Office of Policy and Management (OPM) Health Disparities and Prevention Insights Request for Information (RFI) Response Overview

Background

Legislative History

Public Act 21-11, referred to as "the bond bill" established a new Health Disparities and Prevention Grant Program. The 2021 budget implementer, Public Act 21-2, section 471 amended the bond bill reducing from $40 million to $25 million this particular bond authorization. The funding also provides up to $300,000 for a disparity study to inform the grant program. OPM conducted the RFI to help inform the potential development of a Request for Proposals (RFP) and to determine whether a study is necessary to gather additional information for the RFP development process.

RFI: Health Disparities & Prevention Insights

Similar to the model used for administration of the non-profits capital grant program, OPM developed an RFI to solicit input on the use of capital projects to address public health disparities and agencies/organizations that have expertise in addressing public health disparities through capital investments.

RFI Summary**:** OPM is interested in learning about potential uses of capital investment to address public health disparities and has issued this RFI to gather knowledge, ideas or best practices in the community health and behavioral health industry to strengthen the operations, effectiveness, and accessibility of community health centers and mental health and substance use treatment providers to address disparities in public health and accelerate the post-COVID-19 pandemic recovery. The RFI and related information is available at:

https://webprocure.perfect.com/wp-web-public/#/bidboard/bid/97423?customerid=51

RFI Release Date: 02/04/2022 and RFI Responses Due Date: 03/14/2022, 5:00 PM ET.

List of RFI Respondents

(1) **SAS, Inc**. – A data analytics group.
(2) **Fair Haven Community Health Care** – A Federally Qualified Health Center.
(3) **Effective Healthcare Medical P.C.** – A Physician specializing in telehealth/kiosks.
(4) **Health Equity Solutions** – A nonprofit organization with a mission to promote policies, programs, and practices that result in every Connecticut resident experiencing equitable health care access, delivery, and outcomes regardless of race, ethnicity, or socioeconomic status.
(5) **Community Health Center Association of Connecticut** - A not-for-profit organization dedicated to strengthening and supporting the clinical and administrative operations of community health centers across Connecticut.
(6) **Livanta LLC** – A federal quality improvement organization.

Summary of Responses

The range of major themes present in the RFI submissions relating to community physical and behavioral health needs included overarching system changes such as embracing telemedicine, increased digital tools such as case management technology, more standardized data collection

processes related to race, ethnicity and language (REL categories), and direct physical infrastructure support for front-line service delivery entities, as well as expanded service interventions such as new neighborhood drop-in centers and recovery programming.

When noting potential opportunities for capital investments that could address identified gaps, respondents highlighted the need for the State to engage in more intentional outreach and technical assistance to specific community physical and behavioral health entities to determine their capital needs and a general agreement that capital investment should be considered broader than physical plant assets and extend to supporting the overall capacity needs of entities through technology upgrades and creating infrastructure connections to increase accessibility and address social determinates of health (e.g. transportation options, affordable and accessible childcare, and addressing housing and food insecurity).

Respondents identified the following categories of need and potential areas for utilization of capital investment to address them (a detailed table of identified strategies can be found in Appendix A):

1. Improve access to physical & behavioral health care for under-served/at-risk populations
2. Ensure equity in the provision of physical & behavioral health care
3. Promote and invest in data collection, sharing and reporting
4. Increase the availability of physical space and programming for at-risk populations
5. Focus on workforce development
6. Provide flexible community funding that allows innovation and targeted utilization

<u>Panel Determination on Whether Further Study Is Needed to Develop and Issue a Meaningful Request for Proposals</u>:

The goals of the RFI were to (1) provide the State with the information needed to potentially develop a RFP to make capital investments that will address public health disparities, and (2) determine based on the RFI responses if the State is in possession of enough information to draft an effective RFP or if a study is needed to further inform the RFP development process. Based on the detail and quality of RFI responses received, it was determined that no further study is needed.

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APPENDIX A

Major themes identified in the RFI related to public health needs, gaps and areas for improvement that contribute to public health disparities and how capital investment can address identified gaps and areas for improvement.	
Identified Gaps/Areas for Improvement	
1. Improve Access to Physical & Behavioral Health Care for Under-served/At-Risk Populations	
a. Add health center service locations in rural, low-income and other underserved communities.	
b. Invest in transportation infrastructure – especially in rural areas.	
c. Purchase vehicles for all community-health workers and care coordinators so they can go to patients without access to transportation or local care.	
d. Invest in traditional telehealth, telehealth kiosks that can be located in libraries and establishment of telehealth pods/clinics.	
e. Invest funds to eradicate "digital deserts" in underserved areas.	
f. Increase reimbursement to health centers, especially those that serve higher proportions of uninsured patients.	
g. Support grants for the purchase of mobile medical and dental clinics/vans.	
h. Fund community-based health navigators or community health workers (CHWs) to ensure individuals can navigate complex health systems and insurance options and obtain preventive health information.	
i. Invest in holistic care that treats the whole person, especially in regard to behavioral health treatment.	
2. Ensure Equity in the Provision of Physical & Behavioral Health Care	
a. Eliminate structural and systemic inequities rooted in racism and discrimination that have led to significant differences in access to health care, treatment, and ultimately, health outcomes.	
b. Implement and fund programs and services that address social determinates of health such as housing insecurity, food insecurity, and avoiding adverse childhood events. Specific areas of investment include: • Developing partnerships with local farmers to make farmers market vouchers available to health center patients; • Investing in food trucks that provide showers, bathrooms and meals for homeless that visit local libraries; and • Purchasing tiny houses to address housing insecurity.	
c. Incentivize progress toward equity by revising Medicaid payment methodology for community health centers to reflect quality of patient care versus patient volume.	
d. Develop a methodology for identifying and reaching vulnerable populations.	
e. Support 24/7 wraparound behavioral health access and care, by utilizing the system of behavioral health centers that encompass the deployment of certified peer support specialists (CPSS).	
3. Promote and Invest in Data Collection, Sharing and Reporting	
a. Make targeted capital investments to modernize and align state infrastructure in order to fully implement standardized REL categories as required by Public Act No. 21-35.	

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b. Invest in data collection methodology, software, and infrastructure necessary to (1) address gaps in data collection and create uniform data collection platforms to reduce silos, and (2) encourage data sharing to capture critical demographic and socioeconomic information that could be used to inform policy approaches.
c. Address legal barriers to and enhance the safe and secure sharing of data between state agencies to improve program integrity, policy analysis, research, and performance management.
d. Invest in advanced analytics to identify health disparities and provide for active prevention through risk stratification, system-wide perspectives that provide increased opportunity for fiscal savings and streamlining.
4. Increase The Availability of Physical Space and Programming For At-Risk Populations
a. Address the need in under-resourced neighborhoods for drop-in centers for individuals facing homelessness and/or addiction, both of which are experienced disproportionately by people of color.
b. Create spaces and opportunities for Alcoholics Anonymous, Narcotics Anonymous, and other community-based, evidence-based group interventions to build recovery capacity among those with substance use disorders.
c. Provide spaces in under-resourced neighborhoods for: (1) therapeutic after-school programming for all youth including at-risk youth; (2) adult day-care programming; and (3) exercise and nutrition education, including diabetes prevention and management.
d. Fund health centers to increase their physical space to address capacity issues created by current physical space limitations.
e. Provide technical assistance to individual health centers regarding identification of their capital needs and the improvements to their physical plants that will increase care efficiency.
f. Fund capital improvements at health centers to update existing facilities in order to increase their competitive edge in applying for federal, state, and private grants. These should include “invisible improvements” such as, HVAC and technology updates.
g. Retrofit and upgrade schools, community centers, and other spaces to increase access to safe, climate resilient spaces.
5. Focus on Workforce Development
a. Provide health centers the funding necessary to offer salaries that are competitive with other entities in the health care system and will allow for the recruitment and retention of a trained workforce.
b. Improve healthcare workforce efficiency to help address consequences of workforce shortages in underserved communities.
6. Provide Flexible Community Funding that Allows Innovation and Targeted Utilization
a. Leverage dollars and promote larger projects by directing monetary investments to entities that have already secured a portion of needed funding from other sources.
b. Incentivize capital improvements that will expand access to evidence-based community programming and/or healthcare services.
c. Encourage projects involving collaborative efforts and linkages between various organizations (e.g., community health centers, schools, community centers, libraries, and farmers’ markets) to address social determinants of health.

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d. Fund innovative evidence-based programming unrelated to direct care that can result in better health outcomes such as Demonstration Community Kitchens (a project that builds public space and provides the supplies to host healthy cooking classes, provide dietary information and foster community engagement).