eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

REQUEST FOR APPLICATIONS (RFA)

For

Community Benefit Initiative Reinvestments (CBIR)

Opt-In and Continuing Current Projects

- Health Information Technology
- Social Needs Screening Implementation
- Access to Primary Care Services
- Kindergarten Readiness for 0-6 year olds
- Wellness and Preventive Care for 7-21 year olds
- Continuing Current Projects

PROPOSALS DUE:
September 30, 2024 by 5pm PT

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1. Application Information

1.1. Deadline: <mark>September 30, 2024 by 5pm PT</mark>

1.2 Background

Thanks to successful efforts in 2023 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 11 out of 15 CCO incentive measures and met three of four challenge pool measures. This resulted in EOCCO earning over 100% of their 2023 Quality Pool funds, which can now be reinvested into projects that address priority health needs in Eastern Oregon communities. This year's program will focus on four areas:

1. **Opt-In Projects** to address Health Information Technology (IT), Social Needs Screening Implementation, Access to Primary Care Services, Kindergarten Readiness of 0-6 year olds, and Wellness and Preventative Care for 7-21 year olds.

2. **Continuing Current Projects** to successful 2024 EOCCO funded projects that focus on one or more incentive measures the county is having trouble meeting and that do not overlap with the Opt-In opportunities.

3. **Public Health Fund** for Eastern Oregon Public Health Departments specifically to build support for local infrastructure and support overall health. Public Health Departments can apply for this funding by completing the Public Health Department Application here: https://www.eocco.com/providers/grants

4. **New Ideas Projects** that test novel and innovative ideas to improve the health and health care of EOCCO members. Applications to New Ideas Projects are accepted every six months. Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within the grant period specified. Apply for this funding by completing the New Ideas Applications here: https://www.eocco.com/providers/grants

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.

Project	Funding Amount Available Per Grantee
Health Information Technology (IT)	Up to $50,000
Social Needs Screening Implementation	Up to $50,000
Access to Primary Care Services	Up to $30,000
Kindergarten Readiness for 0-6 Year Olds	Up to $50,000 base funding plus $15 per attributed EOCCO member Optional additional $15,000 stipend to address health disparities
Wellness and Preventive Care for 7-21 Year Olds	Up to $50,000 base funding plus $15 per attributed EOCCO member Optional additional $15,000 stipend to address health disparities

Continuing Current Projects

Funding is available to organizations proposing to continue successful, previously funded 2024 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 2025 applications, and must include a sustainability plan for after funding ends. Continuing Current Projects funding cannot be requested for Traditional Health Worker (THW) and Community Health Worker (CHW) trainings. Please contact THW@eocco.com if interested in learning about EOCCO sponsored training opportunities dedicated to CHW and THW trainings.

Project	Funding Amount Available Per Grantee
Continuing Current Projects	Up to $20,000

Public Health Fund

Public Health Departments can apply for this funding by completing the Public Health Fund Request for Applications here: https://www.eocco.com/providers/grants

Project	Funding Amount Available Per Grantee
Public Health Fund	Up to $50,000 per county

New Ideas Projects

New Ideas Projects can apply for this funding by completing the New Ideas Applications here: https://www.eocco.com/providers/grants

Project	Funding Amount Available Per Grantee
New Ideas	Up to $50,000

1.4 Eligibility and Application Requirements

- **Eligibility:** Depending on project type (Health IT, Social Needs Screening Implementation, Access to Primary Care Services, Kindergarten Readiness for 0-6 Year Olds, Wellness and Preventive Care for 7-21 Year Olds, 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 to inquire if your organization is eligible to apply.

- **Population:** Preference will be given to projects that primarily benefit EOCCO members. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.

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

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

- **Proposals:** Proposals that substantially overlap in purpose and budget will not be considered for funding. A committee appointed by the EOCCO Board will make the final funding decisions, subject to Board approval.

- **Budget**: Proposals must define how funds will be spent for their projects.

    Recommendations
    o Contact CBIR@ohsu.edu for *1-on-1 technical assistance* to assist you in completing the Budget Table template provided within this application.
    o 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
    o Include detailed line items (for example, avoid "$30,000 for staff")

    Requirements - Budgets cannot include these items:
    o Medicaid-covered services;
    o Indirect administrative costs cannot be requested for equipment or supply costs and are capped at 10% of other allowed costs.
    o Items or activities fully funded from another source.
    o Staff positions funded by this project should not be primarily administrative. However, grant funds can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members.
    o Generally, funds will not be provided for individual provider, Community Healthcare Worker (CHW), or Traditional Healthcare Worker (THW) trainings. Please contact THW@eocco.com if interested in learning about EOCCO sponsored training opportunities dedicated to CHW and THW trainings. Proposals requesting training intended to assist communities achieve CHIP plan priorities, health equity, healthcare interpreter, and incentive measure targets will be considered. Please contact CBIR@ohsu.edu if you would like to discuss specific training opportunities you are considering in your proposal.
    o Current Projects grantees will be required to request decreasing amounts of funds over time and will not be awarded beyond three grant cycles.
    o Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS)

- Proposals cannot include requests for capital construction, building renovations, or major non-medical equipment like vehicles. Proposals cannot include expanding SDOH services like food, housing, and transportation. If your organization would like to apply for funding to cover these items, please apply through the Supporting Health for All through Reinvestments (SHARE) application found here: https://www.eocco.com/providers/grants
- Any covered services or benefits in Oregon's Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members) or 1115 Medicaid waiver, including Health-Related Social Needs (HRSN) covered services and Community Capacity-Building Funds (CCBF) for eligible members (beginning in 2024).

- **Sustainability:** Projects must provide a comprehensive and robust plan for sustainability beyond the end of the proposed grant period.

- **Financial Information:** Proposals must include one of the approved documentations of financial good standing.

- **Community Involvement:** Priority will be given to projects that demonstrate documented support from community partners. See **Appendix B: Letter of Commitment Template**.

1.5 Application Process

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

  In previous years, applicants that do not receive technical assistance are automatically NOT considered. You must receive technical assistance to apply.

  The following Technical Assistance webinars are scheduled to learn more about this RFA and answer general questions. **_Please contact CBIR@ohsu.edu for 1-on-1 technical assistance._**
    - **Tuesday, August 27, 2024 @12-1pm** Register here
    - **Wednesday, September 11, 2024 @12-1pm** Register here
    - **Friday, September 20, 2024 @12-1pm** Register here

- **Application Forms:** Please follow the directions in this Request for Applications (RFA). Applications should include the following:
    - Application Coversheet
    - Project Narrative
        - Application Questions for All Projects
        - Opt-In Specific or Continuing Current Projects Questions
    - Outcomes Data and Budget Tables
    - Financial Information
    - Letters of Commitment (if any)

- **Submission:** Send your application to CBIR@ohsu.edu by **5pm PDT on September 30, 2024**. Please organize your application in the follow manner:
    - **Single consolidated PDF:** Application Coversheet, Project Narrative, Financial Information and Letters of Commitment
    - **Single Excel file:** Outcomes Measurement Data Table and Budget Table (template provided below in application)

        Note: The 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 2024. Project start dates will be February 1, 2025 and run through January 31, 2026. Funds must be expended by January 31, 2026.

2. Transformation Community Benefit Initiative Reinvestments Application

2.1 Application Coversheet

Legal Name of Applicant Organization: _____

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

    Name: _____

    Title: _____

    Organization: _____

    Address: _____

    Phone Number: _____   Email: _____

    Ever submitted a grant application before? ☐ Yes ☐ No

Name of Organization to Receive and Manage Funds:

    Organization Name: _____

    Address: _____

    Name of Employee Managing Funds: _____

    Phone Number: _____   Email: _____

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

__ Health IT	__ Social Needs Screening Implementation	__ Access to Primary Care Services
__ Kindergarten Readiness for 0-6 Year Olds	__ Wellness and Preventative Care for 7-21 Year Olds	__ Continuing Current Projects

Total Amount Requested (note funding limits on page 3-4): $_____
    If you are willing to accept partial funding, what is the minimum you will accept? $_____

Project Title: _____

Do you intend to collect identifiable demographic data for the clients served by this project?
☐ Yes   ☐ No   ☐ Unsure

Project Summary (3-8 sentences)

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

Signature of Organization Official: _____

Name: _____ Date: _____

Phone: _____ Email: _____

2.2 Project Narrative

For the Project Narrative, all applicants should answer questions A-G. Questions H-O are specific to each project type. Project Narratives may be **up to 7 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**:
   a. Describe the community need of your proposed project? When possible, use data showing this need.
   b. How does your project align with the community priorities identified in the EOCCO's Regional Community Health Improvement Plan?

C. **Target Group:**
   a. Describe the target group of people who will benefit from your project.
   b. How many EOCCO members will benefit from your project. How do you identify the EOCCO members that receive these benefits?

D. **Project Plan**: Provide a detailed description of the project plan and major activities. What will you do, when will you do it, and who will do it?

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

Month(s)	Activity	Who Will Complete Activity

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

F. **Barriers and risks**: What could cause your organization to have trouble with the project, and how could you reduce these risks?

G. **Sustainability:** Describe how this project will be sustained after the funding period ends.

2.3 Project-Specific Questions

Depending on which funding opportunity you are applying for, use the project information below to answer the following project specific questions H-O.

For example if you are applying to the Health IT Opt-In, answer questions for H on page 11. Alternatively, if you are applying to the Continuing Current Projects, answer questions for O on page 21.

Health Information Technology Opt-In

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

Purpose

This Opt-In opportunity 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, continuous glucose (CGM), heart rate, 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.

Social Needs Screening Implementation

I. **Social Needs Screening Implementation Opt-in Questions**
   a. What barriers do members in your community currently face in accessing SDOH related services like housing, food, and transportation services? How will this project help address those barriers?
   b. Describe how your clinic or Community-Based Organization (CBO) currently learns if a member needs SDOH services? How would you improve this process with grant funding?
   c. What is your clinic's or CBO's current process, if any, for recording any SDOH needs in your EHR or electronic database? How would you improve this process with grant funding?
   d. Who will be responsible for leading the implementation and improvement of SDOH screening and referral to services in your clinic or CBO?
   e. How do you believe your project will impact access to SDOH services for members? How will you measure these impacts?

Purpose

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

Starting in measurement year 2025, EOCCO partners will be asked to report on the social needs screening status for a random sample of EOCCO members. This will include reporting on whether these members were screened for social needs during the measurement period and if so, whether the screening asked members about food, housing, and non-medical transportation needs (for more information, go to: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2025-specs-(SDOH)-2024.05.10.pdf).

Through EOCCO's social needs screening project, EOCCO members who have visited an Emergency Department two or more times in the past year are being screened for social needs and referred to SDOH services and resources available in their community. EOCCO has partnered with the Oregon Rural Practice-Based Research Network (ORPRN) to conduct social needs screenings over-the-phone using the Accountable Health Communities (AHC) screening tool. ORPRN's screening team, led by a certified CHW, inputs members' screening results into the Unite Us [Connect Oregon] platform and utilizes Unite Us to refer members with identified social needs to local services and resources if a member consents to that type of assistance. EOCCO covers the cost of Unite Us licenses for clinical partners. Community-based organizations, FQHCs, RHCs, and critical access hospitals are able to acquires Unite Us licenses at not cost (for more information, go to: https://uniteus.com/networks/oregon/).

Project Plan

This project aims to improve clinic's capacity to conduct social needs screenings, record and share social needs screening and referral data with EOCCO and community partners to help connect EOCCO members to the SDOH resources/services they may need. Clinics must use an OHA-approved social needs screening tool to assess patient needs, appropriately support members who screen positive for social needs, and utilize Unite Us CIE as a tool for referring members to local resources/services.

Examples of potential projects include:

- Integrating Unite Us CIE platform into EHR or electronic database
  - **Unite Us integration 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 workflow, and organizational social needs screening policies or protocols
- Hiring or training of a THW or patient navigator to conduct social needs screenings and/or support clinical/organizational social needs screening workflows
  - EOCCO provides scholarships for CHW training. Please contact THW@eocco.com for more information.
  - Grant funds may be used for travel, training materials, incentives

Requirements

1. Attend a Social Needs Screening and Referral Training led by ORPRN staff Kellee Rosales (rosaleke@ohsu.edu). This training is intended to assist clinics with implementing workflows to screen patients and become familiar utilizing the Unite Us platform.
2. Develop clinic workflow and protocols for screening and referral implementation
3. Develop processes for SDOH screening and referral data reporting that align with SDOH metric requirements to ensure reporting capability for Measurement Year 2025 (hybrid sample)
4. Report REALD/GI information on the EOCCO members your project served at the end of your grant funding period
5. Work with and become familiar with Unite Us CIE platform
6. Use of an OHA-approved social needs screening tool. A current list of OHA-approved screening tools can be found here: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Needs-Screening-Tools.aspx

Restrictions

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

Participants

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

Funding

Applications can request up to $50,000.

Access to Primary Care Services

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

Purpose

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

Project Plan

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

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

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

Participants

Eligible applicants only include primary care clinics.

Funding

Applications can request up to $30,000.

Kindergarten Readiness for 0-6 Year Olds

K. **Kindergarten Readiness for 0-6 Year Olds Opt-In Questions**
   a. Describe which kindergarten readiness metrics this project will focus on. Describe how you will use data to identify and communicate with the target population for grant activities.
   b. What are the current barriers to EOCCO children in your community receiving preventive dental visits, well child visits, social-emotional services/screenings, and/or immunizations, and how will your project help patients and their families overcome these barriers?
   c. Describe any technologies you plan to use and how they will support grant activities (e.g. registries, EHR, ALERT for immunization data).
   d. What, if any, incentives or other strategies does your project plan to use to encourage completion?
   e. If you plan to focus on **immunizations**, describe how you will use ALERT for immunizations and how you will ensure both accurate historical and prospective data are transmitted to ALERT for all patients including those who may receive immunizations outside of Oregon.
   f. If you plan to offer a **well-child visit (WCV) event:**
      i. What services will be provided at your event?
      ii. Describe how you will provide these services, including who will provide the services.
      iii. Describe how you will bill EOCCO for the services and who will bill for them.
      iv. How will you collect the required metrics, including overall attendance at the event and number of services provided to EOCCO and non-EOCCO participants?
      v. What is your plan for post-event contact to EOCCO members who did not attend the event and are still due for WCVs?
   g. If you plan to focus on **oral health,** describe in detail how you plan to provide preventive dental visits for children ages 1-5. How will you identify EOCCO members, utilize strategies to increase awareness, recall patients for services, and ensure they receive them?
   h. If you plan to focus on **social emotional health**, describe in detail how you plan to bolster or integrate social emotional screenings or services targeted toward children ages 0-5 within your organization. Will your approach include coordination and partnership development with other organizations to improve wraparound care/services for young children and their families/caregivers?

Purpose

Kindergarten readiness means that all children arrive at kindergarten with the skills, experiences, and supports to succeed (https://www.oregon.gov/oha/HPA/ANALYTICS/Kindergarten%20Readiness%20Meeting%20Docs/Health%20Aspects%20of%20Kindergarten%20Readiness%20March%209th%20Meeting%20Slides.pdf). Kindergarten readiness includes four quality measures: preventive dental visits for children ages 1-5, well child visits for children ages 3-6, system level social-emotional health, 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). A child's social emotional development impacts long-term behavioral, social, and health outcomes (https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630). Screening 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).

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

1. 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:** Social emotional screenings/assessments for children ages 1-5
     - *Note: This is a new version of the System-Level Social-Emotional Health measure scheduled to be implemented for the 2025 measurement year. OHA is still finalizing the measure requirements, but draft specifications can be found here*: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/DRAFT-Child-Level-SE-Metric-on-Issue-Focused-Interventions-Specifications_5_15_24.pdf.
2. Report REALD information on the EOCCO members your project served at the end of your grant funding period
3. Monitor results of project efforts

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. Must provide REALD information on these members your project served at the end of your grant funding period. If you are unsure about how many members to use for your budget, please contact CBIR@ohsu.edu.
   - **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.

Wellness and Preventive Care for 7-21 Year Olds

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

Purpose

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

Project Plan

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

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

Requirements

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

Participants

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

Funding

1. **Baseline funding for all projects:** Up to $50,000
   - **Plus:** $15 per attributed EOCCO member your project will address. Must provide REALD/SOGI information on these members your project served at the end of your grant funding period. If you are unsure about how many members to use for your budget, please contact CBIR@ohsu.edu.
   - **Optional:** Proposals that include a focus on health disparities will be awarded an additional $15,000 on top of base funding. However, a specific focus on health disparities is not a requirement for this opt-in. Projects incorporating a focus on heath disparities must do so <u>in addition to</u> targeting EOCCO patients within the required incentive measures.

Continuing Current Projects

O. Continuing Current Project Questions

a. Describe the outcomes and data from your 2023 or 2024 project that supports continuing this effort in 2025.
b. What changes do you plan to make to your project compared to 2023 or 2024, and what led you to these changes?

2.4 Outcomes and Budget Tables

Please use the embedded Excel document below to fill out your outcomes and budget tables. Save a copy of the Excel document and submit separately with the rest of your PDF application.

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

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

CBIR RFA Outcome and Budget Tables.x

Excel Tab 1 - Outcomes Table

In the <u>first tab</u> 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 **three** Opt-in projects have required quality measures that must be included in the data tables:
- **Social Needs Screening Implementation**
  - Develop processes for SDOH screening and referral data reporting that align with SDOH metric requirements to ensure reporting capability for Measurement Year 2025 (hybrid sample)

- **Kindergarten Readiness for 0-6 year olds (select one or more of the measures listed below)**
  - **Immunizations:** Childhood Immunization Status (Combo 3)
  - **Well-Child Visits:** Well-Child Visits for children ages 3-6.

- o **Members Receiving Preventive Dental or Oral Health Services:** Preventive dental or oral health services for children ages 1-5
- o **Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services:** Social emotional screenings/assessments for children ages 1-5
  - ▪ *Note: This is a new version of the System-Level Social-Emotional Health measure scheduled to be implemented for the 2025 measurement year. OHA is still finalizing the measure requirements, but draft specifications can be found here*: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/DRAFT-Child-Level-SE-Metric-on-Issue-Focused-Interventions-Specifications_5_15_24.pdf.

- **Wellness and Preventative Care for 7-21 year olds (select one or more of the measures listed below)**
  - o **Immunizations:** Adolescent Immunization Status
  - o **Wellness Visits:** Well-Care visits for 7-21 year olds
  - o **Preventive Dental Services:** Preventive dental or oral health services for children ages 6-14
  - o **Mental Health:** Depression Screening & Follow-up
  - o *Projects that also address topics such as: STI testing, substance use disorder screening, and tobacco cessation, in addition to one or more quality measure, are encouraged*

Excel tab 2 - 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.).

2.4 Financial Information

Please include one of the examples below with your application. Contact CBIR@ohsu.edu if your organization is unable to provide this financial information.

a. A copy of the applicant's letter of tax-exemption determination from the Internal Revenue Service under sections 501(c)(3) or a statement explaining the organization's exemption status under 170(c)(1) as a public entity;

b. A copy of the applicant's 501(c)(3) fiscal sponsor;

c. A copy of the balance sheet and income statement from previous fiscal year;

d. A copy of Form 990 or previous year audit history.

2.5 Letter of Commitment

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

Appendix A: REALD/GI Demographics Survey Questions

Demographic Data Collection Sample Form

REALD data stands for race, ethnicity, language, and disability. GI stands for gender identity. REALD and GI data collection is the preferred way to collect demographic information by the Oregon Department of Human Services and the Oregon Health Authority.

Your answers will help us understand who we are serving and how we can improve our program.

The survey will take about 10 minutes to complete.

If you have any questions or concerns please contact EasternOregonSDOH@ohsu.edu.

All questions are optional.

Member Information

Name: _____

Date of Birth: _____

Do you receive Oregon Health Plan benefits? _____

If yes, what is your ID number? _____

Who is completing this form?

☐ Self

☐ Parent, guardian or other family member

☐ Interpreter or other support person

☐ Other (please identify) _____

Race and Ethnicity

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

_____

Which of the following describes your racial or ethnic identity? Please check all that apply.

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hispanic and Latino/a/x

☐ Native Hawaiian or Pacific Islander

☐ White or Caucasian

☐ Other

☐ Prefer not to answer

Language
What is your preferred language? _____

Disability

Are you deaf or do you have serious difficulty hearing?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Because of a physical, mental or emotional condition do you have serious difficulty concentrating, remembering, or making decisions?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Do you have difficulty dressing or bathing?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Do you have serious difficulty learning how to do things most people your age can learn?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Do you have serious difficulty communicating (for example, understanding or being understood by others)?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior or experiencing delusions or hallucinations?

☐ Yes ☐ I don't know

☐ No ☐ Prefer not to answer

> Not required if patient is under twelve years old.

Gender Identity

What is your gender? _____

What pronouns do you want us to use?

☐ He/Him
☐ She/Her
☐ They/Them
☐ Other _____
☐ I don't know what this question is asking
☐ Prefer not to answer

Nondiscrimination notice:

We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

Appendix B: Letter of Commitment Template

Agreement to Participate in EOCCO Project

Dear **Name of project director**,

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

Our organization agrees to **describe what the collaborating organization is expected to do including any staff responsibilities**. We understand that we will receive **list any funds being provided to the collaborating organization.**

Thank you for including us in this important project.

Sincerely,

Signature
Name spelled out
Organization name
Email address
Phone number