

## **Request for Proposals (RFP) Connecticut Community Health Worker Demonstration Model**

The Connecticut Health Foundation (CT Health) is seeking proposals from clinical care organizations or community-based organizations, with a specific focus on clinical care, to implement a demonstration model of community health worker services.

Through this RFP, CT Health intends to provide funding and technical assistance to one or more partners that will implement a community health worker (CHW) program that demonstrates the return on investment and value that CHWs can provide to enhance patient experience, improve clinical outcomes, and contain health care costs. The goal of this initiative is to implement a CHW model that targets high-need, high-cost patients and encourages replication of similar models in other parts of the state.

Proposals must select one of four models identified by researchers as likely to produce value in Connecticut. The foundation will consider funding proposals that use other models if the applicant shows published work identifying the efficacy of the model and explains how the model has proven a positive return on investment in other health systems and demonstrate fidelity to the alternative model.

CHWs are frontline public health workers who share a common background (such as race, education, language, or geography) with the patients they serve and act as a bridge between their communities and the health care and social services' systems. CHWs perform functions including providing social support, navigation, and advocacy to address the real-life issues that make it difficult for patients to stay healthy. "Community health worker" is an umbrella term and includes a wide range of job titles including outreach worker, health coach, case manager, community care coordinator, community health educator, outreach specialist, patient navigator, community health representative, community worker, or *promotora de salud*.

Extensive research has demonstrated the value of CHWs, including their ability to help improve health outcomes and ensure that patients receive regular preventive care. While CHWs are becoming increasingly common in health care organizations across the United States, most community health worker services are not fully integrated into the health care system and are not financed in sustainable ways through private insurance or government-sponsored coverage.

CT Health views community health worker services as critical to advancing health equity by helping link patients to coverage, connecting them to services, and helping them navigate the health care system. As such, the foundation seeks to promote ways to ensure they are sustainably funded and integrated into the health care system. In 2017, the foundation commissioned researchers at the University of Massachusetts (UMass) Medical School's Commonwealth Medicine to identify four CHW interventions that would improve health and save money in Connecticut (see Appendix A). The models focused on:

- Latinos with diabetes in Hartford
- Children with asthma in Greater New Haven
- Frequent emergency department users in New London County
- Patients with cardiovascular risk factors in Windham County

The analysis applied the results obtained by successful interventions in other states and projected the outcomes, using Connecticut state population and cost data, that could be achieved if the same

interventions were implemented in Connecticut. **The intent of this RFP is to implement at least one of the four CHW interventions modeled by UMass.** UMass's full report can be found [here](#). *Proposed projects are not restricted to these locations, but applicants will be required to provide data demonstrating similar need.*

## About CT Health

CT Health is the state's largest independent health philanthropy dedicated to improving lives by changing health systems. Since establishment in 1999, the foundation has supported innovative grantmaking, public policy research, technical assistance, and convening to achieve its mission of improving the health of the people of Connecticut. Over the past 20 years, CT Health has awarded grants totaling more than \$65,000,000 in 45 cities and towns throughout the state.

CT Health's central focus is expanding health equity, which the organization defines as *everyone having the opportunity to be as healthy as possible regardless of race or ethnicity*. To make this a reality, CT Health focuses on four areas that are critical to ensuring that the next generation will not face the same persistent racial and ethnic health disparities as their parents: ensuring access to coverage, increasing connection to care, improving care delivery, and linking clinical care with community organizations.

## RFP Grant Program Details

### Goal

CT Health seeks to support the implementation of at least one of four CHW interventions modeled by UMass to build the evidence base on the value of CHWs and to advance discussions about sustainable financing for their services. CT Health will provide funding and technical assistance to a clinical partner or community-based organization(s). Funding and technical assistance will support the design and implementation of the CHW demonstration model.

### Specific Objectives

The proposed project should include the following:

- Effectively implement one of the four CHW programs modeled in the UMass report
- Develop and implement formal integration strategies for CHWs to be part of either the clinical partner or community-based organization's demonstration model
- Improve health outcomes for patients and reduce health disparities, particularly for populations of color
- Quantitatively demonstrate the value of CHW services in improving health care outcomes and reducing health care costs for the targeted population, with support from an external evaluator
- Develop the evidence base and strategies to advance sustainable financing for CHW services

### Technical Assistance

CT Health will engage an external consultant to provide technical assistance to assist in achieving project goals. This may include coaching, educational materials, tools, and templates. In addition, grantees will be required to collaborate with external evaluators and provide requested data.

### Timeline and Funding

This is a two to three-year initiative that will require annual renewal. Funding in Year 1 will be up to \$150,000 to support eligible program expenses. In subsequent years, CT Health will expect the grantee organization(s) to providing matching funds to support the CHW demonstration project.

**Concept paper due date:** March 1, 2020

**Proposal due date:** June 15, 2020

**Grantee notification:** September 23, 2020

**Year 1 project year:** October 1, 2020 – September 30, 2021

### Eligibility

Eligible applicants are clinical entities (hospital systems, provider networks, federally qualified health centers, etc.), community-based organizations, or partnerships between clinical entities and community-based organizations. Applicants must be 501(c)(3) organizations to be eligible for funding.

### Decision Making Criteria

CT Health will evaluate applicants based on the following criteria:

- **Readiness.** Awareness of needs, strengths, and gaps to effectively develop and implement the CHW demonstration model.
- **Impact.** Evidence of community need, and the number of community members impacted, especially people of color.
- **Proposed Methods.** Appropriateness and feasibility of project plan and approach, ability to generate meaningful and measurable results, qualifications of participating staff and partner organizations, outcomes planned to be accomplished in year one and over three years of project.
- **Budget.** Appropriateness of budget request, alignment with project activities, and impact based on funds requested and clients served.
- **Fidelity.** How closely does the project workplan and budget reflect one of the CHW interventions modeled in the UMass report?

To apply, visit CT Health’s applicant portal at <https://cthealth.fluxx.io> and register for login credentials. Once you receive your credentials, log into the portal and navigate to “Apply: Requests for Proposals.”

Appendix A:

**CHW MODEL 1**

**CONTROLLING DIABETES  
AMONG HARTFORD  
LATINOS**

**Target population:** 158 Latinos (mostly Puerto Rican) with type II diabetes, per 18-month cohort

**CHW employer:** Community-based organization

**Model:** University of Texas Community Outreach (UTCO), Laredo, Texas,<sup>1</sup> an 18-month intervention that included home visits, counseling, group education, and exercise classes

**Projected intervention cost:** \$388,000 over 3 years

**Projected outcomes:**

- 60 percent would achieve good glycemic control
- 74 percent would improve overall glycemic control
- Savings in direct medical costs: \$435,000 over 3 years
- Financial return on investment: \$112 for every \$1 invested over 3 years
- Social return: 14 recovered work days per working adult over 18 months

**CHW MODEL 3**

**CONNECTING INDIVIDUALS WITH COMPLEX  
HEALTH NEEDS TO APPROPRIATE HEALTH CARE  
SERVICES IN NEW LONDON COUNTY**

**Target population:** 72 adults with chronic conditions and behavioral health needs with multiple emergency department visits, per year

**CHW employer:** Hospital system in partnership with affiliated practitioners and clinics

**Model:** Molina Healthcare/CARE NM, New Mexico,<sup>3</sup> a 1-6 month intervention to connect patients to primary care providers and reduce emergency department visits

**Projected intervention cost:** \$394,000 over 3 years

**Projected outcomes:**

- 81 percent reduction in hospitalizations
- 69 percent reduction in emergency department visits
- Savings in direct medical costs: \$944,000 over 3 years
- Financial ROI: \$2.40 for every \$1 invested over 3 years
- Social return: Not modeled

**CHW MODEL 2**

**IMPROVING ASTHMA  
CONTROL OF CHILDREN IN  
GREATER NEW HAVEN**

**Target population:** 96 children with uncontrolled asthma per year

**CHW employer:** Private group practice using a patient-centered medical home model

**Model:** Seattle-King County Medicaid Healthy Homes, Washington,<sup>2</sup> a 4-month intervention that included home visits, an environmental assessment and asthma mitigation supplies

**Projected intervention cost:** \$229,000 over 3 years

**Projected outcomes:**

- 27 more children would have well-controlled asthma in year 1
- 32 percent fewer hospitalizations than if no intervention
- Savings in direct medical costs: \$427,000 over 3 years
- Financial ROI: \$1.86 for every \$1 invested over 3 years
- Social return: For each family, 8 recovered school days & 12 fewer days caretakers have to rearrange schedules due to child's asthma symptoms, per year

**CHW MODEL 4**

**PREVENTING CARDIOVASCULAR  
DISEASE COMPLICATIONS IN  
WINDHAM COUNTY**

**Target population:** 148 adults in Windham County with cardiovascular risk factors including diabetes, hypertension or high cholesterol, per year

**CHW employer:** Federally qualified health center

**Model:** Community Outreach and Cardiovascular Health in Baltimore, Maryland,<sup>4</sup> a year-long nurse-led intervention that included diet modification, stress management, smoking cessation, exercise and medication management

**Projected intervention cost:** \$194,000 over 3 years

**Projected outcomes:**

- 230 percent more individuals with controlled blood pressure and 170 percent more individuals with controlled cholesterol levels than if no intervention
- Savings in direct medical costs: \$388,000 over 3 years
- Financial ROI: \$2 for every \$1 invested over 3 years
- Social return: For each working adult with diabetes, 2 recovered workdays per year