Questions for Opt-In Projects

If you are applying to participate in an Opt-In project, please submit the Application Cover Sheet, a Project Narrative answering the questions listed below, a Budget and a Budget Justification, and any required Letters of Commitment (**Appendix 3**) using the following guidelines and templates. Project Narratives may be **up to 5 pages.**

For the Project Narrative, Questions A-H should be answered by all applicants to Opt-In projects.  Questions I-L are specific to each project and should be answered by those applicants applying to that project.

**Application Questions for All Projects**

1. Provide a detailed description of the project plan, including:
	1. Project goals- What is your goal? Why is this goal important to your EOCCO population?
	2. A detailed description of the planned activities- What will you do, how will you do it?
2. Please complete a detailed timeline of planned activities using the table below.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Month(s)** | **Who Will Complete The Activity** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Complete the table below, including baseline data and goals you will use to measure success. All projects can select the process and outcome measures they feel are most appropriate to monitoring and evaluating the impact of their project. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goal measures can include but are not limited to your county’s prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you wouldn’t provide a county rate for a program that only will impact one clinical site. If an activity does not have discrete EOCCO and non-EOCCO member data, please explain steps taken to either collect this data or other approaches to measuring your project’s baseline and working toward goals.

If funded, you will be required to report on the data and activities proposed in this table through interim progress reports and a final year-end report. Please contact CBIR@ohsu.edu if you would like free technical assistance in the development of your application. Examples of technical assistance include help determining baseline data, particularly related to race, ethnicity, and language, and support refining or measuring the impact and reach of your project.

**Note:** Please note two Opt-in projects have required [incentive measures](https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx) that must be included in the table below:

* **Comprehensive Diabetes Care:** HbA1c Poor Control and Oral Evaluation for Adults with Diabetes
* **Immunizations:** Childhood Immunizations and/or Immunization for Adolescents

|  |
| --- |
| **EOCCO member Reach of Intervention/Activity** |
| **Activity planned** | **Baseline**  | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Non-EOCCO member Reach of Intervention/Activity** |
| **Activity planned** | **Baseline** | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Please list each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
3. What could cause your organization to have trouble with the project and how could you reduce this risk? Please address any COVID-19 specific barriers that may affect project delivery and how your project will seek to mitigate them.
4. Please list any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see Appendix 3 for template).
5. Describe a detailed plan for sustaining this effort once the project ends.

Opt-In Project Additional Questions

Address the following questions that correspond with your application focus area. See Appendix 2 for more information for each Opt-in below.

1. **COVID-19 Primary care, hospital, and public health capacity building**
2. Describe the setting(s) in which you plan to implement your project. Provide any baseline data that supports your project’s focus.
3. What is the COVID-19 related challenge facing primary care, hospital or public health capacity you intend to work on through your project? What has the impact of this challenge been? What will you do to address or mitigate the challenge?
4. What are the expected capacity-building related outcomes and impact that your project will have on your selected challenge?
5. [**Language Services**](https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx)
6. What population(s) and sub-populations will your project address? Describe these populations and provide any data that supports your project’s focus (e.g., primary language spoken by x number of patients or households).
7. What barriers do members in your community currently face in accessing language services and how will this project help address those barriers?
8. How do you believe your project will impact access to language services for patients? How will you measure these impacts?
9. [**Comprehensive Diabetes Care**](https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx)
10. Describe the baseline data on HbA1C Poor Control and Oral Evaluation for Adults with Diabetes for the population(s) and sub-populations your project plans to address. How will your project address HbA1C Poor Control and Oral Evaluation for Adults with Diabetes?
11. What additional elements of comprehensive diabetes care will your project focus on or incorporate? Examples include but are not limited to: self-management support strategies, group visits, use of remote monitoring devices, nutrition counseling, etc.
12. What are the current barriers to EOCCO members in your community controlling their diabetes and how will your project help patients and their families overcome these barriers?
13. **Optional:** Comprehensive Diabetes Care proposals that include a focus on health disparities will be awarded an additional $10,000 on top of base funding. However, a specific focus on health disparities is not a requirement for this opt-in. Projects incorporating a focus on heath disparities must do so in addition to targeting EOCCO patients within the required incentive measures. Projects that would like to propose an additional focus on health disparities in their application must answer the following questions:
	* 1. Describe the health disparities focus that will be incorporated into the Opt-in proposal.
		2. Describe in detail how this health disparities focus will influence the project plan.
		3. Please provide any relevant baseline data to support this focus area. What do you predict will be the impacts of your project? How will you measure these impacts?
		4. Describe one or more local organization you will be working with to bridge outreach efforts? Please include a letter of support from the organization(s) (see Appendix 3 for letter template).
14. [**Immunizations**](https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx)
15. How will your project address the Childhood Immunization and/or Immunizations for Adolescent measures? What other elements of supporting access to immunizations will your project incorporate? (e.g., patient education and outreach)
16. What are the current barriers in your community to children and adolescents receiving timely immunizations and how will your project help patients and their families overcome these barriers?
17. Describe any technologies you plan to use, including how you will use ALERT for immunizations and how you will ensure both accurate historical and prospective data are transmitted to ALERT for all patients.
18. **Optional:** Immunization proposals that include a focus on health disparities will be awarded an additional $10,000 on top of base funding. However, a specific focus on health disparities is not a requirement for this opt-in. Projects incorporating a focus on heath disparities must do so in addition to targeting EOCCO patients within the required incentive measures. Projects that would like to propose an additional focus on health disparities in their application must answer the following questions:
	* 1. Describe the health disparities focus that will be incorporated into the Opt-in proposal.
		2. Describe in detail how this health disparities focus will influence the project plan.
		3. Please provide any relevant baseline data to support this focus area. What do you predict will be the impacts of your project? How will you measure these impacts?
		4. Describe one or more local organization you will be working with to bridge outreach efforts? Please include a letter of support from the organization(s) (see Appendix 3 for letter template).

# Application Questions for Continuing Current Projects

If you are applying for funds to continue a 2020 project, please submit an Application Cover Sheet, a Project Narrative answering the questions listed below, a Budget and a Budget Justification, and Letters of Commitment using the following guidelines and templates.

Please note the application instructions concerning funding for ongoing positions: Support from the CBIR program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees will be required to request decreasing amounts of funds over time and funds for such positions will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

**Project Narrative (up to 5 pages)**

*Please follow the instructions below to complete your project narrative, providing complete answers to each question.*

1. Provide a detailed description of the project plan, including:
	1. Project goals- What is your goal? Why is this goal important to your EOCCO population?
	2. A detailed description of the planned activities- What will you do, how will you do it?
2. Describe the outcomes and data from your 2020 project that supports continuing this effort in 2021.
3. What changes do you plan to make to your project compared to 2020 and what has led you to these changes?
4. Please complete a detailed timeline of planned activities using the table below.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Month(s)** | **Who Will Complete The Activity** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Complete the table below, including baseline data and goals you will use to measure success. All projects can select the process and outcome measures they feel are most appropriate to monitoring and evaluating the impact of their project. Please indicate the numerator, denominator, and percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goals can include but are not limited to your county’s prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you wouldn’t provide a county rate for a program that only will impact one clinical site. If an activity does not have discrete EOCCO and non-EOCCO member data, please explain steps take to either collect this data or other approaches to measuring your project’s baseline and working toward goals.

**Note:** If funded, you will be required to report on the data and activities proposed in this table through interim progress reports and a final year-end report. Please contact CBIR@ohsu.edu if you would like free technical assistance in the development of your application. Examples of technical assistance include help determining baseline data, particularly related to race, ethnicity, and language, and support refining or measuring the impact and reach of your project.

|  |
| --- |
| **EOCCO member Reach of Intervention/Activity** |
| **Activity planned** | **Baseline**  | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Non-EOCCO member Reach of Intervention/Activity** |
| **Activity planned** | **Baseline** | **Goal** |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Please list each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
3. What could cause your organization to have trouble with the project and how could you reduce this risk? Please address any COVID-19 specific barriers that may affect project delivery and how your project will seek to mitigate them.
4. Please list any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see Appendix 3 for template).
5. Describe a detailed plan for sustaining this effort once the project ends.

# Appendix 1: Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to billable health services, enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

***Start date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***End date of project:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget Table

|  |  |  |
| --- | --- | --- |
| **Budget** |  |  |
| **Personnel:** | **In-Kind Cash Contribution** | **In-Kind non-Cash Contribution** |
| **Name** | **Role** | **FTE** | **Salary Requested** | **Benefits Requested** | **Total Requested** |  |  |
| *Example: Jane Smith* | *MA* | ***.****10* | *$5000* |  | *$5000* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Equipment and Supplies:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel:**  |  |  |
| **Location** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses:**  |  |  |
| **Name of Item** | **Description** | **Total Requested** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **GRAND TOTAL** |  | **$** | **$** | **$** |

## Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

# Appendix 2: Opt-In Project Descriptions

## COVID-19 Primary care, hospital, and public health capacity building

**Background**

The effect the COVID-19 pandemic has had on the health and healthcare system in the United States has been significant and far-reaching. Many sectors of the healthcare system, including public health, primary care, and hospitals have had to significantly alter the way they deliver care and dramatically shift and reallocate their already limited resources to combat this public health crisis. Patients have also changed the way they consume and seek healthcare as a result of the pandemic. Oregon’s unemployment rate was at a record low of 3.3% in January of 2020 but reached an all-time high of 14.9% in April 2020 (<https://tradingeconomics.com/united-states/unemployment-rate-in-oregon-percent-m-sa-fed-data.html#:~:text=Unemployment%20Rate%20in%20Oregon%20was,3.30%20in%20January%20of%202020>). As a result, many Oregonians have lost their employer sponsored health coverage, leading to increased Medicaid enrollment from patients who have delayed needed care during the pandemic.

**Project Plan**

This Opt-in provides applicants with the flexibility to propose a project that focuses on building capacity to respond to and operate in a post-COVID environment. Projects can focus on building capacity to respond directly to the public health crisis or to support other areas of care delivery that have been adversely impacted by the pandemic.

Examples of COVID-19 impacts and challenges these projects could address include but are not limited to:

* Expanding telehealth services and/or behavioral health services
* Expanding access to COVID-19 testing
* Addressing staffing challenges (e.g., supporting childcare, working remote, procuring PPE etc.)
* Addressing patients’ hesitancy to seek care through education and outreach (re-establishing preventive care)
* Addressing social isolation (e.g., peer support groups, community activities, virtual social meetups, etc.)

Applicants are encouraged to focus on or incorporate the following into their projects:

1. Oral health (integration and referrals), dental sealants and preventive services
2. Screening for drug and alcohol use and initiation and treatment for drug and alcohol use (focus on data collection and tracking, BHI, SUD treatment, ED, primary care)
3. Improve primary care coordination between hospitals, behavioral health providers, and community-based organizations

**Participants**

Applicants may include: hospitals, primary care, public health organizations, and behavioral health organizations.

**Funding:**

Up to $50,000

## Language Services

**Background**

Twenty-one million Americans are limited in English proficiency (LEP). Studies have demonstrated that LEP patients who need a qualified interpreter but do not have access to them can be negatively impacted in their access to, experience of, and satisfaction with healthcare, leading to adverse health outcomes. This potential decrease in quality of care can be particularly significant for patients already experiencing physical or behavioral health challenges (<https://journals.sagepub.com/doi/abs/10.1177/1077558705275416>). The use of certified or qualified interpreters has been shown to significantly reduce the likelihood of medical errors compared to ad hoc or no interpreters, and improve quality of care and patient safety for LEP patients (<https://www.sciencedirect.com/science/article/pii/S0196064412001151>). The intent of this Opt-in is to build clinics’ capacity to provide culturally relevant certified or qualified interpreter services to their patient population to reduce these health disparities.

**Project Plan**

Applicants should propose methods to address one or both of the following:

* Pilot culturally responsive video interpretation services via tablet in the primary care, dental, behavioral health, or public health setting. Video interpretation would supplement in-person interpretation options and would be used for last-minute appointments or when an interpreter is not available.
* Training for staff to become qualified or certified [Health Care Interpreters](https://www.oregon.gov/oha/oei/Pages/HCI-Program.aspx)

In addition to the two options above, applicants are also encouraged to ensure written clinic materials are translated for their patient population as part of their project. Applicants should thoroughly describe the methods to implement video or in-person interpretation services within the clinic and a plan to document which patients require, receive, and decline these services, in the electronic health record. Successful applicants will also include details of how they will evaluate the impacts of the program through outcome (e.g., patient satisfaction survey) and process (e.g., number of services provided) measures.

Projects should address the following areas:

1. Demonstrate a data-driven approach to identifying the language service needs of the patient population. Partnership with EOCCO, community-based, public health, or research organizations who have access to these data is highly encouraged.
2. Develop workflows and processes to track and document which patients require, receive, and decline language services in the electronic health record. The modality of these services (in-person, telephonic, video remote) should also be captured in the EHR.
3. Describe how staff will be trained on any new policies and procedures related to language services.
4. Detail how patients and community members who may not access primary care due to LEP will be notified or educated on language services available.
5. Describe how the effects of these services will be evaluated.

**Participants**

Applicants include primary care, public health, and behavioral health clinics.

**Funding:** Up to $20,000

Comprehensive Diabetes Care

**Background**

This Opt-In project is intended to support comprehensive diabetes care including oral health evaluation for adults with diabetes which includes a measurement of members aged 18 years and adults with diabetes who receive a comprehensive, periodic or periodontal oral evaluation in the measurement year. This project will encourage the integration of dental and primary care, or partnerships between dental clinics and primary care practices, to improve glucose control and oral health for adults with diabetes.

There has been increasing understanding of the effects of oral health issues on overall health outcomes. For adults with diabetes, there exists an increased risk of gum disease, which can in turn worsen diabetic control. Oral health problems are also a significant contributor to unnecessary emergency department utilization (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386544/>).

**Project Plan**

Applicants should propose projects to address both Diabetes HbA1C Poor Control and Oral Evaluations for Adults with Diabetes. Projects should include an oral health component, either through developing partnerships between dental clinics and primary care for referrals, or integrating dental services into primary care. Using a variety of QI tools and methods applicants may choose to establish new or use existing workflows to test and implement small strategies to redesign care processes and increase measure outcomes. Suggested methods include use of registries and recall, addressing challenges with medication adherence, and addressing co-occurring conditions such as heart disease. Applicants are encouraged to consider developing workflows to ensure that all patients diagnosed with pre-diabetes are referred to an evidence based program, such as the [Diabetes Prevention Program](https://www.cdc.gov/diabetes/prevention/index.html).

**Participants**

Eligible participants include primary care practices, dental clinics, health systems, and integrated health clinics.

**Applicant Requirements**

* Applicants must identify your clinical team and practice staff who will complete the proposed plan, for example: a primary contact, clinician champion, and a representative from the front or back office.
* Applicants must track both the HbA1c Poor Control and Oral Evaluation for Adults with Diabetes incentive measures.

**Funding**

You may request up to the following amount:

* Baseline funding for all projects: $10,000
* Plus: $50 per attributed EOCCO member with diabetes your project will address. If you are unsure about how many members to use for your budget, please contact CBIR@ohsu.edu.
* Additional $10,000 in funding for proposals with separate project/activities specifically focused on improving comprehensive diabetes care for a population experiencing health disparities

## Immunizations

**Background**

Oregon has seen a drop in immunization rates as a result of changing clinic and patient capacity as a result of the COVID-19 pandemic. (<https://www.oregon.gov/oha/ERD/Pages/OregonSeesDropInImmunizationsDuringCOVID19Crisis.aspx>)

This Opt-in provides applicants with the flexibility to propose projects focused on increasing childhood and/or adolescent immunization rates of youth in their community.

Recommended childhood vaccinations have resulted in 96%–100% declines in mortality in the U.S. for several previously-common vaccine-preventable diseases, such as polio and measles. However, there is evidence that some children are not receiving recommended vaccines due to a variety of social and economic factors. Low childhood vaccination rates have resulted in several recent outbreaks of vaccine-preventable diseases in the U.S., including measles and Haemophilus influenzae Type b (<https://www.sciencedirect.com/science/article/pii/S0749379715003529#bib2>).

Adolescent vaccinations are an important method of protection against potential life threatening diseases (National Foundation for Infectious Diseases (AdolescentVaccination.org. 2013). Vaccine preventable diseases include meningococcal meningitis, tetanus, diphtheria, pertussis, and human papillomavirus (HPV). As such, immunization recommendations for adolescents include one dose of the meningococcal vaccine, one dose of the Tdap vaccine, and the complete HPV vaccines series by an adolescent’s 13th birthday.

Age-appropriate vaccination is crucial to preventing disease, yet many children and adolescents do not receive timely immunizations. Effective strategies to improve timely immunization rates include parent reminders and recalls and provider reminders, education and feedback programs (Williams, 2011).

**Project Plan**

Applicants are invited to propose projects focused on childhood immunizations and/or immunizations for adolescents. Projects may include methods to identify, track, and ensure completion of immunizations, as well as support patient education, outreach, and access for vaccines. Applicants may propose using a registry and recall efforts to ensure timely completion of services.

Additional strategies may include:

* Use of EHR or immunization information systems (ALERT) to run reports for patients due or overdue for immunizations and incorporating patient reminders and recall systems
* Efforts to promote collaboration between early learning, public health, primary care, and dental providers through information sharing via medical systems and/or assigning care coordinators to monitor visits and ensure proper follow up
* Implementing evidence-based strategies in clinical settings, such as: provider guidance to parents regarding, immunization-only appointments, expanded clinic hours, patient reminder and recalls, forecasting and scheduling changes and increasing awareness of optimal vaccine schedules, and reducing missed opportunities, such as assessing immunization status and administering needed vaccines during acute care or sick visits rather than only well child visits
* Training for clinic staff on talking to parents and patients about the importance of vaccines (<https://pediatrics.aappublications.org/content/139/3/e20164187>)
* Collaborations with school-based health centers or other vaccination sites, such as pharmacies, mobile vans, substance abuse clinics, women’s health clinics, shelters, and home visiting programs to increase access to vaccinations
* Partnerships between early learning, early intervention, pre-schools and public schools, public health, and primary care clinics to increase awareness, collaboration, and implementation of readiness needs and immunizations outreach efforts

**Participants**

Primary care clinics, school-based health centers, and public health departments are eligible to apply as lead organizations. Collaboration between public health, primary care and community agencies is encouraged.

**Applicant Requirements**

* Applications must include use of ALERT for immunizations and describe in detail plans to ensure both accurate historical and prospective data are input in real time into ALERT for all patients.
* Applicants must measure and track the Childhood Immunizations and/or Immunization for Adolescents incentive measures.

**Funding**

You may request up to the following amount:

* Baseline funding for all projects: Up to $20,000
* Plus: $15 per attributed EOCCO member aged 0-2 and 9-13 your project will address. If you are unsure about how many members to use for your budget, please contact CBIR@ohsu.edu.
* Additional $10,000 in funding for proposals with separate project/activities specifically focused on improving comprehensive diabetes care for a population experiencing health disparities

# Appendix 3: Letter of Commitment Template

**Agreement to Participate in EOCCO Project**

Dear ***Name of project director***,

We look forward to participating in the ***Project Name*** starting ***date*** and ending ***date****.*

Our organization agrees to ***describe what the collaborating organization is expected to do including any staff responsibilities****.* We understand that we will receive ***list any funds being provided to the collaborating organization.***

Thank you for including us in this important project.

Sincerely,

***Signature***

***Name spelled out***

***Organization name***

***Email address***

***Phone number***