

**Request for Applications**

**Community Benefit Initiative Reinvestments  
Public Health Fund**

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Application Information

Deadline**: September 23, 2022**

## **Background**

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

The Public Health Fund will be used to support projects led by the PHDs to improve the health and wellness of EOCCO members and their communities. PHDs in the 12 EOCCO service areas are invited to submit one or more proposal. These proposals may be for projects that are implemented up to two years.

## **Funding Amount**

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

## **Project Areas**

Projects may focus on one or more of the following focus areas:

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

Eligibility and Application Requirements

1. **Applicants:** Only Eastern Oregon public health departments are eligible to apply.
2. **Population:** The EOCCO Public Health Fund is intended to primarily but not exclusively benefit EOCCO members. Applications must demonstrate the majority of services offered 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.
3. **Outcomes Measurement:** Proposals must define how progress towards the goals will be measured. 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.
4. **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.
5. **Budget**: Please utilize the Budget Data Table template provided within this application. Budgets must align with guidelines below.
   1. Proposed projects do not currently have or expect to receive full funding from another source.
   2. Budget must directly relate to the proposed activities.
   3. Where possible, demonstrate the ability to leverage funds to secure, blend or braid additional and/or matching funds from other sources to implement and sustain projects.
   4. 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.
   5. Support from the Public Health Fund 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.
   6. Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment.
   7. Proposals cannot include requests for costs related to billable health services, enhancing reimbursements or supporting state-covered billable services.
   8. Generally, funds will not be provided for individual provider training. Proposals requesting training intended to assist communities achieve CHP plan priorities, health equity, healthcare interpreters 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.
   9. Projects can focus on building capacity to respond directly to the public health crisis, or to support other areas of care delivery that have been adversely impacted by the pandemic. However, applications for the public health fund should not be focused on contact tracing or COVID-19 vaccinations.
   10. 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.
6. **Community Involvement:** Projects that demonstrate documented support from community partners are more likely to be awarded funding. See **Appendix 1: Letter of Commitment Template**.
7. **Sustainability:** Project should provide a plan for sustainability beyond the end of the proposed grant period.

## **Application Process**

1. **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the following:
   1. Application Coversheet
   2. Project Narrative
   3. Outcomes Measurement Data and Budget Tables
   4. Letters of Commitment (if any).
2. **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:
3. **Single consolidated PDF:** Application Coversheet, Project Narrative, and Letters of Commitment
4. **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
5. **Funding Decision:** A committee appointed by the EOCCO Board will make final funding decisions, subject to approval by the EOCCO Board.
6. **Timeline:** Applicants should hear about the status of their requests by December 2022. Project start dates will be January 1, 2023 and can run for up to two year through December 31, 2024.
7. **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.

# Community Benefit Initiative Reinvestments Application: Public Health Fund

## Application Coversheet

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

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

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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

**Total Amount Requested** (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.  Project Narratives may be **up to 5 pages**, excluding tables and graphs.

1. Background and project goals
   1. Include a brief description of the Public Health Service Area that will be served by the project, which public health departments are involved, and the role of each in the project. 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?
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. If the project is EHR or technology focused: Describe your current EHR functionality and data collection capacity for reporting on population-based metrics or new CCO quality metrics. Provide baseline date if available, and explain the expected capability of the EHR by and the data you aim to collect by the end of the funding period.
5. Provide a detailed description of the project plan, including a description of the planned activities- What will you do, how will you do it?
6. 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 E 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).
5. Describe a detailed plan for sustaining this effort once the project ends.

## 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.

### **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.

Note: Applications should request funds of **no less than $8,000/county and no more than $30,000/county.** Counties may join together and request higher amounts (e.g. two counties may request a minimum of $16,000 and a maximum of $60,000.

# 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***