

2023 Community Benefit Initiatives Request for Proposal Application

Trillium Community Health Plan is seeking proposals from organizations serving Lane, Western Douglas (Reedsport), Western Linn (Harrisburg), Multnomah, Clackamas, and Washington counties that promote the efficient use of resources and address members' social determinants of health to improve health outcomes, alleviate health disparities, and improve overall community well-being. All proposals funded under this RFP process must meet the criteria for a health-related service (HRS) in order to be eligible for consideration. You will find the criteria outlined in the complete RFP document ([LINK TO PDF](#)).

Application deadline: Friday, April 28, 2023, at 5:00 p.m. Pacific Time

Grant awards announced: Beginning Friday, July 1, 2023

For questions and to submit, please email: TCH_OpsAdministration@TrilliumCHP.com

1. Provide the following:

A. Proposal Name: _____

B. Organization Name (If collaborative proposal, include the name of all organizations participating, as well as the name of the "Lead Organization" that will be the point of contact for the proposal: _____

C. Organization Primary Address: _____

D. Contact Name: _____

E. Contact Email: _____

F. Contact Phone: _____

G. EIN: _____

H. Year organization was established: _____

I. Number of paid employees: _____

J. Number of FTE (Full Time Equivalent): _____

K. Number of Board Members: _____

L. What specific population does your organization serve? _____

M. How many unduplicated persons did your organization serve directly last year?
(This can be an estimate): _____

N. How many persons does your organization expect to serve this year: _____

O. Counties and Zip Codes in which services are provided: _____

2. What is your organization mission and vision?

3. How would financial support from this grant assist your organization in combating health inequities and addressing the social determinants of health?

4. What challenges does your program have or anticipate that this proposal would address?

5. What is the grant amount your program is seeking? Please justify the requested amount.

6. How will the grant funds be used and when? Please explain how this grant will enable you to meet your mission or improve community health outcomes. Please also provide the approximate number of individuals you would expect to be able to serve if awarded a grant, and in what specific time period.

7. Explain how a grant award will address your needs and result in a meaningful impact to your program and the broader community.

8. Please explain how you collect data such as number of individuals or OHP members served, demographic data, etc. and what systems are used (manually, electronically).

Additional Questions for Large requests: Organization Financials for last 2 years (fiscal or calendar)

1. Organization annual revenue: _____
2. Organization annual expenditures: _____
3. Operating Surplus/Deficit: _____
4. In connection with the above revenue/expenditures, please define the period: (Example 01/01/2022 – 12/31/2023 or 07/01/2021 - 06/30/2022)
5. If your organization finances require additional explanation, or if either the current year or previous year represents an operating shortfall, please explain.

6. Breakdown of organization revenue for the last year: Please enter your revenue for the last year in the table below.

Revenue Sources	Amount
Membership:	
Individual Contributions:	
Earned Income (sales, fees for service, etc.)	
Fundraising benefits:	
Corporation/business contribution:	
Government support:	
Foundation support:	
Endowment earnings:	
Other:	
Totals:	

7. List of five single largest contributions received from last year's revenue sources: Please enter specific individuals, agencies, businesses, foundations, or other groups, and purpose for those contributions.

Source	Amount

8. Please list grant applications to Trillium Community Health Plans, approved or declined, during the past three years. If grants were approved, please include amount awarded.

Grant year	Grant name	Grant award

Appendix B Trillium Community Health Plan: Community Benefit Initiatives Grant Budget Proposal

Detailed Budget Template		
Lead Organization		
Program Title		
<p>Directions Please use the form below to identify the expenses and other funding sources associated with your program costs. You may add more lines if needed. In the Funding Request column, enter the amount you are requesting in this grant application for each budget line item. In the Total Expenses column, enter the total amount budgeted for each line item for your program.</p> <p>Provide the amounts for all other funding that has been secured or is pending for your program, and the total amount of other funding.</p>		
PROGRAM COSTS		
TOTAL PROGRAM COSTS		
TOTAL EXPENSES		

Other Funding Sources	Amount
Other Funding Secured	
Other Funding Pending	
TOTAL OTHER FUNDING	

**Appendix E Trillium Community Health Plan: Community Benefit Initiatives Grant
HRS Qualification Spreadsheet**

Y / N	
	Is proposed investment for non-covered services under Oregon's Medicaid State Plan?
	Is proposed investment designed to improve health quality?
	Would proposed investment increase the likelihood of desired health outcomes in ways that are capable of being objectively measured and produce verifiable results and achievements?
	Would proposed investment be directed toward either individuals or segments of enrollee populations, or provide health improvements to the population beyond those enrolled without additional costs for the nonmembers?
	Is proposed investment 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?
	Would proposed investment improve health outcomes compared to a baseline and reduce health disparities among specified populations?
	Would proposed investment prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?
	Would proposed investment improve patient safety, reduce medical errors, and lower infection and mortality rates?
	Would proposed investment implement, promote and increase wellness and health activities?
	Would proposed investment support health information technology and meaningful use requirements necessary to accomplish quality improvement activities, which promote clinic community linkage and/or referral processes?
	Is proposed investment for a community-level intervention focused on improving population health and health care quality?
	Is proposed investment for cost effective services that will be offered to an individual member to supplement covered services?
	Does proposed investment align with priorities outlined in our latest Community Health Improvement Plan?
	Does proposed investment aim to advance social determinants of health and equity objectives?
	Does proposed investment aim to improve economic stability?
	Does proposed investment aim to improve education?
	Does proposed investment aim to improve neighborhood conditions?
	Does proposed investment aim to improve social and community health?
	Is proposed investment for administrative services?
	Is proposed investment for goods/services, which are available through other programs based on Medicaid being the payer of last resort?
	Is proposed investment for medically appropriate, cost-effective services which allow for covered services to be provided in alternative settings and by non-traditional providers, is intended to promote access to services in culturally responsive ways, enhance care coordination for high needs or underrepresented members, and reduce hospital, nursing facility and emergency department utilization?
	Is proposed investment included in exclusion list 1? (See RFP document (LINK TO PDF))
	Is proposed investment included in exclusion list 2? (See RFP document (LINK TO PDF))