



Community Health
Improvement Plan (CHIP)
Application

CHIP Program Description & Requirements

Program Overview

Umpqua Health Alliance (UHA) will distribute funding in Community Health Improvement Plan (CHIP) program payments to the UHA Community Advisory Council (CAC) with its program partners to improve the health of our community. These payments are available to the CAC with its program partners to complete projects and/or programs, that achieve the goals as described in the Community Health Improvement Plan. Funds must be used in accordance with Health-Related Services Guidelines as defined in OAR 410-141-3845.

Program Application (attached)

Applicants must complete the application for consideration under the CHIP program. Applications should include: the CHIP 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 CAC's questions.

Please submit completed applications for consideration by the CAC to CHIP@umpquahealth.com.

For more information on CHIP Program funding, contact the Community Impact and Engagement Team at uhreports@umpquahealth.com.

Application Submission Timeline

Applications will be accepted beginning July 1st and must be submitted prior to October 15th. The attached Exclusion Screening Consent form must be completed in full and submitted with the completed application for the program to be considered.

Approval Process

Applications will be reviewed by the CAC 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) of the CHIP, 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 Master Funding Agreement and dependent upon the outcomes achieved.

Reporting

Approved programs will be required to provide 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. Completion of the UHA report template is required for each report submission and reports must be submitted on time. Failure to report and report on time may affect future grant approvals.

CHIP Program Application

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

Project Overview

Date of application:

Project name:

Amount of funds requested:

What is the minimum amount of funds that could be received that would permit the project to still move forward?

Organization to receive funds (Note: Organizations without a TIN/EIN need a fiscal sponsor):

Contact information (*Name, mailing address, phone, email*):

Other community partners supporting the project and how (*Committed resources, funding, or collaborative effort*):

CHIP priority. If multiple, list in order of impact. (*Priority areas include social determinants of health, behavioral health & addictions, healthy lifestyles, families & children*):

Provide a brief overview of services provided?

How does the project support CHIP priorities?

How will CHIP funds be used? (*Please include specific project details*)

Project timeline:

How the project addresses community need:

Project Details

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?

How does this project address social determinants of health? (*Indicators including economic, education, food, housing, safety & violence, trauma & resiliency, incarceration, language, social cohesion and discrimination, and stress*):

How does this project deliver services in an inclusive way? (*Inclusion refers to: "the act or practice of including and accommodating people who have historically been excluded because of their race, gender, sexuality, or ability*):

Is there anything else you would like to share about how this project impacts health equity, diversity, or inclusion? (*Optional*):

Which priority population would your project serve? Please check all that apply:

People of color and tribes (Black, Indigenous, People of Color or BIPOC)

People who identify as LGBTQIA2S+

People with low incomes

People with disabilities

Other (please explain):

Expected outcomes (*overall impact or value*):

Expected outputs (*SMART Goals*):

Specific – Your goal should be well defined, detailed, and clear.

Measurable – You should be able to tell when you reach your goal.

Attainable – Can you reach your goal, considering your available time, skills, and financial status? Realistic – Is your goal achievable within the given time frame and with available resources?

Timely – Set a start and finish date for your goal.

How will you measure project success?

Financial Considerations

Estimated program costs *(this includes CHIP funding and other funds):*

Item	Budget Source	Amount

Project Total **\$0.00**

CHIP Funding Budget *(this breaks down your plan for spending CHIP funds – please note that grant funds may not be used for wages, administrative costs, capital expenses, or workforce development):*

Item	Amount

Total CHIP Request **\$0.00**

If this project is intended to continue past this calendar year, what is the sustainability plan?
(Include specific details of your future funding plans):

Health Related Services ClassificationHRS Classification *(check all that apply)*: Community Benefit Initiative Improve health outcomes and reduce health disparities among specified populations. Prevent avoidable hospital readmissions through a program for hospital discharge. Improve patient safety, reduce medical errors, and lower infection and mortality rates. Implement, promote, and increase wellness and health activities. Support expenditures related to health information technology and meaningful use requirements.

Explain how the program meets the selection above:

State Health Improvement Plan Implementation Area (check all that apply):

Equity and Justice

- Disaggregated Data
- Cultural Responsiveness
- Community Driven Decision Making
- Policy, Procedure, and Investment

Healthy Communities

- Built Environment
- Economic Development
- Education Attainment
- Transportation
- Community Resilience
- Workforce & Job Training
- Social Service Integration

Healthy Families

- Preventive & Primary Care
- Access to Insurance Coverage
- Prenatal & Postnatal Care
- Sexual & Reproductive Health
- Physical Activity
- Early Childhood
- Care Coordination
- Health Education
- Health Literacy
- Oral Health
- Family Resilience
- Trauma & Toxic Stress
- Trauma Informed Care
- Chronic Conditions

Healthy Youth

- Behavioral Health
- Youth Health Education
- Youth Oral Health
- Preventive Care

Housing and Food

- Housing Stability
- Food Security
- Nutrition Policy & Ed
- Traditional Health Workers

Workforce Development

- Provider Recruitment
- Trauma Informed Care Training
- Provider Education & Training

Behavioral Health

- Awareness & Education
- Alcohol & Substance Use
- Crisis Intervention
- Mental Health Treatment
- Prevention & Screening
- Suicide Prevention
- Treatment Integration

Technology & Health

- Telehealth
- Electronic Health Records
- Community Information Exchange

Dear _____,

Per the requirements of Umpqua Health's Coordinated Care Organization (CCO) Contract, Exhibit B, Part 9, Section 17(a); 42 CFR §438.214(d); 42 CFR §455.436; Oregon Administrative Rules 410-141-3510(1)(e)), we are prohibited from establishing an employment or contracting relationship with individuals or entities that are excluded or disbarred from federal or state healthcare participation.

In order to remain compliant, Umpqua Health will need to complete a monthly screening of our contracted, temporary and vendor employees against the excluded parties list system (EPLS, also known as System for Aware Management (SAM.) Completion of these screenings requires the contractor or vendor's social security number and date of birth.

If you are receiving this form, Umpqua Health is requesting completion of the information noted below. This information will be stored in our secure Human Resource Information System (HRIS). Upon termination of a contractor, vendor or temporary employment relationship, the record will be deleted from our HRIS permanently.

SSN or TIN:
Date of Birth:

Signature

Date

Signature of this document acknowledges your understanding that your social security number and/or date of birth will be used in conjunction with the contracted employees name to run monthly screening checks while under a working agreement at Umpqua Health.



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