



eoocco

**EASTERN OREGON
COORDINATED CARE
ORGANIZATION**

REQUEST FOR APPLICATIONS (RFA)

For

Community Benefit Initiative Reinvestments (CBIR)

Opt-In Projects

- Health Information Technology (HIT) & Risk Adjustment
- Social Needs Screening Implementation
- Access to Primary Care Services
- Kindergarten Readiness for 0-6 Year Olds
- Wellness and Preventive Care for 7-21 Year Olds
- Initiation & Engagement (IET) in Substance Use Disorder (SUD) Treatment

PROPOSALS DUE:

August 29, 2025, by 12pm PT

for Jan 2026 – Dec 2026 funding cycle

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1. Application Information

1.1. Deadline:

1. **August 29, 2025, by 12pm PT** for Feb 2025 – Jan 2026 projects

All grant applications must be submitted through Smartsheet, a HIPAA compliant platform, at <https://app.smartsheet.com/b/form/8cd18149462149c2b4245b7007d8f3e1> or via the QR code.



EOCCO will not accept or review applications submitted via email.

1.2 Background

EOCCO is pleased to announce the availability of funds to support innovative projects that address priority health needs in Eastern Oregon communities. Opt-In projects are funded through EOCCO's Quality Pool, which was earned based on EOCCO's 2023 incentive measure performance. EOCCO is excited to reinvest a portion of these funds to support clinics and providers in advancing priority incentive measures and initiatives.

The 2026 CBIR program will focus on Opt-In projects, guided by incentive measure performance and need in 2024/2025, in the following areas: Health Information Technology (HIT) and Risk Adjustment, Social Needs Screening Implementation, Access to Primary Care Services, Kindergarten Readiness of 3-6 year olds, Wellness and Preventative Care for 7-21 year olds, and Initiation & Engagement (IET) in Substance Use Disorder (SUD) Treatment.

This application packet contains information and application materials for all focus areas.

1.3 Project Areas

Opt-In Projects

Specific questions and additional details on the Opt-In projects including application requirements, funding information, and eligible organizations can be found in later pages. Application to multiple Opt-In categories is permitted if separate applications are completed for each.

| Grant Type | Funding Amount Available Per Grantee |
|---|---|
| Health Information Technology (HIT) & Risk Adjustment | Up to \$50,000 |
| Social Needs Screening Implementation | Up to \$50,000 |
| Access to Primary Care Services | Up to \$50,000 |
| Kindergarten Readiness for 0-6 Year Olds | Up to \$50,000 base funding plus \$15 per attributed EOCCO member Optional additional \$15,000 stipend to address health disparities |
| Wellness and Preventive Care for 7-21 Year Olds | Up to \$50,000 base funding plus \$15 per attributed EOCCO member Optional additional \$15,000 stipend to address health disparities |

| | |
|---|----------------|
| Initiation & Engagement in Substance Use Disorder Treatment | Up to \$30,000 |
|---|----------------|

1.4 Eligibility and Application Requirements

- **Eligibility:** Depending on project type (Health Information Technology (HIT) and Risk Adjustment, Social Needs Screening Implementation, Access to Primary Care Services, Kindergarten Readiness for 0-6 Year Olds, Wellness and Preventive Care for 7-21 Year Olds, Initiation & Engagement (IET) in Substance Use Disorder (SUD) Treatment and Continuing Current Projects), eligible applicants may include but are not limited to: primary care practices, dental clinics, behavioral health providers, departments of health, nonprofit organizations, school-based health centers, tribal nations, and tribal programs. Please refer to each opt-in description for more information. If your organization type is not listed, please contact EOCCOGrants@eocco.com to inquire if your organization is eligible to apply.
- **Population:** Preference will be given to projects that 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.

REALD/GI: Projects that collect personally identifiable demographics information, e.g., name, date of birth, age, gender, race/ethnicity, will need to collect REALD/GI information. If awarded funding, your grant funding contract will provide details on how to report REALD/GI information on the EOCCO members your project served at the end of your grant funding period. If your organization currently has a process in place for collecting this information, that may be used. A sample form is included in the **Appendix A REALD/GI Demographics Survey Questions** for those who do not have a data collection process in place.

- **Outcomes Measurement:** Proposals must define how progress towards the goals will be measured. All proposals **must** demonstrate the ability to quantify and/or track the number of EOCCO and non-EOCCO members impacted by the project. Please utilize the Outcomes Data Table template provided within this application. Contact EOCCOGrants@eocco.com for assistance populating the Data Table.
- **Proposals:** 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.
- **Budget:** Proposals must define how funds will be spent on their projects.

Recommendations

- Contact EOCCOGrants@eocco.com for *1-on-1 technical assistance* to assist you in completing the Budget Table template provided within this application.
- 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 specific, detailed line items (for example, avoid “\$30,000 for staff”). Vague or incomplete budget tables will not be considered and may be returned for revision.

Requirements - Budgets cannot include these items:

- Medicaid-covered services;
- Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.

- Items or activities fully funded from another source.
 - Staff positions funded by this project should not be primarily administrative. However, grant funds can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members.
 - Generally, funds will not be provided for individual provider, Community Health Worker (CHW), or Traditional Health Worker (THW) trainings. Please contact THW@eoocco.com if interested in learning about EOCCO sponsored training opportunities dedicated to CHW and THW trainings. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreter, and incentive measure targets will be considered. Please contact EOCCOGrants@eoocco.com if you would like to discuss specific training opportunities you are considering in your proposal.
 - Current Projects grantees will be required to request decreasing amounts of funds over time and will not be awarded beyond three grant cycles. Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS)
 - Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment like vehicles. Proposals cannot include expanding SDOH services like food, housing, and transportation. If your organization would like to apply for funding to cover these items, please apply through the Supporting Health for All through Reinvestments (SHARE) application found here: <https://www.eoocco.com/providers/grants>
 - 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.
- **Sustainability:** Projects must provide a comprehensive and robust plan for sustainability beyond the end of the proposed grant period.
 - **Financial Information:** Proposals must include one of the approved documents of good financial standing. See approved document types in Section 2.5. Tribes and Tribal Organizations applying for Tribal Health Funds do not need to provide financial documents.
 - **Community Involvement:** Priority will be given to projects that demonstrate documented support from community partners. See **Appendix B: Letter of Commitment Template**.

1.5 Application Process

- **Technical Assistance:** The EOCCO Grants 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 improve the quality of the applications and the likelihood of being selected for funding.

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 EOCCOGrants@eoocco.com for 1-on-1 technical assistance.**

- **Monday, July 14** at 12-1pm PST | [Register here](#)

- **Wednesday, July 30** at 12-1pm PST | [Register here](#)
- **Thursday, August 14** at 12-1pm PST | [Register here](#)

- **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the following:

- Application Coversheet
- Project Narrative
 - Application Questions for All Projects
 - Opt-In Specific or Continuing Current Projects Questions
- Outcomes Data and Budget Tables
- Financial Information
- Letters of Commitment (if any)

- **Submission:** Submit your application at <https://app.smartsheet.com/b/form/8cd18149462149c2b4245b7007d8f3e1> by **12pm PDT on August 29, 2025**.

Please organize your application in the following manner:

- **Single consolidated PDF:** Application Coversheet, Project Narrative, Financial Information and Letters of Commitment
- **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)

Note: The EOCCO Grants Team will confirm application submission within two weeks, via Smartsheet, as Eastern Oregon CCO via Smartsheet.

- **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.
- **Timeline:**
 - Application deadline 12pm PDT on **August 29, 2025**
 - Award notification by December 2025
- Project cycle January 2026 – December 2026

2. Community Benefit Initiative Reinvestments 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: _____

Has your organization submitted a grant application before? ☐ Yes ☐ No

Name of Organization to Receive and Manage Funds:

Organization Name: _____

Address: _____

Name of Employee Managing Funds: _____

Phone Number: _____ Email: _____

Select the Grant Type your organization is applying for. Only select one.

If your organization is applying for more than one CBIR funding type, you must submit a separate application for each. Applications selecting multiple grant types will not be reviewed.

Opt-In Projects

- ☐ Health Information Technology (HIT) and Risk Adjustment
- ☐ Social Needs Screening Implementation
- ☐ Access to Primary Care Services
- ☐ Kindergarten Readiness for 0-6 Year Olds
- ☐ Wellness and Preventive Care for 7-21 Year Olds

Project Title: _____

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

☐ Yes ☐ No ☐ Unsure

Project Summary (3-8 sentences)

Total Amount Requested (note funding limits on page 3-4): \$ _____

Is your organization open to partial funding? ☐ Yes ☐ No

EOCCO may award less than the full amount requested. Partial funding will be considered for projects that indicate they are open to it and will be determined at EOCCO's sole discretion, based on the line items provided in the Budget Table.

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

For the Project Narrative, all applicants must answer questions A-G.

Opt-In Project Narratives may be **up to 7** pages, excluding tables and graphs. Opt-In Project applications must additionally answer the Project Specific Questions in Section 2.3.

- A. **Project Description:** Include a brief description of your organization and the services it provides, and a 3-8 sentence summary of your project (copy from application coversheet).
- B. **Need for Project:**
- Describe the community need of your proposed project. When possible, use data showing this need.
 - How does your project align with the community priorities identified in [EOCCO's Regional Community Health Improvement Plan](#)?
- C. **Target Group:**
- Describe the target group of people who will benefit from your project.
 - How many EOCCO members will benefit from your project? How do you identify the EOCCO members that receive these benefits?
- 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 months 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.

| 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 the 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 Project-Specific Questions

Depending on which Opt-In funding opportunity you are applying for, use the project information below to answer the following project specific questions I-M.

Health Information Technology (HIT) and Risk Adjustment Opt-In

H. Health Information Technology (HIT) and Risk Adjustment Opt-In Questions

- a. Identify the facility (or facilities) proposed for HIT and/or Risk Adjustment adoption or upgrades.
- b. Describe the facility's (or facilities') current Electronic Health Record (EHR), registry, or HIT platform, its current functionality, and the data currently available to you. Provide baseline data if available.
- c. Whether you are proposing to implement a new EHR or registry or add new functionality to an existing HIT platform, explain the data you aim to collect by the end of the funding period and which EHR or HIT tool you intend to use.
- d. Describe how you propose implementing this project in your clinic, including plans for:
 - i. Data connection and/or migration
 - ii. Data validation
 - iii. Staff training
 - iv. Workflow implementation
- e. Which incentive measure will you start with to begin your quality improvement work? Will you target additional incentive measures, and if so which ones?
- f. What is/are the proposed workflow(s) for your identified incentive measure(s)?

Purpose

This Opt-In opportunity is intended to support HIT and risk adjustment adoption or upgrades for physical, oral, and behavioral health providers, as well as community-based organizations.

HIT encompasses a variety of technology used to collect, store, and protect, clinical, administrative, or financial information related to healthcare services (<https://www.healthit.gov/fag/what-health-it>). Examples of HIT include electronic health records (EHRs), clinical registries, health information exchanges (HIE), and remote patient monitoring (RPM) devices. The opt-in aims to support mapping processes for clinical quality measure(s), identify opportunities for improvement, and design new, more effective processes to help clinics manage quality and improve population health through the use of HIT. Increasing HIT capability can allow practices to view performance trends, understand cost and utilization, securely share data between facilities, facilitate metrics reporting, manage patient outreach, and close clinical care gaps.

Additionally, HIT plays a crucial role in supporting and enhancing risk adjustment processes by facilitating accurate and efficient collection, management and analysis of data needed for risk adjustment calculations.

Project Plan

This project would provide support for physical, oral, and behavioral health clinics, as well as community-based organizations, to implement or expand HIT and risk adjustment tools to support comprehensive and coordinated patient care. Projects should provide an overview of the practice's current HIT and data capabilities and demonstrate the routine use of this data in clinical care.

Suggested project ideas include:

1. Support towards implementation of a new EHR
2. Upgrades to an existing EHR (e.g., building custom reports/extracts for HIE onboarding, upgrades to automatically capture qualified/certified interpreter data during appointments, functionality to provide telehealth)
3. Support the use of a clinical registry to track care gaps and create new workflows to ensure patients with care gaps receive outreach
4. Add a risk adjustment module within a current EHR platform that aims to improve the accuracy and efficiency of capturing patient health data
5. Utilize remote monitoring devices for ongoing chronic care management. Examples include but are not limited to blood pressure, continuous glucose (CGM), heart rate, and wearable EKG monitors.
6. Hire temporary staff or increase the hours of current staff to work with HIT vendors on initial connection, conduct data cleaning, implement workflows for measures not currently being tracked, telephone patients to obtain missing data and otherwise validate data
7. Support the use of Unite Us or other HIT needs related to reporting data to EOCCO or coordinating care with community-based or health care organizations. Projects may propose purchasing necessary equipment to implement these HIT tools.

Requirements

Applicants to this opt-in are required to identify the HIT platform they plan to implement and/or upgrade, and include the agreement with the HIT vendor to do so (e.g., include the MOU, contract, quote, proposal, Partner Registration Form, etc.)

Participants

Eligible participants include any primary care practices, behavioral health providers, dental health providers, tribal nation, health systems, and community-based organizations.

Funding

Applicants can request up to \$50,000.

Social Needs Screening Implementation

I. Social Needs Screening Implementation Opt-in Questions

- a. What barriers do members in your community currently face in accessing SDOH related services like housing, food, and transportation services? How will this project help address those barriers?
- b. Describe how your clinic or Community-Based Organization (CBO) currently learns if a member needs SDOH services? How would you improve this process with grant funding?
- c. What is your clinic's or CBO's current process, if any, for recording any SDOH needs in your EHR or electronic database? How would you improve this process with grant funding?
- d. How do you believe your project will impact access to SDOH services for members? How will you measure these impacts?

Purpose

In 2023, the Oregon Health Authority introduced a new Social Determinants of Health (SDOH) Metric to the Coordinated Care Organization (CCO) incentive measures called *Social Needs Screening and Referral* (for more information, go to <https://www.oregon.gov/oha/hpa/dsi-tc/pages/sdoh-metric.aspx>). Social Determinants of Health (SDOH) are social factors like access to stable housing, nutritious food, and transportation that can affect a person's health outcomes and quality of life. The goal of the SDOH metric is to have the social needs of CCO members acknowledged and appropriately addressed.

In measurement year 2026, EOCCO partners will be asked to report on the social needs screening status for a random sample of 1,067 EOCCO members. This will include reporting on whether these members were screened for food, housing, and non-medical transportation needs during the measurement period and, for members who screened positive for SDOH needs, whether they were referred to SDOH services (for more information, please reference [https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2026-specs-\(SDOH\)-2025.05.08.pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2026-specs-(SDOH)-2025.05.08.pdf)).

Project Plan

This project aims to improve clinic's capacity to conduct social needs screenings, record and share social needs screening and referral data with EOCCO and community partners to help connect EOCCO members to the SDOH resources/services they may need. Clinics must use an OHA-approved social needs screening tool to assess patient needs, appropriately support members who screen positive for social needs, and utilize Unite Us as a tool for referring members to local resources/services. Unite Us (Connect Oregon) is a Community Information Exchange (CIE) tool that connects healthcare and social service agencies across the state through a secure HIPAA-compliant web-based platform. In Unite Us organizations can screen clients for social needs, send referrals to local or state services and resources, and create comprehensive resources guides. EOCCO covers the cost of Unite Us licenses for clinical partners. Community-based organizations, FQHCs, RHCs, and critical access hospitals are able to acquire Unite Us licenses at no cost (for more information, reference <https://uniteus.com/networks/oregon/>).

Examples of potential projects include:

- Integrating Unite Us CIE platform into EHR or electronic database
 - Compatible EHRs include Athena, Cerner, EClinical Works (ECW), Epic, Logica Health, Meditech, NextGen, Salesforce, SCHIO, Virtual Health Expanding the functionality of EHR or electronic database to ensure SDOH screening and referral data can be appropriately reported and shared with EOCCO
- Implementing culturally responsive and trauma-informed related trainings for staff and providers to support social needs screening administration. Examples of trainings include Empathetic Inquiry (specifically developed

for conducting Social Needs Screenings by the Oregon Primary Care Association), Motivational Interviewing, Trauma-Informed Care, Diversity Equity and Inclusion (DEI) Training, Culturally Responsive Care Training

- Implementation of a social needs screening tool, social needs screening and referral workflow, and organizational social needs screening and referral policies or protocols
- Hiring or training of a THW or patient navigator to conduct social needs screenings and/or support clinical/organizational social needs screening workflows
 - EOCCO provides scholarships for CHW training. Please contact THW@eocco.com for more information.
 - Grant funds may be used for travel, training materials, and non-cash incentives

Requirements

1. Attend a Social Needs Screening and Referral Training led by EOCCO. This training is intended to assist clinics with implementing workflows to screen patients and become familiar utilizing the Unite Us platform.
2. Develop clinic workflow and protocols for screening and referral implementation
3. Develop processes for SDOH screening and referral data reporting that align with [SDOH metric requirements](#) to ensure reporting capability for Measurement Year 2026 (hybrid sample)
4. Implement the Unite Us CIE platform
5. Use of an OHA-approved social needs screening tool. A current list of OHA-approved screening tools can be found here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Needs-Screening-Tools.aspx>

Restrictions

1. Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment like vehicles.
2. Proposals cannot include expanding SDOH services like food, housing, and transportation.
 - a. If your organization would like to apply for funding to cover these items or activities, please apply through the Supporting Health for All through Reinvestments (SHARE) application found here: <https://www.eocco.com/providers/grants>

Participants

Eligible applicants include primary care clinics, community-based organizations (CBOs), behavioral health clinics, and tribal nations.

Funding

Applicants can request up to \$50,000.

Access to Primary Care Services

J. Access to Primary Care Services Opt-in Questions

- a. Describe the demographic breakdown of your patient population and how frequently they access Primary Care services. For example, describe your patient population by age groups: 0- years old, 12-18 years old and those 19 and older.
- b. Describe what barriers members in your community currently face in accessing Primary Care services? How will this project help address those barriers?
- c. Describe how your clinic currently determines if a member has not received primary care services in 12+ months. How would you improve this process with grant funding?

Purpose

A fundamental principle of EOCCO is that access to primary care is a key component to achieving health. Historically, approximately 40% of EOCCO members did not see a Primary Care Provider during the preceding 12 months. Members aged 19 and older represent the largest group of these members. Furthermore, EOCCO is concerned that members experiencing health disparities disproportionately compose this group.

Project Plan

This project aims to improve clinic's capacity to identify and connect with patients who have not accessed primary care in 12+ months.

Potential projects may include but are not limited to:

- Improving utilization of EHRs and other tools to identify and contact members who have not had a clinic visit in the last 12 months.
- Developing and implementing strategies and/or workflows to ensure members, including those experiencing health disparities, are seen at least once a year.
- Developing a learning collaborative focused on improving primary care access
- Hiring or dedicating existing staff to a primary care access workflow

Requirements

1. Develop clinic workflow and protocols for identifying and engaging patients who have not accessed care in 12+ months
2. Utilize EHR in this process
3. Monitor results of project efforts

Participants

Eligible applicants only include primary care clinics.

Funding

Applicants can request up to \$50,000.

Kindergarten Readiness for 0-6 Year Olds

K. Kindergarten Readiness for 0-6 Year Olds Opt-In Questions

- a. Describe which kindergarten readiness metrics this project will focus on. Describe how you will use data to identify and communicate with the target metric population for grant activities.
- b. What are the current barriers to EOCCO children in your community receiving preventive dental visits, well child visits, social-emotional services/treatment, and/or immunizations, and how will your project help patients and their families overcome these barriers?
- c. Describe any technologies you plan to use and how they will support grant activities (e.g. registries, EHR, ALERT for immunization data).
- d. What, if any, incentives or other strategies does your project plan to use to encourage completion?
- e. If you plan to focus on **immunizations**, describe 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 including those who may receive immunizations outside of Oregon.
- f. If you plan to offer a **well-child visit (WCV) event**:
 - i. What services will be provided at your event?
 - ii. Describe how you will provide these services, including who will provide the services.
 - iii. Describe how you will bill EOCCO for the services and who will bill for them.
 - iv. How will you collect the required metrics, including overall attendance at the event and number of services provided to EOCCO and non-EOCCO participants?
 - v. What is your plan for post-event contact to EOCCO members who did not attend the event and are still due for WCVs?
- g. If you plan to focus on **oral health**, describe in detail how you plan to provide preventive dental visits for children ages 1-5. How will you identify EOCCO members, utilize strategies to increase awareness, recall patients for services, and ensure they receive them?
- h. If you plan to focus on **social emotional health**, describe in detail how you plan to bolster or integrate social emotional screenings and subsequent treatment services targeted toward children ages 1-5 within your organization. Will your approach include coordination and partnership development with other organizations to improve wraparound care/services for young children and their families/caregivers?

Purpose

Kindergarten readiness means that all children arrive at kindergarten with the skills, experiences, and supports to succeed

(<https://www.oregon.gov/oha/HPA/ANALYTICS/Kindergarten%20Readiness%20Meeting%20Docs/Health%20Aspects%20of%20Kindergarten%20Readiness%20March%209th%20Meeting%20Slides.pdf>). In 2026 kindergarten readiness includes four quality measures: preventive dental visits for children ages 1-5, well child visits for children ages 3-6, child-level social-emotional health intervention and treatment, and childhood immunizations. Oral health impacts much of a child's wellness, including their ability to play and learn. The CDC recommends oral health to start early as it helps prevent tooth decay and builds healthy habits. (<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>). Well-child visits help make sure children stay healthy and are essential for many reasons including: tracking growth and developmental milestones, discussing concerns about a child's health, and preventing illnesses ([https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html#:~:text=Well%2Dchild%20visits%20are%20essential,pertussis\)%20and%20other%20serious%20diseases](https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html#:~:text=Well%2Dchild%20visits%20are%20essential,pertussis)%20and%20other%20serious%20diseases)). A child's social emotional development impacts long-term behavioral, social, and health outcomes (<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630>).

Screening and treating young children for social-emotional or behavioral health needs can improve early detection and intervention to support kindergarten readiness and social/emotional wellness across the lifespan (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3088107>). Age-appropriate vaccination is crucial to preventing disease, yet many children do not receive timely immunizations. Effective strategies to improve timely immunization rates include parent reminders and recalls and provider reminders, education and feedback programs (<https://journals.sagepub.com/doi/10.1258/shorts.2011.011112>).

Project Plan

Applicants are invited to propose projects focused on kindergarten readiness. Projects may include methods to identify, track, and ensure completion of dental visits, well child visits, issue-focused social-emotional treatment, and/or immunizations. Applicants may propose using a registry, such as Arcadia, and recall efforts to ensure timely completion of services in a timely manner.

Specific suggested strategies include:

- **Collaborations** between public health, primary care, and dental providers to ensure timely completion of preventive dental services, well child visits, social-emotional services or treatment, and/or immunizations.
- **Awareness Campaigns:** Efforts between early learning, early intervention, pre-schools and public schools, public health, and primary care clinics to increase awareness, collaboration, and implementation of outreach efforts targeting preventive dental services, well child visits, social-emotional services or treatment, and/or immunizations.
- **Implementing evidence-based strategies in clinical and/or community-based settings, such as** provider guidance to parents regarding immunization-only appointments, expanded clinic hours, patient reminders and recalls, forecasting and scheduling changes, increasing awareness of optimal vaccine schedules, and family education through early learning hubs.
- **Information Sharing:** 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.

Requirements

Kindergarten Readiness opt-in projects must target and report on one or more of the [quality measures](#) below:

- **Immunizations:** Childhood Immunization Status (Combo 3)
- **Well-Child Visits:** Well-Child Visits for children ages 3-6.
- **Members Receiving Preventive Dental or Oral Health Services:** Preventive dental or oral health services for children ages 1-5
- **Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services:** Issue-focused social emotional intervention or treatment services for children ages 1-5

Participants

Eligible applicants include primary care, behavioral health, and dental clinics as well as community-based organizations.

Funding

1. **Baseline funding for all projects:** Up to \$50,000

- **Plus:** \$15 per attributed EOCCO member your project will address. If you are unsure about how many members to use for your budget, please contact EOCCOGrants@eocco.com.

- **Optional:** Kindergarten Readiness proposals that include a focus on health disparities will be awarded an additional \$15,000 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 health disparities must do so in addition to targeting EOCCO patients within the required incentive measures.

Wellness and Preventive Care for 7-21 Year Olds

L. Wellness and Preventative Care for 7-21 Year Olds Opt-In Questions

- a. Describe which wellness and/or preventive care services or screenings this project will focus on within the 7-21 year old age demographic.
 - a. Will the project target a subset of your 7-21 year old member population (e.g. 9-12 year olds, 18-21 year olds, etc.)?
- b. Depending on the age group(s) your project is targeting, what are the current barriers to older children, adolescents, and/or young adults in your community receiving wellness or preventive services, and how will your project help members and their families overcome these barriers?
- c. Describe any technologies you plan to use and how they will support project activities (e.g. registries, EHR, ALERT immunization data, etc.)
- d. What, if any, incentives or other strategies does your project plan to use to encourage preventive and/or wellness care visits and/or screening and service completion among older children, adolescents and/or young adults?

Purpose

In 2024, a 7–21-year-old wellness visit metric was added to EOCCO’s Quality Bonus Payment (QBP) Program. EOCCO recognizes the importance of building and instilling healthy habits and behaviors at a young age. Regular engagement in primary and preventive care services during older childhood and adolescence can support the development of protective health behaviors and help build trusting relationships with one’s primary care home or provider, supporting health and wellness across the lifespan (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549464/>). Focus on prevention and wellness among the 7–21-year-old age group will help ensure older children and adolescents are equipped with the care-seeking habits, health literacy, and self-efficacy for a healthy transition into adulthood (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents/increase-proportion-adolescents-who-had-preventive-health-care-visit-past-year-ah-01>; <https://www.cdc.gov/healthyyouth/healthservices/index.htm#:~:text=Preventive%20health%20services%20can%20have,and%20preventing%20negative%20health%20outcomes>).

Project Plan

This project aims to identify, track, and ensure completion of wellness visits among 7-21 year olds and/or other preventive care recommended for certain groups within the 7-21 year old age demographic such as adolescent immunizations [HPV, meningococcal, TDaP], dental services, mental health screenings, age-appropriate substance use screenings, and STI counseling and testing.

Examples of potential projects include:

- Hosting a wellness and/or preventive visit fair that provides preventive services, screenings, and health education and targets all, or a certain subpopulation of, 7-21 year olds
- Developing an incentive or reward program for completion of a wellness visit or other preventive service (HPV immunization, dental visits, etc.) for members and/or their families or caregivers
- Developing age-specific and evidence-based outreach protocols, or wellness campaigns, to directly engage members and encourage preventive and primary care utilization
- Collaborating with public health, local elementary or high schools, and/or school-based health centers to ensure timely completion of wellness visits or other preventive care services

Requirements

1. Wellness and Preventive Care for 7-21 year-olds opt-in projects must target and report on one or more of the quality measures below:
 - Immunizations: Adolescent Immunization Status
 - Wellness Visits: Well-Care visits for 7-21 year olds
 - Preventive Dental Services: Preventive dental or oral health services for children ages 6-14
 - Mental Health: Depression Screening & Follow-up
 - *Projects that also address topics such as: STI testing, substance use disorder screening, and tobacco cessation, in addition to one or more quality measures, are encouraged*
2. Monitor results of project efforts

Participants

Eligible applicants include primary care clinics, hospitals, public health departments, school-based health centers, and tribal nations.

Funding

1. **Baseline funding for all projects:** Up to \$50,000
 - **Plus:** \$15 per attributed EOCCO member your project will address. If you are unsure about how many members to use for your budget, please contact EOCCOGrants@eocco.com.
 - **Optional:** Proposals that include a focus on health disparities will be awarded an additional \$15,000 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 health disparities must do so in addition to targeting EOCCO patients within the required incentive measures.

Initiation & Engagement in Substance Use Disorder Treatment

M. Initiation & Engagement in Substance Use Disorder Treatment Opt-In Questions

- a. What are the current barriers in your clinic, organization, or region that prevent timely initiation and sustained engagement in SUD treatment (as measured by the IET metric)?
- b. How does your organization currently coordinate SUD-related care transitions for your patients between emergency departments, inpatient settings, primary care, and behavioral health services?
- c. How will you use grant funding to strengthen communication and data sharing across medical, behavioral health, and community-based providers to support IET measure performance?
- d. Describe any existing workflows, staffing models, or partnerships used to support same-day or rapid treatment initiation for individuals with an SUD diagnosis. What improvements could be made with grant funding?
- e. In what ways does your organization currently use Traditional Health Workers (e.g., CHWs, Peer Support Specialists) to support patients with SUD? If not currently utilized, how would you integrate them through this project?
- f. How will this project improve equity in access to and engagement in SUD treatment, especially among priority populations (e.g., rural, tribal, justice-involved, LGBTQ+, or BIPOC communities)?

Purpose

Substance Use Disorder (SUD) is a chronic and relapsing condition that requires timely, coordinated, and person-centered care. The Initiation and Engagement in SUD Treatment measure (IET) evaluates the percentage of individuals who begin treatment for substance use disorder in a timely manner after being diagnosed and continue engagement through the early stages of care (for more information on this measure, please reference:

<https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2025%20Initiation%20and%20Engagement%20of%20SUD%20Treatment%20specifications%202024.12.27.pdf>). Many individuals face delays in accessing treatment after a

diagnosis or crisis event, particularly during transitions of care such as hospital discharge or emergency department visits. Improving coordination of care and increasing treatment rates has the potential to improve member health and reduce overall cost of care for individuals and healthcare systems.

Project Plan

This grant opportunity supports projects that strengthen systems of care to promote timely initiation and engagement in SUD treatment for members who receive diagnoses of substance abuse or dependence. Specifically, the grant seeks to enhance care transitions, support same-day treatment initiation, and improve cross-system communication (e.g., between primary care, behavioral health, and hospitals).

Examples of potential projects include:

- Developing or formalizing communication pathways and data-sharing agreements between hospitals, primary care, and behavioral health providers to improve follow-up and shared accountability for IET performance.
- Providing cross-training for primary care, ED, and behavioral health staff on IET workflows, trauma-informed practices, and culturally responsive engagement techniques.
- Creating automated alerts in the EHR or integrating use of PointClickCare cohorts to flag new patients in the IET measure denominator and prompt immediate outreach or scheduling by care teams.
- Integrating a telehealth-based workflow for immediate connection with behavioral health providers from the primary care or ED settings to improve rates of warm hand-offs for new SUD diagnoses.

- Hiring or integrating THWs (e.g., Peer Support Specialists or CHWs) to support SUD care transitions, provide motivational outreach, and help navigate barriers to engagement.
- Hosting regular care coordination meetings or case conferences between clinical teams and THWs focused on new or high-need SUD patients.
- Implementing or enhancing same-day SUD treatment initiation workflows, including standing orders or rapid induction protocols for Medication-Assisted Treatment (MAT).

Requirements

1. In addition to receiving general Technical Assistance from the EOCCO Grants team for your application, representatives from your organization must also attend at least one virtual IET Learning Collaborative prior to the application deadline on August 29th, 2025.
 - Attendance at past Collaboratives held on 1/23/2025 and 4/22/2025 will meet this requirement.
 - You can register for the upcoming 7/22/2025 Collaborative at <https://bit.ly/IETCollaborative0725>
 - Please contact EOCCOGrants@eooco.com if you are interested in applying but are unable to attend a Learning Collaborative.

Participants

Eligible applicants include primary care clinics, behavioral health clinics, and hospitals.

Funding

Applicants can request up to \$30,000.

2.4 Outcomes and Budget Tables

The Excel templates to complete your Outcomes and Budget Tables can be found embedded below or on the EOCCO website at <https://www.eocco.com/-/media/EOCCO/PDFs/grants/2025-Outcomes-and-Budget-Table-CBIR-New-Ideas.xlsx>.



2026 CBIR Budget
Table.xlsx

Save a copy of the Excel document and submit separately with the rest of your PDF application.

Applicants are **required** to obtain free technical assistance. We strongly recommend contacting EOCCOGrants@eocco.com to review and improve Outcomes and Budget tables. Applications that receive technical assistance will improve the quality of their applications and their likelihood of being selected for funding.

Excel Tab 1 - Outcomes Table

In the first tab of the Excel document, please indicate the number of EOCCO and non-EOCCO members you currently serve and the number you hope to reach through your proposed project.

Include baseline data and goals you will use to measure success. Please indicate the numerator, denominator, and percentage 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.

Note: Please note that **four** Opt-in projects have required quality measures that must be included in the data tables:

- **Social Needs Screening Implementation**
 - Develop processes for SDOH screening and referral data reporting that align with [SDOH metric requirements](#) to ensure reporting capability for Measurement Year 2026 (hybrid sample)
- **Kindergarten Readiness for 0–6-year-olds (select one or more of the measures listed below)**
 - **Immunizations:** Childhood Immunization Status (Combo 3)
 - **Well-Child Visits:** Well-Child Visits for children ages 3-6.
 - **Members Receiving Preventive Dental or Oral Health Services:** Preventive dental or oral health services for children ages 1-5
 - **Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services:** Social emotional [intervention/treatment services](#) for children ages 1-5
- **Wellness and Preventative Care for 7-21 year olds (select one or more of the measures listed below)**
 - **Immunizations:** Adolescent Immunization Status
 - **Wellness Visits:** Well-Care visits for 7-21 year olds

- **Preventive Dental Services:** Preventive dental or oral health services for children ages 6-14
- **Mental Health:** Depression Screening & Follow-up
- *Projects that also address topics such as: STI testing, substance use disorder screening, and tobacco cessation, in addition to one or more quality measure, are encouraged*
- **Initiation and Engagement in Substance Use Disorder Treatment**
 - Enhance care transitions, improve cross-system communication, and increase initiation and engagement treatment rates in alignment with [IET measure requirements](#).

Excel Tab 2 - Budget Table and Budget Justification

In the second tab of the Excel document, include the proposed budget for your project. Please provide a brief narrative budget justification for each line item included in your budget. For personnel, describe any grant-related duties. For other expenses, describe what they will be used for and who will use them. 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.).

2.5 Financial Information

Please include one of the examples below with your application. Contact EOCCOGrants@eocco.com 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.

2.6 Letter of Commitment

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

Appendix A: REALD/GI Demographics Survey Questions

Demographic Data Collection Sample Form

REALD data stands for race, ethnicity, language, and disability. GI stands for gender identity. REALD and GI 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 prefer, you can also access the digital version of the survey at <https://app.smartsheet.com/b/form/ed811cefdcd545c8b21c98fb3354cc60> and the following QR code:



If you have any questions or concerns, please contact EOCCOGrants@eocco.com.

All questions are optional.

Member Information

Name:

Date of Birth:

Do you receive Oregon Health
Plan benefits?

If yes, what is your ID number?

Who is completing this form?

- ☐ Self
- ☐ Parent, guardian or other family member
- ☐ Interpreter or other support person
- ☐ Other (please identify) _____

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.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic and Latino/a/x | <input type="checkbox"/> 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)?

- | | |
|------------------------------|---|
| <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 difficulty doing errands alone?

- | | |
|------------------------------|---|
| <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 with the following: mood, intense feelings, controlling your behavior or experiencing delusions or hallucinations?

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

Not required if patient is under twelve years old.

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 B: 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