

Request for Proposal

BPHC Community Health Literacy Training Program

**Bronx Partners for Healthy Communities
SBH Health System
4422 Third Avenue
Bronx, NY 10457**

August 15, 2016

Table of Contents

1.	Summary and Background.....	2
2.	Program Framework	3
3.	Content and Scope	5
4.	Proposal Review and Funds Flow	6
5.	Evaluation Criteria	7
6.	Page Limit.....	7
7.	Request for Proposal Timeline.....	7

1. Summary and Background

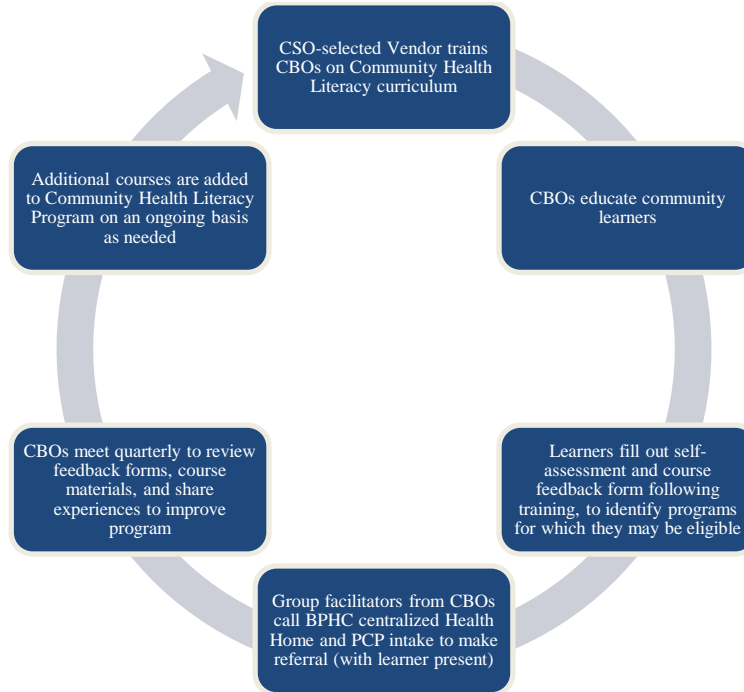
Bronx Partners for Healthy Communities (BPHC), the SBH Health System (SBH)-led Performing Provider System (PPS) of the New York State's Delivery System Reform Incentive Payment (DSRIP) Program is engaging in DSRIP, a 5-year CMS/NYS DOH demonstration project intended primarily to reduce avoidable emergency department visits by 25% by 2020. DSRIP's funding is contingent on the PPS's ability to meet predetermined metrics quarterly for the projects the PPS selected. BPHC comprises over 230 organizations in the Bronx. Our PPS includes two hospital systems, long term care centers, certified home health agencies, four FQHCs, independent medical practices, behavioral health providers and community-based social and human service organizations that address the social determinants of health.

BPHC recognizes that patient health literacy and healthcare system navigation skills are essential to the success of DSRIP transformation and our efforts to improve health outcomes. BPHC also recognizes that our community-based organizations are seasoned in cultural competency and are critical participants in our PPS, due to their expertise and deep experience working with individuals from targeted and at-risk populations in our community. BPHC seeks to build on the expertise of our community-based organizations, to systemically improve the community's ability to navigate the new healthcare system and services provided by our PPS through community education. By working with BPHC to improve health literacy in our community, community-based organizations in turn will become more integrated in the PPS's healthcare delivery system, learn more about the services provided by other community-based organizations and clinical providers, and work together to develop referral mechanisms through which they can collaboratively care for the community they serve.

BPHC's primary population of focus for the Community Health Literacy Program is under-utilizers of healthcare services. Under-utilizers often experience a lack of permanent housing, lack of insurance coverage, transportation problems, over-crowding, single parenthood, financial difficulties, inability to take time off from work for clinic appointments, inability to obtain child care and frequent sickness in the family. Because they under-utilize healthcare resources, their chance of facing crisis situation tends to be higher than that of the general population, thereby having to resort to emergency departments (ED) for care. The acute conditions with which under-utilizers present at the ED can be prevented through community health literacy education and linkage to primary care providers. In addition, under-utilizers can be provided with needed care coordination support, if eligible, through linkage to health homes.

Through provision of basic health literacy education, BPHC seeks to cultivate a more informed, activated community that acts as a partner in their healthcare. BPHC will provide up to \$150,000 in DSRIP funds to each selected community-based organization, including base allocation and incentives to operationalize this program in support of community health literacy. BPHC will consider funding six to eight organizations to assist us in this effort. The intent of the Community Health Literacy Program is to improve health literacy and healthcare system navigation, and to connect eligible individuals to primary care, Health Homes and other services and programs discussed below. The purpose of this Request for Proposal (RFP) is to solicit proposals from organizations to educate our Bronx community on topics included in a Community Health Literacy Program. BPHC expects implementation of the Community Health Literacy Program to begin Fall 2016.

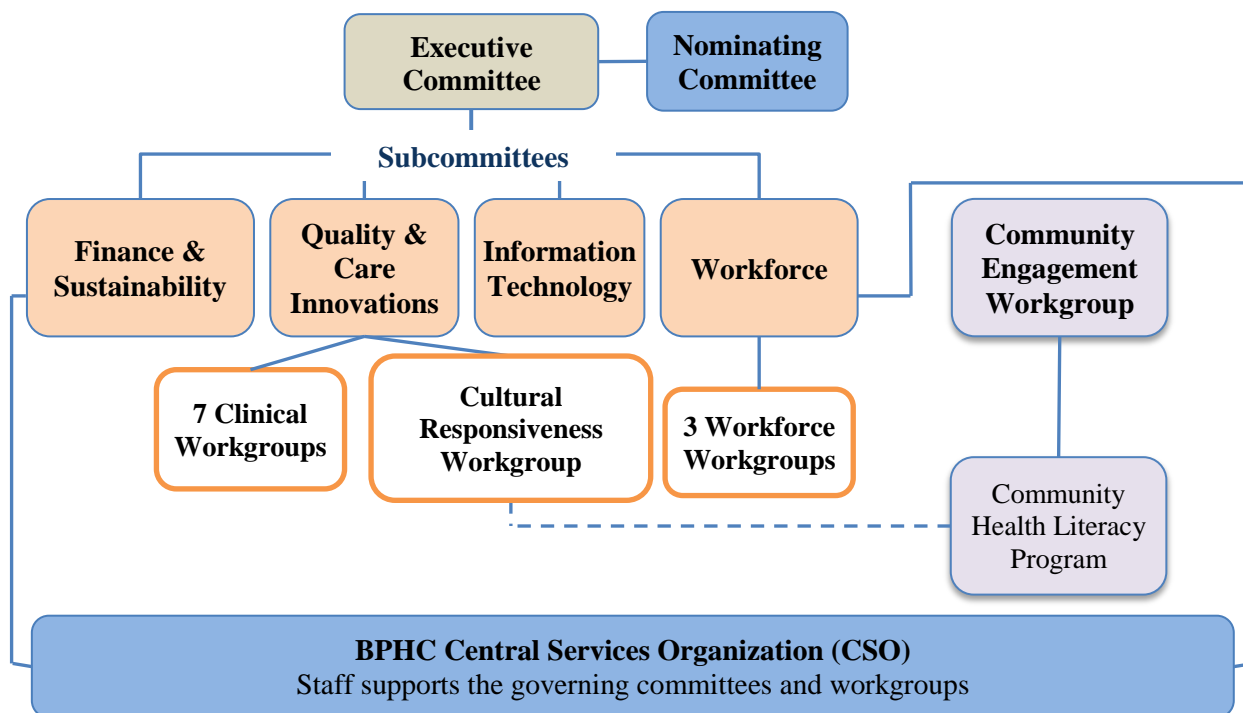
2. Program Framework



Essential areas of health literacy knowledge and healthcare system navigation skills were identified by the BPHC Community Engagement Work Group, which includes representatives from our community-based social and human service organizations, along with members of the Quality and Care Innovation Subcommittee and Cultural Responsiveness Workgroup. The topics identified include: seeking and using health insurance; understanding the purpose and importance of primary care and behavioral health; choosing the right care setting at the right time; the role of a care plan and using it to achieve health goals; nutrition, exercise and healthy lifestyle habits; and patient consent to sharing information with other providers of care.

BPHC will select vendors to develop the curriculum and provide training materials. BPHC will also provide essential materials and program tools such as attendance tracking sheet [Exhibit C], program evaluation forms and self-assessment forms for learners to help identify programs for which they may be eligible.

As depicted in the graphic on the following page, the Community Health Literacy Program will have oversight from two work groups: the Community Engagement Workgroup and the Cultural Responsiveness Workgroup. In May 2016, the Community Engagement Workgroup determined that essential health literacy and healthcare system navigation skills coupled with changes made at the system-level through DSRIP projects selected – thereby using a top-down and bottom-up approach – would be most effective for our transformative efforts.



Ensuring that community education has the widest reach possible requires continuous assessment of methods of delivery and feedback, including teaching methods and material. The Community Health Literacy Program is structured to continuously evolve based on feedback provided by learners about current community needs. We expect that learners will be asked to evaluate the educational sessions they attend, provide feedback about the sessions and suggest new topics. This feedback will be shared with BPHC, the Community Engagement Workgroup and the Cultural Responsiveness Workgroup.

In addition to providing education, the Community Health Literacy Program is also designed to help individuals take action based on the information they receive. We will therefore ask selected organizations to have their learners complete self-assessment forms to help determine if they need better access to health insurance, primary care and Health Home services. Selected organizations will be incented to help their learners connect to these services through a centralized service provided by BPHC.

The Community Engagement Workgroup is representative of social and human services provided to targeted, at-risk populations within our PPS. As such, these community-based organizations have particular expertise in grassroots organizing, improving access to services and increasing participation in their programs. The Community Engagement Workgroup will be responsible for providing recommendations for collaborations with key stakeholders to broaden the reach of community education being delivered by the Community Health Literacy Program. Examples of key stakeholders may include primary care providers, Health Home programs, faith-based organizations, police precincts and community boards.

The Cultural Responsiveness Workgroup reports to the Quality & Care Innovation Subcommittee. The Workgroup will participate in quarterly meetings with the selected organizations to review trainer and learner feedback about the program curriculum, training materials and educational topics.

The Cultural Responsiveness Workgroup will ensure that this feedback will be used to continuously improve the Community Health Literacy curriculum and training materials, to keep it current and responsive to the community's immediate health literacy needs.

3. Content and Scope

Community-based organizations are invited to submit a proposal to deliver a training program that builds upon and incorporates existing communication pathways and best practices in dispersing community education, specifically as it pertains to health literacy and healthcare system navigation skills. Contracting with BPHC to deliver the Community Health Literacy Program to the community requires that BPHC-developed or approved training materials are used. Your proposal should include:

Description of Your Organization

- A description of your organization, along with information about the number of community residents in the Bronx currently receiving services from your organization annually, and how your proposal will help achieve our goals.

Strategy & Resources

- Description of staff that you plan to have deliver training (BPHC prefers peer educators or community health workers to provide basic community health literacy education to a defined population in the Bronx community.)
- Your approach to conducting outreach and delivering a training program, including type of tools and planned incentives for community residents needed to support training and participation. Please also provide evidence of experience in this area and detail of how your training expertise can support community health literacy training.
- Infrastructure and workflows you are proposing to use to ensure training is effective
- If applicable, examples of evidence-based curriculum around topics identified above used by your organization, including program descriptions, program outcomes (include information regarding connecting individuals with primary care and other needed services as well as any methods used to ensure referrals and appointments made are kept by the patient) and any existing referral packet/form in use.
- List of proposed venues for holding trainings

Target Audience/Population

- Description of audiences/populations targeted for training and geographical area(s) in the Bronx, including methods to target specific populations (for example, supportive housing sites including safe haven beds, behavioral health respite, or targeting hospital homeless)
- The projected number of community residents (new, unique participants) you are targeting for community health literacy training, per month [Complete Exhibit A to provide this information]
- Proposed list of partnerships and/or linkages with community stakeholders and provider organizations in our PPS, e.g., primary care physicians and health homes, in order to broaden your audience; include your strategy to work collaboratively with these stakeholders. If your organization has a previous relationship with proposed collaborative stakeholders, describe the nature of engagement.

Work Plan & Budget

- Work plan delineating major work activities (1-2 pages)
- Budget for 12-month program [Exhibit B]

Sustainability

- Plan to sustain program beyond 12-month program funding

4. Proposal Review and Funds Flow

BPHC will review applications based on proposal content and identify organizations with which to enter a Master Services Agreement and Schedule A to operate a Community Health Literacy program. Community-based organizations selected to deliver community education on behalf of BPHC will be known as “Partners” and receive DSRIP funds from BPHC for this work. BPHC may choose to fund a portion or your entire proposed budget. Distributions will be based on an initial startup distribution and quarterly base allocation payments supplemented by incentive funds linked to learners and interventions administered. The maximum base allocation for delivering the Community Health Literacy program for the whole project is \$75,000 per Partner. Partners are expected to train a minimum of 40 community learners per month (or 120 community learners per quarter).

- \$15,000 will be released upon execution of a Schedule A. This base allocation should be sufficient to cover startup costs.
- Immediately following each quarter, \$15,000 will be released to Partners as part of the base allocation for operating the Community Health Literacy program. If the number of training encounters fails to meet the minimum requirements of the program, the funds released will be pro-rated. For example, if 90 community learners are trained in a quarter, the Partner would be paid 75% of the \$15,000 quarterly base allocation: \$11,250.
- Incentive payments as outlined in the table below will be awarded on a monthly basis, beginning at 50 community learners per month (unique training encounters). Payments for number of learners reached per month will increase on a sliding scale as shown below, but will be issued quarterly. Please use Exhibit D in the attached Excel file *Community Health Literacy RFP Exhibits* as a tool to calculate your potential incentive payments for the year.

# of community learners/month	Incentive payment/community learner
<50	\$0
50-79	\$10
80-99	\$12
100+	\$15

For example, if 40 community learners are educated in month 1, 60 in month 2, and 70 in month 3, a Partner will receive an incentive payment for the quarter of \$1300 (60 learners for month 2 and 70 learners in month 3, but no incentive payment for month 1).

- Incentive payments as outlined in the table below will be awarded on a monthly basis for each demonstrated referral to the centralized BPHC intake line for linkage to primary care or Health Homes. Credit will only be given for referral if called in by the group facilitator in the presence of the learner, unless otherwise agreed upon in contract discussions. Payments for the number of demonstrated referrals per month will increase on a sliding scale as shown below, but will be issued quarterly. Please use Exhibit D in the attached Excel file

Community Health Literacy RFP Exhibits as a tool to calculate your potential incentive payments for the year.

# of demonstrated referrals/month	Incentive payment/demonstrated referral
<5	\$0
5-8	\$18
9-10	\$20
11+	\$23

For example, if 4 community learners are referred to primary care or health home services through BPHC's centralized intake telephone number in month 1, 9 learners in month 2, and 15 learners in month 3, a Partner will receive an incentive payment for the quarter of \$525 (9 referrals in month 2, and 15 referrals in month 3, but no incentive payment for month 1).

5. Evaluation Criteria

- Strategies for recruiting community learners and planned number of community learners served
- Method of delivery of training
- Collaborations/partnerships with stakeholders to increase learner base
- Collaborations/partnerships with stakeholders to successfully link community learners to services
- Demonstration of experience delivering community health literacy education
- Organizational capacity to deliver program

6. Page Limit

Please limit your proposal to 10 pages, not including the Budget, Work Plan or other attached exhibits.

7. Request for Proposal Timeline

Please e-mail your proposal in Microsoft Word format to Aayesha Vichare, [avichare@sbhny.org] by September 7.

Proposed Timeline

Submit Questions for Bidder's Teleconference	August 22
Bidder's Teleconference	August 24, 3-4 PM [calendar invite with call-in information will be sent August 16]
Proposals due	September 7
Selections announced	September 23
Contracts executed	Week of October 3
Orientation of Leadership of Participating CBOs	Week of October 10
Training to community-based organizations begins for <i>Seeking and Using Health Insurance</i>	Week of October 31
Training to community begins for <i>Seeking and Using Health Insurance</i>	Week of December 5 [to align with open enrollment period for health exchanges]