



MISSISSIPPI STATE DEPARTMENT OF HEALTH

REQUEST FOR PROPOSALS

For
Regional Community Health Worker HUBS
In the Mississippi Delta Regions
to
Build Capacity for
High Blood Pressure Self-Management Education Programs
Within
Mayoral Health Councils, Churches, Public Housing, Barbershops/Beauty Salons, Healthcare
Systems, and Community Pharmacies

Within **Leflore, Sunflower, Washington, Desoto, Tunica, Tate, Carroll, Quitman, Tallahatchie, Bolivar, Humphreys, Sharkey, Issaquena, Warren, Yazoo, Panola, Coahoma, and Holmes** counties in the Mississippi Delta.

Offered by
Mississippi Delta Health Collaborative
522 West Park Avenue, Suite P
Greenwood, MS 38930

Request for Proposal Release Date: November 16, 2022

Technical Assistance Call: November 30, 2022

Request for Proposal Due: December 16, 2022

Notification Date: January 2, 2023

Start Date: February 1, 2023

Project Fiscal Year

1. The Project Fiscal Years:
 - a. September 30, 2022 – September 29, 2023
 - b. September 30, 2023 – September 29, 2024
2. The Project Period is February 1, 2023 – September 29, 2024

A. OVERVIEW

The MS Delta is designated as a medically underserved area by Health Resources and Services Administration (HRSA). In 2019, Mississippi ranked number 2 in the country for mortality due to heart disease, with a state mortality rate of 227 death per 100,000 population, and MS Delta with 224.1 deaths per 100,000 were respectively 13% and 11% higher than the overall rate for the US. Heart disease (1st), stroke (5th), Diabetes (6th) and hypertension (10th) were among the top ten leading causes of death in the Mississippi Delta region in 2019 (MSTAHRS, 2019). According to BRFSS, in 2019, 36.8% of Mississippi adults were told by a health professional that their blood cholesterol is high, while this rate was 33.1% for the US at the same time. Also, within the same time frame, 43.6% of Mississippi adults were told by a health professional that their blood pressure is high, while this rate was 32.3% for the US. Rates of hypertension among Mississippi Delta adults continue to be high. Mississippi, as part of the Deep South, is ranked with one of the highest rates of hypertension in the country, and although these rates have not increased in parallel with obesity, high cholesterol, and diabetes, they do remain a serious concern. Not surprisingly, hypertension continues to be the most prevalent heart disease risk factor and accounts for over half of the deaths attributable to heart disease. Its high mortality risk, coupled with few identifiable “warning” signs or symptoms, has earned hypertension the reputation as the “silent killer” and has made it integral to most heart disease prevention efforts

To reduce the burden of heart disease and stroke in the Mississippi Delta, the Centers for Disease Control and Prevention awarded the Mississippi State Department of Health, Office of Preventive Health – Health Equity a cooperative agreement in 2010 to establish the Mississippi Delta Health Collaborative (MDHC). Through the implementation of health education and awareness, policy development, and environmental and systems-level change strategies, the MDHC strives to improve cardiovascular outcomes of residents in 18 counties of Mississippi’s heartland.

Strategic efforts to increase and improve blood pressure control, led the MDHC to partnering with Municipalities, Barbershop/Beauty Salons, Churches, Public Housing, healthcare systems, and community pharmacies. Community Health Workers (CHW) serve as educators and advocates, linking participants and patients within these entities to lifestyle change programs such as Check Change Control, food banks, and other resources to improve their overall health outcomes. Coupled with the invaluable service CHWs provide, careful coordination is required to eliminate organizational silos, increase access to health care, community resources, and services. Therefore, the MDHC established Regional CHW HUBs, comprised of an average of 25 grantees per region, to identify individuals at risk for hypertension through community screening programs and to ensure that individuals are linked to evidence-based interventions and services while addressing the social determinants of health.

B. PURPOSE

The MDHC will select up to four (4) agencies to become regional Community Health Worker HUBs in four regions of the Mississippi Delta.

1. Bolivar, Humphreys, and Washington
2. Carroll, Leflore, Sunflower, and Tallahatchie
3. Coahoma, DeSoto, Tunica, Tate, Panola, and Quitman
4. Holmes, Sharkey, Issaquena, Warren, and Yazoo

This is a competitive process open exclusively to agencies or institutions meeting the eligibility criteria established by the MDHC. Successful applicants will work closely with Mississippi Delta Health Collaborative staff. The purpose of this funding opportunity is to:

1. Increase the number of individuals who are screened for high blood pressure and associated risk factors such as nutrition, physical activity, and smoking status.
2. Increase the number of individuals with elevated blood pressure who are successfully linked to a healthcare provider for treatment.
3. Increase the number of individuals with high blood pressure who complete a blood pressure self-management education program.
4. Continue to implement systems to facilitate bi-directional referral, the information going from the health care system to the referred community program or resource; and the information returning from that program to the health care system.

C. AVAILABILITY OF FUNDING

Funding

Type of Award: Subgrant/Subaward.

Federal Awarding Agency: Center for Disease Control

Federal Award Identification Number: NU58DP006713

Federal Award Date: 09/2019 to 09/29/2024

The proposed funding amounts may range from **\$75,000 to \$125,000 annually** (*award depends on counties in assigned Region and number of grantees-See appendix A*). This is because Regional CHW HUB costs are largely dependent on the number of clients served and the target population selection. Of the total grant award, the organization will receive **\$30,000** for grant administration and the remaining will be disbursed by the organization to MDHC sub-grantee partners. Organizations with the capacity may apply for more than one Regional CHW Hub. Organizations will receive \$30,000 per Regional Hub.

Funding for the Regional CHW HUB will be contingent on meeting milestones, performance metrics, and outcomes that will be detailed in the subgrant agreement with the selected applicant. Funds will be administered on **reimbursement basis** upon submittal of documentation from Regional CHW HUB Lead Agencies. The HUB Lead Agencies will disburse funds from the account to the sub-grantee after receiving approval from Mississippi Delta Health Collaborative Director. Disbursement will be restricted to the support and implementation of the Project only. The availability of funds in consecutive years is contingent upon approval from the Centers for Disease Control and Prevention and subgrantees' adherence to the grant requirements.

Eligibility

Applicants must have sufficient financial resources available to meet program deadlines without advance payment from MSDH. (MSDH will reimburse for services and materials upon delivery and receipt of monthly invoices.) Organizations with the capacity may apply for more than one Regional CHW Hub. Organizations will receive \$30,000 per Regional Hub.

Subsequently, Applicants will serve as a Regional CHW HUB engaging municipalities, churches, public housing, barbershops, beauty salons, healthcare systems, and community pharmacies funded by the MDHC and located in the following counties: Leflore, Sunflower, Washington, Desoto, Tunica, Tate,

Carroll, Quitman, Tallahatchie, Bolivar, Humphreys, Sharkey, Issaquena, Warren, Yazoo, Panola, Coahoma, and Holmes.

This RFP is open to any potential agency capable of performing the work described in RFP, and meeting the following qualifications:

1. Any Mississippi-based government agencies, public or private for-profit or non-profit entity in or that is eligible to operate with counties of the Mississippi Delta with experience contracting with state government.
2. Applicant shall have at least five years documented financial experience working with government agency in work the same as or like that described in the RFP.
3. Applicant must be sensitive to and knowledgeable in working and interacting with rural communities.

D. REQUIREMENTS

All applicants must meet with Mississippi Delta Health Collaborative (MDHC) staff and community and clinical partners. MDHC will provide ongoing technical assistance throughout the grant project to ensure that desired outcomes are met.

- All grant recipients must have a Unique Entity Identifier number (UEI). This can be obtained by visiting www.Sam.gov.

SCOPE OF WORK

Role of the HUB Lead Agency:

The selected applicants will serve as a Lead Agency for engaging MDHC clinical and community partners to promote community-clinical linkages for the prevention and management of hypertension. MDHC has developed program requirements and guidelines for each community and clinical partner. The Lead Agency will implement activities to ensure communication, collaboration, and bi-directional referral among all partners within the assigned geographic region. The Lead Agency will disburse funds to participating community partners for their participation in the project and shall be generally responsible for the acceptance and maintenance, disbursement, accounting, and reporting of funds during the period of the contract. The Lead Agency duties and responsibilities shall be performed in accordance with agency policies and procedures.

The HUB Lead Agency has no duties or responsibilities for the management or results of any program for which funds are disbursed other than to ensure that all disbursements comply with all corresponding policies and regulations.

Please note: The MDHC has an identified a cohort of community and clinical grantees. The Lead Agency will be required to engage grantees previously identified and currently working with MDHC. The Lead Agency is not required to identify new grantees, but it is encouraged to recruit and recommend new partners in counties where no current grantee exists.

In general, the Lead Agency is responsible for the following functions:

1. Attend orientation and training on the Regional CHW HUB Model and program implementation.
2. Identify and select a Regional CHWHUB Coordinator
3. Implement activities to ensure effective communication, collaboration, and bi-directional referral among community and clinical partners.
4. Meet with Mississippi Delta Health Collaborative (MDHC) staff, community, and clinical partners.
5. Provide technical assistance to community and clinical partners.
6. Reimburse community partners for program participation. Funds will be disbursed at the discretion of the MDHC.
7. Submit monthly report (template provided by MDHC) and invoice to MDHC to begin internal processing of reimbursement to Lead Agency.
8. Maintain proper accounting records and adequate documentation.
9. Complete a monthly data report. Reporting template will be provided by MDHC.
10. Provide quarterly program, fiscal and evaluation reports, to update the MDHC on program progress and outcomes to date.
11. Continued funding for the HUB agency is contingent on meeting the milestone and reporting deadlines.
12. Agree to:
 - a. Adopt and implement the Community Health Worker HUB model
 - b. Utilize Community Health Workers/Coordinators to help achieve improved health outcomes for the identified target population for the identified target population and must ensure (through sharing and facilitating of CHW education opportunities) that each CHW meets the minimum training requirements.
 - c. Perform quality monitoring and improvement activities
 - d. Participate in Annual Delta Health Summit
 - e. Provide a one-year follow-up on clients who received HUB services.
 - f. Ensure HUB staff complete HIPAA compliance training and conduct security compliance measures and reviews to attain third-party HIPAA compliance

E. ROLE OF MISSISSIPPI DELTA HEALTH COLLABORATIVE

Mississippi Delta Health Collaborative responsibilities:

1. Provide Community Outreach Manager to serve as project officer and provide technical assistance and support for each CHW HUB.
2. Provide training to each Lead Agency on program implementation.
3. Provide HUB Lead Agency with community and clinical partner information. -
4. Continue to receive all submitted screening forms and progress reports from community partners.
5. Provide on-going technical assistance.
6. Process payment requests in a timely manner once all required documentation has been provided from Lead Agency.

F. PROPOSAL CONTENT & SPECIFICATIONS

The following requirements must be included in the proposal. The proposal should clearly identify each section as signified by the numbers attached to each item listed.

1. Cover Page
 - a. Organization Name, Address, and Website (if applicable)
 - b. Contact Person Name, Phone and Email
2. Abstract – ½ page including brief description of:
 - a. Targeted area(s) the regional hub will serve
 - b. Summary of work proposed
 - c. Amount Request
3. Project Narrative
 - a. Describe your organization’s understanding of the population served, cardiovascular disease effects on this population, and the promotion of hypertension prevention in the regional counties.
 - b. Identify the target counties the Regional HUB will serve. See *Appendix A* to determine the county groupings.
 - c. Describe how your organization will ensure communication, collaboration, and bidirectional referral among community-based organizations, clinics, faith-based institutions, municipalities, non-profit organizations, beauty shops, barbershops and apartment complexes that participating in the MDHC project.
4. Key Staff & Qualifications - Must include the following:
 - a. Responsibilities
 - b. Effort levels
 - c. Project-related training/experience
5. Budget and Budget Narrative
 - a. Provide a detailed budget, Microsoft Excel format preferred, for delivery to the required scope of work, including personnel, operating and administrative costs. See *Appendix B* for Budget Template.
 - b. Budgets are to include a breakdown of Direct Costs and Indirect Cost.
 - i. **Direct Costs:** Direct costs are those costs that can be identified specifically with a particular final cost objective (e.g., program or project). Unless specified otherwise. The direct costs must include the typical grant budget categories as outlined below, with sufficient line-item detail in each category to clearly illustrate the projected funding.
 1. **Personnel:** The Personnel budget category includes costs of compensation for officers and employees of a subgrantee and is based on the percentage of time dedicated to the subgrant. The Personnel budget category must be strictly adhered to unless a formal modification of the subgrant agreement is approved (See Section 5). The Personnel budget category must contain the following information:
 - a. A line item or listing of each position authorized and the salary amount to be paid to each full-time employee and/or the hourly rate authorized, and number of hours authorized for each part-time employee charged to the subgrant.
 - b. An indication of whether salaries are to be paid from the grant fund or in-kind match.
 2. **Fringe Benefits:** The Fringe Benefits budget category consists of the subgrantee’s share of applicable fringe benefits, such as social security (F.I.C.A. and Medicare), employee health/life/disability insurance

premiums, worker's compensation insurance, unemployment insurance, and pension plan costs. The types and percentages of fringe benefits claimed must be documented in the budget. The fringe benefit percentage must also be documented in the budget.

3. **Travel:** The Travel budget category includes costs for transportation, lodging, and related costs to employees, officers, and volunteers who are in travel status on official business. Mileage and per diem rates should not be greater than the rates approved by the Mississippi Department of Finance and Administration on the date travel was performed.
 4. **Commodities:** The Commodities budget category includes costs of materials and supplies consumed by the program. Items required on the inventory of fixed assets must not be included in the Commodities budget category.
 5. **Contractual:** The Contractual budget category includes costs of services rendered by persons other than employees of the subgrantee under contractual agreements.
 6. **Equipment:** The Equipment budget category includes costs for the purchase of equipment, machinery, furniture and fixtures, and any items which are required to be reported on the fixed asset regardless of cost.
 7. **Subsidies, Loans, and Grants:** The Subsidies, Loans, and Grants budget category includes costs associated with direct assistance to clients and/or lower tier subgrantees. Each lower tier subgrant and amount must be listed individually.
 8. **Other:** Other budget category includes other direct costs that do not fit into the above classifications.
- ii. **Indirect costs** are costs for a common or joint purpose that benefit all programs and projects. The indirect cost rate must be specified in the budget. For subgrants of Federal awards, MSDH cannot restrict or deny indirect costs, unless otherwise specified by the Federal funder. MSDH allows the entity to use its federally negotiated indirect cost rate or the de minimis indirect cost rate.
 1. **Federally negotiated rate** – MSDH must accept the subgrantee's approved federally negotiated rate, unless prohibited by the Federal funder.
 2. **De minimis rate** – If the subgrantee does not have a federally negotiated rate, MSDH must accept the de minimis rate of 10% of modified total direct cost (MTDC). As outlined in 2 CFR 200.68, MTDC means all direct salaries and wages, fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000.
 - c. Services are for the period of **February 15, 2023, to September 29, 2024.**
6. Specification
 - a. Project Narrative Length and Content
 - i. Paper size: 8.5' x 11' inches in a pdf.
 - ii. Page margin size: One inch
 - iii. Font and size: 12-point Times New Roman
 - iv. Spacing: Double spaced
 - v. The Project Narrative must not exceed 10 pages. Project Narratives exceeding 10 pages will have excess pages removed and only the first 10 narrative pages will be provided to the reviewers.

- vi. Page Numbering: Page numbers are to be placed at the top right corner of each page including charts, figures, table, and appendices.
- b. The Project Abstract, Key Staff & Qualifications, Budget, and Budget Narrative are not counted in the 10-page limit.

G. PROCESS FOR SELECTION

- All applications will be carefully reviewed by MSDH and based on submittal of all required documents, completion, and soundness of application.
- Applicants will be notified regarding final status of application.
- Approved applicants will be notified to complete additional required documents.

H. TECHNICAL ASSISTANCE

A grant technical assistance call is scheduled for **Wednesday, November 30th at 2:00 p.m. CST**, using the Zoom information below.

Topic: Technical Assistance - Regional CHW Hubs

Time: Nov. 30, 2022, 02:00 PM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android:

<https://us06web.zoom.us/j/9071350225?pwd=QjRPNUU1MUJyVTJwejdkbTJlZmhWUT09>

Password: 209303

Or Telephone:

Dial:

USA 713 353 0212

Conference code: 977970

Meeting ID: 907 135 0225

Password: 209303

SIP: 9071350225@zoomcrc.com

Password: 209303

I. SUBMISSION DETAILS AND AWARD TIMELINE

1. Request for Proposals (RFP) released **November 16, 2022**
2. Technical assistance call **Wednesday, November 30, 2022**.
3. Proposals due by **5 p.m. CST on Friday, December 16, 2022**. Proposals received after this date and time will not be evaluated.
4. Email proposal to Alice.Griggs@msdh.ms.gov and indicate in the subject line: MDHC Regional HUBs Proposal_ (Name of Organization) and request a delivery receipt.
5. Applicants notified by phone and email on (or about) **Monday, January 2, 2023**.
6. Performance Period is **February 1, 2023, to September 29, 2024**.

APPENDIX A

Mississippi Delta Health Collaborative Program Targeted Counties

1. Bolivar
2. Carroll
3. Coahoma
4. DeSoto
5. Holmes
6. Humphreys
7. Issaquena
8. Leflore
9. Panola
10. Quitman
11. Sharkey
12. Sunflower
13. Tallahatchie
14. Tate
15. Tunica
16. Warren
17. Washington
18. Yazoo

Regional HUBs Areas:

- Bolivar, Humphreys, and Washington
- Carroll, Leflore, Sunflower, and Tallahatchie
- Coahoma, DeSoto, Tunica, Tate, Panola, and Quitman
- Holmes, Sharkey, Issaquena, Warren, and Yazoo

APPENDIX B

BUDGET TEMPLATE EXAMPLE

The budget can be presented by budget year or per objective

CATEGORY	AMOUNT	MATCH, <i>if required</i>	TOTAL
Personnel			
Position			
Fringe			
Type of benefit			
Travel			
Sub-category			
Commodities			
Sub-category			
Contractual			
Sub-category			
Equipment			
Sub-category			
Subsidies, Loan, and Grants			
Sub-category			
SUBTOTAL Direct Costs			
Indirect Costs (at %)			
TOTAL			