

**Request for Applications**

**Transformation Community Benefit Initiative Reinvestments**

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Application Information

Deadline**: September 23, 2022**

## **Background**

Thanks to successful efforts in 2021 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 14 out of 14 CCO incentive measures. EOCCO announces the availability of investments for projects that address priority health needs in Eastern Oregon communities. This year’s program will focus on two areas:

1. Opt-In Projects to address Health Information Technology (IT), Language Access Services, Traditional Health Worker Services, Kindergarten Readiness, and HbA1c Direct Mail Program.
2. Applications to continue successful 2022 EOCCO funded projects that focus on one or more incentive measures the county is having trouble meeting and that do not overlap with the below Opt-In opportunities.

## **Project Areas**

Opt-In Projects

|  |  |
| --- | --- |
| **Project** | **Funding Amount Available Per Grantee** |
| Health Information Technology (IT) | Up to $50,000 |
| Language Access Services | Up to $30,000 |
| Traditional Health Worker Services | Up to $50,000  Optional additional $15,000 stipend to address health disparities |
| Kindergarten Readiness | Up to $50,000 base funding plus $15 per attributed EOCCO member  Optional additional $15,000 stipend to address health disparities |
| HbA1c Direct Mail Program | Up to $30,000 base funding plus $15 per attributed EOCCO member  Optional additional $15,000 stipend to address health disparities |

Opt-in specific questions and additional details on the Opt-In projects including application requirements, funding information, and eligible organizations can be found in later pages.

Continuing Current Projects- Grants up to $20,000

Funding is available to organizations proposing to continue successful, previously funded 2022 EOCCO projects. To be funded under this category applicants must provide sufficient evidence (quantitative and qualitative) that their current project is having the desired impact on their selected measure(s). Additionally, projects cannot overlap with Opt-In project areas, must be programmatically and financially distinct from all other 2023 applications, and must include a sustainability plan for after funding ends.

## **Eligibility and Application Requirements**

* **Applicants:** Depending on project type (Health IT, Language Access Services, Traditional Health Worker Services, Kindergarten Readiness, and HbA1c Direct Mail Program 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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) 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.
* **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 Measurement Data Table template provided within this application. Please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) if you would like 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**: Please utilize the Budget Data Table template provided within this application. Budgets must align with guidelines below.
  + Proposed projects do not currently have or expect to receive full funding from another source.
  + Budget must directly relate to the proposed activities.
  + Proposals may include requests for indirect administrative cost reimbursement up to 10% of costs. However, indirect administrative costs cannot be requested for equipment or supply costs.
  + Support from the CBIR program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative.
  + If grantees seek to reapply for funds across multiple years through the Continuing Current Projects application, grantees will be required to request decreasing amounts of funds over time and will not be awarded beyond three grant cycles.
  + Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment.
  + Proposals cannot include requests for costs related to billable health services, enhancing reimbursements or supporting state-covered billable services.
  + Generally, funds will not be provided for individual provider training. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreter or traditional health worker training, and incentive measure targets will be considered. Please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) if you would like to discuss specific training opportunities you are considering in your proposal.
  + Awarded funding may not be used to pay for covered services or services your organization is already required to provide to members as part of your Medicaid contracts.
* **Community Involvement:** Priority will be given to projects that demonstrate documented support from community partners. See **Appendix 1: Letter of Commitment Template**.

## **Application Process**

* **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 Questions
  + Outcomes Measurement Data and Budget Tables
  + Letters of Commitment (if any).

1. **Submission:** Send your application to [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) by **5pm PDT on September 23, 2022**. Please organize your application in the follow manner:
2. **Single consolidated PDF:** Application Coversheet, Project Narrative, and Letters of Commitment
3. **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)  
     
   **Note:** The Community Benefit Initiative Reinvestments (CBIR) team will provide an email receipt within two business days of submission

* **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.
* **Timeline:** Applicants should hear about the status of their requests by December 2022. Project start dates will be January 1, 2023 and run through December 31, 2023.
* **Technical Assistance:** The CBIR Team at OHSU is available to answer questions about the application process and to provide feedback on your project design, data collection and evaluation plan. Applicants are encouraged to obtain technical assistance when needed as they develop their proposal. Please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu) for technical assistance in the development of your application.

# Transformation Community Benefit Initiative Reinvestments Application

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| \_\_ Health IT | \_\_Language Access Services | \_\_ Traditional Health Worker Services |
| \_\_ Kindergarten Readiness | \_\_ HbA1c Direct Mail Program | \_\_ Continuing Current Projects |

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

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

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

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

**Signatures:**

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

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

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

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

## Project Narrative

For the Project Narrative, all applicants should answer questions A-J. Questions K-O are specific to each project, and all applicants should answer the questions applicable to their project. Project Narratives may be **up to 7 pages**, excluding tables and graphs.

1. Background and project goals
   1. Include a brief description of your organization and the services it provides. Please specify how many EOCCO and non-EOCCO members are currently served.
   2. What are the goals of your project? Why are these goals important to your EOCCO population?
   3. How do goals align with community priorities identified in EOCCO’s Regional Community Health Improvement Plan (CHP)?
2. Describe the target population for this project. Please include how many EOCCO and non-EOCCO members are anticipated to benefit or be served by this project.
3. Describe any preliminary or past data that support the need for the implementation of this project idea.
4. Provide a detailed description of the project plan, including a description of the planned activities- What will you do, how will you do it?
5. Project Timeline: Describe the major steps or events in your project and the month(s) when you expect each step will happen. Be detailed enough so that someone not familiar with the project can understand what will happen.

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

1. List each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question D should be represented.
2. Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
3. What could cause your organization to have trouble with the project, and how could you reduce these risks?
4. List any collaborating organizations involved in your project and submit a Letter of Commitment from each collaborating organization. Any organization that is listed must submit a letter (see Appendix 1 for template).

## **Project-Specific Questions**

Depending on which funding type you are applying to (Opt-in or Continuing Current Projects), use project information below to answer project specific questions under J-O.   
  
For example if you are applying to the Health IT Opt-In, answer questions for J on page 7. Alternatively, if you are applying to the Continuing Current Projects, answer questions for O on page 17.

### **Health Information Technology Opt-In**

1. **Health Information Technology (IT) Opt-In Questions**
   1. Identify the facility (or facilities) proposed for Health IT adoption or upgrades.
   2. 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 date if available.
   3. 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 Information Technology tool you intend to use.
   4. Describe how you propose to implement this project in your clinic, including plans for:
      1. Data connection and/or migration
      2. Data validation
      3. Staff training
      4. Workflow implementation
   5. Which incentive measure will you start with to begin your quality improvement work? Will you target additional incentive measures, and if so which ones?
   6. What is/are the proposed workflow(s) for your identified incentive measure(s)?
   7. Describe sustainability plan for ongoing staffing and maintenance costs to support HIT functionality after the grant year ends.

**Purpose**

This opt-in is intended to support Health IT adoption or upgrades for physical, oral, and behavioral health providers, as well as community-based organizations. Health IT 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 Health IT 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 Health IT. Increasing Health IT capability can allow practices to view performance trends, understand cost and utilization, facilitate metrics reporting, manage patient outreach, and close clinical care gaps.

**Project Plan**

This project would provide support for physical, oral, and behavioral health clinics, as well as community-based organizations, to implement or expand Health IT to support comprehensive and coordinated patient care. Projects should provide an overview of the practice’s current Health IT and data capabilities and demonstrate the routine use of these 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 use of a clinical registry to track care gaps and create new workflows to ensure patients with care gaps receive outreach
  4. Utilize remote monitoring devices for ongoing chronic care management. Examples include but are not limited to: blood pressure cuffs, continuous glucose monitors (CGM), heart rate monitors, and wearable EKG monitors
  5. Hire temporary staff or increase hours of current staff to work with Health IT 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
  6. 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**

Applications can request up to $50,000.

### **Language Access Services Opt-In**

1. **Language Access Services Opt-In Questions**
2. What population(s) and sub-populations will your project address? Describe these populations and provide any data that supports your project’s focus (e.g., primary language spoken by x number of patients or households).
3. What barriers do members in your community currently face in accessing language access services and how will this project help address those barriers?
4. How do you believe your project will impact access to language access services for patients? How will you measure these impacts?

**Purpose**

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

**Project Plan**

Applicants are invited to propose projects focused on improving clinics’ ability to provide culturally relevant language access services. This includes projects that support interpretation (spoken or sign language services) or translation (written materials) services. Projects may include training staff members, developing EHR reporting capabilities, partnering with vendors who utilize OHA qualified and certified interpreters, as well as support patient education, outreach, and access to written and spoken services in the members’ preferred language.

Applicants who submit proposals to fund health care interpreter training are strongly encouraged to utilize Oregon State University’s Health Care Interpreter (HCI) program launching September 2022 in partnership with EOCCO. If you are interested in this program, we encourage you to reach out to EOCCO at [eoccometrics@modahealth.com](mailto:eoccometrics@modahealth.com). EOCCO will be providing scholarships for students in Eastern Oregon outside of this Language Access CBIR opt-in. However, if another training better meets your organization’s needs, please proceed with completing the Language Access CBIR opt-in application.

Additional strategies may include:

* Pilot culturally responsive video interpretation services via tablet in the primary care, dental, behavioral health, or public health setting. Video interpretation would supplement in-person interpretation options and would be used for last-minute appointments or when an interpreter is not available
* Train staff to become OHA qualified or certified [Health Care Interpreters](https://www.oregon.gov/oha/oei/Pages/HCI-Program.aspx)
* Work with a certified translation company to translate or transcreate materials that provide instructions for members to request an interpreter for their next appointment
* Develop a texting campaign to send appointment reminders in a patient’s preferred language via text. Include an option for members to reply if they would like an interpreter (e.g., “reply with ‘yes’ if you would like an interpreter”)
* Contract with an interpreter service that provides Oregon qualified or certified on-demand phone and video interpreters
* Develop an RN phone line/voicemail box/email box for Spanish-speaking patients to access directly without needing to access an interpreter
* Cover costs for staff who have allowed their HCI license to lapse to retest and recertify
* Hold culturally specific events with contracted, onsite interpreters/Traditional Health Workers

Projects should address the at least one of the following areas:

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

**Participants**

Eligible applicants include primary care clinics, dental clinics, tribal nation, and behavioral health clinics.

**Funding**

Applications can request up to $30,000.

### **Traditional Health Worker Services**

1. **Traditional Health Worker Services Opt-In Questions**
   1. What type of Traditional Health Workers (THWs) you will be employing and why? Please explain how this grant will support either the expansion of current THW services or the creation of new THW services, and how these efforts will help support community health.
   2. What is your hiring plan for the Traditional Health Worker (e.g., hiring process, timeline, whether a current or prospective employee or individual is already identified?)
   3. Please describe the specific [OHA-approved training](https://www.oregon.gov/oha/OEI/Pages/THW-Training-Programs.aspx) you will use.

**Purpose**

Traditional Health Workers (THWs) include Doulas, Peer Support Specialists, Peer Wellness Specialist, Personal Health Navigators, and Community Health Workers. Traditional Health Workers are trained and certified public health workers who work in a community or with community-based organizations, health plans, hospitals and more. Traditional Health Workers enhance patient-centered, culturally competent care by improving the diversity of the workforce and often share lived experiences with the population they serve (<https://www.oregon.gov/oha/OEI/Pages/THW-Become-Certified.aspx>).

Examples of Traditional Health Workers:

Birth Doulas are public health workers that provide personal, nonmedical support to birthing parents and families throughout pregnancy and post-partum experience.

Peer Support Specialists are individuals who provide supportive services to individuals who are currently or have previously experienced mental health and/or substance use challenges.

Peer Wellness Specialists have lived experience with psychiatric condition(s) and often work as part of a care team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

Personal Health Navigators provide information, assistance, and tools to support and enable patients to make the best healthcare decisions.

Community Health Workers are health workers that are trusted members of the community and have close understanding of the community the organization serves. They often provide health education and help individuals connect with and navigate to services.

**Project Plan**

This project aims to support the hiring of a Traditional Health Worker or help support and expand services provided by an existing Traditional Health Worker. Funding may be used to support training or certification needs, purchase resources and supplies needed by Traditional Health Workers to effectively do their jobs, and help market and advertise THW services and improve community engagement.

Applicants are strongly encouraged to follow the Oregon Health Authority’s (OHA) Traditional Health Workers training guidelines and expectations and utilize OHA’s tips for hiring and working with Traditional Health Workers: <https://www.oregon.gov/oha/OEI/Documents/Traditional-Health-Worker-Tip-Sheet-9-2016.pdf>

Traditional Health Workers must be over the age of 18, not on the Medicaid Provider Exclusions List, complete an [OHA approved certification](https://www.oregon.gov/oha/OEI/Pages/How-to-Become-a-THW.aspx), a criminal background check, and successfully complete all [training requirements](https://www.oregon.gov/oha/OEI/Pages/THW-Training-Certification-Requirements.aspx) (<https://www.oregon.gov/oha/OEI/Pages/THW-Become-Certified.aspx>).

A list of OHA approved THW training can be found on OHA’s website: <https://www.oregon.gov/oha/OEI/Pages/THW-Training-Programs.aspx>.

Examples of potential projects include:

* + Fund Traditional Health Worker training and certification to deliver coordinated and culturally responsive services (supports CCO incentive measure; Meaningful Language Access)
  + Utilize Peer Wellness Specialists to provide health education and outreach to increase initiation and engagement in drug and alcohol treatment (supports CCO incentive measure; Initiation and Engagement in SUD Treamtent)
  + Train Community Health Workers or Personal Health Navigators to perform outreach and assist patients navigating Medicaid eligibility and redetermination
  + Partner and collaborate with Peer Support Specialists affiliated with the criminal justice system to outreach and assist individuals released from incarceration to navigate Medicaid eligibility and redetermination
  + Use Traditional Health Workers to help screen patients for social determinants of health and connect them with social services and community resources
  + Support THWs outreach, health education, and engagement efforts to encourage members to receive wellness exams and other recommended preventive services (supports CCO incentive measures; Well Child Visits for Children 3-6, Childhood Immunizations, and Adolescent Immunizations)

Projects are encouraged to identify which, if any, CCO incentive measures could benefit from the support of THWs, e.g., meaningful language access to culturally responsive health care services. A full list of quality measures can be found here: <https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx>

**Requirements**

1. THWs must meet requirement for certification within role.
2. Applicants are required to collaborate with EOCCO’s THW Liaison found on EOCCO’s website [here](https://www.eocco.com/members/your-resources/general-resources).
   1. Kathryn Hart: [kathryn.hart@eocco.com](mailto:kathryn.hart@eocco.com), (503) 265-4727

**Participants**

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

**Funding**

1. **Baseline funding for all projects:** Up to $50,000
2. **Optional:** Traditional Health Worker Services 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.

### **Kindergarten Readiness**

1. **Kindergarten Readiness Opt-In Questions**
2. Describe which kindergarten readiness metrics this project will focus on. Describe how you will use data to identify and communicate with the target population for grant activities.
3. What are the current barriers to EOCCO children in your community receiving preventive dental visits, well child visits, and/or immunizations, and how will your project help patients and their families overcome these barriers?
4. Describe any technologies you plan to use and how they will support grant activities (e.g. registries, EHR, ALERT for immunization data).
5. What, if any, incentives or other strategies does your project plan to use to encourage completion?
6. If you plan to focus on **immunization**s, 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.
7. If you plan to offer a **well-child visit (WCV) event:**
   * 1. What services will be provided at your event?
     2. Describe how you will provide these services, including who will provide the services.
     3. Describe how you will bill EOCCO for the services and who will bill for them.
     4. How will you collect the required metrics, including overall attendance at the event and number of services provided to EOCCO and non-EOCCO participants?
     5. What is your plan for post-event contact to EOCCO members who did not attend the event and are still due for WCVs?
8. 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?

**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>). Kindergarten readiness includes three quality measures: preventive dental visits for children ages 1-5, well child visits for children ages 3-6, and 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>). 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>). 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>).

**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, and/or immunizations. Applicants may propose using a registry, such as Arcadia, and recall efforts to ensure timely completion of services.

Specific suggested strategies include:

* **Collaborations** between public health, primary care, and dental providers to ensure timely completion of preventive dental, well child visits, and 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 readiness needs and immunizations outreach efforts.
* **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](https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx) 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
  + **Health Aspects of Kindergarten Readiness**

**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 [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu).
2. **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.

### **HbA1c Direct Mail Kit Program**

1. **HbA1c Direct Mail Kit Program Opt-In Questions**
   1. What barriers do your patients face in managing their blood sugar and/or diabetes, and how will your project help patients and their families overcome these barriers?
   2. Who will be the target patient population to participate in the direct mail program and how will they be identified?
   3. What clinics and vendors will be participating in the direct mail program? Please list all stakeholders (e.g., clinics, labs, vendors, etc.) and their role in the project.
   4. Describe the general workflow you anticipate for the direct mail kit program.
   5. What follow-up will you provide to patients based on screening results (e.g., direct outreach, health education, counseling, navigation, etc.)
   6. Clinics must provide direct messaging and outreach with culturally competent educational materials. Please describe what direct messaging and outreach your clinic will provide with the HbA1c mail kit program.

**Purpose**

According to the OHA 2015, Diabetes Report: The prevalence of diabetes in Oregon more than doubled over the previous 20 years. There were approximately 287,000 adults with diagnosed diabetes in Oregon and 110,000 adults with diabetes who did not know it. Prevalence of diabetes among men and women was 9.2% and 7.8%, respectively, and approximately 1.1 million adults (37% of adults) in Oregon had prediabetes (<https://www.oregon.gov/blind/Documents/OregonDiabetesReport.pdf>). According to more current data, the prevalence of diabetes was 9.5% among both men and women in 2020 (<https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/OR>). A Medicaid patient without an HbA1c reading within the 12-month Medicaid quality measurement period or an HbA1c reading over 9% is considered to have poor control of their diabetes (<https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx>). Closely monitoring HbA1c levels may help avoid potentially life-threatening complications associated with diabetes.

HbA1c Direct Mail Kit Programs allow patients to mail in a blood sample from the comfort of their own home to monitor HbA1c levels, reduce travel barriers, and relieve the work-related burden on clinic staff. Over-the-Counter HbA1c test kits are accurate and user-friendly, and patients screening positive for diabetes or prediabetes are likely to discuss their results with their providers (<https://pubmed.ncbi.nlm.nih.gov/21129346/>). Previous mail-in Colorectal Cancer Screening programs have been successful in increasing cancer screening rates in Oregon (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6934075/>). This project aims to improve diabetes control of EOCCO members and increase HbA1c screenings.

EOCCO is partnering with Livongo to offer services free of charge to EOCCO members. Please see the EOCCO/Livongo clinic workflow: <https://www.eocco.com/-/media/EOCCO/PDFs/providers/Education/Diabetes-Self-Managment-Clinic-Workflow.pdf> and Livongo brochure: <https://www.eocco.com/-/media/EOCCO/PDFs/providers/Education/Livongo-Diabetes-Self-Mangament-Brochure.pdf>

**Project Plan**

This project aims to implement the use of a centralized vendor to mail out HbA1c direct mail kits to EOCCO patients identified as at risk for, or currently having, prediabetes or diabetes. Clinics will work with EOCCO and their chosen vendor to provide mailed educational materials that are clinic-centered and co-branded with clinic letterhead and physician signatures. The clinic will identify a point of contact who will generate a list of patients who are eligible for a mailed HbA1c test. A designated representative from EOCCO will lead the coordination between the clinic and vendor on a regular basis. HbA1c tests will be mailed out by the vendor and follow-up calls will be conducted by the clinic to encourage patients to return their test. HbA1c tests will be returned to a centralized lab and data will be shared with the clinic. Clinic staff will be required to record HbA1c values in their EHR to be included in end of year incentive measure reporting. Additionally, clinics are advised to perform additional follow up with patients with poorly controlled A1c levels and encourage them to participate in Diabetes Self-Management programs such as Livongo or in-person classes. Please see the [Diabetes Self-Management Clinic Workflow](https://www.eocco.com/-/media/EOCCO/PDFs/providers/Education/Diabetes-Self-Managment-Clinic-Workflow.pdf) for ideas on how to refer members to Livongo, EOCCO’s digital Diabetes Self-Management provider.

Patient education and outreach: To address any potential barriers to patient willingness to complete HbA1c mail-in kits, this project must include coordination with Local Community Health Partnerships (LCHP), patient and family advisory councils, and other community partners to support the creation of patient-centered and culturally appropriate educational materials to increase awareness of the HbA1c home testing kits and willingness to complete each screening. Additionally, follow-up materials with culturally competent messaging and plans for follow-up counseling based on HbA1c levels will be needed. The method of outreach will be proposed by the applicant but could include posters, flyers, newspaper articles, advertisements, social media, or other means. Clinics should also be prepared for increased engagement with patients.

**Requirements**

* Clinic must provide a plan for direct messaging and outreach with mailing with culturally competent educational materials.
* HbA1c Direct Mail Kit Program projects must target and report on the [quality measure](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2022%20specs%20(Diabetes%20Poor%20Control)_12-28-21.pdf) below:
  + [**Hemoglobin A1c (HbA1c) Poor Control (>9.0%):**](https://ecqi.healthit.gov/ecqm/ec/2022/cms122v10)Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

**Participants**

Eligible applicants include primary care clinics.

**Funding**

1. **Baseline funding for all projects:** Up to $30,000
   * **Plus:** $15 per attributed EOCCO member with diabetes your project will address. If you are unsure about how many members to use for your budget, please contact [CBIR@ohsu.edu](mailto:CBIR@ohsu.edu).
2. **Optional:** HbA1c Direct Mail Kit Program 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.

### **Continuing Current Projects**

1. **Continuing Current Projects Questions**
   1. Describe the outcomes and data from your 2022 project that supports continuing this effort in 2023.
   2. What changes do you plan to make to your project compared to 2022, and what led you to these changes?

## Outcomes Measurement Data and Budget Tables

Please use the embedded Excel document below to fill out your data and budget tables. Save a copy of the Excel document and submit separately with the rest of your PDF application. If funded, this Excel file will serve as your template to report on data and budget items through interim progress reports and a final report.



### **Outcomes Measurement Data Table**

In the first tab of the embedded 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 percent of the EOCCO and non-EOCCO members targeted for your activity. Baseline and goal measures can include but are not limited to your county’s prior year EOCCO incentive measure rate, EOCCO incentive targets, and the estimated number of members needed to reach the EOCCO incentive target. The metrics you select should be relevant to your specific project. For example, you wouldn’t provide a county rate for a program that only will impact one clinical site. If an activity does not have discrete EOCCO and non-EOCCO member data, please explain steps taken to either collect this data or other approaches to measuring your project’s baseline and working toward goals.

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

* **Kindergarten Readiness Opt-in (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
  + **Health Aspects of Kindergarten Readiness**
* **HbA1c Direct Mail Program**
  + **Hemoglobin A1c (HbA1c) Poor Control (>9.0%):** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

### **Budget Table and Budget Justification**

In the second tab of the embedded Excel document, include the proposed budget for your project. Please provide a one to three sentence 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.).

Please refer to the Health Related Services (HRS) Category Options table to the right of the budget table when filling out the HRS Category column of the budget table. If the expense falls into more than one HRS category, pick the primary HRS category. If the expense does not fall into any of the HRS categories listed, leave the cell blank.

# Appendix 1: 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***