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
- Initiation & Engagement (IET) in Substance Use Disorder (SUD) Treatment

January – December 2027 funding cycle

Part 1
BRIEF INITIAL SCREENING FORMS DUE BY:
September 4, 2026, by 5 pm PT

Part 2
FULL APPLICATION FROM INVITED APPLICANTS DUE BY:
October 16, 2026, by 5 pm PT

Table of Contents

Application Information

1.1 Deadline

Brief Initial Screening form due: September 4, 2026 by 5pm PT
Full Applications from invited applicants due: October 16, 2026 by 5pm PT

All grant applications must be submitted through Smartsheet, a HIPAA compliant platform, at https://app.smartsheet.com/b/form/019f23cbfde374d594270a048595e276 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 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 2025 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 2027 CBIR program will focus on Opt-In projects, guided by incentive measure performance and need in 2026/2027, 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, 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
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, and Initiation & Engagement (IET) in Substance Use Disorder (SUD) Treatment), 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.

Population: Preference will be given to projects that primarily benefit EOCCO members. If the proposal aims to target a specific population, those populations should be clearly defined.

Budget Restrictions - Budgets cannot include these items:

- Medicaid-covered services;
- Expenses reported separately, such as health-related services (HRS) or in lieu of services (ILOS);
- Items or activities fully funded from another source;
- 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;
- Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10%.
- Staff positions funded should not be primarily administrative. However, grant funds can be used to establish new roles that are substantially devoted to improving the health 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@eocco.com if interested in learning about EOCCO sponsored training opportunities. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreter, and incentive measure targets may be considered.
- 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.eocco.com/providers/grants.
- Current grantees will be required to request decreasing amounts of funds over time and will not be awarded beyond three grant cycles.

1.5 Application Process and Timeline

This round of CBIR applications will involve a **two-part application process**. Interested applicants will first complete a brief screening form. Proposals that meet grant criteria will then be invited by email to submit a full grant application.

Application Process

Step 1: Brief Initial Screening form

- Interested organizations must complete a brief screening form in Smartsheet by **September 4, 2026 by 5pm PT**. The screening form should take approximately 15-20 minutes to complete.
- See **Appendix A: 2027 CBIR Opt-in Brief Screening Form Questions** for more information.

Step 2: Invitation to Apply

- EOCCO will review screening forms on a rolling basis. Organizations whose project proposals align with the grant criteria will be invited to submit a full application, which will be due by **October 16, 2026 by 5pm PT.** See **Appendix B: 2027 CBIR Opt-in Full Application Details** for more information.
- Applicants may be contacted for a brief technical assistance call to further discuss their idea before receiving an invitation. Organizations that are not invited to apply will be notified and, when possible, offered guidance on other funding opportunities that may be a better fit.

Timeline

- **July 31, 2026**: Request for Applications (RFA) released and initial brief screening form opens.
- **September 4, 2026:** Brief screening forms due (no later than 5:00 PM PT).
    - Screening forms reviewed and invitations to apply sent on a rolling basis through September 24.
- **October 16, 2026:** Full grant applications due (no later than 5:00 PM PT)
- **November/December 2026:** Award notifications
- **January 1- December 31, 2027:** Grant period

Brief Screening forms must be submitted by September 4 for projects to be considered for this funding opportunity.

1.6 Technical Assistance and Support

If you have questions about this application, please contact ***EOCCOGrants@eocco.com***.

The EOCCO Grants team will be hosting several informational technical assistance (TA) webinars for interested applicants to learn more about this RFA and answer general questions. **All applicants must receive TA before applying, either by attending one of the Phase 1 webinars or by scheduling a 1:1 TA call with the EOCCO Grants Team.**

- **Phase 1 TA Webinar (Brief Screening)**
    - August 12 @ 12-1pm PT | Register here: https://shorturl.at/VbYpa
    - August 26 @ 12-1pm PT | Register here: https://shorturl.at/DC0AO
- **Phase 2 TA Webinar (Full Application):** October 5 @ 12-1pm PT | Invite only

1.7 Opt-in Grant Types

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

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/faq/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 securely share health data, 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, but are not limited to:

- Support towards implementation of a new EHR
- Upgrades to an existing EHR (e.g., building custom reports/extracts for HIE, upgrades to automatically capture qualified/certified interpreter data during appointments, functionality to provide telehealth)
- Support the use of a clinical registry to track care gaps and create new workflows to ensure patients with care gaps receive outreach
- Add a risk adjustment module within a current EHR platform that aims to improve the accuracy and efficiency of capturing patient health data
- 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
- Integrate clinical artificial intelligence (AI) tools into HIT to reduce support streamlining clinical processes and workflows and improving population health tracking. Please note that projects proposing the use of AI tools should be closely tied to the intent of this opt-in, which is to support mapping processes for clinical quality measure(s), closing clinical care gaps, and helping clinics manage quality and improve population health through the use of HIT
- Hire temporary staff or increase the hours of current staff to work with HIT vendors on initial platform connection, conducting data cleaning, implementing workflows for measures not currently being tracked, and otherwise validating data

- 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, health systems, tribal organizations, and community-based organizations.

Funding

Applicants can request up to $50,000.

Social Needs Screening Implementation

Purpose

In 2023, the Oregon Health Authority introduced the 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 2027, 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/2027-specs-(SDOH)-20260414.pdf.)

Project Plan

This project aims to improve clinic's capacity to conduct social needs screenings and 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 develop closed-loop referral workflows with local organizations to ensure members are connected to culturally-responsive services and resources that are a best-match for their needs. For example, in Unite Us, organizations can screen clients for social needs, send referrals to local or state services and resources, and create comprehensive resource guides. 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, but are not limited to:

- 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 workflows, and organizational social needs screening and referral policies or protocols
- Hiring or training of a THW or patient navigator to conduct social needs screening outreach, care navigation, and referral follow-up, and/or supporting the development of social needs screening and closed-loop referral workflows. While EOCCO does not provide scholarships for CHW certification trainings, at times we can help direct staff towards other programs offering free 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 and refer patients for SDOH needs. More information about Social Needs Screening trainings will be provided to funded applicants.
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 2027 (hybrid sample)
4. 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 funding for direct provision of 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 organizations.

Funding

Applicants can request up to $50,000.

Access to Primary Care Services

Purpose

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, and members experiencing health disparities often disproportionately face barriers to accessing care. In 2027, new federal changes to Medicaid eligibility and redetermination timelines are also expected to impact some members' access to primary care services.

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
- Partnering with local health departments, CBOs, behavioral health providers, etc. to identify EOCCO members receiving services who would benefit from increased engagement in or coordination with primary care
- Developing and implementing strategies and/or workflows to ensure members, including those experiencing health disparities, are seen at least once a year.
  Initiatives might include strategies to:
  - Reduce no shows
  - Tailored outreach to hard-to-reach populations or OHP members who may be at risk for losing coverage due to Medicaid changes
  - Leverage traditional health workers to provide navigation support to populations facing barriers to accessing primary care services
  - Offer alternative visit types (e.g., virtual or telephone visits) for populations that face barriers to accessing in person care, etc.

Requirements

1. Develop new workflows for identifying and engaging patients who have not accessed care in 12+ months
2. Utilize the 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

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 services for children ages 1-5**
    - 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 for children ages 3-6**
    - 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).
- **Child-level social-emotional health intervention and treatment services for children ages 1-5**
    - 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). 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).
- **Childhood immunizations**
    - 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 one or more quality measures associated with 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 and recall efforts to ensure timely completion of services in a timely manner.

Specific suggested strategies include, but are not limited to:

- **Collaborations** between public health, mental/behavioral health providers, 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, mental/behavioral health providers, primary care, and dental providers through information sharing via medical systems and/or assigning care coordinators to monitor visits and ensure proper follow-up.
- **Trainings** for providers to support pediatric patients' kindergarten readiness. For example, projects could include motivational interviewing training to help address vaccine hesitancy, training to provide SEH interventions such as autism diagnosis, or training to expand the scope of services offered to younger pediatric patients for integrated behavioral health providers, Family Support Specialists, Parent Partners, CHWs, and other THWs as valuable supports for caregiver engagement, developmental navigation, and social-emotional service coordination.

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, tribal health, and 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 heath disparities must do so in addition to targeting EOCCO patients within the required incentive measures.

Initiation & Engagement in Substance Use Disorder Treatment

Purpose

Substance Use Disorder (SUD) is a chronic and relapsing condition that requires timely, coordinated, person-centered care with a trusted support network. 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). 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. Improved care transition systems and referral pathways can be critical to treatment success. Many individuals may also face significant stigma, lack an adequate support system, and mistrust the healthcare system. Traditional health workers (THWs) and trauma-informed staff can help members through this process with empathy and culturally-responsive care. Overall, 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. 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, but are not limited to:

- 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 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: Funded applicants must attend at least one virtual IET Learning Collaborative. Attendance at past Collaboratives held on 1/13/2026, 4/28/2026, and 7/14/2026 will meet this requirement. Please contact EOCCOGrants@eocco.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, tribal health organizations, and hospitals.

Funding: Applicants can request up to $30,000.

Appendix A: 2027 CBIR Opt-in Brief Screening Form Questions

All screening forms must be submitted through Smartsheet, a HIPAA-compliant platform, at https://app.smartsheet.com/b/form/019f23cbfde374d594270a048595e276 or via the QR code.

EOCCO will not accept or review screening forms submitted via email.

Please complete the screening form in its entirety. Incomplete screening forms will not be accepted. The screening form should take between 15-20 minutes to complete.

It's highly recommended to review the **Eligibility and Application Requirements** and **Appendix C: 2027 CBIR Opt-in Form Checklist** before completing the screening form.

If you have questions about this screening form, please email the EOCCO Grants team at EOCCOGrants@eocco.com.

Applicant Information

- Organization Name
- Primary Contact Name, Title, Email
- Proposed Project Title
- Estimated funding request (cannot exceed the Opt-in specific funding limits)

Project Information

1. Provide a brief summary of your project, project area of focus, and the target population(s) your project will serve. (3-8 sentences)

2. Describe the community need for your proposed project. When possible, include data showing this need. (2-5 sentences)

3. How many EOCCO members do you estimate will benefit from your proposed project? How will you collect data on both EOCCO and non-EOCCO members who will benefit from the program? (2-5 sentences)

4. Is there anything else you'd like grant reviewers to know about your project? (Optional)

Opt-in Specific Questions

Health Information Technology (HIT) and Risk Adjustment

- If you intend to use grant funds to purchase an HIT tool, please confirm your ability to submit a copy of the agreement with the HIT vendor (e.g., MOU, contract, quote, proposal, Partner Registration Form, etc.) with your full application.
    - Yes, I will be able to submit
    - No, I will not be able to submit
    - N/A; We will not use grant funds to purchase an HIT tool
- Describe your organization's current Electronic Health Record (EHR), registry, or HIT platform, its current functionality, and the data currently available to you. (2-5 sentences)
- 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. (2-5 sentences)

Social Needs Screening Implementation

- 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?
- How do you believe your project will impact access to SDOH services for members? How will you measure these impacts?

Access to Primary Care Services

- Describe what barriers members in your community currently face in accessing Primary Care services? How will this project help address those barriers?
- 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?

Kindergarten Readiness for 0-6 Year Olds

- 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.
- 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?
- Will your project have a specific focus on health disparities?
  This is not a requirement for this opt-in. Projects incorporating a focus on heath disparities must do so in addition to targeting EOCCO patients within the required incentive measures.
  - Yes
  - No

Initiation & Engagement in Substance Use Disorder Treatment

- 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)?
- 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?

Appendix B: 2027 CBIR Opt-in Full Application Details

Organizations that submit a brief initial screening form and are invited to submit a full application will be notified via email and provided with additional instructions for submission. Please note that an invitation to submit a full application does not guarantee funding.

A summary of the information that applicants will be asked to provide in the full application is included below.

Full Application: Additional instructions will be included in the full Request for Applications (RFA).

Full applications will ask for the following:

- Application Coversheet
- Project Narrative
    - Project Description
    - Need for Project
    - Target Population(s)
    - Project Plan and Timeline
    - Project Personnel
    - Barriers and Risks
    - Sustainability
    - Opt-in Specific Questions
- Outcomes Data and Budget Tables
- Financial Information
- Letters of Commitment (if applicable)

Submission: Full applications will be submitted through Smartsheet no later than **5pm PT on October 16, 2026**.

Funding Decision: A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board. Decisions will be shared in November/December 2026.

Appendix C: 2027 CBIR Opt-in Form Checklist

Before you submit a brief initial screening form, we recommend reviewing the checklist below to determine whether this funding opportunity is a good fit.

This form does not need to be submitted to EOCCO, rather, this is an optional tool that you are welcome to use to help determine how closely a project idea aligns with the intent of the grant type. Although applications do not necessarily need to meet all criteria, the more criteria are met, the more likely a project is to be funded.

Select all that apply:

☐ Our organization is listed as an eligible participant type for the specific Opt-in we are applying for

☐ We have reviewed the Opt-in specific requirements and can meet these requirements

☐ Our project will primarily serve EOCCO members, and we are confident we can collect data on both EOCCO and non-EOCCO members who will be directly served or benefit from the program.

☐ Our budget request does not exceed the Opt-in specific funding limits in Section 1.3 of the RFA.

☐ The project does not conflict with any of the eligibility or budget restrictions listed in Section 1.4 of the RFA.

☐ We have reviewed the **2027 CBIR Opt-in Full Application Details** in Appendix B and can provide the required information and meet the full application requirements (e.g., provide letters of good financial standing, letters of commitment from any relevant project partners).

☐ Our organization has attended one of the required technical assistance (TA) webinars listed in Section 1.6 of the RFA, or alternatively reached out to the EOCCO Grants Team for a 1:1 TA call before applying.

If you are unsure whether your project meets criteria, we encourage you to review both the **2027 CBIR Opt-in Eligibility and Application Requirements (Section 1.4)** and Opt-in specific requirements within each Opt-In section.

Please reach out to EOCCOGrants@eocco.com with questions before the submission deadline.