



eoocco

**EASTERN OREGON
COORDINATED CARE
ORGANIZATION**

REQUEST FOR APPLICATIONS (RFA)

For

2024 Supporting Health for All through REinvestment (SHARE)

PROPOSALS DUE:

March 29, 2024 at 5pm PST

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1. Application Information

1.1. Deadline: **March 29, 2024 at 5pm PST**

1.2. Background

Eastern Oregon Coordinated Care Organization (EOCCO) has consistently reinvested in programs and initiatives to support the health and wellbeing of Eastern Oregon communities. For 2024, EOCCO will continue to fund projects that address Social Determinants Of Health and Equity (SDOH-E), with preference given to projects that support housing-related services and supports. This includes services and supports that help people find and maintain stable and safe housing. These funds, known as Supporting Health for All through Reinvestment (SHARE), will be awarded to projects that best address the largest housing and other SDOH-E needs across Eastern Oregon.

This application should be completed to request SHARE funding. Requests can range from \$15,000 to \$250,000. Smaller scale projects should be designed to be 1-year long with the possibility to apply for an extension. Larger scale projects may be as short as 1 year or run as long as 3-years. For more background information on EOCCO, please refer to **Appendix A: EOCCO Organizational Structure**.

All applications are due to CBIR@ohsu.edu by **Friday, March 29 at 5pm PST**.

1.3. Eligibility and Application Requirements

1. **Eligibility:** Eligible applicants include SDOH-E partner organizations that delivers services or programs and/or supports policy and systems change within EOCCO's service area. The definition of SDOH-E partner organization is broad including partners that primarily address individual social needs (for example, social service agencies), as well as organizations that work for policy and systems change to address SDOH-E (for example, regional health equity coalitions), and those that do both (for example, community-based organizations and local health departments). If an interested organization type is not listed, please contact CBIR@ohsu.edu to inquire if it is eligible to apply.

Here are some examples of potential SDOH-E partners:

- Nonprofit social and human service organizations (for example, organizations supporting economic opportunity; supporting individuals with disabilities; promoting safe housing, education, food security and environmental justice)
- Culturally specific organizations
- Local public health authorities
- Regional health equity coalitions
- Local government and government-associated entities
- Oregon Tribes and the Urban Indian Health Program
- Educational services districts and school districts
- Early learning hubs
- Local housing authorities (for example, Community Action Agencies, affordable housing providers and developers)

Refer to **Appendix B: SHARE Eligibility Checklist** to determine if your project is eligible for SHARE funding.

- Population:** Projects should primarily benefit EOCCO members. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined. If your project collects personally identifiable demographics information, e.g., age, gender, race/ethnicity, please use survey questions in **Appendix C: REALD/SOGI Demographics Survey Questions**.
- Project Focus:** Proposals must focus on providing SDOH-E services and/or supports for EOCCO members within the community. Additionally, proposals must identify how they support the EOCCO [Regional Community Health Improvement Plan](#) components and be consistent with [Oregon Health Authority social determinants of health and health equity guidelines](#). Project proposals must identify which SDOH-E domains their projects best align with. ***Housing-related services and supports will receive priority for SHARE funding.***

Refer to **Appendix D: SHARE Project Ideas** and examples of prior SHARE projects.

- SMARTIE Goals:** Proposals must define how progress towards the goals will be measured and explain how the data your project collects is specific, measurable, achievable, relevant, time-based, inclusive and equitable (SMARTIE). Please use the SMARTIE Goals template provided within this application. Please contact CBIR@ohsu.edu if you would like assistance with your project's SMARTIE Goals.

Here are some examples of SMARTIE Goals ([and more SMARTIE resources](#)):

SMARTIE category	Definition	Example
S pecific	What is it you want to achieve? Consider including the 5Ws: what, why, who, where, and when.	More affordable housing is available for EOCCO members
M easurable	How will you know when you have achieved your goal? To be able to track progress and to measure the result of your goal, consider: how much or how many?	5 housing units available
A ction-Oriented	To keep you motivated toward attaining your goal, are there identifiable intermediate actions or milestones?	Identify property to purchase; Renovate property
R elevant	What results can realistically be achieved given your available resources, including people, knowledge, money, and time?	The project team has resources to expand, and it aligns with Community Health Improvement Plan
T ime-Bound	What is an appropriate deadline for achieving your goal? How will you track progress?	by December 2025
I nclusive	How will you include disproportionately affected people into processes, activities, and decision making in a way that shares power?	Engages local organizations to assist in and donate items needed in renovation
E quitable	How will you include an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression?	The project is representative of the communities it serves
Goal Summary	Purchase and renovate a property to create 5 new housing units for EOCCO members by December 2025. This will be achieved with the support of local organizations.	

5. **Budget:** Proposals must define how funds will be spent for their projects.

Recommendations

- Budgets will be more likely to be funded if the personnel and supervisory staff budget is low in comparison to the rest of the budget
- Include detailed line items (for example, avoid “\$100,000 for building supplies”)

Requirements - Budgets cannot include these items:

- Medicaid-covered services;
- Any activities, projects or initiatives targeted exclusively at delivery of health care or expanding access to care in a traditional clinical setting. Dollars from the SHARE Initiative are meant to address needs beyond the “clinic walls” through community partnerships;
- Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS)
- General administrative costs that are not directly related to a SDOH-E and/or health disparities initiative. Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.
- Sponsorships or advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards) for accessing covered services or other non-SDOH-E activities;
- Costs for SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary;
- Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions;
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives),
- Items fully funded from another source. If your project has received SHARE funding in the past, this project proposal cannot request funds for the same project elements.
- Any covered services or benefits in Oregon’s [Substance Use Disorder \(SUD\) waiver](#) (housing or employment supports for eligible members) or [1115 Medicaid waiver](#), including Health-Related Social Needs (HRSN) covered services and [Community Capacity-Building Funds \(CCBF\)](#) for eligible members (beginning in 2024);
 - 1115 Medicaid Waiver covered EOCCO members include:
 - People experiencing homelessness or at risk of homelessness
 - Youth with Special Health Care Needs ages 19-26 years old
 - Youth who are child welfare involved, including youth leaving foster care
 - Older adults who have both Medicaid and Medicare health insurance
 - Adults and youth released from incarceration
 - Adults leaving state hospital.
 - 1115 Medicaid Waiver covered services include any of the following housing, food, and/or climate services for the above defined transition populations:
 - Housing Support – Examples include rental assistance or temporary housing (up to 6 months); utility assistance (up to 6 months); one-time transition and moving costs;

housing deposits and fees; medically necessary home modifications; pre-tenancy and tenancy support services; navigation and/or case management for housing

- **Nutrition Support** – Examples include nutrition and cooking education; fruit and vegetable prescriptions (up to 6 months); meals (up to 3/day) or healthy food boxes for pregnancy members, children and YSHCN (up to 6 months); medically tailored meal delivery (up to 3/day; up to 6 months); navigation and/or case management for community-based food resources
- **Climate Related Needs** – Examples include medically necessary devices that maintain health temperatures and clean air including air conditioners, heaters and air filters; generators to operate medical devices like ventilators in a power outage
- **Outreach & Engagement** – Outreach and engage with populations covered by the waiver. Provide information about additional services to connect members to benefits and services to meet their need.

See **Appendix E: Community Capacity Building Fund Project Ideas** to determine if your project is better eligible for 1115 Medicaid Waiver – Community Capacity Building Fund grant application. Please contact CBIR@ohsu.edu for required 1-on-1 technical assistance to assist you in this process.

6. **Sustainability:** Projects must provide a comprehensive and robust plan for sustainability beyond the end of the proposed grant period.
7. **Financial Information:** Proposals must include one of the approved documentations of financial good standing.
8. **Community Involvement:** Projects that demonstrate documented support from community partners will be given preference. See example in **Appendix F: Letter of Commitment Template**.

1.4. Submission Process

1. **Technical Assistance:** The Community Benefit Initiative Reinvestments (CBIR) Team is available to answer questions about the application process and to provide feedback on your project design. Applicants are **required** to obtain free technical assistance as they develop their proposal. Technical assistance will ensure applications meet state-mandated SHARE program requirements, improve the quality of the applications, and improve the likelihood of being selected for funding.

In previous years, applicants that do not receive technical assistance are automatically NOT considered. You must receive technical assistance to apply.

The following Technical Assistance webinars are scheduled to learn more about this RFA and answer general questions. **Please contact CBIR@ohsu.edu for 1-on-1 technical assistance.**

- **Tuesday, February 20th, 2024 @11-12pm** [Register here](#)
- **Tuesday, March 5th, 2024 @12-1pm** [Register here](#)
- **Thursday, March 14th, 2024 @2-3pm** [Register here](#)

2. **Application Forms:** Applications should include the following:
 - a. Application Coversheet
 - b. Project Narrative
 - c. SMARTIE Goals
 - d. Budget table
 - e. Financial Information
 - f. Letters of Commitment

3. **Submission:** Send your application coversheet and narrative as a PDF, and SMARTIE Goals and Budget Tables in Microsoft Excel to CBIR@ohsu.edu by **5:00 pm PST March 29, 2024**.
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@ohsu.edu.

1.5. Review Process

All SHARE applications will undergo a four-step review:

1. **LCHPs** will score and rank applications received for their county based on which applications best respond to that county's needs. LCHPs will use the scoring rubric in **Appendix G: LCHP Scoring Rubric**.
2. **The EOCCO Community Advisory Council (CAC)** will review LCHP scores and application ranks. The CAC will make SHARE award recommendations for SHARE funding.
3. **The EOCCO Board** will review the CAC award recommendations and make final award decisions. Given the complex nature of SDOH-E projects and limited amount of funding, not all recommended projects from the CAC may be approved for funding.
4. **The Oregon Health Authority** must review and approve of all applications and funding decisions before SHARE projects can receive payment and launch.

EOCCO aims to have awarded 2024 SHARE projects launch by November 2024.

2. SHARE Application

2.1. Application Coversheet

Legal Name of Applicant Organization: _____

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

Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____ Email: _____

Ever submitted a grant application before? Yes No

Legal Name of Organization to Receive and Manage Funds (if different from above):

Organization Name: _____

Address: _____

Name of Employee Managing Funds: _____

Phone Number: _____ Email: _____

Total Amount Requested: \$ _____

If you are willing to accept partial funding, what is the minimum you will accept? \$ _____

Project Title: _____

Length of Project: 1 year 2 years 3 years

SDOH-E Domain (pick all that apply)

- Housing related services and support Economic stability Education
 Neighborhood and built environment Social and community health

Primary county in which project would take place (select one):

- Baker Gilliam Grant Harney Lake Malheur
 Morrow Sherman Umatilla Union Wallowa Wheeler

Do you intend to collect identifiable demographic data for the clients served by this project?

- Yes No Unsure

Write a 3-8 sentence summary of your project (this will be used by LCHPs, CAC, and EOCCO Leadership to help review your project purpose and plan):

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: _____

2.2. Project Narrative

Project Narratives may be **up to 5 pages**, excluding tables and graphs.

- A. **Project Description:** Include a brief description of your organization and the services it provides, and a 3-8 sentence summary of your project (okay to copy from application coversheet).
- B. **Need for Project:** Describe the need for your proposed project. When possible, use data showing this need.
- C. **Target Group:**
- a. Describe the target group of people who will benefit from your project.
 - b. How many EOCCO members will benefit from your project. How do you identify the EOCCO members that receive these benefits?
 - c. Include if your project does or does not serve these transition populations. If yes, how you work with these populations and how you identify them as EOCCO members?
 - d. Include if your project does or does not serve these housing, food, and/or climate services. If yes, how you work with these populations and how you identify them as EOCCO members?
- D. **Project Plan:** Provide a detailed description of the project plan and major activities. What will you do, when will you do it, and who will do it?

Please use the table below to outline the year(s) and month(s) you expect to achieve major steps or events in your project. Be detailed enough so that someone not familiar with the project can understand what will happen. Please add rows as needed.

Year	Month(s)	Activity	Who Will Complete Activity

- E. **Personnel:** Please provide a bulleted list of the names and job title with a brief description of qualifications of your project team. Any names in the Project Plan should be included here.
- F. **Barriers and risks:** What could cause your organization to have trouble with the project, and how could you reduce these risks?
- G. **Sustainability:** Describe how this project will be sustained after the funding period ends.

2.3. SMARTIE Goals and Budget Tables

Please use the embedded Excel documents below to fill out your SMARTIE Goals and Budget tables. Save a copy of the Excel document and submit it separately with the rest of your PDF application.

Applicants are ***required*** to obtain free technical assistance. We strongly recommend contacting CBIR@ohsu.edu to review and improve SMARTIE Goals and Budget tables. Applications that receive technical assistance will be more likely to meet state-mandated SHARE program requirements, improve the quality of their applications, and improve their likelihood of being selected for funding.

Here are the Excel templates to complete your SMARTIE Goals and Budget tables:



2024
SHARE_Goals_and_E

2.4. Financial Information

Please include one of the examples below with your application. Contact CBIR@ohsu.edu if your organization is unable to provide this financial information.

- a. A copy of the applicant's letter of tax-exemption determination from the Internal Revenue Service under sections 501(c)(3) or a statement explaining the organization's exemption status under 170(c)(1) as a public entity;
- b. A copy of the applicant's 501(c)(3) fiscal sponsor;
- c. A copy of the balance sheet and income statement from previous fiscal year;
- d. A copy of Form 990 or previous year audit history.

2.5. Letter of Commitment

Add a letter of support from organizations that have agreed to help with your SHARE project or are in support of your project. See example in **Appendix F Letter of Commitment Template**.

Appendix A: EOCCO Organizational Structure

Eastern Oregon Coordinated Care Organization (EOCCO) - EOCCO covers a large area of rural and frontier communities serving around 70,000 Oregon Health Plan Members. The service area counties include Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler. There are two Tribes in EOCCO's region including the Confederated Tribes of the Umatilla Indian Reservation and the Burns Paiute Indian Reservation. It includes the physical health component at Moda, and the behavioral health component at Greater Oregon Behavioral Health, Inc. (GOBHI).

The goal of EOCCO is to ensure Oregon Health Plan Members living in Eastern Oregon have access to affordable, high-quality care. This access to care will help members have better health and wellness. EOCCO conducts this work through a contract with the Oregon Health Authority (OHA) who guides and reviews all CCOs in Oregon.

Local Community Health Partnership (LCHP) - Each county in the EOCCO region has a Local Community Health Partnership (LCHP). The LCHPs are the foundational entity for EOCCO. Working in collaboration with the EOCCO Field Team at GOBHI, the LCHPs include grass roots work to conduct community health assessments and identify health needs. Next, they develop health priority areas that focus on responding to those needs. In addition, they develop Health Improvement Plans which include specific activities to address the identified health priorities. Another key function of the LCHPs is to make funding recommendations on reinvestment funds. This is the first step of the funding decision process to ensure that funds have alignment with the Health Improvement Plans and to gain input on funding from this key stakeholder group.

Community Advisory Council (CAC) - LCHPs make all their planning and funding recommendations to the EOCCO CAC. The CAC is an EOCCO Member majority advisory group that ensures the health care needs of consumers and community are being addressed. They also support ongoing health transformation, health equity and the best possible health for individuals. After the CAC reviews the LCHPs' recommendations, they prepare their recommendations to the EOCCO Board of Directors.

EOCCO Board of Directors – The Board of Directors reviews, modifies, and finalizes all recommendations and required reporting to the Oregon Health Authority (OHA). The Board approves the distribution of funding solicitations that support the goals of the EOCCO, and help the LCHP with implementation of their health plans. In addition, they allocate in accordance with OHA rules and regulations.

Appendix B: SHARE Initiative Project Eligibility Checklist

All eligible SHARE projects **WILL**:

- Address at least one domain of social determinants of health and equity (SDOH-E): economic stability, neighborhood and built environment, education or social and community health. See the guidance document for examples of each of the domains.
- Fund non-clinical, upstream activities — that is, it is not focused on health care or accessing health care (which are part of a CCO's foundational work in Oregon's health care system).
- Align with the CCO's community health improvement plan priorities.
- Address the statewide priority of housing-related supports and services. If it does not address housing-related supports and services, the CCO's SHARE spending plan must include at least one other project that does.
- Include a role for the CCO's community advisory council in selecting or approving the project.
- Fund an SDOH-E partner. If the dollars aren't going to an SDOH-E partner, the CCO's SHARE spending plan includes other projects with funds going to one or more SDOH-E partners.

All eligible SHARE projects will **NOT fund**:

- Medicaid/Oregon Health Plan (OHP)-covered benefits or the delivery of Medicaid/OHP covered benefits. This includes the expanded covered benefits in Oregon's Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver (health-related social needs services for eligible members, beginning in 2024).
- Equipment or services to address an identified medical need
- Activities also submitted as health-related services (HRS) or otherwise double-counted as other expenses
- General administrative costs that are otherwise necessary for the regular business operations of the CCO
- Member incentives (for example, gift cards or cash) for accessing covered services or other non-SDOH-E activities
- Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities
- Political campaign contributions
- Advocacy specific to CCO operations and financing
- SDOH-E related research in which findings are only used internal to CCO, only used by another private entity or are proprietary. If research is funded through SHARE, findings must have broader community impact

Appendix C: REALD/SOGI Demographics Survey Questions

Demographic Data Collection Sample Form

REALD data stands for race, ethnicity, language, and disability. SOGI stands for sexual orientation and gender identity. REALD and SOGI data collection is the preferred way to collect demographic information by the Oregon Department of Human Services and the Oregon Health Authority.

Your answers will help us understand who we are serving and how we can improve our program.

The survey will take about 10 minutes to complete.

If you have any questions or concerns please contact rosaleske@oshu.edu.

All questions are optional.

Member Information

Name: _____

Date of Birth: _____

Do you receive Oregon Health Plan benefits? _____

If yes, what is your ID number? _____

Race and Ethnicity

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian or Alaskan Native

Asian

Black or African American

Hispanic and Latino/a/x

Native Hawaiian or Pacific Islander

White or Caucasian

Other

Prefer not to answer

Language

What is your preferred language? _____

Disability

Are you deaf or do you have serious difficulty hearing?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Do you have serious difficulty walking or climbing stairs?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Because of a physical, mental or emotional condition do you have serious difficulty concentrating, remembering, or making decisions?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Do you have difficulty dressing or bathing?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Do you have serious difficulty learning how to do things most people your age can learn?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Do you have serious difficulty communicating (for example, understanding or being understood by others)?

Yes

I don't know

No

Prefer not to answer

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone?

Yes

I don't know

No

Prefer not to answer

Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior or experiencing delusions or hallucinations?

Yes

I don't know

No

Prefer not to answer

Gender Identity

What is your gender? _____

What pronouns do you want us to use?

He/Him

She/Her

They/Them

Other _____

I don't know what this question is asking

Prefer not to answer

Nondiscrimination notice:

We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

Appendix D: SHARE Project Examples

SHARE Project ideas and prior CCO examples by social determinants of health and equity (SDOH-E) domains

SDOH-E domain	Project Ideas	Examples of Prior SHARE projects
Economic stability	<ul style="list-style-type: none"> • Income/poverty • Employment • Food security/insecurity • Diaper security/insecurity • Access to quality childcare • Housing stability/instability (including houselessness) • Access to banking/credit 	<ul style="list-style-type: none"> • Train childcare teachers of children of domestic violence survivors • Purchase mobile shower and laundry facility • Purchase a multi-unit residence to create transitional housing • Develop an independent living curriculum for residents at a youth transitional housing facility • Fund local food system resiliency efforts, including strategic planning, Farm to School implementation, nutrition education and supports for culturally specific food organizations • Renovate a multi-service center for providing housing supports and services
Neighborhood and built environment	<ul style="list-style-type: none"> • Access to healthy foods • Access to transportation (non-medical) • Quality, availability, and affordability of housing • Crime and violence (including intimate partner violence) • Environmental conditions • Access to outdoors, parks 	<ul style="list-style-type: none"> • Provide nutritious meals for homebound seniors and in congregate settings • Implement Veggie Rx programs • Purchase age-inclusive accessible playground equipment • Implement oral health campaign to promote increased fruit/vegetable or decreased sugar-sweetened beverage consumption • Build a commercial kitchen to provide shelf stable, nutritious meals for community members • Fund site and architecture planning for a community of small, affordable cottages • Remodel a former hotel into transitional housing with wrap-around services for community members transitioning out of substance use disorder recovery facilities • Build an ADA-accessible wheelchair ramp to a community storefront that provides free clothes, furniture and household items • Renovate and provide critical repairs to restore operations of a local fire department • Purchase and install signage in community parks that provide exercise prompts, tips on navigating unfamiliar areas and a map of accessibility features to encourage physical activity through the winter
Education	<ul style="list-style-type: none"> • Early childhood education and development • Language and literacy • High school graduation • Enrollment in higher education 	<ul style="list-style-type: none"> • Provide intergenerational youth enrichment activities • Plan and construct a new schoolyard • Provide high school completion programs, such as mentoring programs • Support school districts to fund skills trainers and behavioral interventionists • Launch a kindergarten readiness program for communities of color

		<ul style="list-style-type: none"> • Expand parenting education and child development program to support American Indian Alaska Native families • Provide parenting education, support groups, camps and at-home therapy equipment for children with disabilities and their families • Renovate classrooms, including ADA-accessible restrooms, at an early education center • Purchase equipment and educational and vocational materials for a technology room within a women and children’s transitional housing facility
Social and community health	<ul style="list-style-type: none"> • Social integration • Civic participation and community engagement • Meaningful social role • Discrimination (for example, race, ethnicity, culture, gender, sexual orientation, disability) • Citizenship/immigration status • Corrections/carceral support • Trauma (for example, adverse childhood experiences) 	<ul style="list-style-type: none"> • Fund staff time and training for traditional health worker and peer wellness support for social service navigation • Fund community-based organizations for start-up, staffing and training for a social needs screening and referral system through a community information exchange • Support interagency strategic planning to assist unhoused and housing insecure individuals to access resources through community information exchange • Build capacity and develop workforce to provide social-emotional health resources for families and children • Fund capital expenses for a community health worker community center
All domains	<ul style="list-style-type: none"> • Fund a medical legal partnership to support members with legal concerns related to housing, discrimination, immigration, and other areas • Fund community-based organization licenses and/or infrastructure to use community information exchange (CIE) platform • Aggregate and evaluate local health and community services data to inform local decision-makers and improve population health and equity 	

Braided funding project examples

Project Examples

- With SHARE funds, remodel and develop a hotel into combination transitional housing and service location for providing wraparound services for community members with substance use disorder transitioning from recovery facilities. Using health-related services (HRS) flex dollars, some units are earmarked for CCO members.
- With SHARE funds, build capacity of the local healthy homes program to increase bidirectional referrals through a CIE. When social needs for participants are identified, HRS flexible funding is used to address qualifying member needs.
- With SHARE funds, support the local community action agency’s rapid rehousing program by purchasing housing units reserved for CCO members. Through HRS and HRSN, provide short-term rental assistance for CCO members housed in the units.

Housing project examples

Housing Priority	Individual-level project examples	Community-level project examples
<p>Housing-related supports and services</p> <p>Note: Projects to meet the housing-related supports and services requirement must also fall into one or more of the four SDOH-E domains above</p>	<ul style="list-style-type: none"> • Provide healthy homes assessments, repairs and enhancements for members with respiratory illness and/or balance/mobility challenges to improve overall health and prevent potential falls, injuries or worsening of health conditions • Provide navigation services, move-in and rental assistance for community members living with HIV and experiencing houselessness • Fund daytime drop-in service center that provides first and next step housing conversations, emergency housing vouchers and help with rental and housing applications • Provide homeownership trainings and support services for families with children 	<ul style="list-style-type: none"> • Partner with local housing organizations and/or community-based organizations to combat discrimination in housing communities • Create a permanent, affordable housing community for low income and unsheltered residents • Create, convene and fund a regional housing coalition • Construct ADA-accessible temporary housing units, including on-site showers, kitchen and laundry units • Construct permanent supportive housing for individuals experiencing or with a history of substance use or mental illness • Renovate a substance use treatment facility with on-site peer support social needs services • Build capacity for a local housing authority to continue construction and repair of homes • Contribute to capital costs for permanent affording housing through land trusts and limited equity cooperatives

Appendix E: Community Capacity Building Fund Project Examples

Community Capacity-Building Funding (CCBF) is distinct from but can be seen as complementary to SHARE funding. EOCCO is able to distribute additional grants to organizations to build capacity to provide climate, housing, and nutrition services as a Medicaid health benefit.

This Medicaid health benefit is called the Health-Related Social Needs (HRSN) benefit. The HRSN benefit will provide new opportunities for EOCCO to partner, coordinate care, identify needs, and track access for housing, climate and nutrition services. Community-based organizations (CBO), social service agencies, and housing and food providers will play an important role in providing services a to eligible OHP members.

HRSN will help vulnerable populations access resources to stay healthy during and after life transitions. Qualifying life transitions for at-risk EOCCO members include the following:

- People experiencing homelessness or at risk of homelessness
- Youth with Special Health Care Needs ages 19-26 years old
- Youth who are child welfare involved, including youth leaving foster care
- Older adults who have both Medicaid and Medicare health insurance
- Adults and youth released from incarceration
- Adults leaving state hospital.

The [Community Capacity-Building Funding \(CCBF\) application](#) is available to help CBOs support these vulnerable populations and receive the HRSN benefit. This funding is available to 1) create robust, equitable networks of HRSN providers across the state and 2) build necessary capabilities and capacity of community partners. Organizations that receive funds through CCBF will be required to join the EOCCO HRSN Network of non-traditional healthcare providers that can bill for HRSN benefits. This includes being HIPAA compliant with secure email. CCBF applications can include funding requests to build their capacity to bill for HRSN benefits and become HIPAA compliant.

See the CCBF table on the next page to determine if your project aligns with the four CCBF application categories:

- 1) Technology
- 2) Development of Business or Operational Practices
- 3) Workforce Development
- 4) Outreach, education and convening.

Note CCBF is NOT allowed to cover the following expenses. If your project includes these, please complete this SHARE application to cover these expenses.

- Real estate investments, developments and other capital projects
- Ongoing lease or utilities payments
- Staff time devoted to non-HRSN related responsibilities or services
- Insurance costs (e.g., liability insurance, rental insurance, etc.)
- Cost of commercial refrigerator

If you have any questions or comments about the Community Capacity Building Funding process, please reach out to us at CBIR@ohsu.edu.

CCBF domain	Project Ideas
Technology	<ul style="list-style-type: none"> • Procuring IT infrastructure/data platforms needed to enable • Modifying existing systems to support HRSN • Development of an HRSN eligibility and services screening tool • Integration of data platforms/systems/tools • Onboarding to new, modified or existing systems (e.g., community information exchange) • Training for use of new, modified or existing systems (e.g., community information exchange)
Development of business or operational practices	<ul style="list-style-type: none"> • Development of policies/procedures related to: <ul style="list-style-type: none"> ○ HRSN referral and service delivery workflows ○ Billing/invoicing ○ Data sharing/reporting ○ Program oversight/monitoring ○ Evaluation ○ Privacy and confidentiality • Training/technical assistance on HRSN program and roles/responsibilities • Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members) • Planning needs for the implementation of HRSN program • Procurement of administrative supports to assist implementation of HRSN program
Workforce development	<ul style="list-style-type: none"> • Cost of recruiting, hiring and training new staff • Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Applicants may not access this funding for the same individual more than once. • Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care) • Privacy/confidentiality training/technical assistance related to HRSN service delivery • Production costs for training materials and/or experts as it pertains to the HRSN program
Outreach, education, and convening	<ul style="list-style-type: none"> • Production of materials necessary for promoting, outreach, training and/or education • Translation of materials • Planning for and facilitation of community-based outreach events to support awareness of HRSN services • Planning for and facilitation of learning collaboratives or stakeholder convenings • Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents) • Administrative or overhead costs associated with outreach, education or convening

Appendix F: 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

Qualitative Comments

*SDOH-E Partner Definition

A single organization, local government, one or more of the federally recognized Oregon tribal governments, the Urban Indian Health Program, or a collaborative that delivers SDOH-E related services or programs, or supports policy and systems change.

Examples of groups that would be considered SDOH-E partners:

- Nonprofit social and human service organizations (i.e., supporting individuals with disabilities; promoting safe housing, food security and environmental justice; and others)
- Culturally specific organizations
- Local public health authorities
- Regional health equity coalitions
- Local government and government-associated entities
- Tribal governments and the Urban Indian Health Program
- Early learning hubs
- Local housing authorities

**Regional Community Health Improvement Plan (CHIP) Priorities

- Early Childhood, Adverse Events, Trauma and Toxic Stress
- Behavioral Health Integration
- Public Health Integration
- Traditional / Community Health Workers
- Oral Health
- LCHP Skill Development
- Food Insecurity
- Housing
- Health Equity