



REACH Healthcare Foundation

Strong Safety Net: Care Connections

REQUEST FOR PROPOSALS

Background

The [REACH Healthcare Foundation](#) has adopted a [Theory of Change](#) to guide our investments from 2016-2020. The Board of Directors of REACH has identified three priority Outcome Investment areas: *Enroll All Eligible, Close the Coverage Gap and Strong Safety Net.*

The staff of the REACH Foundation is charged with implementing evidence-based strategies to support the Board's desired long-term impact of achieving health equity by reducing barriers to coverage and care. Furthermore, the foundation has identified two targets to monitor and guide our community investment decisions: 1) Reduce the percentage of uninsured in the foundation's service area from 11% in 2014 to less than 5% by 2020; and 2) Increase the number of consumers served by the health care safety net in the foundation's service area from 185,000 in 2014 to 220,000 by 2020.

The aim of the REACH Healthcare Foundation's *Strong Safety Net* Outcome Investment area is to strengthen the capacity of the safety net and community to provide high quality, integrated care for consumers with no or inadequate health insurance coverage. To that end, the foundation is investing in several strategies.

This Request for Proposals (RFP) is to support the *Strong Safety Net* strategy: "Connect health care consumers, providers and services to reduce the gap between consumer need and healthcare."

The lack of primary care, mental health and oral health providers, specialists and supportive service providers limits access to care for people who are uninsured and underinsured. These consumers have fewer options for care and often delay seeking medical care, resulting in health issues that are more advanced, costlier to treat and frequently compounded by other morbidities.

Despite an increased focus on improving equity in the U.S. health care system, Americans do not have equal access to health care or similar health outcomes. With the goal of lowering costs and increasing accessibility to health care, the Affordable Care Act includes certain provisions intended to expand health insurance coverage to uninsured and underinsured populations, promote medical homes and support coordination of care. These provisions may help narrow existing health care disparities. However, many of the most vulnerable patients will continue to have difficulty accessing and navigating complex health care delivery systems.

According to the authors of [Reducing Barriers to Health Care: Practical Strategies for Local Organizations](#), published by the Center for Health Strategies, Inc., vulnerable populations face a number of barriers to accessing health services, including:

- Difficulty filling drug prescriptions.
- Use of emergency department services because of lack of knowledge of better alternatives.
- Language and literacy barriers due to shortages of medical interpreter services and bilingual providers.
- Problems with transportation due to cultural insensitivity, unnecessary restrictions and misuse of the transportation system by providers.
- Challenges with health literacy on common illnesses and preventative care.
- Lack of understanding of how to use Medicaid and other insurance benefits to secure care.

For the past two years, the REACH Foundation has supported seven nonprofit organizations in our service area to explore how care coordination and health navigation services might enable them to better serve their consumers. Through that shared work, we learned that care connectors not only facilitate improved health care access and quality for underserved populations through advocacy and care coordination, but also can address patient distrust with providers and the health care system that causes some consumers to avoid health problems and treatment recommendations. Moreover, by addressing disparities associated with language and cultural differences and other barriers, care connectors can foster trust and empowerment within the communities they serve.

In addition to providing care coordination services, our grantee partners participated in a learning community, sharing their challenges and approaches to providing navigation and advocacy for their specific target populations – including homeless, refugee, migrant and undocumented persons, and youth transitioning out of foster care. These partners helped draft a [Care Connections Theory of Change](#), which the foundation continues to reexamine and refine to address how care coordination and navigation services can best be adapted to serve vulnerable populations.

In 2018, the REACH Foundation will invest in additional safety net organizations utilizing **culturally appropriate community health workers, engagement specialists, care coordinators, healthcare navigators, mental health engagement specialists, promotoras and other forms of patient support** designed to connect uninsured and underinsured consumers to accessible, affordable, quality health care services. The foundation will award grants to organizations that demonstrate a **strong history of service to, and experience with, disconnected and vulnerable populations in our service area.**

Target Populations

The foundation's strategic plan places a priority on improving access to quality health care for disconnected and marginalized populations in our service area, with a particular emphasis on **homeless, refugee, migrant and undocumented immigrant persons, and youth transitioning out of foster care.** Along with these priority populations, proposals will be considered from organizations that **demonstrate**

deep expertise with, and service to, rural and urban uninsured persons and those living in remote or high-poverty communities. In addition, applicant organizations must demonstrate a significant proportion of their service utilizers reside in the Foundation's [6-county service area](#).

Successful Proposals

Successful *Strong Safety Net: Care Connections* proposals will demonstrate a clear commitment to, and deep experience with, connecting these populations to accessible, affordable, quality health care services. Applicants must outline a specific plan to expand their organization's utilization of culturally appropriate community health workers, engagement specialists, care coordinators, healthcare navigators, mental health engagement specialists, promotoras and other forms of patient support strategies in order to support uninsured and underinsured consumers.

Proposals should explicitly address one or more of the following barriers for consumers:

1. Lack of, or uneven distribution of, providers and/or geographically accessible health care services for the uninsured and underinsured population, including those with Medicaid and/or living in areas of high poverty in urban and rural communities.
2. Lack of access to culturally sensitive and bilingual primary care, mental health and oral health providers, specialists and supportive service providers making it more difficult for the uninsured and underinsured to access health care services.
3. Limited options and the high cost of care that result in unnecessary delays to receive medical care, increasing the likelihood that chronic disease or conditions will go unmanaged and result in higher rates of morbidity.
4. Lack of experience with a complex health system, mistrust of providers and health care systems due to cultural unfamiliarity, documentation status, or real or perceived institutional and provider bias.
5. Lack of access to new or existing technologies commonly available to the insured population, including those that assist with access to preventative care, appointment reminders, medication and disease management, and ongoing follow up.

Grantee Expectations

Selected partners will be expected to:

1. Participate in a learning community that will meet twice during the grant term at the offices of the REACH Healthcare Foundation in Merriam, KS.
2. Have adequate capacity to track consumer-specific demographic and service utilization data, patient feedback and satisfaction with services provided, and individualized case plans.
3. Demonstrate a process for monitoring patient follow-up and referral success.

The REACH Healthcare Foundation also places a high priority on organizational capacity and effective nonprofit governance and management infrastructure. Simply put, the foundation wants its partners to be an important part of the region's health care safety net for years to come. Applicant organizations with which REACH does not have a prior funding history are not precluded from applying for or receiving funding. However, they may be asked to provide additional documentation as part of the foundation's grant review process in order to demonstrate organizational capacity to carry out proposed activities. These documents may include, but are not limited to:

- a. Current **Articles of Incorporation** on file with Secretary of State
- b. Current **Certificate of Good Standing** on file with Secretary of State
- c. Current **By-laws** reflecting board structure, number, composition and term limits, dated and signed by the corporate secretary
- d. Most recent **Audit, IRS Form 990 and Letter to Management**
- e. Certificate of **D&O Coverage** including coverage limits and covered parties
- f. Board-approved **Non-Discrimination Policy** that meets or exceeds that of REACH, and which applies to both employment and services
- g. Current **Organizational Chart** including all staff positions.
- h. List of **Board of Directors** names, addresses and professional affiliation
- i. Board-approved, dated **Conflict of Interest, Nepotism and Whistleblower Policies**
- j. Board-approved **Strategic Plan/Theory of Change/Logic Model** reflecting core mission and work of the organization
- k. Estimate of percentage of nonprofit corporation's services that **focus on health**
- l. **Insurance and economic status of patients/clients** and how that information is captured and documented
- m. Name or description of **database/electronic medical record/other software** used to track patient/client demographics and outcomes
- n. Link to **website** if applicable

The foundation recognizes that small, new and emerging organizations may not have all of the above-listed documents or processes in place, and our staff would be happy to provide examples, resources and technical assistance to nonprofit organizations upon request.

Grant Awards & Terms

Award Amount = up to \$40,000

Grant Term = 12 months (March 1, 2018 – February 28, 2019)

Number of Grants to be Awarded = up to 10

Key Dates

Request for Proposals and Application issued	Thursday, January 11, 2018
Proposal Deadline	Wednesday, February 7, 2018 by 4:00 p.m.
Grant Award Notifications	Friday, February 23, 2018

Eligible Costs

- Personnel costs (limit of 50% of salary and benefits per requested position)
- Local mileage
- Professional development/training costs, including registration fees and related travel expenses
- Evaluation (up to 15% of budget)
- Indirect costs (up to 10% of total budget)

Evaluation

The REACH Foundation allows up to 15% of the project budget to support project evaluation. Selected organizations should be aware that the foundation may choose to contract with an independent consultant to evaluate the overall cohort of *Strong Safety Net: Care Connections* grantees.

Applicants should propose a project evaluation plan designed to enhance their organizational capacity to effectively utilize care connector services to improve health outcomes of their target population.

In order to build the knowledge base for those working with vulnerable populations, **REACH is particularly interested in learning more about the following:**

- Effectiveness of the organization's current case management and data tracking system to meet the needs of target population.
- Improvements in target population's access to needed services, health outcomes and satisfaction with services referred to and utilized.
- Improved processes and tools for collecting target population feedback and consumer experience stories.
- Additional barriers and needs of target population identified through the project.
- Adjustments made to monitoring and follow-up procedures based on knowledge gained through the project.

Grantee organizations may propose to monitor for other early, intermediate and long-term outcomes consistent with current practice models and the [Care Connections Theory of Change](#). Outcomes should

be realistic, meaningful and measurable. Although theories of change and logic models are not required, they are strongly encouraged.

Application

Click on the link, below, to access the *Strong Safety Net: Care Connections* application.

https://www.GrantRequest.com/SID_520?SA=SNA&FID=35070

For More Information

If you have questions pertaining to the RFP or the application process, contact REACH Healthcare Foundation program staff at (913) 432-4196 or grants@reachhealth.org.