**Elevate Health**

**2023-2024 Community-Based Care Coordination:**

**Community Health Worker Funding**

**Request for Proposals**

**Application Deadline: May 31, 2023, at 5:00pm PST**

**Elevate Health Background**

**Elevate Health** is a Pierce County-based non-profit organization dedicated to improving the health and well-being of all Pierce County residents through community, equity, and innovation. As one of Washington’s nine Accountable Communities of Health (ACH) organizations, Elevate Health works to narrow the gap between unmet health and social needs and the delivery of health and social care. Elevate Health is committed to the principle that all should be treated with equity, dignity and respect, no matter their stations in life. To achieve these objectives, Elevate Health partners with local organizations, community groups, community members and other stakeholders to uplift community voice in pursuit of **“whole-person health”** for those who live, work, and play in the South Sound Region.

**Context and Purpose**

Community Health Workers are frontline public health workers who are trusted members of and/or have “unique understanding of the experience, language, and culture of a particular population.” They serve as their community’s links to health and social services and help to improve the quality of care and cultural sensitivity of services delivered. Community Health Workers help to increase individuals’ and community’s health knowledge, and they support individual dignity and autonomy through outreach, education, advocacy-based counseling, emotional and social support, and resource navigation and connecting.

Community Health Workers or Traditional Health Workers may include Peer Support Specialists, Sobriety Coaches, or like professionals with lived experience and/or deep understanding of the communities and populations they serve. Community Health Workers are uniquely able to serve individuals regardless of healthcare insurance membership or primary care assignment and are able to follow those they assist throughout multiple systems and care service sectors to best support the individuals and communities they live in and serve.

[Recent equity research by the University of Washington, in cooperation with the Tacoma Pierce County Health Department and Pierce County community partners, has recommended the increase of the CHW workforce](https://www.tpchd.org/home/showpublisheddocument/8357/637469051767170000) as a central need and policy area of address for our region.

Many individuals in Pierce County face systemic obstacles to health due to “the conditions in which people are born, grow, live, work, and age,” known as [Social Determinants of Health (SDOH).](https://www.who.int/health-topics/social-determinants-of-health) Research suggests that whole health is affected more by SDOH and health behaviors than by clinical care ([20 percent of county-level variation in health outcomes](https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf)). Factors such as economic instability, lack of access to preventative healthcare, lack of quality educational opportunities, poor social or public supports, and unsafe domestic and built environments create unequal disease burdens for different populations within our region.

Over the past few years, the COVID-19 pandemic highlighted longstanding and deep-seated inequities in health and social care. Communities of color, people experiencing low socioeconomic status, under- and un-insured individuals, and the elderly have been the most vulnerable to these inequities. The COVID-19 pandemic also highlighted previously unrecognized efforts of frontline health workers like Community Health Workers who have long served their communities when formal systems of care have had challenges in engaging with their communities. During the COVID-19 pandemic, Community Health Workers were vital in getting information out into their communities and connecting their community members to health and social care resources. Now, as the public health emergency (PHE), and the public assistance that came with the PHE, is being lifted nationally and within our state, CHWs continue to be needed within their communities to address social needs. In recognition of this continued need for **Community Health Workers (CHW)** who can address disparities in health and social care, investments to *­increase, sustain, and maintain* CHW services are required. Community-Based Care Coordination services delivered by Community Health Workers who address needs rooted in social determinants of health and who support their community members in positive health behaviors can [improve poor health outcomes, reduce burden of illness, and increase support mental and emotional support](https://nihcm.org/publications/community-health-workers-infographic) for Pierce County residents to live fuller and healthier lives.

Continuing its support of Community-Based Care Coordination services delivered by Community Health Workers, Elevate Health is investing in CHW and Traditional Healthcare workers in 2023 and 2024. In a recent Frontiers in Public Health article about the value of CHWs, it was noted that [more awareness of CHWs and the value of their work through research and studies on return on investments was needed](https://www.frontiersin.org/articles/10.3389/fpubh.2023.1036481/full?&utm_source=Email_to_authors_&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Public_Health&id=1036481). Community Health Workers supported by this grant will be asked to document within a care coordination and client management platform provided by Elevate Health, so information about the services offered by CHWs and the value of their work may be gathered.

**Schedule of Request for Applications**

|  |  |
| --- | --- |
| **Description** | **Date** |
| RFP Released | ­­April 18, 2023 |
| Last Day to Submit Questions for Q&A Webinar\* | April 27, 2023 |
| Q&A Webinar\*\* | May 2, 2023, 9:30AM – 10:45AM PST |
| FAQ Released | May 3, 2023 |
| Virtual Live Application Interviews\*\*\* (limited availability) | May 4, 2023, through May 24, 2023 |
| RFP Deadline | May 31, 2023, 5:00PM PST  |
| Interviews for Finalists (as needed) | June 13, 2023 |
| Fund Award Announcement | June 15, 2023 |
| Desired Project Start Date | July 1, 2023 |

\*Prospective organizations may email inquiries and letters of intent to apply to Sally Kim or Heather Figueroa at RFP@elevatehealth.org regarding this RFP. Questions and responses may be shared with all prospective organizations. Letters/emails of intent to apply are not required, however, it will help Elevate Health to prepare for submissions reviews.

\*\*Questions and Answers covered during the webinar will be sent out in print as the FAQ.

\*\*\* Requests for Virtual Live Application Interviews may also be requested at RFP@elevatehealth.org. Due to limited availability, organizations that submit their requests first will be scheduled first.

**Applicants**

Community-Based Organizations (CBO), Tribal Nations, Indian Healthcare Providers, Federally Qualified Health Centers (FQHC), and other primary care clinic systems:

* With Community-Based CHWs on staff or intent to hire
* With CHWs available to make regular in-person visits with participant/clients in the community (i.e., at home, clinic visits, community organization, etc.)
* With CHW personnel who provide non-clinical social care interventions to meet health-related social needs including but not limited to [culturally appropriate health promotion and education, assistance in accessing medical and non-medical services, translation services, care coordination, patient advocacy, home visits, and social support](https://www.nhlbi.nih.gov/health/educational/healthdisp/role-of-community-health-workers.htm). (We encourage and will work with providers to ensure CHWs can accept referrals regardless of insurance membership, primary care assignment/preference, and hospital system preference.)
* Organizations with an annual revenue of less than $ 1,000,000.00 may earn up to 4 points (see Application Scoring section); organizations with more than $1,000,000.00 in annual revenue may earn 1 point (please include this information in Attachment 1 – Cover Sheet and Attachment 2 - Application)
* If your organization operates under a fiscal sponsor, please contact us for more information at RFP@elevatehealth.org.
* Services tailored to meet the needs of Pierce County residents and Populations and [*Communities of Focus*](https://www.tpchd.org/healthy-people/health-equity/communities-of-focus):

|  |
| --- |
| **Populations of Focus** |
| Asian American | Latinx |
| Black/African American | LGTQIA+ |
| American Indian/Alaska Native | Native Hawaiian, Pacific Islander |
| Individuals with Chronic Diseases (e.g., diabetes, cancer, cardiovascular disease, etc.) | Older Adults |
| Individuals Transitioning out of the criminal justice system; recently incarcerated individuals returning to their communities | Individuals and family members struggling with substance use disorders (SUD) |
| Individuals and family members affected by COVID-19, public health emergencies and events | Pregnant individuals and families with young children up to age six (6) |
| Individuals experiencing homelessness | Youth and their family members experiencing unmet health-related social needs |
| **Communities of Focus by Zip Codes** |
| East Tacoma984049840898418 | Parkland, South Tacoma, Spanaway9840998444984459844798387 |
| Key Peninsula98329983499835198394 | Springbrook98499 |
| White River (Including Carbonado, Bonney Lake, Buckley, Prairie Ridge, South Prairie, and Wilkeson) |
| 98321983239836098385 | 983919839698590 |
| If you serve rural areas, Communities of Focus-adjacent areas, or areas in Pierce County not listed above, please include the areas and zip codes in your application. |

* Other requirements for interested organizations:
	+ Must maintain basic and minimum programmatic infrastructure supports such as, but not limited to:
		- General Liability Insurance
		- Technology/Equipment: Cell phones, printers, scanners, laptops
		- Anti-virus software on all computers within organization’s network
		- IT support for security support and equipment care
		- Encryption software to maintain HIPAA compliance when sending protected health information or agree to only send protected health information via secure and HIPAA compliant care coordination technology platform

**Award Information**

**Expected Number of Awards:**

10-15 awards

**Award Range:**

$75,000 to $200,000 per award

**How Funds May Be Used**

*If your organization has applied for other Elevate Health funding or OnePierce funding, please describe in your application how this request is not duplicative of your other requests/awards.*

Funds may be used for:

* Funding salary and benefits to supplement or increase Community Health Worker staff capacity to provide client services such as client education, resource referrals, case management and non-clinical community-based care coordination.
* Mileage reimbursements for Community Health Workers’ in-person client visits or meeting with clients at doctors’ or other service provider visits (e.g., DSHS, Goodwill or Workforce office to assist with job search, Pierce County Transit office, legal advocates, etc.).
* The cost of CHW training is capped at $ 500.00 per CHW for this grant year. Eligible types of training are limited to:
	+ HIPAA Security Compliance training or proof of latest annual training completion (required within one month of contract signing)
	+ Mental Health First-Aid or Mental Health Literacy
	+ Trauma-informed Care
	+ Culturally and Linguistically Appropriate Services Related Training
	+ Personal and Implicit Bias Training
	+ Motivational Interviewing Training
	+ Compassion Fatigue, Self-care
	+ De-escalation training and Crisis Prevention & Intervention Training

Mileage to local trainings is an eligible expense. Lodging and air travel are not eligible expenses.

**Application Scoring**

|  |  |
| --- | --- |
| **Current Populations of Focus**  | * One or more Populations of Focus served = 1 Point
* Does not serve any Populations of Focus = 0 Points
 |
| **Current Communities of Focus** | * One or more Populations of Focus served = 1 Point
* Does not serve any Populations of Focus = 0 Points
 |
| **Planned Populations of Focus** | * Outreach to 0 Populations of Focus = 0 Points
* Outreach to 1 or more Populations of Focus = 1 Point
 |
| **Planned Communities of Focus** | * Outreach to 0 Communities of Focus = 0 Points
* Outreach to 1 or more Communities of Focus = 1 Point
 |
| **Number of Employees at Organization** | * 1 to 4 points possible
 |
| **Current Total Number of CHWs at Organization (in Full-Time Equivalents)** | * 1 to 3 points possible
 |
| **Organization’s Total Revenue** | * 1 to 4 points possible
 |

**Milestone Payments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Milestones** | **Project Launch** | **End of Quarter 1** | **End of Quarter 2** | **End of Quarter 3** | **End of Quarter 4** |
| **1) Signed Contracts with project launch date.** | **5** % of award paid |  |  |  |  |
| **2) Workforce Trained:**Grant funded staff completes HIPAA training; provide proof of certification within two (2) weeks of project launchANDComplete CCS training within one (1) month of project launch. |  | **5 %** of award paid  |  |  |  |
| **3) Clients Enrolled and Served:**Minimum of 20 clients enrolled and minimum of 20 actively serving\* per quarter per CHW (reflected in documentation and CCS reports).\* Actively served clients are defined as enrolled clients with a minimum of two (2) encounters per month with the CHW. The number of clients actively served may differ from the number enrolled due to client graduation, early opt-out of services, or client being lost to follow-up after enrollment. |  | **5 %** of award paid | **10 %** of award paid | **10 %** of award paid | **10 %** of award paid |
| **4) Documentation and Completion of Workflows:**100 % of designated client workflows are fully completed. Workflows include client profiles, intakes, initial assessments and checklists (for new clients), and appropriate service pathways opened and fully filled out.ANDDocumentation of first outreach attempts for new clients (at least three (3) first outreach attempts on different days at different times of the day). |  | **10** % of award paid | **10 %** of award paid | **10 %** of award paid | **10 %** of award paid |
| **5) Clients Graduating:**Number of clients graduating due to service completion/health-related social need having been met. |  |  | Minimum of 5 clients graduating = **5%** of award paid. | Minimum of 10 clients graduating = **5%** of award paid. | Minimum of 20 *additional* clients graduating =**5%** of award paid. |
| **Total Possible** | 5% of award | 20% of award | 25% of award | 25% of award | 25% of award |

**Submission Instructions**

Interested organizations should submit:

1. Cover Sheet (see Attachment 1)
2. Complete Application (see Attachment 2)
3. Budget Form (see Attachment 3)

Documents submitted in formats other than the forms in attachments will not be accepted.

Recorded Video Application:

Interested organizations may choose to opt-out of submitting a written application and instead send a video recording that addresses the questions in the application. Please email RFP@elevatehealth.org for details and instructions on how to submit a pre-recorded video.

Virtual Meeting Application (on camera):

Interested organizations may choose to arrange a virtual interview where questions in the application will be asked and answers noted by Elevate Health.

Regardless of application medium, interested organizations must send in their Cover Letter and Budget form to RFP@elevatehealth.org with subject line: "**[Name of organization]: RFP\_CBCC\_EH2023-2024 Application**.”

**Attachment 1: Cover Sheet**



**2023-2024 Community-Based Care Coordination:**

**Community Health Worker Funding**

**Cover Sheet**

|  |  |
| --- | --- |
| **Organization Name** | Click or tap here to enter text. |
| **Primary Contact**Name and Title:Email Address:Phone Number: | Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |
| **Organization Type** | [ ]  Community-Based Non-Profit Organization[ ]  Tribal Nation[ ]  Indian Healthcare Provider[ ]  Federally Qualified Health Center[ ]  Other (please specify): Click or tap here to enter text. |
| **Application Format** | [ ]  Application Written Form (please attach)[ ]  Recorded Video Application (Please email RFP@elevatehealth.org for  details and instructions on how to submit a pre-recorded video).[ ]  Virtual Interview Requested |
| **Application Packet Checklist** | [ ]  Cover Sheet[ ]  Video Application or Application Form **or**[ ]  Request for Virtual Interview submitted with cover letter to RFP@elevatehealth.org[ ]  Completed Grant Budget Worksheet |
| **Organization’s Budget** | Total Revenue: Click or tap here to enter text.Total Expenses: Click or tap here to enter text.  Total Budget: Click or tap here to enter text. |
| **Submission Date** | Click or tap here to enter text. |

**Attachment 2: Application**

|  |  |
| --- | --- |
| **Organization Name** | Click or tap here to enter text. |

1. **Total participants served per year:** Click or tap here to enter text.

**Of total served per year, our organization serves the following Populations of Focus (check all that apply and enter percentage of total served).**

|  |
| --- |
| **Current Populations of Focus Served** |
| [ ]  Asian AmericanPercent of Total Clients Served: Click or tap here to enter text. | [ ]  LatinxPercent of Total Clients Served: Click or tap here to enter text. |
| [ ]  Black/African AmericanPercent of Total Clients Served: Click or tap here to enter text. | [ ]  LGTQIA+Percent of Total Clients Served: Click or tap here to enter text. |
| [ ]  American Indian/Alaska NativePercent of Total Clients Served: Click or tap here to enter text. | [ ]  Native Hawaiian, Pacific IslanderPercent of Total Clients Served: Click or tap here to enter text. |
| [ ]  Individuals with Chronic Diseases (e.g.,  diabetes, cancer, cardiovascular disease,  etc.)Percent of Total Clients Served: Click or tap here to enter text. | [ ]  Older AdultsPercent of Total Clients Served: Click or tap here to enter text. |
| [ ]  Individuals Transitioning out of the  criminal justice system; recently  incarcerated individuals returning to their  communitiesPercent of Total Clients Served: Click or tap here to enter text. | [ ]  Individuals and family members  Struggling with substance use disorders  (SUD)Percent of Total Clients Served: Click or tap here to enter text. |
| [ ]  Individuals and family members affected  by COVID-19, public health emergencies  and eventsPercent of Total Clients Served: Click or tap here to enter text. | [ ]  Pregnant individuals and families with  young children up to age six (6)Percent of Total Clients Served: Click or tap here to enter text. |
| [ ]  Individuals experiencing homelessnessPercent of Total Clients Served: Click or tap here to enter text. | [ ]  Youth and their family members  experiencing unmet health-related social  needsPercent of Total Clients Served: Click or tap here to enter text. |

|  |
| --- |
| **Current Communities of Focus by Zip Codes** |
| [ ]  East Tacoma 98404 98408 98418Percent of Total Clients Served: Click or tap here to enter text. | [ ]  Parkland, South Tacoma, Spanaway 98409 98444 98445 98447 98387Percent of Total Clients Served: Click or tap here to enter text. |
| [ ]  Key Peninsula 98329 98349 98351 98394Percent of Total Clients Served: Click or tap here to enter text. | [ ]  Springbrook 98499Percent of Total Clients Served: Click or tap here to enter text. |
| [ ]  White River (Including Carbonado, Bonney Lake, Buckley, Prairie Ridge, South Prairie, and  Wilkeson) 98321 98323 98360 98385 98391 98396 98590Percent of Total Clients Served: Click or tap here to enter text. |
| [ ]  If you serve rural areas, Communities of Focus-adjacent areas, or areas in Pierce County  not listed above, please include the areas and zip codes here: Click or tap here to enter text.Percent of Total Clients Served: Click or tap here to enter text. |

1. **My organization will conduct outreach and serve the following populations and communities experiencing disparities (Please check all that apply):**

|  |
| --- |
| **Planned Populations of Focus** |
| [ ]  Asian American | [ ]  Latinx |
| [ ]  Black/African American | [ ]  LGTQIA+ |
| [ ]  American Indian/Alaska Native | [ ]  Native Hawaiian, Pacific Islander |
| [ ]  Individuals with Chronic Diseases (e.g.,  diabetes, cancer, cardiovascular disease,  etc) | [ ]  Older Adults |
| [ ]  Individuals Transitioning out of the  criminal justice system; recently  incarcerated individuals returning to their  communities | [ ]  Individuals and family members  Struggling with substance use disorders  (SUD) |
| [ ]  Individuals and family members affected  by COVID-19, public health emergencies  and events | [ ]  Pregnant individuals and families with  young children up to age six (6) |
| [ ]  Individuals experiencing homelessness | [ ]  Youth and their family members  experiencing unmet health-related social  needs |
| **Planned Communities of Focus by Zip Codes** |
| [ ]  East Tacoma 98404 98408 98409 98418 | [ ]  Parkland, South Tacoma, Spanaway 98444 98445 98447 98387 |
| [ ]  Key Peninsula 98329 98349 98351 98394 | [ ]  Springbrook 98499 |
| [ ]  White River (Including Carbonado, Bonney Lake, Buckley, Prairie Ridge, South Prairie, and  Wilkeson) 98321 98323 98360 98385 98391 98396 98590 |
| [ ]  If you serve rural areas, Communities of Focus-adjacent areas, or areas in Pierce County  not listed above, please include the areas and zip codes here: Click or tap here to enter text. |

1. **When did your organization identify and choose its populations and communities of focus to serve? What led your organization to choose them? (Please provide any quantitative or qualitative data you may have used)**

Click or tap here to enter text.

1. **What experience does your organization have with Community Health Workers? (i.e., how long your organization has employed CHWs, types of CHWs employed, etc.)**

Click or tap here to enter text.

1. **Please list and describe all services provided at your organization (e.g., housing case management, care and resource navigation, care and resource coordination, behavior health, chronic disease management, transitional housing, emergency shelter, etc.), and specify which services are provided by Community Health Workers at your organization.**

Click or tap here to enter text.

1. **Additionally, please specify which CHW services will be supported by this grant.**

Click or tap here to enter text.

1. **Number of Employees and Community Health Workers at Organization (Please include contracted staff)**

|  |  |
| --- | --- |
| Total Number of Employees at Organization | Total Number of Community Health Workers Currently at Organization in Full-time Equivalents (FTE) |
|[ ]  More than 10 employees If more than ten, how many? Click or tap here to enter text. | Click or tap here to enter text. |
|[ ]  8-10 employees |  |
|[ ]  5-7 employees |  |
|[ ]  Less than 5 employees |  |

1. **Organization’s Total Revenue**

|  |
| --- |
|[ ]  $1,000,000.00 or greaterWhat is your organization’s total revenue? Click or tap here to enter text. |
|[ ]  $600,000.00 - $999,999.00 |
|[ ]  $200,000.00 - $599,999.00 |
|[ ]  Less than $200,000.00 |

1. **What support does your organization need to build up and maintain the CHW workforce within your organization and the communities served? Please explain.**

Click or tap here to enter text.

1. **Please include any additional information about your organization and program(s) that you would like Elevate Health to know when considering your application.**

Click or tap here to enter text.

**Certification:**

By signing below, I certify that all information is true and correct to the best of my knowledge and agree that if the application is approved, the funds will be used for our Community Health Worker workforce.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment 3: Grant Budget Form**

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Explanation** |
| **Personnel** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Personnel** |  |  |
| **Fringe Benefits (e.g., Health insurance, 401k, etc)** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Benefits** |  |  |
| **CHW Mileage** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Staff Trainings** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Subtotal Requested** |  |  |
| **Indirect Costs (10% cap)** |  |  |
|  |  |  |
|  |  |  |
| **TOTAL REQUEST**  |  |  |