

# Culturally Relevant and Affirming Health Care Training Program

## Request for Proposals

### I. Funding Opportunity Summary and Purpose

The health care system is an essential support and service to communities across Colorado. Overtime, it has become clear that the health care system has become inaccessible to underserved and marginalized communities across Colorado and the country. Beyond the systemic barriers to access to care, it is also known that access to care is impacted by the biases, implicit and otherwise, of health care providers. It is important to address these biases in a way that centers underserved and marginalized communities, what they need while also centering opportunities for health care providers to learn.

This funding opportunity is made possible through House Bill 22-1267 and aims to fund nonprofit organizations, health care providers and health care associations to conduct culturally relevant and affirming training with health care providers to improve health outcomes of underserved and marginalized communities.

The training program will adhere to the National CLAS Standards in its approach to advance health equity, improve quality, and eliminate health disparities. Successful RFA applicants will apply best practices in adult learning, including autonomous and self-directed learning; understanding and utilizing the accumulation of past life experience and knowledge; and practical, goal-oriented and relevant skill-based learning.

Successful applications will highlight the planning, design, and implementation of such trainings within the term of the award.

### II. Eligibility

Nonprofit entities, statewide associations of health care providers, and health care organizations.

### III. Key Information

Award Duration: Seven (7) Months

Award Period: 10/15/2023-5/30/2024

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### Important Dates

RFA release- September 8, 2023

RFA webinar – September 15, 2023 12-1pm (<https://zoom.us/j/220561396>)

September 18, 2023 5-6pm (<https://zoom.us/j/220561396>)

RFA closes – October 8, 2023

Notice of Award – October 16, 2023

Anticipated Start Date – October 22, 2023

Anticipated End Date – May 30, 2024

Final Report Due – June 15, 2024

#### IV. Background

This RFA provides funding to nonprofit entities and statewide associations of health care providers to implement [HB 22-1267](#). HB22-1267 requires the Office of Health Equity (OHE) in the Colorado Department of Public Health and Environment (CDPHE) to contract with a third-party administrator, the Trailhead Institute, to create a culturally relevant and affirming health care training grant program. Trailhead will provide program oversight and funding to nonprofit entities and health care associations to develop new, culturally relevant training for health care providers across Colorado. The funding provided will improve quality of health care services among priority populations (defined below) through provider capacity-building training programs. The funding is intended to benefit health care providers across Colorado, patients from culturally diverse and marginalized communities, as well as the state of Colorado by improving health outcomes and decreasing health disparities for all Coloradans.

#### V. Available funding

A total of \$780,000 is available under this Request for Applications. It is expected that no more than 15 awards will be made to eligible and qualified applicants not to exceed \$80,000 per award. Total of number of awards will be dependent on funds available and qualified applications received.

#### VI. Definitions

**Culturally relevant and affirming health care training**, as defined by HB 22-1267, includes those that:

- a) Teach providers how to provide effective, equitable, understandable, safe, quality, and respectful care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs;
- (b) Equip providers with the knowledge, skills, and awareness to best serve all patients, regardless of cultural or language background; and
- (c) Focuses on (i) Culturally responsive and clinically competent care for priority populations; and (ii) Intersectionality, respectful care, implicit biases, and sexual orientation and gender identity data collection.

Additionally, culturally responsiveness in health care refers to services and care that exemplify cultural understanding, competency, and humility from providers, as well as engage families and communities in developing, designing, delivering and evaluating care.

HEC: [Health Equity Commission](#) under the Office of Health Equity

HB 22-1267: [House Bill 22-1267](#), legislation that directs this Request for Applications (RFA) and work plans.

Health care provider: An individual licensed, certified, or registered pursuant to [Title 12](#) to provide health-care services and an individual certified or licensed as an emergency medical service provider by the Colorado Department of Regulatory Agencies. "Provider" does not include a veterinarian.

Health care Organization: A non-governmental non-profit or for-profit organization that provides or

supports the delivery of health care services. Examples include but are not limited to hospitals/hospital systems, integrated health care systems, federally qualified health centers, safety net clinics, ambulance and emergency services agencies and provider groups.

Non-profit organization/entity: An organization or group of organizations described in section 501 (c)(3) of the federal “Internal Revenue Code of 1986”, as amended, which are exempt from income tax under section 501 (a) of such code.

Priority populations: People experiencing homelessness; people involved with the criminal justice system; Black people, Indigenous people, and people of color; American Indians and Alaska Natives; veterans; people who are lesbian, gay, bisexual, transgender, queer, or questioning; people of disproportionately affected sexual orientations and gender identities; people who have AIDS or HIV; older adults; children and families; and people living with disabilities, including people who are deaf and hard of hearing, people who are blind and deafblind, people with brain injuries, people with intellectual and developmental disabilities, people with other co-occurring disabilities; and other populations as deemed appropriate by the Behavioral Health Administration.

Program: The Culturally Relevant and Affirming Health Care Training Grant Program administered by OHE and the source of funding for this Request for Applications.

PDF: Portable Document Format

Regulator: Within a particular part or article of [Title 12](#), the director or a board or commission, as appropriate, that has regulatory authority concerning the practice of a profession or occupation regulated by that part or article of [Title 12](#).

RFA: Request for Applications

Statewide association of health care providers: A health care provider-serving organization that includes members from across the state. Examples include but are not limited to the Colorado Medical Society, the Colorado Academy of Family Physicians, the Colorado Chapter of the American Academy of Pediatrics, the Colorado Nursing Association, the Colorado Dental Association, the Colorado Academy of Physician Assistants, The Colorado Society of Advanced Practice Nurses, the Colorado Pharmacists Society, and the Colorado Association of Naturopathic Doctors.

Subawardees: Eligible RFA entities selected by Trailhead and approved by the Health Equity Commission under the OHE and CDPHE.

### Work Plan

<b>Objective:</b> No later than the expiration date of the contract, health care providers in Colorado receive training to provide culturally responsive and affirming care that promotes the health of their patients and their communities.	
<b>Primary Activity #1</b>	Subawardee shall complete a work plan to train health care providers on culturally relevant and affirming care.
Sub-Activities #1	<ol style="list-style-type: none"><li>1. Subawardee shall sign and follow an agreement with Trailhead that includes:<ol style="list-style-type: none"><li>a. scope of work,</li><li>b. budget,</li><li>c. requirements (including Standards and Requirements as stated below),</li><li>d. deliverables and</li><li>e. due dates through May 30, 2024.</li></ol></li></ol>

<b>Primary Activity #2</b>	Subawardee shall engage in technical assistance with Trailhead.
<b>Sub-Activities #2</b>	<ol style="list-style-type: none"> <li>1. Subawardee shall work with Trailhead to ensure technical assistance needs are being addressed as it relates to:               <ol style="list-style-type: none"> <li>a) performance,</li> <li>b) contract compliance,</li> <li>c) spending through May 30, 2024, and</li> <li>d) Work with regulators and related organizations to encourage health care providers to participate in the training program and obtain continuing education credits where applicable.</li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>2. Subawardee shall communicate needs related to ongoing support and technical assistance to facilitate appropriate, successful, and timely completion of all contract requirements, deliverables, and budget spending.</li> </ol>
<b>Primary Activity #3</b>	Subawardee shall summarize and report on training evaluations.
<b>Sub-Activities #3</b>	<ol style="list-style-type: none"> <li>1. Subawardee shall complete evaluations to determine the following:               <ol style="list-style-type: none"> <li>a. efficacy of the trainings to increase.                   <ol style="list-style-type: none"> <li>i. Knowledge,</li> <li>ii. skills and</li> <li>iii. capacity, and</li> <li>iv. to gather feedback from training participants on the training elements that were most beneficial and least beneficial.</li> </ol> </li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>2. Subawardee shall develop a method for collecting and synthesizing training evaluations and training participant feedback from participants.</li> </ol>
<b>Standards and Requirements</b>	<ol style="list-style-type: none"> <li>1. The subawardee shall implement this work plan in accordance with HB 22-1267.</li> <li>2. The subawardee shall implement the work plan, including the evaluation activities based on the “Qualities Clinicians Need to Have to Deliver Integrative Care.” For the purpose of this RFA, Integrative Medicine is not meant to imply Complementary Medicine. This standard is incorporated, made part of this RFA by reference, and is available at the following website: <a href="https://www.healthleadersmedia.com/clinical-care/qualities-clinicians-need-have-deliver-integrative-care">https://www.healthleadersmedia.com/clinical-care/qualities-clinicians-need-have-deliver-integrative-care</a></li> <li>3. The subawardee shall implement this work plan, including the evaluation activities, with adherence to the National CLAS Standards. This standard is incorporated, made part of this RFA by reference and is available on the following website: <a href="https://thinkculturalhealth.hhs.gov/clas/standards">https://thinkculturalhealth.hhs.gov/clas/standards</a></li> <li>4. The subawardee shall implement this work plan serving priority populations as defined above utilizing “A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities,</li> </ol>

	<p>People with Disabilities and Sexual and Gender Minorities" and two additional CLAS resources, one for people experiencing homelessness and people who have HIV/AIDS, as guidance to adhering to the National CLAS Standards stated above. This standard is incorporated, made part of this RFA by reference and is available on the following websites:</p> <ol style="list-style-type: none"> <li><a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit_12-7-16.pdf">https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit_12-7-16.pdf</a></li> <li><a href="https://cceh.org/cultural-competency/">https://cceh.org/cultural-competency/</a></li> <li><a href="extension://efaidnbmnnnibpcajpcglclefindmkaj/https://bphc.hrsa.gov/sites/default/files/bphc/technical-assistance/clas-standards-transcript.pdf">extension://efaidnbmnnnibpcajpcglclefindmkaj/https://bphc.hrsa.gov/sites/default/files/bphc/technical-assistance/clas-standards-transcript.pdf</a></li> </ol> <p>5. The subawardee shall use all funds, by May 30, 2024.</p>
<b>Expected Results of Activity(s)</b>	<ol style="list-style-type: none"> <li>Knowledge, skills, and capacity for culturally responsive and affirmative health care among health care providers is increased.</li> </ol>
<b>Measurement of Expected Results</b>	<ol style="list-style-type: none"> <li>Evidence of increased knowledge, skills and capacity of training recipients based on training program evaluations and participant feedback.</li> </ol>

#### VII. Unallowable Costs:

- Payment or reimbursement of backfilling costs for staff.
- Construction or major renovations.
- Salary of an individual at a rate in excess of Executive Level II or \$187,000 per year.
- The purchase of clothing.
- The purchase of alcohol.
- The purchase or support (feed) for animals for labs, including mice.
- The purchase of a house or other living quarters for those under quarantine.
- The purchase of vehicles to be used as means of transportation for carrying people or goods, such as: passenger cars or trucks and electrical or gas-driven motorized carts.
- Clinical care.
- Entertainment, including amusement, diversion, and social activities and any costs directly associated with such costs.
- Fund raising activities and lobbying.

#### VIII. Application Process

Submission Method: Access the online submission system by clicking the webpage. The "Save and Return Later" button at the bottom of the online forms allows applicants to access and revise information as often as needed up until they click "Submit." Items received after the deadlines will not be accepted.

Application Guidelines: Refer to the Application Guidelines posted on the webpage for information and documentation that is collected in the online Intent to Apply Form and Application Form.

**A. Application Form: APPLICATIONS ARE DUE BY 11:59 P.M. ON October 8<sup>th</sup>.** The

unique link to the online Application Form is <https://fs25.formsite.com/CCTSI/6swkrsdpbm/login>. Upon submission the applicant should receive an immediate email confirmation, including a PDF of the full application submission. Once submitted, applications are considered final and cannot be modified – no exceptions.

**B. Formatting Guidelines**

1. Applications must be submitted online via Formsite.
2. Application consists of a written narrative, budget and a completed W9.
3. Offline portions of the applications must be written in Arial, 11- point font.
4. Offline portions of the applications must be single-spaced with one-inch margins.
5. Applications must adhere to the page limits and other instructions outlined in the application forms.

**IX. Review Process**

A Review Committee will review all grant applications. Applications should be precise, succinct, and should answer all applicable questions **in the order in which they are presented** in the application.

**X. Review Criteria**

Funding recommendations will be based on an assessment of the merits and potential impact of each application and a comparison of the budget request to the proposed work plan, which will be reflected in a numerical score by which applications will be ranked on each category of the application questions. Application Questions are included below for reference, and the scoring criteria for each section is as follows:

- Non-responsive (1)
- Poor (2)
- Fair (3)
- Average (4)
- Good (5)
- Excellent (6)

Scores will be weighted based upon the percentages listed next to each category in the Application Questions below.

**XI. Pre-award Requirements**

1. Complete and sign an agreement outlining the expectations and requirements for receiving and expending funds.
2. Complete and return a completed W9.

## Application Questions

### Design (40%)

- Describe the structure and timeline of your anticipated training(s) including:
  - a. specific tasks/activities,
  - b. responsible party for each task/activity,
  - c. timelines for each task/activity,
  - d. due dates for each task/activity, and
  - e. related outcomes for the tasks/activities for an organized and intentional approach to successfully completing the Project.
  
- Describe how you will provide effective, equitable, understandable, safe, quality and respectful care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
  
- Describe your knowledge, skills, and awareness to best serve all patients, regardless of cultural or language background.
  
- Describe how you will focus on culturally responsive and clinically competent care for priority populations as defined above, and intersectionality, respectful care, implicit biases, and sexual orientation and gender identity data collection.
  
- How will participants access and engage in the training(s)?
  
- How are CLAS standards implemented into the training(s) design?
  
- Who are the priority populations that will be impacted through the anticipated learnings of the training(s)?
  - People experiencing homelessness
  - People involved with the criminal justice system
  - Black people, indigenous people, and people of color
  - American Indians and Alaska natives
  - Veterans
  - People who are lesbian, gay, bisexual, transgender, queer, or questioning
  - People of disproportionately affected sexual orientations and gender identities
  - People who have AIDS or HIV
  - Older adults
  - Children and families
  - People with disabilities, including people who are deaf and hard of hearing, people who are blind and deafblind, people with brain injuries, people with intellectual and developmental disabilities, people with other co-occurring disabilities
  - Other populations as deemed appropriate by the office of behavioral health
  
- How are you qualified to address the needs of these populations?
  
- How will the training use best practices in adult education and adult learners?

#### Implementation (20%)

- What cadence will the training(s) take place?
- How many participants do you plan to attend the training(s)?
- What content will be covered in the training(s)?
- What will be required/suggested of participants in the training(s)?

#### Desired Outcomes (20%)

- What will be measured to understand if the training(s) was successful?
- How will feedback from participants be captured/implemented?
- How will priority populations be impacted through the implementation of the training(s)?
- How will outputs and outcomes be differentiated through this evaluation?

#### Budget (20%)

- Complete the budget (10%) and budget narrative (10%)