

# ASTHMA PREVENTIVE SERVICES PROJECT

REQUEST FOR PROPOSALS  
FEBRUARY 2020



**T H E C E N T E R**  
*at Sierra Health Foundation*

This opportunity is provided by The Center at Sierra Health Foundation in partnership with the State of California's Department of Health Care Services.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California. For information about The Center, visit [www.shfcenter.org](http://www.shfcenter.org).

## READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

### BACKGROUND

The Asthma Preventive Services Project is funded by the California Department of Health Care Services as one-time funding to support local health departments, medical providers and community-based organizations to offer asthma home visiting services, including education and environmental trigger mitigation. Awarded funds will support environmental mitigation, education and disease-management services to individuals with poorly controlled asthma. Asthma is the most common chronic childhood disease with 6.8 million children affected nationwide.<sup>1</sup> In California, one in six children (1.5 million) have been diagnosed with asthma,<sup>2</sup> and it is one of the leading causes of hospitalization. Although asthma affects Americans of all ages, races and ethnic groups, low-income communities and communities of color suffer substantially higher fatality rates, hospital admissions and emergency department visits due to asthma.<sup>3</sup>

Sierra Health Foundation: Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state, and local government agencies; nonprofits; and businesses to advance health equity.

1 Centers for Disease Control and Prevention: National Center for Health Statistics NHISRD, 2006. Analysis by the American Lung Association Research and Program Services Division.

2 UCLA Center for Health Policy Research. 2007 California Health Interview Survey.

3 RAMP. Frequently Asked Questions.

### ASTHMA PREVENTIVE SERVICES PROJECT FUNDING OPPORTUNITY ELIGIBILITY CRITERIA

Organizations must meet the following minimum requirements:

- Located in the state of California.
- Provide services in the state of California.
- Must be a 501(c)(3) community-based organization, local health department, a community-based health care provider or Medi-Cal managed care organization. Community-based organizations with deep community ties are encouraged to apply.
- Have relationships with Medi-Cal populations and have good working relationships with managed care organizations and Medi-Cal providers or a willingness to establish such relationships.
- Applicant organizations and their partners must have evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of its activities or operations.

### SCOPE OF WORK

Activities supported by this funding opportunity must be related to environmental mitigation, education and disease-management services for individuals with poorly controlled asthma, and must be focused on the following three outcomes:

1. Improvement in asthma self-management
2. Decreased exposure to environmental triggers
3. Improved asthma outcomes

In addition, activities should lead to:

Increased capacity to serve individuals with poorly controlled asthma, increased advocacy related to prevention and treatment of asthma, and development of a network of partners to engage in asthma preventive services.

This program is focused on Medi-Cal patients, particularly those children and adults with poorly controlled asthma, as well as undocumented adults who are not otherwise qualified for Medi-Cal and have poorly controlled asthma.

Eligible clients should be individuals with asthma and a severity classification of moderate to severe or poorly controlled asthma (as determined by an asthma-related emergency department visit or hospitalization, or two sick or urgent care asthma-related visits in the past 12 months, or a score of 19 or lower on the Asthma Control Test<sup>4</sup>), or the recommendation from a licensed physician, nurse practitioner or physician assistant.<sup>5</sup>

All funded partners will be expected to participate in regular learning convenings, both online and in-person, which will include topics such as capacity building for asthma, environmental triggers, collective action/partnership building, advocacy and other topics as needed. Funded partners also will be required to cooperate with an external evaluation of the overall program.

## DEFINITION OF TERMS

### Asthma Home Visiting Services

Asthma home visiting services are provided by qualified professionals and include:

- Asthma education

<sup>4</sup> The Asthma Control Test (ACT) is a short, simple, validated patient-based tool for identifying patients with poorly controlled asthma

<sup>5</sup> While the budget language specified moderate to severe asthma, the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma (EPR-3) emphasize control, as opposed to severity, as the most important status for clinicians to track.

- Home environmental asthma trigger assessments
  - Home environmental trigger remediation
- A. Asthma education means providing information to a patient about basic asthma facts, the use of medications, self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms, consistent with the National Institutes of Health's 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3), any future updates of those guidelines and other clinically appropriate guidelines.
  - B. Environmental asthma trigger assessment means the identification of environmental asthma triggers commonly found in and around the home, including allergens, irritants and moisture sources. This assessment shall guide the asthma education about actions to mitigate or control environmental exposures.
  - C. Minor to moderate environmental asthma trigger remediation means conducting specific actions to mitigate or control environmental exposures in the home. Examples include, but are not limited to, providing and putting on dust-proof mattress and pillow covers, providing low-cost products such as high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers and air filters, and utilizing integrated pest management, including performing or referring for the provision of minor repairs to the home's structure, such as patching cracks and small holes through which pests can enter.

### Service Providers

Services should be provided by asthma home visiting professionals. An array of professionals can provide asthma home visiting services, including qualified, non-licensed professionals such as community health workers (CHWs),

promotoras, lay health educators, certified asthma educators, healthy housing specialists and others. Those providing asthma home visiting services must be able to provide culturally and linguistically appropriate services and reflect the community and population served, based on these core competencies:

### Community

- Knowledgeable about oneself (and factors that shape world views, including bias)
- Informed about and reflect the target population
- Understands the norms of this community
- Informed about social and diversity issues that may impact the target population

### Families

- Understands how to effectively communicate and relate to families, including non-traditional caretakers
- Understands different family dynamics and responsive communication strategies
- Knowledgeable about services offered to families within target area
- Able to communicate clearly and across mediums to meet family needs

Asthma home visiting professionals should be trained using curricula, materials, face-to-face client interactions and/or other resources that cover a core set of topics, including, but not limited to, all of the following:

- a. Basic facts about asthma, including contrasts between airways of a person who has and a person who does not have asthma, airflow obstruction, and the role of inflammation.

- b. Roles of medications, including the differences among long-term control medication, quick-relief medications, any other medications demonstrated to be effective in asthma management or control, medication skills and device usage.
- c. Environmental control measures, including how to identify, avoid and mitigate environmental exposures, such as allergens and irritants, that worsen the patient's asthma.
- d. Asthma self-monitoring to assess level of asthma control, monitor symptoms, and recognize the early signs and symptoms of worsening asthma.
- e. Understanding the concepts of asthma severity and asthma control.
- f. Educating patients on how to read an asthma action plan and reinforce the messages of the plan to the patient.
- g. Effective communication strategies, including, at a minimum, cultural and linguistic competency and motivational interviewing.
- h. The roles of various members of the care team and when and how to make referrals to other care providers and services, as appropriate.

## USE OF PROJECT FUNDS

Funds should be used for staff time to conduct outreach and home visits

- Up to five home visits for individuals ages 0-21 and
- Up to three home visits for individuals over age 21.<sup>6</sup>

Additionally, up to \$1,000 per client may be used for minor to moderate remediation of environmental asthma triggers.<sup>7</sup> Any environmental remediation supported by the project should be minor to moderate in nature.

<sup>6</sup> The number of visits is consistent with the Department of Health Care Services' analysis of AB 391.

<sup>7</sup> This amount is based on the Community Preventive Services Task Force's review of asthma home visiting programs plus data gathered from California-based asthma home visiting programs.

Examples include:

- Providing dust-proof mattress and pillow covers
- Offering low-cost products such as high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers and small air filters
- Utilizing integrated pest management (IPM), including performing or referring for the provision of minor repairs to the home's structure, such as patching cracks and small holes through which pests can enter
- Addressing moisture-related concerns, including minor mold remediation and ventilation improvements.

Funds also may be used to support funded partner professional development and staff training, program development, program administration and evaluation. The first year of funding may be used to build up the program appropriately and should be described in the multi-year work plan.

Funding may be used for sub-contracted services (e.g., the lead applicant may not have the capacity itself to provide integrated pest management services and so would need to subcontract), so long as those services are not readily funded by other publicly available resources for which service recipients qualify.

## EXAMPLES OF POTENTIAL FUNDED ACTIVITIES

- Culturally and linguistically appropriate home visitation programs providing asthma education within the home, including information about asthma facts, role of medications, self-management and monitoring techniques and ways to control asthma symptoms from the home environment.
- Culturally and linguistically appropriate home visitation programs assessing the home environment for asthma triggers, identifying allergens, irritants and moisture sources.

- Providing resources for specific actions to reduce asthma triggers, such as putting on dust-proof mattress and pillow covers, providing asthma-friendly cleaning products, air filters and providing referrals for minor home repair.
- Coordinating asthma home visits with clinic-based asthma education.
- Working in partnership with other community-based or advocacy organizations to promote asthma home visiting programs and serving clients.
- Building capacity for policy and systems change activities focused on ongoing access to asthma preventive services for the Medi-Cal population, and learning about and connecting with advocacy efforts related to the social determinants of health, in relationship to your home visiting program.
- Outreach program utilizing credible messengers, such as community health workers, promotoras, cultural brokers or others, to encourage the use of home visitation programs.

## FUNDING INFORMATION

Awarded funds will support asthma home visitation and outreach activities in communities across the state.

In the proposed budget, the number of clients to be served should be identified and the budget should include the funds necessary to provide outreach and home visits to that number of clients. The budget also should include up to \$1,000 per client for environmental trigger remediation activities.

Costs associated with staff training, program development and/or program administration may be included.

Grantee partners also will be expected to participate in a quarterly peer learning network online and one to two in-person convenings and activities that support the reporting requirements (see below). These activities, including travel and lodging costs, should be included in the proposed budget.

Applicants are required to adhere to the budget guidelines included in the Budget Template. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars. Up to 15% of direct costs may be requested as indirect costs.

## TOTAL AWARD AMOUNTS

- Grant funding will be up to \$500,000 for three years for organizations meeting the project eligibility criteria.
- Higher award requests: Any organization committing to see more clients with a higher contract amount may submit a second budget, in addition to the maximum budget for the \$500,000 standard award listed above. This second proposed budget should include additional services and not duplicate services covered in the core \$500,000 budget. The supplemental budget justification should describe what would be achieved with this additional funding, including number of providers trained, number of clients served and amount of home remediation services. These budget requests will be considered, pending available funding. If additional funding is not available, the applicant will be evaluated based on their estimated core budget.

## WHAT WE WILL NOT FUND THROUGH THIS FUNDING OPPORTUNITY

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Purchase of properties or vehicles

## GEOGRAPHIC CONSIDERATIONS

Funding will be distributed in communities throughout California.

## PROJECT TIMELINE

Grants will cover activities for the following time period: August 1, 2020, thru May 15, 2023.

## REPORTING REQUIREMENTS

Funded partners will be required to submit regular progress reports responding to the performance measures identified in their grant agreement and work plan, as well as financial reports describing actual expenditures of grant funding. The reporting template will be provided. Potential performance measures include: numbers and type of outreach and education activities conducted, number and demographics (including, but not limited to, age, ethnicity, gender identity) of the people reached to the extent data can be collected, and evidence of effectiveness of activities.

There will be technical assistance available to assist funded partners in their data collection and reporting requirements.

Performance measures may be revised as needed to address current situations and high-priority challenges.

Progress reports will follow the timeline below.

Report	Period	Due Date to The Center
Progress Report 1	8/1/2020 – 1/15/2021	1/31/2021
Progress Report 2	1/16/2021 – 7/15/2021	7/31/2021
Progress Report 3	7/16/2021 – 1/15/2022	1/31/2022
Progress Report 4	1/16/2022 – 7/15/2022	7/31/2022
Progress Report 5	7/16/2022 – 1/15/2023	1/31/2023
Cumulative Final Report	1/16/2023 – 5/15/2023	5/31/2023

Funded partners will be required to cooperate with an external evaluation of the overall program.

## SELECTION AND EVALUATION CRITERIA

The Center will select applicants who present the most complete and responsive applications demonstrating the most favorable mix of target communities, credentials, capacity, potential and cost. Applications will be judged on overall impact, readiness and strength of team and proposal, and sustainability plans.

The most competitive applications will:

- Clearly explain why the organization is the appropriate organization to implement the Asthma Preventive Services Project, including, but not limited to, track record of engaging with community members impacted by asthma and home visitation programs, and knowledge of and partnerships with other organizations addressing asthma in the community, as well as any experience with advocacy for health equity.
- Demonstrate a track record of collaboration with a diverse set of organizations within the targeted community.
- Convey an understanding of asthma and the environmental, economic and social factors that contribute to the disproportionate rates of asthma among low-income communities of color.
- Demonstrate that the proposed project will serve low-income communities and communities of color disproportionately impacted by asthma.
- Demonstrate the ability through staffing, partnerships, program strategies and approaches to provide a comprehensive asthma home visitation program that is culturally responsive and linguistically appropriate.
- Show evidence of working with low-income and underserved and/or inappropriately served populations, including Medi-Cal beneficiaries and undocumented populations. \*For data resources, visit [www.shfcenter.org/asthma](http://www.shfcenter.org/asthma).

- Affirm the applicant's ability to submit bi-annual data and financial progress reports on a specific set of measures.
- Affirm participation in technical assistance and learning exchange activities, with possible travel.
- Affirm participation in evaluation and data collection activities.

Applications also must adhere to funding guidelines and present a budget clearly linked to the proposed activities. If grant requests exceed available funding, the review committee will consider factors such as geographic diversity, underserved population or service area, diversity in organization type and prevalence of asthma in population served in determining awards.

At The Center's discretion, criteria are subject to change to best meet programmatic needs and funder requirements.

## APPLICATION TIMELINE AND GUIDELINES

At The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funder requirements.

### APPLICATION DEADLINE:

April 28, 2020, at 1 p.m. (Pacific Time)

### REVIEW OF APPLICATIONS:

May – June 2020

### APPROXIMATE AWARD ANNOUNCEMENT:

Mid-July 2020

### APPROXIMATE DATE GRANTS ISSUED:

August 2020

NOTE: All funding will be back-dated to August 1, even if grant agreements are signed after August 1.

To be considered, proposals must be submitted by 1 p.m. (Pacific Time) on the deadline date of April 28. Proposals received after the due date/time will not be reviewed.

Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.

## PROPOSERS' WEBINAR AND TECHNICAL ASSISTANCE

We have scheduled a proposers' webinar to review the Asthma Preventive Services Project funding opportunity and the application process, and to answer your questions. Participation in the webinar is strongly recommended. Please review the application materials prior to registering for the webinar.

## RFP REVIEW WEBINAR

Wednesday, March 4, 2020 • 10:00 a.m.

Register online at: [www.shfcenter.org/asthma-webinar/march-4](http://www.shfcenter.org/asthma-webinar/march-4)

\*Please note, the link to join the webinar will be included in your registration confirmation e-mail.

Technical assistance can be utilized in the development of your application, including:

- Discussion of application scope of work
- Data assistance
- Identification of partners

Technical assistance will not include a review of your application, work plan or budget prior to submission, and technical assistance providers cannot provide specific application recommendations.

To request technical assistance, please e-mail [ta@rampasthma.org](mailto:ta@rampasthma.org). For technical assistance in submitting a grant application or using the online portal, please e-mail [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org).

## IMPORTANT APPLICATION GUIDELINES

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFP components.
- Applications are due no later than 1 p.m. (Pacific Time) on April 28, 2020.
- Submit the application via our online portal through [this link](#). New users of the portal will need to create an account as the first step in the application process. You will only use this link one time to initiate your application. After you have started working on your application, use the link below or the link you received via e-mail to continue working on your saved application.
- In the portal, for optimal functionality, use Internet Explorer as the browser when working on a PC and Safari as the browser when working on a Mac. Do not use Google Chrome.
- Respond to all required fields (marked with an \*).
- Upload all attachments listed under "Application Checklist" below.
- On the portal, you may click "Save & Finish Later." You will receive an e-mail with a link to return to your in-progress application. You may also use [this link](#) to return to your in-progress application.
- Click "Save & Finish Later" any time you will not be working in your application for a few minutes.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Application Online Help.

Send questions related to the  
Asthma Preventive Services  
Project funding opportunity to  
[centergrants@shfcenter.org](mailto:centergrants@shfcenter.org)  
with the subject line:  
Asthma Preventive Services  
Project RFP Question

Incomplete applications will not be reviewed.

Applications received after the above deadline may  
not be considered.

If you are unable to submit your application online or need  
help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with  
the subject line: Application Online Help.

## APPLICATION CHECKLIST

- Initiate the funding application online. The link is also posted on the Asthma Preventive Services Project Program web page: [www.shfcenter.org/asthma](http://www.shfcenter.org/asthma).
- Application Attachments
  - Proposed budget completed in The Center's Proposed Budget Template (template available in the online portal) (required)
  - Supplemental budget completed in The Center's Supplemental Budget Template (template available in the online portal) (if applicable)
  - Proposed budget justification (required)
  - Supplemental budget justification (if applicable)
  - Applicant organization's W-9 (required)
  - Work plan completed in The Center's template (template available in the online portal) (required)
  - Support letter signed by the applicant organization's administrator/executive (required)
  - Letters of support from partner organizations (required)

## APPLICATION FOR REFERENCE ONLY SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL

If you are unable to submit your application online or need help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Asthma Preventive Services Project Application Online Help.

### ASTHMA PREVENTIVE SERVICES PROJECT GRANT APPLICATION

#### APPLICANT ORGANIZATION INFO

Organization name

Is this organization a fiscal sponsor?

Name of fiscally sponsored project, if applicable

Address

County

Phone

URL (optional)

Director/CEO Contact Name

Director/CEO Contact Title

Director E-mail address

Director phone

Application Contact

Application Contact E-mail Address

Application Contact Phone

Applicant Organization Tax ID #

Organization Status – Organization has 501(c)(3) nonprofit status with the IRS. Yes, No, Unsure

What is the applicant organization's annual budget amount?

Does the applicant organization have an annual financial audit? Yes, No

## PROJECT INFORMATION

Project Name (10 words maximum):

Brief Summary and Purpose of Project (100 words maximum):

Amount Requested (up to \$500,000): \$ \_\_\_\_\_

Start Date: August 1, 2020

End Date: May 15, 2023

## GEOGRAPHY

### County-level

Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100. (A list all 58 California counties is in the online application.)

### Population to be served [able to choose multiple]

**Disproportionately impacted population(s) you will predominantly be serving:**

- African-American/Black
- Asian-American/Asian Pacific Islander
- Latino/Hispanic
- Native American
- Children
- Farmworkers/Agricultural Laborers
- Households with Limited English Proficiency
- Immigrants (including undocumented)
- Seniors/Older Adults over age 55
- Veterans
- Refugees
- Other and/or sub-population [specify]

## NARRATIVE QUESTIONS

**Organization Description.** Provide a brief overview of your organization, a) when it was established, b) racial/ethnic make-up of board and staff, c) your organization's mission, d) whom you serve, e) geographic area your organization covers, f) socio-economic status of community served, g) the types of programs you operate and h) interest and experience with advocacy for health equity. (300 words maximum)

**Track Record with Community.** Describe your organization's history and relationship with the community disproportionately impacted by asthma selected in the Project Summary section of this application. If another asthma home visiting program exists in your service area, please describe how your organization will complement and not duplicate services. (200 words maximum)

**Need.** Provide a brief description of the need, challenge or issue the project will address, and the target population(s) that will be impacted, including the prevalence of asthma within the community served. Please include any data available. (300 words maximum)

**Partnerships.** Provide a brief description of your organizations partners that will be a part of this project, including those providing referrals, outreach and advocacy efforts. (200 words maximum)

**Use of Funds.** Describe in detail your plan for using these funds. Include how you plan to provide Asthma Preventive Services Project services and the number of clients you expect to serve per year. Describe your plan for conducting outreach to your target population, including how you will identify clients, receive and manage referrals, and coordinate with clients' medical homes. Describe how grant funds will allow you to increase the impact you are having on asthma and asthma disparities in California. (400 words)

**Organizational Capacity and Staffing.** Describe 1) your organization's capacity to implement the project in terms of staffing, experience, and other resources 2) how this project may further build your organization's capacity and 3) Describe your staffing for this project, including who provides the services, how many asthma home visiting professionals you plan to use, the training and supervision home visitors receive and the capacity to meet the cultural and linguistic needs of your target populations. (300 words maximum)

**Data Collection and Tracking Capacity.** Describe your organization's capacity to 1) collect and track referrals, services provided and other project indicators and 2) store, summarize and report service and client data. Identify services and client data that you currently collect. (200 words maximum)

**Relationship to Managed Care Organizations.** Describe your relationship(s) with local managed care organization(s), especially those contracted to serve Medi-Cal beneficiaries in your area, for minimum outreach and referral assistance and evaluation support. If such relationships with managed care organizations do not exist, describe your plan to develop them. (100 words maximum)

**Sustainability and Funding.** Describe how you have coordinated or plan to coordinate funding for asthma-related programs with other funding sources and programs to provide holistic services to clients. How can your project utilize this funding to support sustainability for your work after funding ends? (100 words maximum)

**Technical Assistance.** What technical assistance would your organization benefit from in implementing this project? This technical assistance can be focused on organizational capacity building and/or community capacity building. This information will help us plan our learning convenings. (150 words maximum)

## ATTACHMENTS

- Proposed Project Budget (required) - Download The Center's budget form in the Attachments tab of the online application form, fill it in and upload it. Be sure to complete a budget for each year. Each budget will roll up to the total budget spreadsheet.
- Supplemental Project Budget (optional) - Download The Center's Supplemental budget form in the Attachments tab of the online application form, fill it in and upload it. Be sure to complete a budget for each year. Each budget will roll up to the total budget spreadsheet. The supplemental budget should only include additional services.
- Proposed Project Budget Justification (required) - Please describe expense line items and what they will support. You may download a template in the Attachments tab of the online application form for use.
- Supplemental Project Budget Justification (optional) - Please describe expense line items and what they will support. You may download a template in the Attachments tab of the online application form for use.
- Applicant organization's W-9 (required)
- Work plan (required) – Download The Center's work plan template in the Attachments tab of the online application form, fill it in and upload it.
- Support letter signed by the applicant organization's executive. This letter should include affirmation of implementation of the project, participation in learning convenings and statewide and cross project evaluation activities with an external evaluator.
- Support letter and/or written agreement from partners, community stakeholders, local Managed Care Organizations, other allies and contributors, etc. (maximum 3) (required)