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7. **Purpose of request for proposals**

Develop and implement the Population Health Work Force Support for Disadvantaged Areas Program (“PWSDA”) established by the Health Services Cost Review Commission (“HSCRC,” or “Commission”) pursuant to the approval of a recommendation on December 9, 2015. The HSCRC will provide up to $10 million in net revenue in hospital rates on a competitive basis for hospitals committing to train and hire workers from geographic areas of high economic disparities and unemployment to fill new care coordination, population health, health information exchange, health information technology, consumer engagement, and related positions. The ultimate goal is to create community-based jobs with reasonable wages that can contribute to improving population health in Maryland.

1. **Background**

According to the World Health Organization (WHO), “social determinants of health include the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”[[1]](#footnote-1) Emerging among these conditions are income, social support, education, occupation, discrimination, and neighborhood conditions; and uneven distribution of social determinants of health leads to health inequities among the population. Therefore, to improve population health, it is important to address disparities and deprivation in the community.

Chronic diseases, such as cardiovascular diseases and diabetes are increasing in prevalence, negatively impacting quality of life and work performance, and generating staggering healthcare costs. Prevention of these and other chronic diseases is and will continue to be a priority of current and future healthcare systems. To improve the health of the population, the US Community Preventive Services Task Force, an independent panel of public health and prevention experts, issued evidence-based recommendations supporting community intervention for prevention and control of several diseases, such as cardiovascular diseases, diabetes, and childhood asthma; all of which are chronic conditions that disproportionately affect disadvantaged populations. To further stress the importance of chronic diseases prevention, the Task Force determined that there is sufficient evidence for the effectiveness for community interventions, in which community health workers (CHW) engage in team-based care, health education and outreach, to reduce cardiovascular diseases. The use of community health workers (CHW) was encouraged as a means to address health disparities and achieve health equity in underserved communities and communities of color. While the scope of this initiative encompasses a broader set of community and population health workers, the Task Force demonstrates the need for such workers to improve population health.

It is known that poverty and poor health are correlated, and income support may bring the most disadvantaged to adequate living levels and provide them with opportunities for improved health. To tackle poverty and poor health in different areas in Maryland, one approach is to create jobs for individuals from disadvantaged areas of the State so that they may support the State’s effort to improve population health. An ideal approach would be to train disadvantaged people and hire them to 1) promote health education and prevention in the community; 2) provide services that support care management and coordination for individuals with chronic illnesses or are frequent utilizers of hospital care due to a lack of social services; and 3) be involved in an array of activities that would result in improving the health of the population. In Maryland where the service industry is predominant, hospitals are the largest employers in many jurisdictions and thus they are well-positioned to create job opportunities by hiring individuals to improve population health; and/or providing or partnering with entities to provide workforce development training. The goal for the program will be to concomitantly improve the socio-economic status of some disadvantaged communities and promote population health in Maryland.

1. **Eligibility criteria**

Entities eligible to apply include individual hospitals or a collaboration of multiple hospitals. Hospitals should provide matching funds of at least 50% of the amount approved by the Commission to be included in their rates. The Commission reserves the right to suggest alterations to the scope or amount of a proposal during the process, and/or require an applicant to alter a proposal(s) to come into compliance with the award purpose.

1. **Application requirements**

To obtain funding through hospital rates, applicants will be required to submit proposals that demonstrate how their plans would 1) support job opportunities for individuals who reside in neighborhoods with high area deprivation index (ADI); 2) enable low-income urban, suburban, and rural communities to improve their socioeconomic status in the short term and provide a meaningful pathway out of poverty in the long term; 3) bolster the health of Maryland population statewide; and 4) meet the objectives of the All-Payer Model.

The application should be single-spaced, single-sided with one inch margins, Calibri style, and 12 point font size. The summary, narrative, budget justification, and matching costs (sections b, c, d, and e below) should not exceed 10 pages. Applications should be submitted electronically as a PDF to: **HSCRC\_PWSDA@epi.umaryland.edu**

 **Application deadline: May 31, 2016**

**Anticipated starting date: July 1, 2016**

A complete application should have the following:

1. Table of contents
2. One page summary of the project
3. Project narrative
4. *Introduction and need assessment*

Outline the demographics and needs of areas from which hiring and/or training is to take place, and provide supporting data about the potential workforce. Area Deprivation Index, which uses block census data to estimate the socioeconomic status of different neighborhoods and can be found at <http://www.hipxchange.org/ADI>, should guide the selection of the disadvantaged areas to be targeted for hiring efforts. Neighborhoods indices of deprivation should be in the upper quintile.

1. *Target population*

Identify the workforce to be trained and/or recruited, and the opportunities for entry level employment and career development for existing workforce in the targeted neighborhood.

In addition, describe the Maryland patients and who would be impacted by the project, and ultimately benefit from it. Provide a description of the population to be served by the trained workforce. This will help the reviewers understand how the project will benefit Maryland communities, fill in service gaps, promote population health, and be consistent with the Commission’s purpose.

1. *Work plan*

Applicants should describe their goals and objectives and the measures they intend to use

to assess the process and the outcomes of the project. They should provide details of the processes by which they will 1) identify and select qualified individuals for training and/or recruiting; 2) enlist community partners to facilitate recruitment of potential trainees who live in the disadvantaged communities; 2) decide on the type of training to provide to selected individuals who will be employed in health-related positions, i.e. Social Worker, Community Organizer, Community Healthcare Worker, Peer Recovery Support Specialist, Case Manager, Patient Care and Transport Facilitator; 3) use competency-based curriculum to train the workforce to become culturally and linguistically competent in providing health education, care coordination, screening counseling and bolstering population health; 4) select the setting where trained workers can deliver the intended services to patients and other community members, and contribute to promoting the health of the Maryland population; 5) retain the trainees in positions that meet existing gaps in service; and 6) select replacements from disadvantaged communities, should the hospital decide to train some of their current employees to work in the community

1. *Evaluation plan*

Applicants should describe how the program-specific measures will be used to evaluate the impact of the project on 1) the workers who completed the training and are employed under the program; 2) the community from which the workers were recruited; 3) Maryland population intended and actually served by these workers; and 4) hospital return on investment and potential for non-hospital total cost of care savings.

Applicants should collect data to assess the process, and the metrics to evaluate the impact and the outcomes of their projects (see Table 1 below). They should track 1) potential barriers they encountered and how they overcame them; 2) the adjustment they made during the course of the implementation; and 3) the factors that facilitated the success of their projects. The hospitals should be able to estimate the impact this initiative will have on reducing hospital utilization by the members of the served community or in meeting other objectives of the All-Payer Model.

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| **Table 1. Processes and Outcomes and the metrics to track them** |
| **Process** | **Tracking** |
| Neighborhood selection | Neighborhood ADI quintile;Community partners facilitators |
| Trainees selection | Socio-demographic characteristics  |
| Job training | Type of training program;Evidence-based training |
| Employment | Job types, wages, and benefits |
| Improving Population health | Trainees activities/intervention;Maryland communities reached by the trainees |
| Sustainability | Cost of the project |
| **Short term outcomes** | **Tracking** |
| Trained individualsfrom disadvantaged areas | Number, socio-demographic characteristics, and credentials (certification, licensure, degrees, etc.) earned for trained individuals |
| Hired individuals from disadvantaged areas | Number and socio-demographic characteristics  |
| Job filled | Number and types |
| Patients served by the trained workers | Number, socio-demographics and type of illnesses |
| communities reached by the trained workers | Number and ADIs;Number and socio-demographics of at-risk individuals |
| **Long term outcomes** | **Tracking** |
| Improved socio-economic status of disadvantaged communities | Change in ADI of the targeted neighborhood |
| Decrease in healthcare utilization | Number of ED visits by payer;Number of hospital readmissions by payer |
| Sustainability | Number of trainees remaining employed and their socio-demographic characteristics |
| Return on investment | Self-sustained project; hospital savings |

1. *Timeline*

Applicants should provide a timeline for how the project will progress from planning to implementation.

1. *Resources*

Applicants should 1) provide information about the organization’s resources and capabilities to carry out the project; 2) provide the qualifications of the key personnel and explain their contributions to the project; 3) identify the community partners and their experiences in assessing the needs and improving the health of the targeted community.

1. *Sustainability*

Applicants should address sustainability of the program, what resources they might have and will need in the future, and potentially what other organizations may need to replicate the project. The Commission assumes that rate increases over the expected Global Budget are needed to first implement the program, and as potentially avoidable utilization is reduced the program will become, in part or in whole, self-sustaining. Please calculate the sustainability model taking into account return on investment resulting from reduced potentially avoidable utilization.

1. Budget justification

Applicants should provide a narrative of the projected cost of training, hiring, and sustaining the proposed workforce, in addition to any potential consultant costs. A detailed budget for the project should be provided (see Appendix A for template).

The hospital will be required to cover the costs of funding an entity selected by the HSCRC to monitor and evaluate the program over the first three years. The amount calculated shall equal 1.5% of the total amount approved in rates under this RFP. Funding for the evaluation can come from either approved rates or matching contribution. The total amount shall be distributed to the entity selected by HSCRC in an amount equal to one-third each year over the first three years of the program. This amount should also be reflected in your budget.

1. Matching cost

Hospitals should provide matching funds of at least 50% of the amount included in their rates. The applicant shall clearly explain how they will use an amount equal to at least 50% of the awarded amount from the hospital’s (or hospitals’) existing rate base to support the training and hiring of individuals under this program and pursuant to the goals of the program.

1. Biosketches for key personnel
2. Letters of support from community partners/consultants
3. **Application review**

The Commission will utilize consulting resources in collecting and evaluating proposals.

The following criteria will be used to review each application.

***Criterion 1.*** ***Need assessment (10 points)***

The reviewers will assess if the proposal 1) is consistent with the HSCRC program; 2) describes the socio-economic needs of the disadvantaged community; 3) describes the target population (workforce and patients); and 4) reports data on recent need assessment for job improvement and population health in Maryland.

 ***Criterion 2. Workplan (30 point)***

The reviewers will assess if the proposal 1) describes objectives that are realistic, feasible and measurable; 2) addresses the socioeconomic needs and how the investments in job opportunities and workforce development would affect the ADI of the neighborhood and boost the health of its population; 3) describes a partnership(s) with community organization(s) and how such collaboration would increase the chance of succeeding in implementing the project; 4) clearly delineates each step of the process, but also identifies the challenges and how to overcome them; 5) the potential for individuals to maintain their jobs over time, or to progress into other sustainable employment; and 6) describes any innovations to sustain the program.

 ***Criterion 3. Evaluation (10 Points)***

The reviewers will assess the quality and strength of the evaluation plan and how the proposed methods are effective in monitoring the program outcomes. They will assess 1) the plan for tracking and reporting; 2) the data collection strategy to measure the process, impact and outcomes; and 3) the plan for assessing if the project outcomes meet the purpose of the Commission.

***Criterion 4. Sustainability plan and impact (15 points)***

The reviewers will assess if the applicants have a sustainability plan and if the project is replicable by other organizations.

***Criterion 5. Resources (10 Points)***

The reviewers will assess if the organizational structure and the community resources available to the applicants is appropriate for the performance of the project.

 ***Criterion 6. Support requested (25 Points)***

The reviewers will evaluate if the proposed budget for the project is reasonable.

1. **Reporting**

Awardees would be required to report periodically to the Commission or their consultant on their program, beginning six months after award, and annually thereafter. The Commission will evaluate the effectiveness of the program prior to July 1, 2018 to determine if the program should be continued in general, or for individual hospitals.

1. <http://www.who.int/social_determinants/sdh_definition/en/> [↑](#footnote-ref-1)