Community-Centered Health Home Demonstration Project Request for Proposals

Gulf Region Health Outreach Program: Primary Care Capacity Project
Award Period: February 2015 through January 2017 Applications
Due: November 21, 2014 by 5 PM CST

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I. OVERVIEW OF FUNDING OPPORTUNITY

A. Purpose

The Community-Centered Health Home (CCHH) Demonstration Project of the Primary Care Capacity Project (PCCP) of the Gulf Region Health Outreach Program (GRHOP) aims to advance health equity and community resiliency by enhancing the capacity of selected health center sites to take the next step beyond the patient-centered medical home model and serve as trusted, effective partners in community prevention. PCCP is offering five (5) competitive grant awards (allocated across the four GRHOP states (see I. B. **Award Information** below) of up to $250,000, in conjunction with supportive technical assistance, over a two year project period to selected community health center sites within the PCCP jurisdiction.

B. Award Information

Successful applicants will be awarded a maximum of $250,000 to be support CCHH related activities over a two year period. There are five (5) total awards available; one (1) award each will be available in Mississippi, Alabama, and Florida and a maximum of two (2) awards will be made available in Louisiana. The PCCP CCHH Demonstration Project reserves the right not to make any awards if a viable candidate is not identified from among proposers in any of the eligible jurisdictions. All funding decisions are final and not subject to appeal.

C. Eligibility Criteria

Only Federally Qualified Health Centers and Look-Alikes (community health centers/CHCs) with operational sites in the GRHOP-PCCP jurisdiction are eligible to apply and only for a site located within a PCCP eligible jurisdiction. All applications should focus on one (1) site within the PCCP parishes/counties. Please see section IV. B. **Eligibility** for a list of eligible parishes/counties. Each Community Health Center Operator will be allowed to submit one application.

D. Application Review Process

Submitted proposals will be reviewed for eligibility based on being received by the submission deadline and having all required sections present in the submission. All proposals deemed eligible for review will be reviewed and scored by a review committee as per the scoring framework outlined below. The review committee will be composed of GRHOP partners and other PCCP partners. Selection of applicants to be included in the Demonstration Project will be based on overall scores. Potential dispositions that may be made by the applications review committee include: 1) funded without condition or comment, or 2) funded with condition or comment, or 3) not funded but invited for resubmission with improvements, or 4) not funded. There will be a proposal feedback period before award announcement is made for those applicants identified in category 2) with conditions or comment and 3) not funded but invited for resubmission with improvements. The PCCP CCHH Demonstration Project reserves the right not to make any awards if a viable candidate is not identified from among proposers in any of the eligible jurisdictions. All funding decisions are final and not subject to appeal.

E. Timeline

Dates	Milestones
October 14, 2014	RFP Release
October 17, 2014	Technical Assistance Webinar
November 21, 2014	Submission Deadline
By January 31, 2015	Award Notifications
January 15, 2015	Demonstration Project Period Begins

F. PCCP CCHH Demonstration Project Contact Person

Please direct all questions related to the RFP to:
Jaymee L. Lewis, MS
Program Manager
Community-Centered Health Homes
jlewis@lphi.org

II. INTRODUCTION TO COMMUNITY-CENTERED HEALTH HOMES[1]

Prevention efforts that focus on altering unhealthy policies and inequitable resource distribution and improving community environments can substantially diminish health inequities. According to the best available estimates, environmental conditions, social circumstances, and behavioral choices addressed through prevention, have by far the greatest influence in determining health. As primary health contacts and authorities, medical professionals and institutions have significant opportunities to play a far greater role in advancing the health of the populations they serve through community prevention efforts that address behaviors and environments.

The health and well-being of individuals depends on both quality coordinated health care services and community collaborations that support health and safety. A successful, equitable health system will fuse these two areas, merging efficient, accessible, and culturally appropriate care with comprehensive efforts to prevent illness and injury in the first place by improving community environments. Integrating the concept of health homes with a community prevention perspective produces multiple benefits: it's cost effective; it reduces demand for resources and services; and it improves health, safety, and equity outcomes on a community-wide and individual level. It provides a route for medical professionals to apply their assets, expertise, and credibility to the challenge of creating environments that support health, equity, and safety.

The CCHH concept, developed by Prevention Institute, takes previous health home models a transformative step further by not only acknowledging that factors outside the health care system affect patient health outcomes, but also actively participating in improving them. A CCHH provides high quality health care services while also applying diagnostic and critical thinking skills to the underlying factors that shape patterns of injury and illness. By strategically engaging in

[1] The information provided in this section is an excerpt from the Prevention Institute's publication Community-Centered Health Homes: Bridging the gap between health services and community prevention.

efforts to improve community environments, CCHHs can improve the health and safety of their patient population, improve health equity, and reduce the need for medical treatment. The defining attribute of the CCHH is active involvement in community advocacy and change. As institutions become focused on improving health at both the individual and population-wide level they will work toward solutions that solve multiple problems simultaneously (e.g., improving neighborhood walkability would improve outcomes for diabetes, hypertension, heart disease).

Community health centers (CHCs) are a particularly important venue for the initial implementation of the community-centered health home for a number of reasons. First, CHCs are philosophically committed to improving the health of communities and as a result are likely to be more inclined to try out innovative approaches that align with that commitment. Second, CHCs are especially dedicated to providing care to the most vulnerable populations. Third, CHCs are closely connected to communities and thus are able to tailor their care to the context and demographics of the neighborhoods in which they are located. Many are already performing the services of a traditional health home or have gone a step further by linking individuals with non-health care services, such as SNAP, legal aid, or housing.

A. Elements of the Community-Centered Health Home

The skills needed to engage in community change efforts are closely aligned with the problem solving skills providers currently employ to address individual health needs. It is a matter of applying these skills to communities. Specifically with patients, practitioners follow a three-part process: collecting data (symptoms, vital signs, tests, etc.), diagnosing the problem, and undertaking a treatment plan. The CCHH would function in a parallel manner by developing capacity and expertise to follow a three-part process for addressing the health of the community, classified below as inquiry, analysis, and action. Please see Table 1 on pages 10 and 11 for an additional explanation of these elements.

- **Inquiry elements:**
  - Collect data on social, economic and community conditions
  - Aggregate symptom and diagnosis and prevalence data

- **Analysis elements:**
  - Systematically review health and safety trends
  - Identify priorities and strategies with community partners

- **Action elements:**
  - Coordinate activity with community partners for institutional and community change
  - Advocate for community policies to improve the social, physical and economic conditions that contribute to the health of the entire community.
  - Mobilize patient population
  - Strengthen partnerships with local health care and public health organizations
  - Establish internal model organizational practices

B. Defining Community

According to the National Association for Community Health Centers (NACHC), the first step in defining community for a CHC is defining the health center's service area. The CCHH Demonstration Project urges health centers to adopt a deeper understanding of exactly who the community will be for the purposes of this project. NACHC goes on to explain that the communities are made of people, and are therefore defined by more than geographic or municipal boundaries. When defining the community health centers should consider that a community can be defined by culture, ethnicity, differences in values, social institutions, patterns of social interactions, common health care needs, health problems, or common issues with accessing health services.

III. THE GULF REGION HEALTH OUTREACH PROGRAM

The Gulf Region Health Outreach Program (GRHOP) is a series of four integrated, five-year projects, extending from 2012 to 2017, to strengthen healthcare in certain Gulf Coast communities in Louisiana, Mississippi, Alabama, and the Florida Panhandle. GRHOP was developed jointly by BP and the Plaintiffs' Steering Committee as part of the Deepwater Horizon Medical Benefits Class Action Settlement. GRHOP is supervised by the court, and is funded with $105 million from the Medical Settlement. The GRHOP target beneficiaries are residents, especially the uninsured and medically underserved, of 17 coastal counties and parishes in Alabama (Mobile, Baldwin), Florida (Escambia, Santa Rosa, Walton, Okaloosa, Bay), Louisiana (Orleans, Jefferson, St. Bernard, Plaquemines, Lafourche, Terrebonne, Cameron) and Mississippi (Hancock, Harrison, Jackson).

Below is a brief explanation of the five integrated projects within GRHOP. Where goals and activities of the CCHH are in alignment with the efforts of the projects below, program partners may provide technical assistance, trainings and expertise as well as linkages to additional support. For more information please visit the GRHOP website at: www.gulfregionhealthoutreach.com.

A. The Primary Care Capacity Project (PCCP)

The Louisiana Public Health Institute (LPHI) administers PCCP under GRHOP. PCCP seeks to improve access to high quality, integrated, patient-centered care in the 17 designated GRHOP parishes/counties in support of sustainability and resilience of the central Gulf Coast. As the administrator for PCCP, LPHI also administers the CCHH Demonstration Project.

The work of PCCP is guided by several principles that assist the program with remaining true to its mission. Among these factors are (1) commitments to the communities we serve to be transparent, responsive, and respectful, (2) creating lasting community benefit, (3) supporting the alignment of community assets that support high-quality primary care services, (4) drawing from evidence based practices when designing interventions, and (5) working collaboratively to advance the PCCP mission.

B. Mental and Behavioral Health Capacity Project (MBHCP)

The MBHCP project is administered by a coalition of academic institutions from across the Gulf Coast (Louisiana State University Health Sciences Center, the University of Southern Mississippi, the University of South Alabama and the University of West Florida). The MBHCP projects provide therapeutic treatment and deliver evidence based prevention and intervention programs to adults, children, and families in primary care settings in order to foster the development of sustainable integrated interdisciplinary health teams within these organizations.

These GRHOP partners will provide recommendations to LPHI on the design and implementation of the CCHH Demonstration Project and will also inform the selection process. In addition as available, the MBHCP partners may provide technical assistance and trainings to health centers participating in the CCHH Demonstration Project as relates to MBH integration efforts and contributions towards community resiliency.

C. Environmental Health Capacity and Literacy Project (EHCLP)

This project is administered by Tulane University in conjunction with the Association of Occupational and Environmental Clinics (AOEC). The project seeks to increase the environmental health expertise of health professionals in the Gulf Coast and to increase awareness of services to local communities.

This GRHOP partner will provide recommendations to LPHI on the design and implementation of the CCHH Demonstration Project and also inform the selection process. In addition, where the goals and activities of the CCHH are in alignment with the efforts of EHCLP, technical assistance and expertise may be provided related to the environmental factors that impact community health.

D. Community Health Workers Training Project (CHWTP)

This project is administered by the University of Southern Alabama's Coastal Resource and Resiliency Center. The objective of the project is to train community health workers who will help residents navigate the healthcare system and access needed care.

This GRHOP partner will provide recommendations to LPHI on the design and implementation of the CCHH Demonstration Project and also inform the selection process. In addition, as available, CHWTP may support the training of current and additional CHWs, Peer Health Advocates, and community health center staff. Additionally, the project may offer technical assistance regarding the use of CHWs and Peer Health Advocates in a CCHH setting.

E. Community Involvement

This project is administered by the Alliance Institute, who coordinates community engagement and outreach efforts for GRHOP.

This GRHOP partner will provide recommendations to LPHI on the design and implementation of the CCHH Demonstration Project and also inform the selection process. In addition, and as available, the project may provide technical assistance to the community health centers regarding

community engagement, as well as fostering partnerships between the health center and Community Based Organizations.

IV. COMMUNITY-CENTERED HEALTH HOME DEMONSTRATION PROJECT

A. Purpose

The PCCP CCHH Demonstration Project aims to advance health equity and community resiliency by enhancing the capacity of selected health center sites to take the next step beyond the patient-centered medical home model and serve as trusted, effective, partners in community prevention. PCCP is offering competitive grant awards of up to $250,000, in conjunction with supportive technical assistance, over a two year project period to selected health center sites within the PCCP jurisdiction.

B. Eligibility

Only operational sites of Federally Qualified Health Centers (FQHC's) or Look-Alikes (community health centers/CHC) in the 17 eligible GRHOP counties and parishes of the central Gulf Coast are eligible to compete for this award. Two (2) awards will be available in Louisiana, and one (1) award will be available in Florida, Alabama, and Mississippi. The GRHOP eligible counties/parishes include:

Florida:
Bay, Walton, Okaloosa, Escambia, Santa Rosa

Alabama:
Mobile, Baldwin

Mississippi:
Harrison, Hancock, Jackson

Louisiana:
Plaquemines, St. Bernard, Orleans, Jefferson, Terrebonne, Lafourche, Cameron

C. Eligible Uses of Funding

The funding can be used to cover the direct costs of implementing CCHH strategies, such as salaries for staff specifically responsible for coordinating or implementing CCHH-like activities, training, systems innovations, data analytics, minor site renovations, convening, and communications. Technical assistance will be provided through a mix of modalities and will support facilitated peer exchange among participating CHC in the CCHH Demonstration Project.

- Personnel: The work of creating a CCHH will require staff time. It is up to the CHC to decide if the staff member(s) are already present in the organization or if there is a need to hire additional team members. (Also see "Additional Required Components" pages 11 and 12 below)

- Training: Operationalizing CCHH principles will require CHCs to change not only the way that they work but the way they approach situations and deliver care to improve the health of their communities. In order to facilitate this change, funding may be used to support attendance of staff at LPHI sponsored trainings and/or supplemental trainings that are not offered as a part of Technical Assistance. (Also see "Additional Required Components" pages 11 and 12 below)

- CCHH Oriented System Change: The processes of the CHC will need to be revised and some additional equipment or technology may be needed to successfully carry out change. These expenses are eligible for subsidy and should facilitate sustainable changes in clinic operations. (Also see "Additional Required Components" pages 11 and 12 below)

- Sustainability Considerations: CHCs will be funded for two years to implement the outlined strategies. It is important that CHCs focus their spending on items or processes that will be sustainable after the termination of the project. Because of the relatively short time frame CHCs are highly encouraged to identify options for program sustainability as far in advance as possible.

D. Funding Restrictions

1. Funds under this program may not be used to supplant financing of medical services that are eligible for payment or reimbursement from third-party payors (i.e. Medicaid or Medicare) and should be used to support and enhance community-centered primary care services.
2. Funds may not be used to subcontract with LPHI.
3. CCHH will not fund construction costs of a brand new building structure.

E. Right to Reject Applications

The PCCP CCHH Demonstration Project reserves the right to:

- Reject, in whole or in part, any or all applications.
- Advertise for new applications.
- Abandon the need for such services.
- Cancel this RFP if it is in the best interest of PCCP.

F. Timeline

Dates	Milestones
October 14, 2014	RFP Release
October 17, 2014	Technical Assistance Webinar
November 21, 2014	Submission Deadline
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January 15, 2015	Demonstration Project Period Begins

** Dates are subject to change.*

V. GUIDELINES FOR PROPOSED INTERVENTIONS

A. Required Elements

Table 1 below is an overview of what a comprehensive CCHH model would entail. These elements are interrelated and necessary to sufficiently demonstrate full CCHH functionality. It is the intent of this Demonstration Project that participating health centers demonstrate achievement of at least some activities of all of these elements. In many cases, health centers are already performing these elements, whereby participation in the project may support the augmentation or systemization of current efforts. We recognize that participating community health centers cannot be expected to achieve all activities of all elements of CCHH in two years but the selection process will value those applicants who provide evidence of commitment to sustain those activities achieved during this Demonstration Project and to support continued development around additional strategies as resources allow. CCHH functions are in direct relationship with the community served, or place-based. Applicants will need to specify which site is included in the proposal and why such site is selected, based both on community health center qualities and potential for success as well as on the community health and collaboration attributes. Additionally, when designing activities for the required elements, community health centers should use the guiding framework of the Prevention Institute's THRIVE factors, which can be found in the Additional Resources section of this RFP.

Table 1 - Elements of a Community-Centered Health Home

Element	Example Activities	Expected Outcomes
Inquiry		
Collect data on social, economic, and community conditions in alignment with community prevention efforts	Integration of questions about community, social, and economic factors into intake process Prompts added to the intake process as a reminder to ask additional community, social, or economic questions Incorporation of these questions into the EMR	Population health data are captured in ongoing basis Population health data are examined along with patient health data
Aggregate symptom and diagnosis prevalence data	Community level data aggregated and combined with patient level data to be analyzed for trends	
Analysis		
Systematically review and analyze health and safety trends	Combine EMR captured data with clinician insight and intuition on a regular and continuous basis in order to identify trends	Both population and patient data sources are used for community health center decisions

Share information and analyses with community partners	Hold regular meetings with partners both in and outside of the health sector to review community health center data as well as other data sources	Increased knowledge of patient health trends and links to community factors Increased knowledge of population health trends and link to clinical decisions and patient care
Work with community partners to identify priorities and strategies	Collaborate with community to identify priorities, strategies, and courses of action	Community health center and community co-created priorities and strategies for moving the needle on community health outcomes
Action		
Actively participate in strategy implementation with community	Provide support to community initiatives in a way that optimally utilizes community health center resources Advocate for community health by providing expert opinions, supporting community advocacy activities, etc.	Community health centers have defined roles in community health strategy implementation
Support community mobilization efforts as defined by the community	Encourage civic engagement among patients Provide voter registration Connect patients to advocacy efforts Identify spokespersons for community health efforts	Increased patient engagement and patient empowerment
Strengthen CHC partnerships with local health and non-health sector organizations (Health Care, Public Health, Payers, Health Advocacy, Legal Aid, Housing, Social Services)	Identify opportunities for more seamless care coordination Incorporate opportunities for data sharing into normal workflow Possible link with hospital CHA/CHIP, philanthropy, CDFI's, CTG, Promise/Choice Neighborhoods	Improved care coordination Increased community partnerships Increased social service and community referral networks

Establish Model Organizational Practices	Implement policies within the CHC which model the healthy behaviors that are being encouraged in the community health center, i.e. healthy food procurement policies, encourage employee and patient fitness, etc.	Increased operational capacity to be CCHHs CHC culture is reflective of the CCHH model

B. Community Health Assessment and Improvement Participation

Note that health centers participating in this Demonstration Project are not expected to conduct a "comprehensive" community health assessment and community health improvement plan expressly for this project. Rather, participating health centers are expected to conduct the data capture and analysis that is associated with their care to patients and share these with community partners to help identify emerging issues or strengthen community priorities. However, health centers should be aware of any existing community health assessment and health improvement planning activities that may be underway or planned and, where present, describe how the CCHH Demonstration Project plan is aligned with and supportive of the broader community prevention process. Such existing community health assessment and planning activities may be present in the form of public health department activities, hospital community benefit-related engagements and activities of such engagements as Community Transformation Grants or Choice Neighborhood and Promise Neighborhood initiatives.

C. Additional Required Elements

1. *Dedicated CCHH Staffing*
   Successful applicants are expected to assure the presence of at least one CCHH Manager and should describe the level and essential competencies and percentage time of the lead CCHH manager for the community health center. The CCHH Manager must be of a level of responsibility in the community health center operation to lead change in the organization. **At least a full 1.0 FTE of CCHH management is preferred.** In addition, the role of the CCHH Manager and any other key staff in support of CCHH, whether funded by PCCP or not, and their direct supervisor should be described.

2. *Staff Training*
   CCHH training will be necessary for the CCHH Manager and relevant leadership, clinical and administrative staff, especially those who will engage in community outreach and partnership. Training priorities will include orientation to the broad determinants of health, including understanding the pathway between community determinants/social determinants of health and multiple health conditions; an overview of community-level prevention strategies to promote health equity; cultural competency; community-based participatory research; effective collaborative leadership and multi-sector collaboration, particularly between health care institutions and community-based organizations; and policies and community health center procedures developed to perform CCHH functions. LPHI will provide or arrange for CCHH training and the participating community health centers will assure staff participation.

3. *Systems/Protocol/Policy Innovation*
   The Demonstration Project intends to support meaningful innovation around traditional patient-centered medical home activities to expand community health center functioning to include those of community prevention. In order to achieve the CCHH elements for inquiry, analytics and action, it will be necessary for participating health center sites to make changes/additions into some of their protocols and the systems that support them, such as adding new patient intake elements around community, social and economic conditions or new EMR flags or clinical decision support modules.

4. *Participation in Technical Assistance*
   A major component of the Demonstration Project will be participation in technical assistance. These activities may include webinars, conference calls, face to face group trainings, reading materials, and/or site visits. As the CCHH Demonstration Project is a component of the GRHOP, participating community health centers in the Demonstration Project will benefit from and align with other GRHOP activities where appropriate. By participating in the Demonstration Project, the health center agrees to participate in all forms of technical assistance that are deemed mandatory by PCCP.

VI. EVALUATION AND REPORTING

The CCHH Demonstration Project aims to advance health equity and community resiliency by enhancing the capacity of selected health center sites to take the next step beyond the patient-centered medical home model and serve as trusted, effective, partners in community prevention. PCCP will award grants through a competitive process and provide supportive technical assistance to health centers in its jurisdiction to implement essential elements of the CCHH framework. The project period is two years, and because of the demonstrative nature of the project PCCP's evaluation team will implement a formative evaluation in year one of the demonstration in order to monitor health center processes toward adoption of CCHH elements and a summative evaluation in year two to determine progress toward implementation of CCHH. The overall evaluation questions to be answered though the plan is as follows with associated outcomes:

1. Have PCCP investments contributed to health centers' increased adoption and implementation of inquiry elements of CCHH?
   a. Increased ability to capture population health data
   b. Demonstrated use of population health data and patient data to examine community health trends

2. Have PCCP investments contributed to health centers' increased adoption and implementation of analysis elements of CCHH?
   a. Increased use of both population and patient data for clinical decision making
   b. Increased knowledge of patient health trends and their link to community factors
   c. Increased knowledge of population health trends and its link to patient care
   d. Increased collaboration with community to determine priorities, strategies, and action plans informed by population health and patient health data

3. Have PCCP investments contributed to health centers' increased adoption and implementation of action elements of CCHH?
    a. Increased involvement in community health strategy implementation
    b. Improved care coordination with social service and community referral networks
    c. Increased operational capacity to be CCHHs

In order to provide feedback information to participating health centers, inform the learnings across all participating community health centers, provide accounting of Demonstration Project implementation to GRHOP, and for overall Demonstration Project evaluation, there will be quarterly reporting on activities, expenditures and lessons learned. Existing reporting processes will be used, where possible, to reduce the reporting burden. In any event, there will be some quantitative data and qualitative data that will be collected through a quarterly CCHH Demonstration Project report. As applicable and allowable, quarterly reporting will align with any other existing quarterly reporting schedule a participating community health center may have with LPHI. Additional reporting may be necessary based on the individual implementation plans.

VII. Grant Monitoring &Administration

PCCP will work in partnership with CCHH grantees throughout the duration of the funding period. An award agreement will be used to outline the terms of this partnership in accordance with the approved application, budget, and terms and conditions of the award. As a part of the award agreement, CCHH awardees will be required to submit programmatic and financial reports in a manner to be determined. Programmatic and financial reports will be available on a quarterly basis. PCCP will provide a reporting template at least one month prior to the submission deadline of the first quarterly report.

VIII. APPLICATION SUBMISSION INSTRUCTIONS

A. Application Narrative

A competitive proposal narrative will explain how the health center is prepared to address each of the components of the application as outlined below. A proposed budget for the project should be submitted using the provided template. The narrative should follow the format outlined below and ***should not exceed 15 pages in total length***. This page limit does not include the budget or supporting documentation. All documents related to the application (proposal, budget and supporting documents) should be ***submitted in PDF format*** as attachments in one email. Interested parties should submit a completed proposal via email no later than Friday, November 21, 2014 at 5 PM CST to jlewis@lphi.org.

B. Application Questions

A webinar will be held on October 17, 2014 to answer questions regarding the application process and the Demonstration Project. Additionally, questions regarding the RFP can be emailed to jlewis@lphi.org. Questions will not be answered individually but responses will be posted via secure webpage for all applicants to reference. The link to the webpage will be provided following the webinar.

C. Application Review Process

LPHI will award a maximum of one award for each of the states of Florida, Alabama and Mississippi and a maximum of two awards in Louisiana. Submitted proposals will be reviewed for eligibility based on being received by the submission deadline and having all required sections present in the submission. All proposals deemed eligible for review will be reviewed and scored by a review committee as per the scoring framework outlined below. The review committee will be composed of GRHOP partners and other PCCP partners. Selection of applicants to be included in the Demonstration Project will be based on overall scores. Potential dispositions that may be made by the applications review committee and LPHI include: 1) funded without condition or comment, or 2) funded with condition or comment, or 3) not funded but invited for resubmission with improvements, or 4) not funded. There will be a proposal feedback period before award announcement is made for those applicants identified in category 2) with conditions or comment and 3) not funded but invited for resubmission with improvements.

D. Application Award Disclaimers

1. LPHI reserves the option to make no awards in a state should no application be deemed by the review committee and LPHI to be sufficiently qualified or fundable.
2. No aspect of the grant determination process is subject to appeal.

E. Application Scoring Criteria

Section Heading	Points Available	Description
Application Cover Sheet	0	Please use the included template in Attachment A
Table of Contents	0	Please list all sections included in the response including attachments.
Health Center Overview		
Background and Purpose	5	• Describe the health center's motivation to implement CCHH. • Outline the major goals for the project period. • Explain how the CCHH efforts that you plan to undertake will improve the health of the community that you serve.
Community Served	5	• Based on the definition of community provided on page 6 of the RFP describe the community your health center serves. • Explain how you selected the parameters to define your community.
Engaged Leadership	15	**Engaged Leadership is one of the most critical elements to the success of a CCHH. Any changes to the culture or operations of an organization will require the support of an engaged, open minded, innovative, and effective leader.** • Describe how the leadership of your organization (site and operator) has demonstrated their support of this application. • Describe how leadership has demonstrated support of CCHH-like or community health activities prior to this opportunity. • Discuss how senior leadership will be engaged throughout the journey to becoming a CCHH. • How will leadership protect staff time?
Change Management Capacity	10	**The successful implementation of the CCHH approach will require not only changes to the operations of the community health center, but changes to the way that the work of the community health center is approached and conceptualized. Large scale shifts in behavior and mindset are not any easy task and can at times be frustrating for leaders, staff, and patients. It is critical that the applicant site has experience with large scale change and is equipped to navigate its challenges.** • Describe a recent large scale change that has taken place in your organization. Briefly explain how the change was implemented, by whom, how changes were received by staff, and the sustainability of the change.

		• Succinctly describe the organizational methods that will be used to incorporate CCHH into the daily workflow and culture of the community health center.
Community Relationships	15	**The work of a CCHH extends beyond the walls of the community health center. Being a CCHH requires community health centers to think about and work collaboratively to address the environmental, societal, and political factors that impact the health of their patients in addition to providing high quality clinical care services. This immense challenge would be insurmountable without partnerships. It is critical that strong relationships with others working to improve the health and quality of life of residents are in place and functional.** • Summarize key existing partnerships focused on improving care delivery, providing preventive services, and/or improving community conditions that affect health. Include brief descriptions of how you work with these partners. • Discuss any experience the community health center has participating in community coalitions or advocacy efforts to improve the community's health.
Current CCHH Activates	15	**A solid foundation of CCHH activities will enable success and greater impact for the Demonstration Project. Using the model outline provided in Table 1 as well as the Prevention Institute white paper, describe current CCHH activities the health center is engaged in. Reviewers will be evaluating the following:** • Scope/scale of existing CCHH activities (How much of the model is currently occurring?) • Strength of CCHH activities (How closely do the described activities align with the intent of the model) • Evidence of success or impact from current CCHH activities • Challenges of implementing CCHH activities
Demonstration Project Overview		
Demonstration Project Narrative	20	**In this section, describe in detail the health center's plan to augment existing and implement new activities and functions in order to achieve the fullest expression of the CCHH model possible during the 2 year project.** **In the project narrative, clearly describe how the health center will perform the CCHH elements. For example, applicants should discuss how it plans to engage in the inquiry, analysis, and action elements of the model. Please see the individual sections for additional detail.**

		• Provide a clear, cohesive plan to augment or implement new CCHH activities • Describe how proposed activities will leverage successes or strengths of existing activities • Discuss how new CCHH elements implemented in the Demonstration Project will be integrated into daily operations • Outline additional trainings, policy changes, systems innovations, communications, infrastructure changes, convenings or community prevention interventions needed to successfully achieve CCHH project objectives. • Please list potential barriers, risks or challenges to implementing proposed activities.
Inquiry Elements	10	**A description of the inquiry elements and examples of activities can be found in Table 1 located on pages 11 -13 of this RFP. For additional information on the inquiry elements please refer to the Prevention Institute's paper on CCCH and the National Academies publication on Capturing Behavioral and Social Domains in EMRs, which can be accesses through the links provided in the "Additional Resources" Section on pages 23-24 of this RFP. The applicant should clearly describe how they will address the following:** • New data elements to be collected (social, economic, occupational, community, etc.) • How the health center identified the data elements- How was or will the community be engaged? • Planned approach to capture data on social, economic, and community conditions (i.e. via EMR, survey, etc.) • Staff responsible for collecting data • Timing of data collection • Where data will be housed • Process by which data will be used to support treatment decisions • Staff responsible for incorporating new data elements into treatment plans • Other topics related to inquiry not explicitly listed in this section.
Analysis Elements	10	**A description of the analysis elements and examples of activities can be found in Table 1 located on pages 11 -13 of this RFP. For additional information on the analysis elements please refer to the Prevention Institute's paper on CCCH which can be accesses through the link provided in the "Additional Resources"**

		Section on pages 23-24 of this RFP. The applicant should clearly describe how they plan to address the following elements: • Method by which staff will review and discuss data collected in the inquiry process as it pertains to patient treatment (staff meeting, team huddle, etc.). • Planned process to combine community data with clinical data • Planned process to identify trends among the patient population • Method by which data will be disseminated among applicable community partners/orgs • Other topics related to analysis not explicitly listed in this section.
Action Elements	10	**A description of the action elements and examples of activities can be found in Table 1 located on pages 11 -13 of this RFP. For additional information on the action elements please refer to the Prevention Institute's paper on CCCH which can be accesses through the link provided in the "Additional Resources" Section on pages 23-24 of this RFP. The applicant should clearly describe how they plan to address the following elements:** • Strategy for how information gathered in the first two phases will inform action • How the health center plans to engage with new and existing community partners • Partner organizations anticipated to collaborate on implementation efforts • Anticipated methods by which the health center will serve as a community health advocate • Planned processes for mobilizing patient populations • Strategies for strengthening partnerships with local health care organizations • Example model practices the health center will implement internally to serve as a leader in the community • Other topics related to action not explicitly listed in this section **It is important to note that all activities do not have to be initiated by the health center. Partnering in community led initiatives and avoiding duplication is highly encouraged. When describing how the health center will participate as a partner it is important to describe how health center participation will help to advance or improve the existing effort and the significant contributions that the health center plans to make.**

Staffing	5	• Identify the staff member(s) who will be responsible for managing the CCHH transition. Note: There should be at least 1.0 FTE dedicated to the administration and core functions of the program. • Outline the roles and responsibilities of the responsible staff members. • Include an organizational chart depicting relevant staff
Sustainability	15	• Describe which aspects of inquiry, analysis and action you plan to sustain beyond the project period of 2 years. • Please identify potential sources of funding or other resources to support the elements to be sustained. • Please identify potential challenges regarding sustainability.
Budget		
Budget& Budget Narrative	5	Complete the included budget template (**Attachment E: Budget Template**). All budgets should cover the entire two year project period and are not to exceed $250,000.
		Provide a description of all items listed in the budget template that will be billed to the CCHH Demonstration Project by using the included template. This description should be completed by using the template provided (**Attachment F: Budget Narrative Instructions**).
Supporting Documentation		
Letters of Support	0	Letters of support should be provided from at least three (3) partnering organizations. These organizations should describe the previous and current relationship between the health center and the organization. Additionally it should specifically reference how the organization will support the health center's journey towards becoming a CCHH.
Organizational Chart	0	The organizational chart should depict all relevant staff to the project and their supervision. Additionally the organizational chart should reflect senior leadership involvement.

IX. ADDITIONAL RESOURCES

The MAPPS Menu
http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS_Intervention_Table.pdf

PCCP Rapid Assessment Data Briefs
The rapid assessments conducted by under PCCP for included jurisdictions can be made available to applicants upon request.

Community Commons
http://www.communitycommons.org/

County Health Rankings
http://www.countyhealthrankings.org/

Capturing Social and Behavioral Domains in Electronic Health Records
http://www.nap.edu/catalog.php?record_id=18709&utm_expid=4418042-5.krRTDpXJQISoXLpdo-1Ynw.0&utm_referrer=https%3A%2F%2Fwww.google.com%2F

Exploring Integration to Improve Population Health
http://www.iom.edu/~/media/Files/Report%20Files/2012/Primary-Care-and-Public-Health/Primary%20Care%20and%20Public%20Health_Revised%20RB_FINAL.pdf

Two Steps to Prevention
As Community Health Centers step away from the traditional method of treating individual patients and into the more involved role of serving entire communities through the Community-Centered Health Home model, it will be critical that they can step away from the present symptoms and think critically with community partners about the root causes of these symptoms. The Prevention Institute's Two Steps to Prevention framework is a great place to start when identifying root causes. It serves a guide for examining an outcome to determine not only which exposures and behaviors are leading to it, but also identifying which environmental and societal factors are contributing to and/or supporting these behaviors.

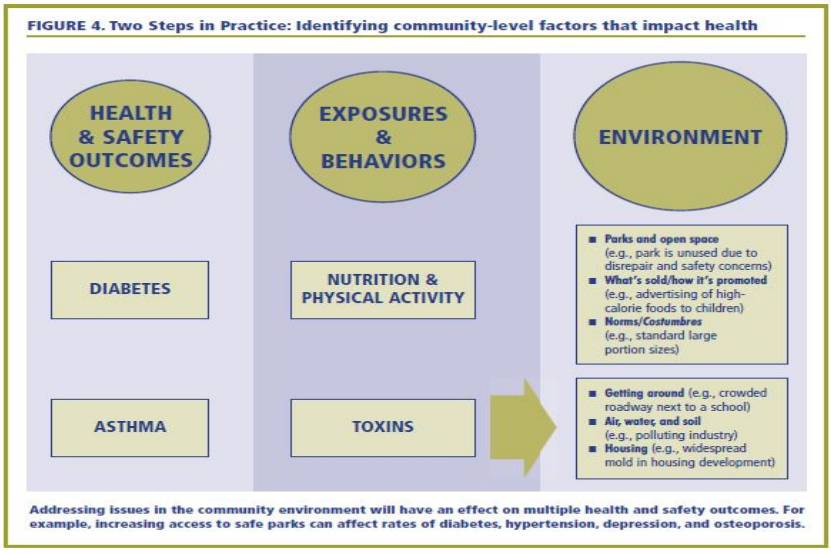

Figure 1 - Community-Centered Health Homes: Bridging the Gap between health services and community prevention

The Toolkit for Health and Resilience in Vulnerable Environments (THRIVE)

THRIVE assists participants in applying an equity lens to the root causes that have been identified by "Taking Two Steps to Prevention". The interactive training provides thirteen factors that enable a community to thrive. By diving into each of these factors and applying an equity lens participants will be more equipped to recognize and address inequity in their everyday encounters. For more information please visit: http://thrive.preventioninstitute.org/thrive/index.php.

TABLE 1. THRIVE community health factors

PLACE

1. What's Sold & How It's Promoted is characterized by the availability and promotion of safe, healthy, affordable, culturally appropriate products and services (e.g. food, books and school supplies, sports equipment, arts and crafts supplies, and other recreational items) and the limited promotion and availability, or lack, of potentially harmful products and services (e.g. tobacco, firearms, alcohol, and other drugs).

2. Look, Feel & Safety is characterized by a well-maintained, appealing, clean, and culturally relevant visual and auditory environment; and actual and perceived safety.

3. Parks & Open Space is characterized by safe, clean, accessible parks; parks that appeal to interests and activities of all age groups; green space; outdoor space that is accessible to the community; natural/open space that is preserved through the planning process.

4. Getting Around is characterized by availability of safe, reliable, accessible, and affordable methods for moving people around. This includes public transit, walking, and biking.

5. Housing is characterized by the availability of safe and affordable housing to enable citizens from a wide range of economic levels and age groups to live within its boundaries.

6. Air, Water & Soil is characterized by safe and non-toxic water, soil, indoor and outdoor air, and building materials. Community design should help conserve resources, minimize waste, and promote a healthy environment.

7. Arts & Culture is characterized by a variety of opportunities within the community for cultural and creative expression and participation through the arts.

EQUITABLE OPPORTUNITY

8. Racial Justice is policies and organizational practices in the community that foster equitable opportunities and services for all. It is evident in positive relations between people of different races and ethnic backgrounds.

9. Jobs & Local Ownership is characterized by local ownership of assets, including homes and businesses, access to investment opportunities, job availability, and the ability to make a living wage.

10. Education is characterized by high quality and available education and literacy development for all ages.

PEOPLE

11. Social Networks & Trust is characterized by strong social ties among all people in the community – regardless of their role. These relationships are ideally built upon mutual obligations, opportunities to exchange information, and the ability to enforce standards and administer sanctions.

12. Participation and Willingness to Act for the Common Good is characterized by local leadership, involvement in community or social organizations, participation in the political process, and a willingness to intervene on behalf of the common good of the community.

13. Norms/*Costumbres* are characterized by community standards of behavior that suggest and define what the community sees as acceptable and unacceptable behavior.

X. CONTACT INFORMATION

For questions regarding the Community-Centered Health Home Demonstration Project please contact:
Jaymee L. Lewis, MS
Program Manager
Community-Centered Health Homes
jlewis@lphi.org

For general questions regarding PCCP or GRHOP please contact:
Tiffany Netters, MPA
Program Manager
Primary Care Capacity Project
tnetters@lphi.org

XI. ATTACHMENTS

Attachment A	Application Cover Sheet
Attachment B	Application Checklist
Attachment C	Work Plan
Attachment D	Budget Template Instructions
Attachment E	Budget Template
Attachment F	Budget Narrative Instructions

Attachment A: Application Cover Sheet Instructions

Contact Information

Applicant Organization: _____
(Organization name, as registered with the IRS)

Organization Employer Identification Number:_____

Organization Executive Director/CEO
Name:_____

ED/CEO E-mail: _____ ED/CEO Phone Number:_____

Organization Mailing Address:_____

Project Contact Name: _____

Project Contact Title: _____ Project Contact Email:_____

Project Contact Phone Number: _____

Partner Organization(s): *(Letters of Support included with Application)*

List the names of each partner organization:

1. _____
2. _____
3. _____
4. _____
5. _____

Attachment B: Full Application Package Checklist

- ❑ Full Application Cover Sheet (**Attachment A: Application Cover Sheet Instructions**)
- ❑ Application checklist (**Attachment B: Full Application Package Checklist**)
- ❑ Full Application Table of Contents
- ❑ Full Application Narrative
- ❑ Work Plan (**Attachment C: Work Plan Template**)
- ❑ Budget and Budget Narrative (**Attachment D: Budget Template Instructions**, **Attachment E: Budget Template,** and **Attachment F: Budget Narrative Instructions**)
- ❑ Required Supporting Documentation
  - ❑ Proof of FQHC or look alike status if not already participating in PCCP
  - ❑ Copy of Current Board Resolution (i.e., less than one year old), notarized, 1) designating an agency representative responsible for signing an official contract and 2) affirming the commitment to participate in the CCHH Demonstration Project
  - ❑ Letters of Support from community-based organizations in catchment area described in the proposal.

Attachment C: Work Plan Template

Inquiry Elements I. List Project Period goals here.						
Objectives	**Activities**	**Timeline**	**Measures of Effectiveness**	**Milestones**	**Sustainability**	**Team Members Responsible**
EX: Integrate community social, social, and economic factor questions into EMR.	• Identify questions that are relevant to the CHC population. • Vet questions with community partners • Determine the methodology and work flow for gathering information. • Determine where information will be housed. • Design training for new workflow	3 months (February 2015 – April 2015)	• Intake process implemented.	• Questions selected • Staff Trained on intake process • Intake process implemented	❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	**Jane Doe, CCHH Manager** (list supporting staff here)
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	

Analysis Elements II. List Project Period goals here.						
Objectives	**Activities**	**Timeline**	**Measures of Effectiveness**	**Milestones**	**Sustainability**	**Team Members Responsible**
EX: Combine EMR captured data with clinician insight and intuition on a regular and continuous basis in order to identify trends.	• Determine time and place to identify trends in all collected data. • Identify which team members should participate in this process.	4 months (March 2015 – June 2015)	• Both population and patient data sources are used for community health center decisions	• Meeting times established • Trend criteria identified	❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	**Jane Doe, CCHH Manager** (list supporting staff here)
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	

Action Elements III. List Project Period goals here.						
Objectives	**Activities**	**Timeline**	**Measures of Effectiveness**	**Milestones**	**Sustainability**	**Team Members Responsible**
EX: Actively engage in community initiatives in a way that optimally utilizes community health center resources	• Identify which community initiatives the health center can participate in. • Identify resources that are available to contribute to this initiative. • Collaborate with community leaders to determine where the health center is most needed	Ongoing beginning in February 2016	• Community health centers have defined roles in community health strategy implementation	• Initiatives identified • Health center staff and resources allocated	❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	**Jane Doe, CCHH Manager** (list supporting staff here)
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	
					❑ One Time Need/ Activity ❑ Included in Sustainability Plan ❑ Will require outside funding to sustain beyond demonstration project	

Attachment D: Budget Template Instructions
(This does not count towards the narrative page limit.)

Each applicant must submit a proposed budget and budget justification using the templates provided. The following refers to completing the budget template provided below. The budget narrative instructions are provided in **Attachment F: Budget Narrative Instructions**.

A. Personnel: *Personnel expenses from the applicant organization required to implement the project.*

Project professional personnel *include staff that will be involved with professional and technical support of the proposed project planning and implementation*

Project administrative personnel *include staff that will be involved with direct administrative support of the proposed project.*

B. Fringe benefits: *All benefits (i.e., all federal, state, local taxes, health insurance and other benefits) provided to the project staff listed in the Personnel category.*

C. Travel: *Travel by project professional personnel including breakdown of costs and rates.*

D. Equipment: *Cost of equipment needed for the proposed project.*

E. Supplies: *Cost of supplies (not including equipment) needed for the direct use on this proposed project. This includes but is not limited to office supplies, software, etc.*

F. Communications/Marketing: *Funds to increase community awareness of integrated primary care behavioral health services. This may include costs for printing flyers, project related websites, etc.*

G. Other direct costs: *Any additional costs that are directly related to the proposed project but do not fall into any of the categories.*

H. Indirect costs: *Indirect costs are general and administrative costs that cannot be identified directly and specifically with the proposed project, but are necessary to conduct the project. These may include the following general and administrative costs but are not limited to administrative oversight; financial & accounting services; contract negotiations; audits; reporting; human resources management; legal and other professional services; operations and facilities management; infrastructure and systems operations. Indirect costs may not exceed 10% of the total direct costs of the proposed project.*

Attachment E: Budget Template

	Year 1: January 2015 – December 2015	Year 2: January 2016 – December 2016	Total CCHH Funding
A. Personnel			
Professional Personnel			
Support Personnel			
1. Total Personnel			
B. Fringe Benefits			
Professional Personnel			
Support Personnel			
2.Total Fringe Benefits			
Total Salaries, Wages & Benefits (Add totals from 1. and 2.)			
C. Travel			
D. Equipment			
E. Supplies			
F. Communications and Marketing			
G. Other direct costs			
3. Total Direct Costs			
H. Indirect costs *(max 10% of 3.)*			
I. Total Costs (Add 3. And H.)			

Attachment F: Budget Narrative Instructions

Budget Narrative:
Each applicant must provide a budget narrative to support budget submitted. The narrative should provide sufficient information to allow the CCHH review panel to understand the calculation of each cost and how each item aligns.
Organize the budget narrative in the order and instructions specified below. Start each section with the specified section heading **in bold type.**

Personnel
List all staff names and/or positions that will be involved in the CCHH proposed project. Organize by categories from the Budget template (**Attachment E: Budget Template**): CCHH project professional staff, CCHH project administrative staff. For each staff position include: base annual salary, percentage FTE effort on CCHH project (full-time equivalent), and role on NOCHF project (including major tasks/activities).

Example:
Project Director ($70,000/year X 0.6 FTE = $42,000).

- *Responsible for day-to-day operations and monitoring the NOCHF project interventions and milestones.*
- *Responsible for attending required community learning collaborative meetings*
- *Responsible for ensuring programmatic and fiscal reports are submitted in a timely manner*

Fringe Benefits
Breakdown of all benefits (i.e., all federal, state, local taxes, health insurance and other benefits) provided to the project staff listed in the Personnel category

Travel:
Description of travel costs by project professional personnel including breakdown. Provide detail used in estimating the costs including: destination, purpose, # of travelers, and estimated cost per trip.

Example:

Purpose: *Out-of-State travel to an integrated primary care behavioral health conference:*
# of travelers:

Estimated cost per trip:

Round trip airfare to/from conference:	$XXX
Hotel/Lodging costs: (if applicable):	$XXX
Per Diem:	$XXX

Equipment
Include an itemized list of all equipment (over $5,000 per unit) including estimated costs and provide description on how this equipment will be used for the purposes of the NOCHF grant. Note: Any item under $5000 should be listed under supplies.

Supplies
Include an itemized list of all supplies. Medical supplies and office supplies should be separate line items.

Communications and Marketing
Include an itemized list of all communications and marketing costs for the proposed CCHH project and describe how this will be used for the purposes of the CCHH grant.

Other costs
Include an itemized list and description of all additional costs that are related to the proposed project; if a contract, lease, service by another party, then include copies of agreements and estimated breakdown of costs if this information is not included in the agreement or engagement letter.

Indirect costs:
Include the percentage used to calculate the indirect costs. Indirect costs may not exceed 10% of the total direct costs of the proposed project. Include a description of general and administrative costs. Note: Include ONLY the percentage of total expenses in the budget template, not an itemized list of costs.

General & administrative (G&A) costs are those that cannot be identified directly and specifically with direct patient care under this particular project, but are necessary to conduct the project.

G&A Includes:

1. Administrative Oversight: could include staff as: Offices of the CEO or Executive Director, CFO, Operations Manager, Human Resources Manager, Business Manager and related administrative positions and their benefits.
2. Financial & Accounting Services: could include: accounting costs and CPAs (in house or contracted)
3. Contract Negotiations: could include: attorney review (in house or contracted or on retainer)
4. Audits: could include audit firms, CPAs
5. Reporting: could Include accounting firm or CPA firm to complete 990 Tax Form, 1099 tax forms, and 5500 tax form
6. Human Resources Management: could include a company to provide payroll and fringe benefits administration
7. Legal and Other Professional Services: could include organizations or consultants for preparation of compliance and quality improvement plans.
8. Operations and Facilities Management: could include: leases/rent, utilities, janitorial services, waste management services, and building maintenance.
9. Infrastructure & Systems Operations: Establishment of data (internet and electronic mail) connections and monthly data costs for individual staff; Telephone system, voice mail, and monthly telephone costs for individual staff; conference calls.
10. Other costs not directly related to direct patient care as general office supplies, travel for administrative staff, printing and postage for general office correspondence and other like items; liability insurance.