



## **INVITATION/REQUEST FOR PROPOSAL ANNOUNCEMENT**

### **FAMILYCARE COMMUNITY HEALTH INITIATIVE**

#### **Introduction:**

FamilyCare, Inc. is responsible for improving the health of the individuals, families and communities we serve through innovative systems. FamilyCare demonstrates that responsibility by supporting individuals, nonprofit organizations and agencies, as well as partnering with coalitions of nonprofit organizations and agencies, which serve our socially, economically, culturally and linguistically diverse members on a daily basis. With direction from our Community Advisory Council, FamilyCare is prioritizing the health and well-being of Transition Age Youth (ages 15-25) in our service area of Marion, Multnomah, Clackamas, and Washington Counties

#### **Focus Area Overview:**

FamilyCare's Community Advisory Council recently developed a Community Health Improvement Plan with the primary focus of improving the health literacy and health engagement of transition age youth and young adults who deserve an equitable opportunity to make the choices that lead to good health. The goal of the Community Health Improvement Plan is to ensure that all FamilyCare transition age youth members have access to supportive opportunities in healthcare integration, in health literacy, and in effective care coordination.

FamilyCare is seeking proposals for projects, beginning January 1, 2015 and ending on June 30, 2016, which align with one or more of the following identified priorities for transition age youth and young adults:

1. Access to and engagement in care, specifically around mental health and substance use treatment including what barriers may exist for this population.
2. A culturally sensitive healthcare system that has the understanding of knowing how to communicate with the transition age youth population, and operationalizes best practices in serving them.



3. Support in transitioning patients from child to adult healthcare systems in a pivotal time of life, especially in the area of mental health services, and youth of color, youth experiencing homelessness, children of low-income immigrants, youth with mental health or substance abuse issues, those aging out of foster care, those in the justice system and those with disabilities.

Funding decisions will be based on how well proposed projects, and implementation plans, address one or both of the following measures:

- a) Increase of health literacy and wellness knowledge for 15-25-year-old FamilyCare members (knowledge gain)
  - Proven ability to effectively communicate health issues to youth such as reproductive health, substance use, and importance of prevention;
  - Ability to assist youth in navigating the health system and connecting with transition age youth programs,
  - Experience at hosting “healthy lifestyle” trainings such nutrition, pre-diabetic awareness and tobacco cessation.
  
- b) Increase of engagement in health and healthcare for 15-25-year-old FamilyCare members (behavior change). For example,
  - Assist in creating a transition age youth advisory council;
  - Proven ability to decrease emergency room visits and urgent care visits;
  - Proven ability to increase the number of Primary Care Provider visits;
  - Proven ability to transition FamilyCare members into suitable care based on acuity;
  - Proven ability to increase the number of adolescent well-child visits, bi-annual dental visits.



A successful application will be able to answer three foundational questions:

- How do you define health engagement and/or health literacy?
- How will you identify gaps that exist in health engagement and/or health literacy?
- How will you measure and demonstrate improvement?

**Applicant Eligibility:**

Nonprofit organizations and agencies which serve age 15-25 year olds in Marion, Clackamas, Multnomah, and Washington Counties.

**Timeline:**

RFP Issued: November 18, 2014

Completed Applications Due: December 10, 2014

Award Date: by December 31, 2014

Project Time Frame: June 30, 2016 (18 months), with interim reporting

**Range of Award:**

Up to \$50,000; projects outside of this range may be considered based on merit.

**Submission:**

Email completed applications in pdf format to Brett Hamilton, FamilyCare Health Policy and Program Manager, [bretth@familycareinc.org](mailto:bretth@familycareinc.org). on or before the due date. Please direct all pre-application inquiries to Brett Hamilton: [bretth@familycareinc.org](mailto:bretth@familycareinc.org). or 503-349-5921.

**Review and Award Process:**

Applications will be reviewed and additional information will be requested as appropriate, prior to notification of award or decline of the request. Notification of award or decline will be made by email and/or phone. Subsequently, official letters of award will be mailed to grantees and will include either partial or full payment of the award, as agreed.

**Reporting Requirements:**

Interim progress reports will be due at negotiated intervals and a final report will be due at the end of the grant period.



## **FAMILYCARE COMMUNITY HEALTH INITIATIVE APPLICATION**

### **Contact Information:**

Organization Name  
Tax ID Number  
Mailing Address  
Contact Name/Title  
Email  
Phone

### **Organization Overview:**

Describe organization and services including history and success with focus population and current and past community partners.  
Proposed Service/Program Description  
Title of Proposed Service/Program  
Total Amount Requested for the Grant Period  
Total Service/Program Costs  
Start Date/Service Period

### **Project Overview:**

Describe goals, objectives, implementation plan and timeline, outcomes.

### **Budget Narrative:**

Describe how awarded funds will be spent and why, and also as appropriate, describe plans for sustaining the project after funds for this award are expended; and/or why and how project would be closed out. Please list line item amounts for each cost of the proposed project.

### **Evaluation Plan/Measurement of Success:**

Explain how you intend to measure the success of proposed project.

### **Potential Challenges:**

If any, briefly describe any situation/condition which might negatively impact the implementation, operation or success of the project.

