

**NEW JERSEY DEPARTMENT OF  
HEALTH**

**Division of Family Health Services  
Reproductive and Perinatal Health  
Services**



**Name of Grant:** Community Health Worker  
Hub

**Request for Proposals (RFP)**

**Project Period:** April 1, 2023-March 31, 2025

**Budget Periods:**

April 1, 2023- March 31, 2024

April 1, 2024- March 31, 2025

Philip D. Murphy  
Governor

Judith Persichilli  
Commissioner

Sheila Y.  
Oliver Lt.  
Governor

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## I. IMPORTANT DATES

<b>Request for Application Release Date:</b>	February 13, 2023
<b>Application Open Date in SAGE:</b>	February 13, 2023
<b>Letter of Intent Submission Date:</b>	February 16, 2023
<b>Application Technical Assistance Meeting:</b>	February 17, 2023
<b>Application Close Date in SAGE:</b>	March 6, 2023
<b>Notification Date:</b>	March 14, 2023
<b>Anticipated Start Date:</b>	April 1, 2023

## II. EXECUTIVE SUMMARY

**Eligible Applicants:** An agency that can successfully administer the end-to-end operations of the Community Health Worker Hub on behalf of the New Jersey Department of Health. This agency should have demonstrated experience working with NJ residents across the entire state either directly or indirectly through various partners in the community as detailed in the request for proposal (RFP). Additionally, this agency will have extensive experience working directly with managed care organizations (MCOs) on supporting community health programs across the State and working with NJ health care benefit systems.

**RFP Type:** Grant Application

**Approximate Number of Awards:** One

**Approximate Funding for state fiscal year (SFY) 2024:** \$1,500,000

**Number of years of award:** One-year guaranteed funding with possibility of continuation for an additional year. Yearly continuation based on agency performance in prior years and availability of funds.

## III. INTRODUCTION

The New Jersey Department of Health (NJDOH), Division of Family Health Services (FHS), Reproductive and Perinatal Health Services, announces a competitive request for proposals (RFP) to establish the New Jersey Community Health Worker Hub (CHW Hub).

The CHW Hub will be an organization that has demonstrated experience and deep expertise working with community-based organizations; expertise in health and social sectors; experience working directly with managed care organizations (MCOs) in NJ on supporting community health programs and working with NJ health care benefit systems; and strong understanding of the allied health landscape. The CHW Hub will be responsible for ensuring NJ has a strong CHW workforce by working with organizations across the state in the management of training, deploying, and engaging CHWs. The CHW Hub will also actively support and advocate for the integration of CHWs into standard healthcare practice. The CHW Hub will summarize feedback acquired from interaction with the community (e.g., community members, CHWs, CBOs) and share with the NJDOH for their

awareness and action. The CHW Hub will have authority granted by the State to award subcontracts to appropriate community-based organizations.

The goal of the CHW Hub is to build a Community Health Worker (CHW) workforce that will be trained, deployed, and engaged to combat the ill effects of COVID-19 on the hardest hit populations throughout New Jersey. In partnership with NJDOH the CHW Hub will create additional training programs, deployment plans, and engagement strategies to increase the number of CHWs in New Jersey to address disparities in access to COVID-19 services. The deployment plans will focus on prevention among priority populations that are at high risk for COVID-19 exposure, infection, and outcomes by utilizing multiple engagement strategies to integrate the CHWs within these populations by way of novel settings and organizations. In addition to focusing on COVID-19, the deployment plans will also include areas of focus outside of the prevention of COVID-19. The CHW Hub will lead deployment strategies in integrating CHWs into health and care teams to assist in addressing mental health, substance use disorder, and other chronic conditions found in the community.

While the impact of COVID-19 has impacted every community throughout the state, the focus of this RFP is on priority populations within communities that have the following immediate needs: housing and shelter, food, healthcare, mental health and addictions, employment and income, clothing and household, childcare and parenting, government and legal services.

The CHW Hub will provide or sub-contract for the following nine objectives in the four core areas presented below (for additional details, see Section V):

#### **A. Train a CHW Emergency Preparedness Workforce**

*Objective 1:* Demonstrate increased skills and capacity to build CHW Workforce to provide services and social support for priority populations; Demonstrate capacity to build an Emergency Preparedness Workforce to address emerging public health issues passed COVID-19.

*Objective 2:* Identify community resources and clinical services to be utilized and engaged to improve health outcomes for those at highest risk in priority populations.

*Objective 3:* Provide apprenticeship opportunities or placements for CHWs to complete on-the-job training to reinforce skills learned in the virtual and/or in-person classroom setting.

#### **B. Deploy the CHW Workforce**

*Objective 4:* Support and identify intervention and deployment strategies in priority populations most impacted by COVID-19.

*Objective 5:* Identify opportunities to deploy and integrate CHWs into new and existing organizations

#### **C. Engage CHWs with the Community**

**Objective 6:** Engaging CHWs and other outreach workers from healthcare and other settings to increase utilization of community resources and clinical services for priority populations; deliver COVID-19 health education and social support.

**Objective 7:** Identify and create linkages to community resources and clinical services to support improved health outcomes for those at highest risk in priority populations.

**Objective 8:** Model evidence-based strategies and interventions to help build and strengthen community resilience to mitigate the impact of COVID-19 and prepare the workforce for other emerging public health crisis issues.

#### **D. Sustainability and Innovation Planning**

**Objective 9:** The CHW Hub will submit a plan before the end of Grant Year 1 (March 2024) that outlines the strategies they plan to deploy to achieve greater financial sustainability beyond the end of this grant's project period (March 2025) and how they plan to work with health and social service agencies to continually integrate CHWs into the NJ healthcare landscape. The sustainability plan may include sustainability strategies such as applying for additional grant funding, fundraising, collecting fees for CHW activities, or other sources of income. The sustainability plan should also demonstrate how the CHW Hub will promote the integration of CHWs in NJ's healthcare workforce through advocacy with organizations throughout the State. The CHW Hub may choose to partner with DOH identified Technical Assistance (TA) vendor for assistance with putting this plan together.

### **BACKGROUND AND NEED**

#### *The Need*

The United States has the worst maternal mortality rate among all comparable economically developed member countries of the Organization for Economic Cooperation and Development (OECD). Among the thirty-six countries which compose the OECD, the US is 36<sup>th</sup> in maternal mortality. Further, New Jersey's maternal health outcomes and disparities are among the highest in U.S. The state of New Jersey is 47<sup>th</sup> out of 50 states in terms of maternal mortality; only Indiana, Georgia and Louisiana have higher rates.

#### *New Jersey Data*

COVID19 pandemic has disproportionately impacted NJ's most vulnerable populations. CHWs will build community resilience by educating on COVID19 risks, and mitigation strategies, connecting individuals to COVID19 resources and other social supports, and providing ongoing support. These activities will be bolstered by policy, systems and environmental (PSE) change strategies to facilitate this work and build resilience.

COVID-19 is disproportionately impacting some communities. These vulnerable populations

often have underlying medical conditions, co-morbidities, living and work conditions that make them more susceptible to COVID-19 exposure and death. CHWs often come from the communities they serve and can educate individuals on how to protect themselves, mitigate the risks of COVID-19 exposure and access the many social supports available to these vulnerable populations. To address these social needs, CHWs will be trained in COVID-19 related competencies and social supports.

### *Colette Lamothe-Galette Community Health Worker Institute*

The NJ Department of Health (NJDOH) established the Colette Lamothe-Galette (CLG) Community Health Worker Institute in May of 2020 in honor of Colette Lamothe-Galette, NJDOH's first Population Health Director, who passed away from COVID-19 on April 4, 2020.

The goal of the Institute is to create a standardized Community Health Worker (CHW) training and certification program, resulting in a robust CHW workforce. The CLGI-CHWI trains on 13 core competencies that are foundational for all CHWs to know and understand regardless of specialty such as Asthma or other chronic diseases. These competencies are: Effective Communication, Individual and Community Assessment, Outreach Methods and Strategies, Cultural Responsiveness and Mediation, Education to Promote Healthy Behaviors, Care Coordination & Systems Navigation, Public Health Concepts and Approaches, Advocacy and Community Capacity Building, Documentation, Professional Skills and Conduct, COVID-19 Education, Training and Safety, Health Equity and Disparities, Adverse Childhood Experiences.

To date the CLG-CHWI has successfully trained over 150 CHWs statewide and helps prepare the frontline community and public health employee faction, who are critical to the recovery and recuperation of those most affected by the COVID-19 virus and beyond.

The CLG-CHWI was cited in NJ's Medicaid 1115 Proposal (Page 45) and included in the Governor's FY23 proposed budget to increase training capacity.

### *Moving towards the Solution: Community Health Workers Hub*

CHWs are frontline public health workers who because of their intimate understanding of the cultures, languages, and challenges of their neighborhoods are trusted by the people they serve. A base of evidence has long pointed to the effectiveness of CHWs, but over the past few years a marked increase in studies has demonstrated their value in improving health outcomes, lowering healthcare costs, and reducing inequities<sup>1</sup>.

Guided by this evidence, NJDOH in recent years has made the expansion of CHWs in New Jersey a strategy to address inequities in our healthcare system. One of the ways The New Jersey Department of Health has worked over the past several years to improve the health of priority populations within the State is to support and help sustain initiatives that involve Community Health Workers. This work has included efforts to establish standardized training, build CHW capacity, and expand the number of CHWs statewide. The NJ DOH plans to use the same strategy of training, deploying, and integrating CHWs into health and care teams to respond to COVID-19 in priority populations. The NJDOH will expand outreach within the NJDOH and also in the field to include other social service providers, community-based organizations (CBOs), faith-based

organizations (FBOs), prisoner reentry programs, Certified Community Behavioral Health Centers (CCBHCs), and Federally Qualified Health Centers (FQHCs). Additionally, the NJDOH wants to expand the scope of CHWs to include addressing mental health, substance use disorder (SUD), and other selected chronic diseases found in the community.

To continue to support, develop, and sustain the New Jersey's CHW workforce, the New Jersey Department of Health (NJDOH) is requesting proposals to lead the development and implementation of the Community Health Worker Hub to strengthen and expand the capacity of Community Health Workers to better serve their community as frontline public health workers.

The CHW Hub will work alongside the CLG-CHWI to train, deploy and integrate CHWs in health systems and care teams; and lead efforts for CHW sustainability in partnership with DOH's identified Technical Assistance (TA) vendor.

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<sup>1</sup>Payne, J., Razi, S., Emery, K. et al. Integrating Community Health Workers (CHWs) into Health Care Organizations. *J Community Health* 42, 983-990 (2017). <https://doi.org/10.1007/s10900-017-0345-4>

#### **IV. GOALS AND OBJECTIVES**

The primary goal of this RFP is to identify and partner with a trusted agency that can successfully administer the end-to-end operations of the Community Health Worker program by building a CHW workforce that will be trained, deployed, and engaged to combat the ill effects of COVID-19 on the hardest hit populations throughout New Jersey and address mental health, substance use disorder (SUD), and other selected chronic disease and social determinants of health found in these communities.

The opportunity for such workforce development continues to be a tool to reframe the current healthcare model by advancing policy and engagement that reflects the importance of improving the quality of medical care, cultural humility, implicit bias awareness for providers and caregivers, and decrease the SDOH disparities that have been exacerbated due to COVID-19.

The Community Health Worker Hub will develop a diverse CHW workforce by implementing the nine objectives outlined in Section III and their associated activities elucidated below. The CHW Hub will build a strong CHW workforce by partnering with health systems, community-based organizations, and faith-based organizations throughout the state.

#### **V. Train a CHW Emergency Preparedness Workforce**

The NJDOH will train the CHWs utilizing the current CLG-CHWI infrastructure that includes training provided by four community colleges, the Rutgers Project ECHO CHW education series, and a robust list of cross-sector subject matter partners across healthcare from other local and state sectors. The NJDOH seeks to provide CHW education on key topics associated with the social determinants of health, available state and community services as well as education on the physical and behavioral impact of COVID on priority populations. Additionally, the mental health and substance use component is a needed addition to the curriculum as seen from the apparent hidden psychological epidemic stemming directly from the COVID-19 pandemic. Through complimentary curriculum the NJDOH will enact the use of two educational platforms, the CLG-CHWI and Rutgers Project ECHO to achieve the following objectives:

***Objective 1:*** Demonstrate increased skills and capacity to build CHW Workforce to provide services and social support for priority populations; Demonstrate capacity to build an Emergency Preparedness Workforce to address emerging public health issues passed COVID-19.

***Objective 2:*** Identify community resources and clinical services to be utilized and engaged to improve health outcomes for



those at highest risk in priority populations.

**Objective 3:** Provide apprenticeships to CHWs to complete on-the-job training and reinforcement of skills learned in the virtual and/or in-person classroom setting.

The CLG-CHWI provides the state platform to educate CHW on 13 core competencies needed to effectively work with vulnerable populations as first line responders. The CHW training consists of 144 hours of relevant classroom instruction and up to 500 hours of on-the-job training depending on prior relevant work experience. Currently, the CLG-CHWI partners with community colleges in Essex, Camden, Mercer and Ocean County for virtual and in-person classroom instruction.

Rutgers Project ECHO is a grant funded educational program that builds learning communities among healthcare and frontline providers to address critical health issues such as diabetes, infant mortality, adverse childhood experiences, opioid addiction, COVID-19, and health equity and social justice. They bring together doctors, nurses, social workers, behavioral health, CHWs, educators and community organizations in a virtual environment to share their expertise and problem solve real-life patient/client situations. This collaboration, called “All Teach, All Learn”, levels healthcare knowledge, increases access to healthcare, improves health outcomes in the communities and reduces healthcare disparities.

The NJDOH will rely on the CHW Hub to expand recruitment efforts to increase the number of enrolled CHWs in the training program and ultimately in the existing workforce. Additionally, the CHW Hub will help support the growth of the CLGI’s portfolio of services including a career pathways program, an emerging leaders program, and a preceptor program.

The CHW Hub will partner with the identified Case Management Software Vendor to ensure CHWs are properly trained and able to efficiently use the case management software in the field. The CHW Hub will use a case management tool, provided by the NJDOH, to keep track of social services and referrals provided to families under the specialization of skills. The CHW Hub will leverage its experience and expertise managing a large-scale case management referral system, a closed-loop tracking system, and the use of predictive analytics to effectively allocate resources.

The CHW Hub’s expectations for Training a CHW Workforce are as follows:

Activities	Outcomes	Measures	Target and Timeline
(Activity 1) Identify and recruit ideal CHW applicants from across the state to join the CHW	Increased utilization of community resources and	# of CHWs successfully completing state/local	Each year, the CHW Hub will be responsible for

<p>workforce. The CHW Hub will partner with the NJDOH on designing current and relevant CLGI curriculum; will work with Rutgers on updating Project ECHO material to be relevant to the needs of the community.</p>	<p>clinical services for those at highest risk for poor health outcomes among priority populations within communities.</p>	<p>public health led COVID response training efforts as determined by relevant public health-led entities, e.g.,</p>	<p>ensuring approximately 50 CHWs are trained in CLGI/ECHO. In addition to the 50 CHWs that the CHW Hub is responsible for, they must also work with identified CBO partner to ensure their CHWs are trained and compensated competitively.</p>
<p>(Activity 2) Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities</p>	<p>Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.</p>	<p># and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations within the communities, e.g.,</p> <ul style="list-style-type: none"> <li>● lifestyle interventions and strategies</li> <li>● chronic disease management</li> <li>● improving physical activity</li> <li>● improving healthy eating</li> <li>● tracking, referral, and connection to individuals to</li> </ul>	<p>Each year, the CHW Hub will partner with the NJDOH to review program curriculum and add up to three new specialized tracks to the CLG based on feedback from CHWs and the community.</p>

		available social services to address identified needs.	
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**A. Deploy the CHW Workforce**

Through the training and recruiting efforts described above, the CLG-CHWI, Rutgers Project ECHO education, and the CHW Hub will produce a pipeline of well-rounded CHWs ready to enter the workforce. The NJDOH seeks to achieve the following learning objectives associated with deployment of CHWs:

*Objective 4:* Support and identify intervention and deployment strategies in priority populations most impacted by COVID-19.

*Objective 5:* Identify opportunities to deploy and integrate CHWs into new and existing organizations across the continuum of care.

NJDOH will rely on the CHW Hub to integrate trained CHWs into the existing workforce to drive improved health outcomes in priority populations who have been most impacted by COVID and other relevant conditions negatively impacting the community. In partnership with the NJDOH, the CHW Hub will support recruitment of CHWs to enroll in the CLG-CHWI and also subsequent integration into the workforces upon completion of the training. 20% of grant funding will be required to subcontract with community providers (e.g., community-based organizations, faith-based organizations, CCBHCs, FQHCs, etc.) who have established and trusted relationships with the priority populations within the community.

As the CHW program grows in capacity, the NJDOH wants to expand the CHW programs reach within the community by integrating into novel settings that include prison reentry, mental health and substance use disorder agencies, Certified Community Behavioral Health Clinics (CCBHCs) and Federally Qualified Health Clinics (FQHCs).

Building a strong infrastructure of CHW training and integration with state and local public health-led efforts enables CHWs to support key emergency preparedness and vaccine deployment strategies. The NJDOH will work closely with the CHW Hub to ensure alignment in community outreach.

The CHW Hub will ensure that CHWs support (i.e. canvassing, outreach, health education, etc.) at NJDOH sponsored events when called upon to do so throughout the grant period.

The CHW Hub will work in tandem with NJDOH in vaccine planning, deployment strategies, training and advising on needed support for community health workers. The CHW Hub will support DOH’s outreach and education events (virtual or in person). The CHW Hub will ensure the continuous involvement of its CHWs in NJDOH’s emergency preparedness planning and design.

The CHW Hub’s expectations for Deploying a CHW Workforce are as follows:

Activities	Outcomes	Measures	Target and Timeline
(Activity 3) Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities	Increased workforce of CHWs delivering services to manage the spread of COVID-19, and address mental health, substance use disorder (SUD), and other selected chronic diseases found in the community.	# and type of organizations that are integrating CHWs to support state/local public health-led COVID-19 response efforts and address mental health, substance use disorder (SUD), and other selected chronic diseases found in the community.	<p><u>May 2023</u> Identify 5 new employer settings to integrate CHW</p> <p><u>June 2023</u> Initiate contracts/agreements with 5 new employer sites for CHW integration and identify 2 new potential partners</p>
(Activity 4) Integrate CHWs into public health emergency preparedness and vaccine deployment planning, e.g., inclusion in planning and coordination with Immunization Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19	# and types of vaccine deployment plans in which CHWs are included in the planning and design; deployment of plan components; ethical distribution of COVID-19 vaccine supplies to vaccine providers in accordance with state, local, and federal regulations; and/or dissemination to identified	The CHW Hub is responsible for the continuous engagement of CHWs in the planning and design of emergency preparedness

		individuals/populations	
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**B. Engage CHWs with the Community**

The need for the CHW program to expand into novel settings is supported by a variety of providers across the state as well as the interest of our partners in having CHWs trained but more importantly deployed from multiple sites and integrated within their workforces.

These strong partnerships are represented by 60+ letters of support for the integration of CHW services from state sister agencies to mental/healthcare and community/faith-based organizations. These partnerships speak to the strength, the level of interest and engagement with NJDOH and the CLG-CHWI.

***Objective 6:*** Engaging CHWs and other outreach workers from healthcare and other settings to increase utilization of community resources and clinical services for priority populations; deliver COVID-19 health education and social support.

***Objective 7:*** Identify and create linkages to community resources and clinical services to support improved health outcomes for those at highest risk in priority populations.

***Objective 8:*** Model evidence-based strategies and interventions to help build and strengthen community resilience to mitigate the impact of COVID-19 and prepare the workforce for other emerging public health crisis issues.

The NJDOH and the CHW Hub will lead the effort in spreading awareness of the value CHWs bring to the healthcare industry. These efforts include integrating CHWs into the planning team for community programs and events. The NJDOH and the CHW Hub will collaborate on identifying community wide events that will positively impact priority populations. CHWs will spearhead this effort with support from employers and state partners.

The CHW Hub and other community partners will work with priority populations and connect them to needed services in housing, food insecurity, healthcare, legal services, reentry, education, and employment. The CHW Hub will aid the NJDOH with building out this health and social service system to complement statewide efforts to increase referrals needed to social and community resources within priority populations.

The CHW Hub’s expectations for Engaging CHWs with the Community are as follows:

Activities	Outcomes	Measures	Target and Timeline
<p>(Activity 5) Coordinate and/or promote opportunities, such as messaging/education within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those from COVID-19</p>	<p>Increased utilization of community resources and clinical services for those at highest risk of poor health outcomes from priority populations within communities</p>	<p># of individuals within communities and/or clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19 among priority populations within communities</p>	<p><u>April 2023</u> Begin Implementing the use of NJDOH’s CHW IT platform and data tracker</p> <p><u>June 2024</u> Full use of the NJDOH’s CHW IT platform and data tracker to manage outreach in the community by analyzing needed interventions in the community</p> <p>*For each year, CHWs must attend a minimum of 10 outreach events sponsored by the CHW Hub; and support ongoing DOH sponsored events.</p>
<p>(Activity 6) Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor outcomes, including those resulting from COVID-19</p>	<p>Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.</p>	<p># of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical</p>	<p><u>April 2023</u> Begin planning effective case management strategies</p> <p><u>March 2024</u> Effective CHW Case Management and minimum</p>

		<p>and/or community settings. Document referrals for any of the following specific named conditions or social needs:</p> <ul style="list-style-type: none"> <li>● housing and shelter</li> <li>● food</li> <li>● healthcare</li> <li>● mental health and substance use disorders</li> <li>● employment and income</li> <li>● clothing and household</li> <li>● childcare and parenting</li> <li>● government and legal services</li> </ul>	750 referrals made
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**C. Sustainability and Innovation Planning**

The CHW Hub will work closely with and receive technical assistance (TA) from NJDOH’s identified vendor to develop sustainable pathways for CHWs. The NJDOH TA vendor will advise the CHW Hub on research, policy and developments from other states in sustaining CHWs beyond grant awards. The NJDOH TA vendor will act as a key informant on emerging opportunities for advocacy/partnership with state and federal CHW sustainability efforts. The TA vendor will advise and provide recommendations on program structure to align with NJ’s CHW Medicaid reimbursements efforts.

The CHW Hub will submit a plan before the end of grant Year 1 outlining a strategy for achieving greater financial sustainability. The plan may include strategies for applying for additional grant funding, fundraising, collecting fees for CHW activities, or other sources of income. The CHW Hub will meet frequently with DOH’s identified TA vendor

**Objective 9:** The CHW Hub will submit a plan before the end of Grant Year 1 (March 2024) that outlines the strategies they plan to deploy to achieve greater financial sustainability beyond the end of this grant’s project period (March 2025) and how they plan to work with health and social service agencies to continually integrate CHWs into the NJ healthcare landscape. The sustainability plan may include sustainability strategies such as applying for additional grant funding, fundraising, collecting fees for CHW activities, or other sources of income. The sustainability plan should also demonstrate how the CHW Hub will promote the integration of CHWs in NJ’s healthcare workforce through advocacy with organizations throughout the State. The CHW Hub may choose to partner with DOH identified Technical Assistance (TA) vendor for assistance with putting this plan together.

## **VI. REQUIRED PROPOSAL COMPONENTS AND INFORMATION**

Organizations should submit a single proposal document which includes the information described below. Please use the primary headers provided in **bold** below and ensure that each sub-item is addressed. Organizations may include the Proposed Timeline, Budget, and Appendix components as separate documents, but should clearly indicate in the proposal submission that these components are separate and provide the file name for reference.

### **1. Cover Page**

- a. Date of the Proposal: *specify the date that the proposal is submitted.*
- b. Name of Organization Submitting Proposal
- c. Primary Contact for the Proposal: *provide the name, title, address, email address, and phone number.*
- d. Amount Requested in the Proposal: *provide the total dollar amount being requested.*

### **2. Organization Information**

- a. Name of Organization Submitting Proposal: *include acronym in parentheses, if appropriate*
- b. Address of Organization’s Primary Office
- c. Organization Website Link and Social Media Pages
- d. Organization’s Mission, Vision, Values
- e. Detailed description of the Organization’s current principal activities
- f. List of Employees Responsible for the undertaking of this Proposal: *provide the name, title, email address, and phone number for each Employee; indicate which Employees are trained CHWs engaged in and informing the creation of the CHW Hub.*



### **3. Organization Capacity and Fit**

- a. Detailed narrative description of how the applicant organization is best positioned to create the CHW Hub by addressing the issues specified:
  - Describe how creating and hosting the CHW Hub aligns with the applicant organization’s mission, vision, and current practices.
  - For each of the nine objectives of the CHW Hub, briefly describe what, if any, experience you have in performing similar activities or services. Also, explain how you envision the objective being achieved by the CHW Hub.
  - Considering all nine objectives of the CHW Hub, present the proposed staffing and organizational structure for the CHW Hub. Explain how the addition of the CHW Hub will fit into the existing organizational structure. Please note if positions for the CHW Hub will be taken on by existing employees or by newly hired employees, and if the person in the position has experience working as or with Community Health Workers.
  - Explain how the CHW Hub will ensure the representation of CHW voices and input through staffing, paid representation, consultation, and/or allocation of the budget awarded for meaningful involvement in the CHW Hub objectives.
  - Given that the nine objectives of the CHW Hub require diverse expertise that the applicant organization may not have, please discuss any critical partnerships or consultants you wish to engage. Describe the role that you see these entities playing, and if budget will be used to engage these entities. Describe

any history of working with these entities. Explain how you intend to promote transparency and communication across these entities. Explain what tools or resources you will use to resolve conflicts should they arise.

- Because the CHW Hub is a state-wide resource for CHWs, CHW groups, and organizations who employ CHWs, describe the organization's experience working across the entire state. Explain how you intend to ensure representative voices and engagement with regional teams, who may be sub-grantees of the CHW Hub. Explain how you intend to ensure consistent communication and messaging across statewide stakeholders.
- Describe the organization's experience with and proposed model for connecting with and creating partnerships with entities such as: MCOs, Hospitals, CBOs, FQHCs, Central Intake, WIC etc.
- Describe the organization's experience in CHW advocacy, CHW employment and CHW sustainability efforts
- Describe applicant organization's experience with data management: collecting, storing, and analyzing programmatic data.

#### **4. Cultural Competency and Health Equity**

- a. Detailed narrative description of how applicant organization is best positioned to create the CHW Hub, addressing the issues specified:
  - Describe how the organization defines cultural competency. Describe how cultural competency is currently infused in the organization and how you intend to infuse it into the CHW Hub.
  - Because health equity is critical to decreasing the gap and improving outcomes for all, describe how the organization understands and utilizes the [Health Equity Framework](#). Specifically, explain how the Health Equity Framework will be utilized in the CHW Hub.
  - Describe the organization's experience providing services to a diverse group of individuals, including but not limited to people of color, indigenous people, immigrants, refugees, low-income populations, and English language learners. Describe what languages are spoken by existing leadership and employees and how they represent cultural, linguistic, and socio-economic diversity. Describe any intentional practices that the organization uses or must adopt to increase inclusion and equity across diverse employees.
  - The barriers to good health care are often not medical, but have more to do with social, cultural or economic issues that disproportionately affect underrepresented groups; describe where the organization currently sees itself in addressing SDOH and ensuring health equity in the delivery of services. Please indicate what frameworks, tools, or programs you are using for this work.

#### **5. Timeline for CHW Hub Creation and Objective Implementation**

- a. Present a chronologic timeline detailing the activities you will undertake to create and implement each of the nine objectives of the CHW Hub. Please detail the plan for the first two years of implementation upon receiving the funding. Then note key goals and outcomes to reach at five, ten, and fifteen years of operations.
  - Indicate which objective(s) the activity in the timeline supports. Indicate who

- will be responsible for achieving each activity in the timeline, where possible
  - Indicate how you will measure the success of each activity in the timeline, where possible

## 6. Budget and Justification

- a. Present a budget and accompanying narrative justification for each budgeted line item.
- b. Direct costs considered should include, but are not limited to:
  - Personnel and fringe: *indicate each position individually and note if existing staff or newly created position*<sup>12</sup>
  - Technology and Supplies
  - Marketing and Communication Expenses
  - Travel and Meeting Expenses
  - Sub-Grantees,<sup>13</sup>
  - Indirect Costs, if applicable<sup>14</sup>
  - Training and Education for CHW Hub Staff Members, if applicable
  - Translation and Interpretation Services, if applicable
- c. Subcontractor costs associated with at least 20% of grant funding being subcontracted with community providers (e.g., community-based organizations, faith-based organizations, CCBHCs, FQHCs, etc.) who have established and trusted relationships with the priority populations within the community. These community level partnerships should be sustainable beyond the grant period.
- d. Considering the presented budget, the CHW Hub and the NJDOH identified TA provider will strategize and create a narrative description of how funding for the CHW Hub will be sustained past this initial funding. Discuss which of the above expenses are annual and the proposed source of funding. Discuss any additional expenses foreseen related to the 5-, 10-, and 15-year goals of the CHW Hub presented in the timeline (in component 5 of this application) and the proposed sources of funding to meet those needs.

**Note:** After the narrative and timeline component of this proposal has been scored and ranked by the reviewers, then the budget will be reviewed. Specific line items may be negotiated if determined to be inappropriate, excessive, or contrary to NJDOH grant policies.

## 7. Appendix Items

- a. The following documents must be included with the proposal components above and submitted through the SAGE system. Failure to provide the required attachments will result in the application being deemed ineligible.
  - Organizational Chart, indicating location of CHW Hub and appropriate staffing
  - Resumes for existing staff who will be involved in the CHW Hub
  - Letters of Support

The NJDOH must approve any sub-grantees, which may include regional sub-grantees. Reimbursement for services provided by sub-grantees will not be authorized unless the contract for services has been

approved. Applicant organization is responsible for managing funds awarded to sub-grantees to ensure adequate financial controls are in place and the sub-grantee complies with terms and conditions. Indirect costs are allowable. If indirect costs are requested, they must be indicated in the budget and an Indirect Cost Letter must be included in the appendix documents.

- Job description(s) for existing vacancies or proposed new positions, detailed organizational hiring policies, proposed hiring timeline, explanation of how the position(s) will be sustainable beyond this initial funding
- Annual Audit Report
- Tax Clearance Certificate:  
<http://www.state.nj.us/treasury/taxation/busasst.shtml>
- Indirect Cost Letter, if applicable
- Computer Security Policy
- Letters of Support from proposed partners and consultants to be engaged if organization is awarded funding. Each Letter must include: which objective of the CHW Hub the entity would be supporting; identification of the person(s) involved; and any history of previous working relationship between the applicant organization and the entity.

## **VII. FUNDING**

For Year 1, a total of up to \$ 1,500,000 in funding is expected to be available for the Community Health Worker Hub. The final funding amount will depend on project structure and abilities to carry out the RFP components. Awards will be made based on the quality of the applicant proposal(s) and the availability of funds. Funding decisions will be made to ensure the broadest possible coverage, regarding both geography and prioritized target 1.5populations to be served.

This competitive RFP is for a period of 2 years (4/1/23 through 3/31/2025). Budget periods 2 is dependent upon the availability of funds. In subsequent years, the grantee must submit a noncompetitive multi-year health service grant application. Continuation of funding for subsequent years is contingent upon the availability of funds; timely accurate submission of reports; an approved annual plan; and satisfactory progress toward completion of the current year's grant objectives.

## **VIII. TECHNICAL ASSISTANCE MEETING & BIDDERS CALL**

It is recommended that potential applicants attend the Technical Assistance Meeting to be held on February 17, 2023, virtually via the Microsoft Teams platform. Pre-registration is required by submitting the name and email of the applicant and any additional attendees to [pamela.taylor@doh.nj.gov](mailto:pamela.taylor@doh.nj.gov).

Supplemental documents (slides and Q&A) will be updated after the Technical Assistance Meeting and will be emailed to all attendees and interested parties. Any questions beyond the February 17, 2023, Technical Assistance Meeting and/or requests for slides and Q&A documents should be directed to Program Management Officer Pamela Taylor ([pamela.taylor@doh.nj.gov](mailto:pamela.taylor@doh.nj.gov)). Questions will be answered until February 20, 2023.

## **IX. HOW TO ACCESS AN APPLICATION**

All organizations that intend to submit an application/response for this RFP must contact Program Management Officer Pamela Taylor([pamela.taylor@doh.nj.gov](mailto:pamela.taylor@doh.nj.gov)) to have an electronic application made available. This email expression of interest must be received on or before February 15, 2023.

The NJDOH requires all grant applications to be submitted electronically through the System for Administering Grants Electronically (SAGE) at [www.sage.nj.gov](http://www.sage.nj.gov). If the agency does not have an existing account in SAGE, an account will need to be created to apply for this grant. The SAGE system will not accept application submissions after the closing date listed in the RFP. No extensions will be granted.

***Agencies without an existing SAGE Account:*** If you are a first-time NJDOH applicant whose organization has never registered in the NJDOH SAGE system, contact the SAGE System Administrator, at [njdoh.grants@doh.nj.gov](mailto:njdoh.grants@doh.nj.gov) immediately. A new agency form must be completed and submitted to the NJDOH.

*Agencies without an existing SAGE Account:* If you are a first-time NJDOH applicant whose organization has never registered in the NJDOH SAGE system. A new agency form must be completed and submitted to the NJDOH. <https://nj.gov/health/grants/resources/>

Please see click link for registration form and instructions.

When approved, the organization's status will be activated in SAGE. The SAGE System Administrator will then confirm via email or a phone call to the organization's Authorized Official informing them the organization has been authorized to access the application in SAGE.

Paper submissions of the application or any attachments will not be accepted. Potential grantees must notify the Program Manager immediately via email if accessing SAGE is delayed due to NJDOH processes.

## **X. OTHER REQUIREMENTS**

The grant award will be made on a competitive basis and is contingent upon meeting the requirements stipulated in this RFP and the NJDOH Terms and Conditions for Administration of Grants which are located at <http://nj.gov/health/grants/>.

The CHW Hub grantees will be required to submit:

- Quarterly progress and expenditure reports in a format provided, or approved, by the NJDOH/FHS
- Within one month of award notification, executed cross-jurisdictional agreements and/or sub-grantee contracts.

## **XI. DEPARTMENT OF HEALTH CONTACTS**

SAGE System Administrator (for first time SAGE users)

DOH Grants

Email: [njdoh.grants@doh.nj.gov](mailto:njdoh.grants@doh.nj.gov)

Program Management Officer (Program Information)

Pamela Taylor

Email: [pamela.taylor@doh.nj.gov](mailto:pamela.taylor@doh.nj.gov)

Phone: 609-913-5529

