



Columbia Gorge Health Council Clinical Advisory Panel Funding Guidelines 2023

Our Clinical Advisory Panel (CAP) has a funding opportunity available. Up to \$200K is available for projects that improve equitability, access, and quality of the health care system. A checklist of eligible focus areas is included in the project proposal application form.

ELIGIBILITY

- Applicants must be tax-exempt organizations (government agencies are eligible)
- Projects must address the focus areas outlined in the proposal form
- Projects must address needs of Oregon Health Plan members living in Hood River and/or Wasco counties
- Projects do not need to *only* serve OHP members
- Projects can serve all community members, as long as OHP members are not excluded

PRIORITY

Priority will be given to projects submitted by CAP Workgroups. Projects that are collaborative in implementation, with at least two partner organizations will also be prioritized.

SIZE OF AWARDS

Awards amounts may be up to \$200,000.

ELIGIBLE EXPENSES

Awarded funds can cover expenses such as:

- Project or Program expenses
- General operating expenses
- Staff costs
- Equipment

APPLICATION PROCESS

- Complete the project proposal form included with this grant announcement.
- Send completed applications to Jenny Anglin, jenny@gorgehealthcouncil.org by **Aug 30 at 12pm**
- Eligible applicants will be invited to give a brief overview of their project proposal to the CAP
- The CAP will review and decide which projects to fund.

TIMING

- Applications will available starting June 1st
- Applications will be **due August 30 at 12pm (noon)**
- Applicants will be invited to present their projects to the CAP in September
- Funding decisions will be made in the fall
- Funds will be distributed by the middle of December

Application assistance is available. Contact Jenny Anglin, jenny@gorgehealthcouncil.org with questions or for help with your application

Columbia Gorge Health Council

CAP Project Proposal Form

CAP Project Funding Dates

- **Proposals Due: 8/30/2023**
- **Funding Decision by CAP: 10/05/2023**

Workgroup & CAP Sponsor, if applicable:

Individual submitting the form:

Project Name:

Amount of Funding Requested:

Project Timeframe:

1) Provide an overview of your project and the intended impact:

2) Complete the attached CAP Project Focus Area Checklist. Describe how this project will impact the focus areas and priorities selected.

**3) What impact, if any, will this project have on provider well-being and resilience among care teams?
Please describe.**

5) Will this project improve the consumer experience? If so, please describe.

6) Explain how the project team plans to ensure that any new service or improvement is equitable.

CAP Project Focus Area Checklist:

↓ Pick at least 1 **Focus Area (in green)** from this column. Within a Focus Area, use the check boxes to choose which priority or priorities your proposal will impact.

Columbia Gorge Regional Community Health Improvement Plan (CHIP) Priority Areas

- Improved Access to Equitable Health Care Services
 - Dental Care
 - Primary Care
 - Behavioral Health Care
 - Health Insurance
 - Promotion and Prevention
- Improved Social Connection and Communication
 - Sense of Community
 - Collaboration and Information Sharing
- Children and Youth
 - Youth Safety
 - Early Childhood Development and Child Care
- Improved Access to Equitable Physical Activity and the Outdoors

Columbia Gorge Health Council Strategic Priorities:

- Maintain a High Performing CCO
- Advance Health Equity
- Expand the Bridges to Health
- Improve Behavioral Health System

Innovative ideas that improve current or future Quality Incentive Metrics (QIMs):

- | | |
|--|--|
| <input type="checkbox"/> SUD Treatment | <input type="checkbox"/> Oral Health- Adults with Diabetes |
| <input type="checkbox"/> Depression Screening | <input type="checkbox"/> Diabetes Not in Control |
| <input type="checkbox"/> SBIRT | <input type="checkbox"/> DHS Custody |
| <input type="checkbox"/> Childhood Immunization | <input type="checkbox"/> Timeliness of Postpartum Care |
| <input type="checkbox"/> Adolescent Immunization | <input type="checkbox"/> Tobacco Cessation/Cigarette Smoking Prevalence |
| <input type="checkbox"/> Well Child Visits | <input type="checkbox"/> Health Equity Measure |
| <input type="checkbox"/> Preventative Dental- Children | <input type="checkbox"/> Kindergarten Readiness: Social Emotional Health |

Please return completed report form to:

Jenny Anglin

Executive director

Jenny@gorgehealthcouncil.org