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**EASTERN OREGON
COORDINATED CARE
ORGANIZATION**

REQUEST FOR APPLICATIONS (RFA)

For

2023 Supporting Health for All Through REinvestment (SHARE)

and

Local Community Health Partnerships (LCHP)

PROPOSALS DUE:

April 14, 2023 at 5pm PST

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1. Application Information

1.1. Deadline: **April 14, 2023 at 5pm PST**

1.2. Background

Eastern Oregon Coordinated Care Organization (EOCCO) has consistently reinvested in programs and initiatives to support the health and wellbeing of Eastern Oregon communities. For 2023, the funding source for Local Community Health Partnership (LCHPs) will be through EOCCO's Supporting Health for All through Reinvestment (SHARE) program distribution. As a result, EOCCO will be consolidating the application process for community-based projects funded through LCHPs with that of the SHARE program.

EOCCO has approved reinvesting up to \$745,500 in LCHP projects that meet state SHARE program requirements and support better health for EOCCO members and their communities. The funding amounts dedicated in each county is available in **Appendix A: 2023 LCHP Funding Amounts**.

In addition to the funds earmarked for the LCHPs, an additional amount has been approved to fund SHARE projects that address Social Determinants Of Health and Equity (SDOH-E), with preference given to projects that support housing-related services and supports. This includes services and supports that help people find and maintain stable and safe housing. SHARE funds will be awarded to projects that best address the largest housing and other SDOH-E needs across Eastern Oregon.

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

All applications are due to CBIR@ohsu.edu by **Friday, April 14 at 5pm PDT**.

1.3. Eligibility and Application Requirements

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

Here are some examples of potential SDOH-E partners:

- Nonprofit social and human service organizations (for example, organizations supporting economic opportunity; supporting individuals with disabilities; promoting safe housing, education, food security and environmental justice)
- Culturally specific organizations
- Local public health authorities

- Regional health equity coalitions
- Local government and government-associated entities
- Oregon Tribes and the Urban Indian Health Program
- Educational services districts and school districts
- Early learning hubs
- Local housing authorities

2. **Population:** Projects should primarily benefit EOCCO members. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.
3. **Project Focus:** Proposals must focus on providing SDOH-E services and/or supports for EOCCO members within the community. Projects must focus on the EOCCO [Regional Community Health Improvement Plan](#) components and be consistent with [Oregon Health Authority social determinants of health and health equity guidelines](#). Project proposals must identify which SDOH-E domains their projects best align with. *Housing-related services and supports will receive priority for SHARE funding.*

Here are some project ideas and examples of prior SHARE projects:

SDOH-E domain	Project Ideas	Examples of Prior SHARE projects
Economic stability	<ul style="list-style-type: none"> • Income/poverty • Employment • Food security/insecurity • Diaper security/insecurity • Access to quality childcare • Housing stability/instability (including houselessness) • Access to banking/credit 	<ul style="list-style-type: none"> • Expand transitional shelter to create space for clients to complete job and housing applications, and provide technology access at the shelter • Fund education and training for childcare teachers of children of domestic violence survivors • Purchase mobile shower and laundry facilities • Purchase a multi-unit residence to create transitional housing
Neighborhood and built environment	<ul style="list-style-type: none"> • Access to healthy foods • Access to transportation (non-medical) • Quality, availability, and affordability of housing • Crime and violence (including intimate partner violence) • Environmental conditions • Access to outdoors, parks 	<ul style="list-style-type: none"> • Convene a local collaborative to increase access to healthy food • Provide nutritious meals for homebound seniors and in congregate settings • Implement Veggie Rx programs • Purchase accessible playground equipment • Create a permanent, affordable housing community for low income and unsheltered residents • Implement oral health campaign to promote increased fruit/vegetable or decreased sugar-sweetened beverage consumption
Education	<ul style="list-style-type: none"> • Early childhood education and development 	<ul style="list-style-type: none"> • Fund intergenerational youth enrichment activities

	<ul style="list-style-type: none"> • Language and literacy • High school graduation • Enrollment in higher education 	<ul style="list-style-type: none"> • Fund site planning and construction of a new schoolyard • Partner with early learning hubs to support parenting education and language and literacy courses • Partner to support high school completion programs, such as mentoring programs • Support school districts to fund skills trainers and behavioral interventionists
Social and community health	<ul style="list-style-type: none"> • Social integration • Civic participation/community engagement • Meaningful social role • Discrimination (for example, race, ethnicity, culture, gender, sexual orientation, disability) • Citizenship/immigration status • Corrections • Trauma (for example, adverse childhood experiences) 	<ul style="list-style-type: none"> • Fund FTE or training for traditional health worker and peer wellness support for social service navigation • Fund community-based organizations for start-up, staffing and training costs associated with a social needs screening and referral system through a community information exchange
All domains	<ul style="list-style-type: none"> • Fund a medical legal partnership to support members with legal concerns related to housing, discrimination, immigration, and other areas • Fund community-based organization licenses and/or infrastructure to use community information exchange (CIE) platform 	

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

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

SMARTIE category	Definition	Example
<u>S</u>pecific	What is it you want to achieve? Consider including the 5Ws: what, why, who, where, and when.	More affordable housing is available for EOCCO members
<u>M</u>easurable	How will you know when you have achieved your goal? To be able to track progress and to measure the result of your goal, consider: how much or how many?	5 housing units available
<u>A</u>ction-Oriented	To keep you motivated toward attaining your goal, are there identifiable intermediate actions or milestones?	Identify property to purchase; Renovate property
<u>R</u>elevant	What results can realistically be achieved given your available resources, including people, knowledge, money, and time?	The project team has resources to expand, and it aligns with Community Health Improvement Plan

T ime-Bound	What is an appropriate deadline for achieving your goal? How will you track progress?	by December 2025
I nclusive	How will you include disproportionately affected people into processes, activities, and decision making in a way that shares power?	Engages local organizations to assist in and donate items needed in renovation
E quitable	How will you include an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression?	The project is representative of the communities it serves
Goal Summary	Recruit 3 local organizations to join the housing rights coalition by June 2025. These organizations should work with communities that are not currently represented in the coalition.	

5. **Budget:** Proposals must include detailed line items (for example, avoid “\$100,000 for building supplies”) and define how funds will be spent for their projects. Please use the Budget Table template provided within this application. Please contact CBIR@ohsu.edu if you would like assistance with your project’s Budget Table.

Requirements - Budgets cannot include these items:

- Medicaid-covered services;
- Any covered services or benefits in Oregon’s [Substance Use Disorder \(SUD\) waiver](#) (housing or employment supports for eligible members) or [1115 Medicaid waiver](#) (health-related social needs services for eligible members, beginning in 2024);
- Any activities, projects or initiatives targeted exclusively at delivery of health care or expanding access to care in a traditional clinical setting. Dollars from the SHARE Initiative are meant to address needs beyond the “clinic walls” through community partnerships;
- Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS)
- General administrative costs that are not directly related to a SDOH-E and/or health disparities initiative. Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.
- Sponsorships or advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- Costs for SDOH-E related research in which findings are only used internally, only used by another private entity, or are proprietary;
- Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions;
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives),
- Items fully funded from another source. If your project has received SHARE funding in the past, this project proposal cannot request funds for the same project elements.
- **Recommendation** - Budgets will be more likely to be funded if the personnel and supervisory staff budget is low in comparison to the rest of the budget

6. **Community Involvement:** Projects that demonstrate documented support from community partners will be given preference. See example in **Appendix C: Letter of Commitment Template**.
7. **Sustainability:** Projects must provide a comprehensive and robust plan for sustainability beyond the end of the proposed grant period.

1.4. Submission Process

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

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

- **Friday, February 24th, 2023 @11-12pm** [Register here](#)
 - **Wednesday, March 8th, 2023 @11-12pm** [Register here](#)
 - **Monday, March 20th, 2023 @11-12pm** [Register here](#)
 - **Monday April 3th, 2023 @12-1pm** [Register here](#)
2. **Application Forms:** Applications should include the following:
 - a. Application Coversheet
 - b. Project Narrative
 - c. SMARTIE Goals
 - d. Budget
 - e. Letters of Commitment
 3. **Submission:** Send your application coversheet and narrative as a PDF, and SMARTIE Goals and Budget Tables in Microsoft Excel to CBIR@ohsu.edu by **5:00 pm PDT on April 14, 2023**.
Important Note: You will receive an email receipt. If you do not receive that email within two business days of submission, please send a follow-up email to the CBIR@ohsu.edu.

1.5. Review Process

The Community Benefit Initiative Reinvestments (CBIR) Team at OHSU will work with EOCCO to organize applications. All Local Community Health Partnership (LCHP) applications will be directly reviewed by EOCCO leadership. All SHARE applications will undergo a four-step review:

1. **LCHPs** will score and rank applications received for their county based on which applications best respond to that county's needs. LCHPs will use the scoring rubric in **Appendix D: LCHP Scoring Rubric**.
2. **The EOCCO Community Action Council (CAC)** will review LCHP scores and application ranks. The CAC will make SHARE award recommendations for up to \$1.5 million of SHARE funding.

3. **The EOCCO Board** will review the CAC award recommendations and make final award decisions. Given the complex nature of SDOH-E projects and limited amount of funding, not all recommended projects from the CAC may be approved for funding.
4. **The Oregon Health Authority** must review and approve of all applications and funding decisions before LCHP and SHARE projects can receive payment and launch.

Here is a timeline of the application process:

Month	Description	Responsible Party
February	RFA Released	EOCCO
March	RFA Technical Assistance	OHSU and LCHP/SHARE applicants
April	RFA due April 14, 2023 at 5pm PST via email to CBIR@ohsu.edu	LCHP/SHARE applicants
	LCHPs rank SHARE apps for their county	LCHPs
May	CAC review and vote of SHARE applications	CAC, OHSU, and GOBHI
June	EOCCO Board review and approval of SHARE applications	EOCCO leadership
July	OHA review of SHARE projects	OHA
August	LCHP/SHARE award notifications	OHSU
September	Launch LCHP/SHARE projects	LCHP/SHARE applicants

2. Community Benefit Initiative Reinvestments: LCHP/SHARE

2.1. Application Coversheet

Legal Name of Applicant Organization: _____

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

Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____ Email: _____

Ever submitted a grant application before? Yes No

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

Organization Name: _____

Address: _____

Name of Employee Managing Funds: _____

Phone Number: _____ Email: _____

Total Amount Requested: \$ _____

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

Project Title: _____

Length of Project: 1 year (check for all LCHP applications) 2 years 3 years

Type of Application: LCHP SHARE

SDOH-E Domain (pick all that apply) Housing related services and support Economic stability Education Neighborhood and built environment Social and community health

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

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

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

[Signatures next page]

Signatures:

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

Signature of Organization Official: _____

Name: _____ Date: _____

Phone: _____ Email: _____

2.2. Project Narrative

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

- A. **Project Description:** Include a brief description of your organization and the services it provides, and a 3-8 sentence summary of your project (copy from application coversheet).
- B. **Need for Project:** Describe the need for your proposed project. When possible, use data showing this need.
- C. **Target Group:** Describe the target group of people who will benefit from your project.
- a. Include how many EOCCO members will benefit from your project. How do you identify the EOCCO members that receive these benefits?
 - b. Include if your project does or does not serve these transition populations. If yes, how you work with these populations and how you identify them as EOCCO members?
 - People experiencing homelessness or at risk of homelessness
 - Youth with Special Health Care Needs ages 19-26 years old
 - Youth who are child welfare involved, including youth leaving foster care
 - Older adults who have both Medicaid and Medicare health insurance
 - Adults and youth released from incarceration
 - Adults leaving state hospital.
 - c. Include if your project does or does not serve these housing, food, and/or climate services. If yes, how you work with these populations and how you identify them as EOCCO members?
 - Housing – Examples include rental assistance or temporary housing (up to 6 months); utility assistance (up to 6 months); one-time transition and moving costs; housing deposits and fees; medically necessary home modifications; pre-tenancy and tenancy support services; navigation and/or case management for housing
 - Food – Examples include nutrition and cooking education; fruit and vegetable prescriptions (up to 6 months); meals (up to 3/day) or healthy food boxes for pregnancy members, children and YSHCN (up to 6 months); medically tailored meal delivery (up to 3/day; up to 6 months); navigation and/or case management for community-based food resources
 - Climate – Examples include medically necessary devices that maintain health temperatures and clean air including air conditioners, heaters and air filters; generators to operate medical devices like ventilators in a power outage
- D. **Project Plan:** Provide a detailed description of the project plan and major activities. What will you do, when will you do it, and who will do it?

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

Year	Month(s)	Activity	Who Will Complete Activity

- E. **Personnel:** Please provide a bulleted list of the names and job title with a brief description of qualifications of your project team. Any names in the Project Plan should be included here.

- F. **Barriers and risks:** What could cause your organization to have trouble with the project, and how could you reduce these risks?
- G. **Sustainability:** Describe how this project will be sustained after the funding period ends.
- H. **Letters of Commitment:** 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 example in **Appendix C: Letter of Commitment Template**).

2.2. SMARTIE Goals and Budget Tables

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

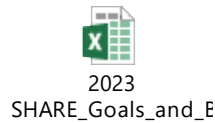
Applicants are **required** to obtain free technical assistance. We strongly recommend contacting CBIR@ohsu.edu to review and improve SMARTIE Goals and Budget tables. Applications that receive technical assistance will be more likely to meet state-mandated SHARE program requirements, improve the quality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

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

- LCHP specific SMARTIE Goals and Budget tables:



- Non-LCHP SHARE application SMARTIE Goals and Budget tables:



Appendix A: 2023 LCHP Funding Amounts

LCHPs funding budgets are calculated based on the number of EOCCO members within their county. Due to changes in the number of members over the past year, the 2023 Budget allows LCHPs to apply for up to 5% more than the 2022 LCHP budgets. LCHPs may apply for *less* than the full budget listed for their county, but not more.

If the LCHPs are working with an organization that would like to apply for more funding than the 2023 LCHP budget, please encourage that organization to contact CBIR@ohsu.edu to submit their own SHARE application.

County	EOCCO Membership as of 6/1/21	2022 Budget	2023 Budget Max (2022 budget +5%)
Baker	5,339	\$66,777	\$70,116
Gilliam	476	\$27,510	\$28,886
Grant	1,938	\$39,315	\$41,281
Harney	2,592	\$44,596	\$46,826
Lake	2,529	\$44,087	\$46,291
Malheur	12,614	\$125,000	\$131,250
Morrow	3,749	\$53,938	\$56,635
Sherman	475	\$27,502	\$28,877
Umatilla	23,245	\$125,000	\$131,250
Union	7,918	\$87,601	\$91,981
Wallowa	2,260	\$41,915	\$44,011
Wheeler	383	\$26,759	\$28,097
TOTALS	63,518	\$710,000	\$745,500

Appendix B: EOCCO Organizational Structure

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

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

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

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

EOCCO Board of Directors – The Board of Directors reviews, modifies, and finalizes all recommendations and required reporting to the Oregon Health Authority (OHA).

The Board approves the distribution of funding solicitations that support the goals of the EOCCO, and help the LCHP with implementation of their health plans. In addition, they allocate in accordance with OHA rules and regulations.

Appendix C: Letter of Commitment Template

Agreement to Participate in EOCCO Project

Dear ***Name of project director,***

We look forward to participating in the ***Project Name*** starting ***date*** and ending ***date***.

Our organization agrees to ***describe what the collaborating organization is expected to do including any staff responsibilities.***

We understand that we will receive ***list any funds being provided to the collaborating organization.***

Thank you for including us in this important project.

Sincerely,

Signature

Name spelled out

Organization name

Email address

Phone number

Qualitative Comments

*SDOH-E Partner Definition

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

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

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

**Regional Community Health Improvement Plan (CHIP) Priorities

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