

2023 SHARE APPLICATION

Program Overview

Umpqua Health Alliance (UHA) will distribute funding to program partners to improve the health of our community. These payments are available to program partners to complete projects, programs, or for operational expenses that achieve the goals as described in the Community Health Improvement Plan. Funds must be used in accordance with SHARE Guidelines as defined in Committee (MAC), OAR 410-141-3735, and 2023 CCO Contract.

Program Applications (attached)

Applicants must complete the application for consideration. Applications should include: the Community Health Improvement priority, funding requested, organization to receive funds, project description, budget, collaborating organizations, explanation of how the project supports the CHIP priorities, how the project impacts social determinants of health, how the project addresses health equity, demonstrate community benefit, expected outcomes, expected outputs, a summary of expectations, and a budget. The expectation is that a completed application will fully address the executive team's questions.

Please submit completed applications for consideration to UHReports@umpquahealth.com.

Approval Process

Applications will be reviewed by the executive team for approval. If approved, UHA personnel will provide a Master Funding Agreement (MFA) defining the following: contracted parties, how the program addresses the goal(s), expected outcomes, summary of expectations and associated CHIP Priorities, if and how the project addresses social determinants of health, project timeline, program partners and others who will either be involved or benefit from the program, program reporting, and program funding. The MFA will be reviewed and revised as necessary during a meeting between parties and will become the executed agreement.

Program Funding

Projects should have specific, measurable outcomes, and the outcome criteria, which will determine what funding will be received, must be defined. The outcome criteria will be different for every project but should include a specific way to measure the level of performance or achievement that occurred because of the activity or services your organization provided. Successful

programs will demonstrate member-specific and community-wide benefits. In this program, awards will be paid per the MFA and dependent upon the outcomes achieved.

Reporting

Approved programs will be required to provide UHA reports on the program as specified within each program's MFA. Reporting content is dependent on the program design and will be defined in the executed MFA for each program.

PROGRAM APPLICATION

Please limit your responses to 150 words or less per question.

Date of application:	
Project name:	
CHIP priority (social determinants of health, behavioral health and addictions, healthy lifestyles, families & children). If multiple, list in order of impact:	

Amount of funds requested:	
Organization to receive funds:	
Contact information (name, mailing address, phone, email):	
How funds will be used:	

What is the minimum amount of funds that could be received and permit the project to still move forward:	
Project timeline:	

<p>Community partners supporting the project and how (committed resources, funding, or collaborative effort):</p>	
<p>Previously UHA Funded Projects (Project name and funding amount):</p>	

Previously Submitted Unfunded Applications:	
How the project addresses community need:	

<p>How is your project grounded in evidence-based medicine, widely accepted best clinical practice, or criteria issued by accreditation bodies, recognized professional medical associations, government agencies or other national health care quality organizations:</p>	
<p>How the project addresses social determinants of health (indicators including economic, education, food, housing, safety & violence, trauma & resiliency, incarceration, language, social cohesion and discrimination, and stress):</p>	

How the project addresses health equity:	
Which priority population would your project serve? Please check all that apply:	<ul style="list-style-type: none"><input type="checkbox"/> People of color and tribes (Black, Indigenous, People of Color or BIPOC)<input type="checkbox"/> People who identify as LGBTQ+<input type="checkbox"/> People with low incomes<input type="checkbox"/> People with disabilities<input type="checkbox"/> Other (please explain):

<p>How do you plan to sustain this project after the 2023 calendar year:</p>	
<p>Expected outcomes (S.M.A.R.T. – Specific, Measurable, Attainable, Realistic, Timely) and outputs (must be at least one measurable output):</p>	

Outline the process to implement and track the program:

Estimated program costs. This is not a full budget, just overall costs:

<p>List ways to measure the impact of the program or determine effectiveness. This might include KPI's, a baseline measurement and improvement target, number of OHP members who will directly benefit from the program, patient outcomes, or direct return on investment, etc.</p>	
<p>HRS Classification [check all that apply]:</p>	<div> <input type="checkbox"/> Flex Services </div> <div> <input type="checkbox"/> Community Benefit Initiative <div> <input type="checkbox"/> Improve health outcomes and reduce health disparities among specified populations. <input type="checkbox"/> Prevent avoidable hospital readmissions through a program for hospital discharge. <input type="checkbox"/> Improve patient safety, reduce medical errors, and lower infection and mortality rates. <input type="checkbox"/> Implement, promote and increase wellness and health activities. <input type="checkbox"/> Support expenditures related to health information technology and meaningful use requirements. </div> </div>

<p>Explain: Explain how the program meets the selection above.</p>	
<p>State Health Improvement Plan Implementation Area [check all that apply]:</p>	<p>EQUITY AND JUSTICE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disaggregated Data <input type="checkbox"/> Cultural Responsiveness <input type="checkbox"/> Community Driven Decision Making <input type="checkbox"/> Policy, Procedure and Investment <p>HEALTHY COMMUNITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Built Environment <input type="checkbox"/> Economic Development <input type="checkbox"/> Education Attainment <input type="checkbox"/> Transportation <input type="checkbox"/> Community Resilience <input type="checkbox"/> Workforce & Job Training <input type="checkbox"/> Social Service Integration <p>HEALTHY FAMILIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preventive & Primary Care <input type="checkbox"/> Early Childhood

	<input type="checkbox"/> Family Resilience <input type="checkbox"/> Access to Insurance Coverage <input type="checkbox"/> Care Coordination <input type="checkbox"/> Trauma & Toxic Stress <input type="checkbox"/> Prenatal & Postnatal Care <input type="checkbox"/> Health Education <input type="checkbox"/> Trauma Informed Care <input type="checkbox"/> Sexual & Reproductive Health <input type="checkbox"/> Health Literacy <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Physical Activity <input type="checkbox"/> Oral Health HEALTHY YOUTH DEVELOPMENT <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Youth Health Education <input type="checkbox"/> Youth Oral Health <input type="checkbox"/> Preventive Care HOUSING AND FOOD <input type="checkbox"/> Housing Stability <input type="checkbox"/> Food Security <input type="checkbox"/> Nutrition Policy & Ed WORKFORCE <input type="checkbox"/> Provider Recruitment <input type="checkbox"/> Trauma Informed Care Training <input type="checkbox"/> Provider Education <input type="checkbox"/> Traditional Health Workers BEHAVIORAL HEALTH <input type="checkbox"/> Awareness & Education <input type="checkbox"/> Alcohol & Substance Use <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Prevention & Screening <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Treatment Integration
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	TECHNOLOGY & HEALTH <input type="checkbox"/> Telehealth <input type="checkbox"/> Electronic Health Records <input type="checkbox"/> Community Information Exchange
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Example Budget

Item	Source	Amount