

**Request for Applications**

**Public Health Department Community Benefit Initiative Reinvestments**

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Application Deadline**: January 15, 2021**

# Background

Eastern Oregon’s local public health departments (PHDs) play an important role in the health, equity and security of EOCCO members. PHDs are integrated into their communities vertically and horizontally, understand the root causes of health/social problems and the effect they have on local communities’ ability to thrive. Recognizing their ability to collaborate with varied partners to address gaps in care, facilitate prevention efforts, and address equity issues including the social determinants of health, Eastern Oregon Coordinated Care Organization (EOCCO) has created a Public Health Fund. Over the past year, we recognize that local public health departments have been particularly strained by responding to the COVID-19 crisis.

The Public Health Fund will be used to support projects led by public health departments to improve the health and wellness of EOCCO members and their communities. Public health departments in the 12 EOCCO service areas are invited to submit one or more proposals. Areas of focus include projects that do one or more of the following:

* Address state-mandated incentive measures.
* Address the roots of early childhood trauma and develop resiliency skills (e.g., parenting support, technological innovations, Ages and Stages Questionnaire screening, early intervention and referrals wraparound support for families, and bringing to scale effective interventions.)
* Provide non-billable pre- and post-partum care with a focus on at risk and vulnerable populations.
* Collect baseline data, population-based metrics, and/or data demonstrating impact, including implementing new technologies such as electronic health records.
* Align the service area’s Community Health Assessment with the State Health Improvement Plan and Community Health Plans.
* Develop partnerships and collaborative efforts with primary care practices, hospitals, behavioral health, and other key stakeholders.
* Where possible, demonstrate the ability to leverage funds to secure, blend or braid additional and/or matching funds from other sources to implement and sustain projects.
* Building or developing collaborations and infrastructure including but not limited to emergency preparedness, Public Health Accreditation, hiring external consultants to support capacity building, and expanding collaborations with school-based health centers.

**Timeline:** The earliest start date for projects is March 15, 2021. Applicants may propose multiple year projects, however, all projects should commence within 90 days of award.

**Funds Available: $143,000 remains available to fund projects over the next two or more years if possible.**

**Awards to successful applicants will be no less than $8,000/county and no more than $30,000/county.** Counties may join together and request higher amounts (e.g. two counties may request a minimum of $16,000 and a maximum of $60,000.)

A committee appointed by the EOCCO Board will make the final funding decisions, subject to Board approval. Projects that are innovative, sustainable, and scalable will be favored.

# Application Instructions

**Requirements for all Applications**

* Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.
* Proposals that substantially overlap in purpose and budget will not be considered for funding. All projects must be distinct from all other CBIR applications.
* Funds can be used to establish new roles within a Public Health Department that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees should describe how they believe they can sustain these positions over time once the grant is expended.
* For technology-focused projects, applicants must report on current EHR functionality and baseline data available to them. Recipients of these funds will need to demonstrate commitments from their counties towards ongoing staffing and maintenance costs to support EHR functionality. Public Health Departments are encouraged to leverage this enhancement of EHRs to gain public health accreditation.
* 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. However, applications for the public health fund should not be focused on contact tracing or COVID-19 vaccinations. Public health departments should apply to other 2021 Transformation grant opportunities to address COVID-19 directly.

**Submission Process:**

**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.

1. **Submission:** Send your full application in a **single** PDF to [CBIR@ohsu.edu](mailto: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, please contact this email again.
2. **Timeline:** Applicants should hear about the status of their requests in March 2021.
3. **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](mailto:CBIR@ohsu.edu) and the technical assistance team will provide help or find the best person to provide assistance.

# Public Health Department Community Benefit Initiative Project Application Coversheet

**Name of Public Health Department Serving as Lead Agency:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Requested** (can be less than the amount allocated, but not more): **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Signatures:**

I hereby certify that this proposal has been developed and fully approved by our Public Health Department for submission to the EOCCO. The statements contained in this application are true and complete to the best of the applicant’s 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 Responsible Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

# Public Health Department Community Benefit Initiative Project Narrative

*Please follow the instructions below to complete your project narrative, providing complete answers to each question. Project narratives may be* ***up to 5 pages****.*

1. Provide a detailed description of the project plan, including each of the following sections:
   1. Public Health Service Area that will be served by the project, which public health departments are involved, and the role of each in the project.
   2. Project goals (If the project is EHR or technology-focused, please provide information on the current EHR functionality and data collection capacity, and expected capability after the project is implemented.)
   3. A detailed description of the planned activities and expected outcomes
2. Provide a detailed timeline of activities and who will complete each task. If your project includes sub-grantees, Please describe the major steps or events for each of your sub-grantees and the month(s) when you expect each activity will happen. Be detailed enough so that someone not familiar to the project can understand what will happen.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Months** | **Who Will Complete The Activity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. If EHR or technology focused: Describe the current state of your EHR data used to report on population based metrics or new CCO quality metrics. Provide baseline date if available. Whether you are proposing to implement a new EHR or adding new functionality to an existing EHR, explain the data you aim to collect by the end of the funding period.
2. Complete the tables 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 year-end final report. Please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) if you would like free technical assistance in the development of your application to refine measuring the reach and impact of your project

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EOCCO member Reach of Intervention/Activity** | | | | | | | |
| **Target metric/goal** | **Activity planned** | **Baseline** | | | **Goal** | | |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Adolescent Immunizations* | *Example: Immunize adolescents at health fair* | *24* | *175* | *13.71%* | 150 | *175* | *85.71%* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Non-EOCCO member Reach of Intervention/Activity** | | | | | | | |
| **Target metric/goal** | **Activity planned** | **Baseline** | | | **Goal** | | |
| *# targeted (numerator)* | *# eligible (denominator)* | ***%*** | *# targeted (numerator)* | *# eligible (denominator)* | ***%*** |
| *Example: Adolescent Immunizations* | *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 (if applicable), and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
2. 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.
3. Please list the 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 2 for a template).
4. Describe a detailed plan for sustaining this effort once the project ends.

# Appendix 1: Public Health Department Community Benefit Initiative Budget Template

Please use the template below for your budget. Complete one table per project year. 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: 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***