

Welcome to the Bidders Webinar!

*Charisse Pope, EVP Community Initiatives &
Innovations*

July 29, 2025



Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land since time immemorial.

Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference, so we begin this meeting acknowledging that we are on the ancestral lands of the Spokane Tribe of Indians and other tribes who are connected through a shared history of trade, celebration, and resources.

We make this acknowledgment to pay respects to their elders, past and present, whose knowledge remains on the land. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in continuing to learn about such truths and actions we can take towards restorative justice.

Quick Housekeeping before we get started...

1. Please **hold your questions until the end or put them in the chat** and we will come back to them!
2. Please keep your mic **muted** until you are called on. We will try our best to make time for verbal questions at the end!
3. We will be recording the meeting for folks who couldn't make it. The meeting recording and slides, as well as answers to all the questions asked today will be posted on the RFP page on our website for you to reference later

Agenda

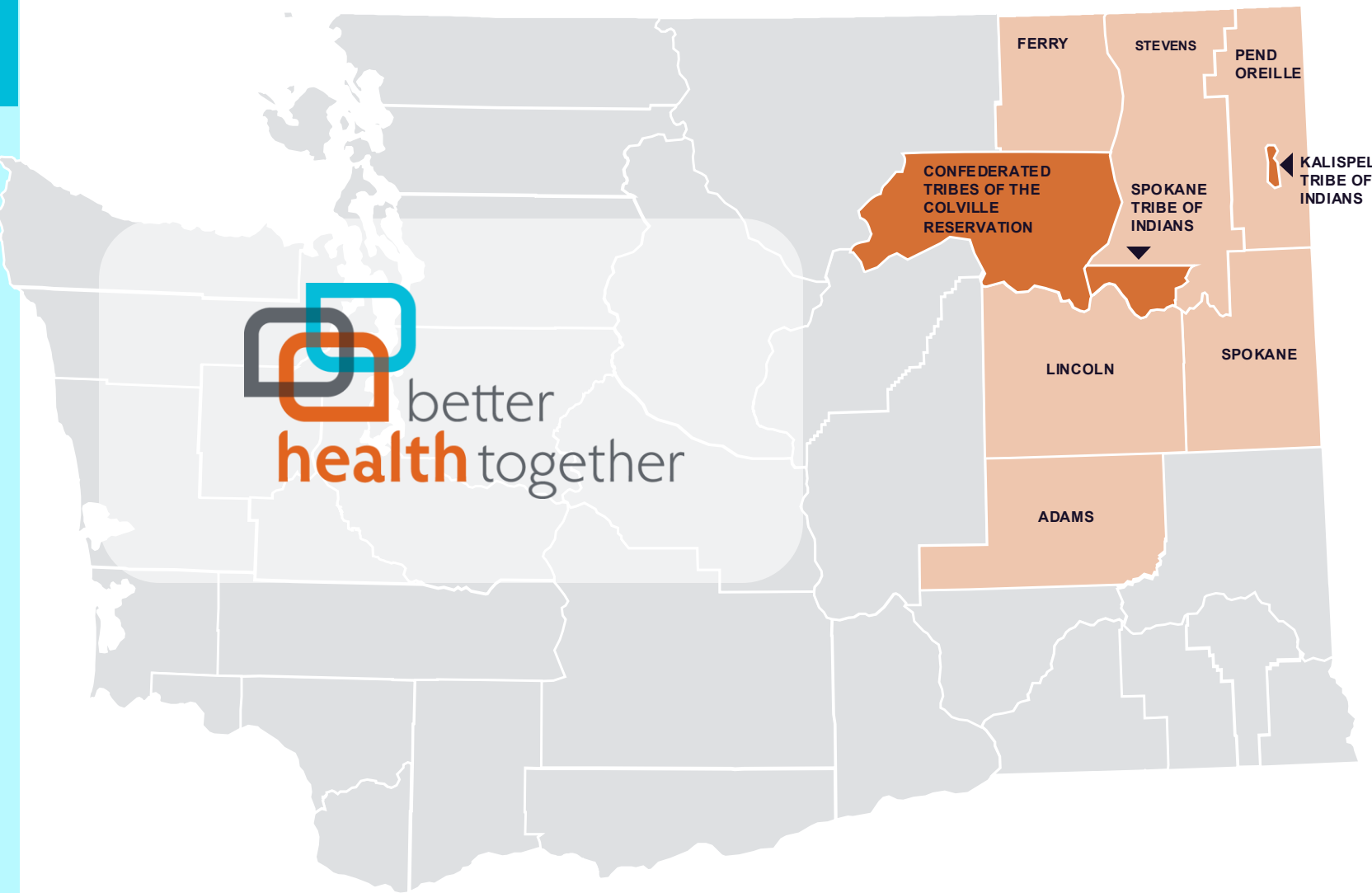
- 01** What is a Community Care Hub?
- 02** About the Request for Proposals
- 03** Performance Based Contracts
- 04** Q&A

A little grounding to get us started

Charisse Pope, EVP Community Initiatives & Innovations

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Mission:

To radically improve the health of the region.

Vision:

An integrated and anti-racist health system accountable for better health for ALL in eastern Washington.

Commitment to Community Voice:

BHT was founded on the principle that when we step back and let the local community lead, we find the best and most sustainable solutions to some of our most complex problems.



Our goal is to create a system that works *for* people,
not a system that makes people work

What keeps us from connecting **health** care and **social** care?



There aren't enough trusted messengers



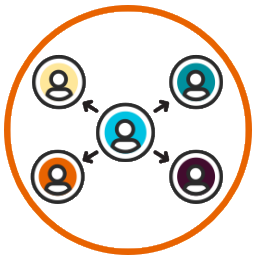
Misaligned and unsustainable financing



Not enough services



Lack of systemic data



Fragmented services, multiple coordinators



Most community-based organizations need administrative and technical support

What if we had a system that provides a no wrong door referral?



Health Care
Payers



988, 211, 911



Health Care
Providers



Community-
Based
Organizations



Tribes



Self-referral

What does the hub do?

Referrals are gathered from a number of sources

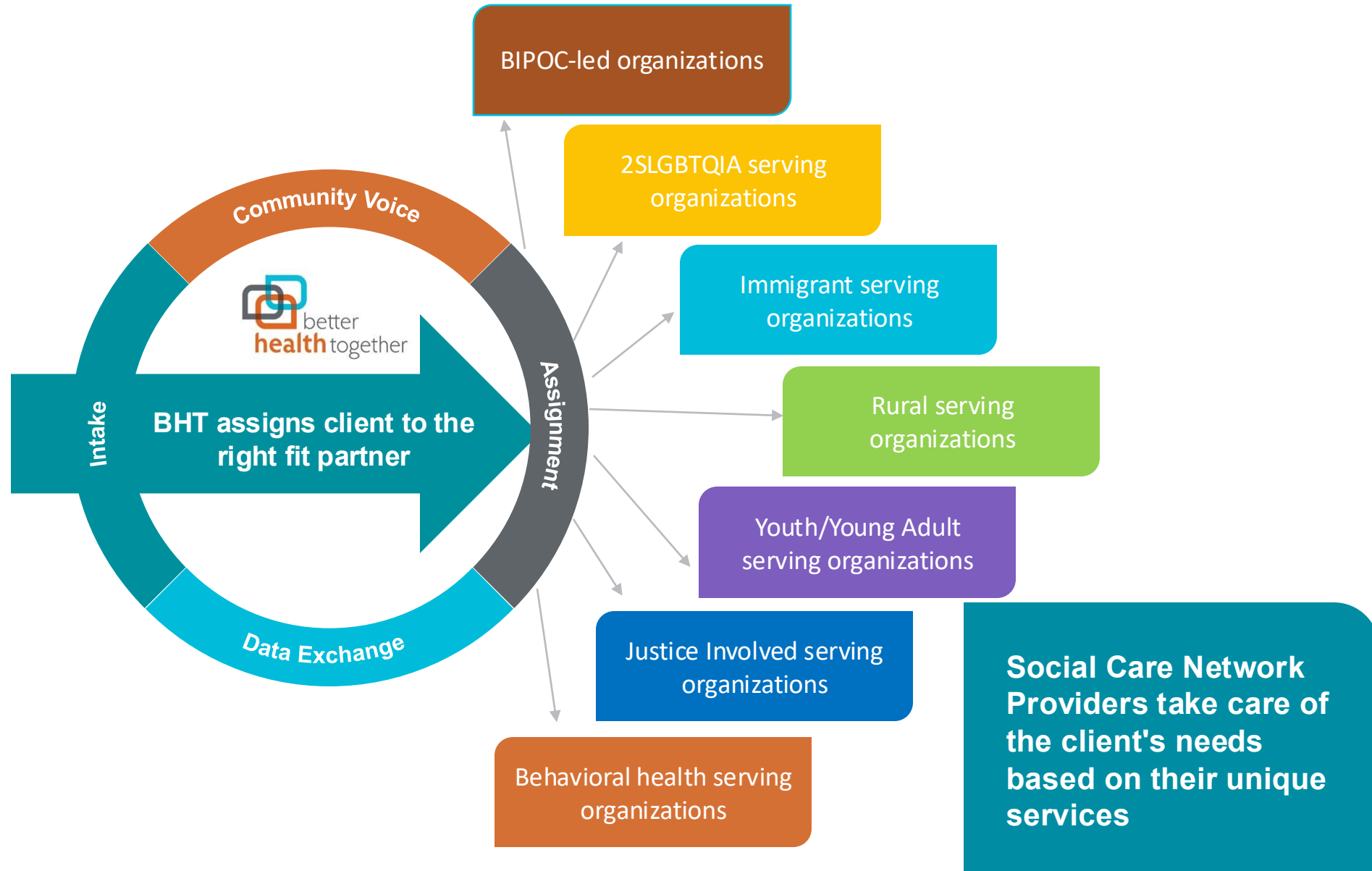
Community-Based Organizations

Payors/Funders

Health Systems

Self-Referral

Statewide Referrals
(e.g., 988/211)



The Client Journey of the Community Care Hub

Connect

That's where we come in! The hub uses its unique network to help connect the client to someone who can help.



Pictured: Quinna, local Community Health Worker

Referral

Clients can self-refer (part of our 'no wrong door' approach) or are referred by a community-based organization, health system, or statewide call center

Coordinate

Folks are able to meet with a care coordinator with shared life experience or expertise in the social or health needs they have.



Pictured: Quinna, Marty, Shanda, and Courtney, local Community Health Workers

Community Care Hub success will look like



Equitable Access to Care

The communities that are experiencing the highest levels of health disparities see improvement increased access to health and social care



Support for the Workforce

The CBWs, who serve as trusted messengers in our community, are compensated with a steady, family wage job



Better use of public dollars

Blending money from Housing, Corrections, Public Health, Education to ensure that more dollars go to service and less to duplication in systems



Aim to lower healthcare costs

Lower costs by creating a coordinated system of health and social cares that connects folks to the services they need

2026 Request for Proposals

Community Based Care Coordination Partners

Reese McMullin, (she/her), Director of the Social Care Network



What are we looking for?

BHT is looking to fund 10-20 Community-Based Organizations to employ up to 30 Community-Based Workers February 2026 through June 2027.

Our panel is primarily looking for:

- ✓ Knowledge of and commitment to community based care coordination with a community based workforce
- ✓ Experience serving the communities that are experiencing the highest levels of health disparities
- ✓ Administrative capacity to meet the needs of a performance-based contract

What this RFP is not...

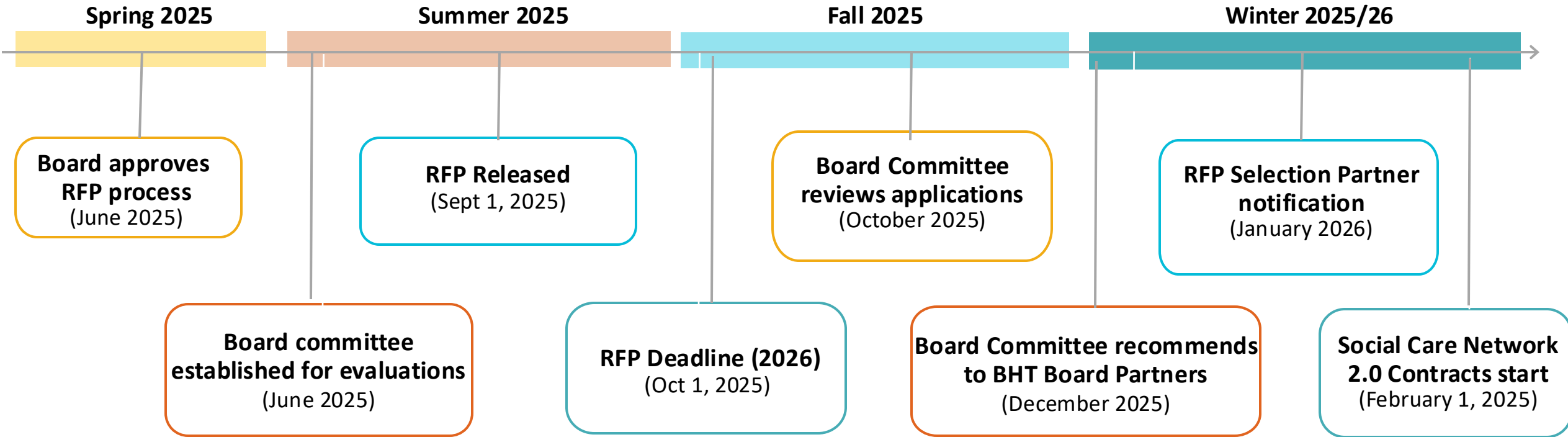
- ✗ This is not a capacity building RFP. Partners need to have an established community based care coordination program and be ready to meet federal contracting and audit standards.
- ✗ This is not a chance to build a community based care coordination program, however it is the opportunity to scale one.
- ✗ This is not flexible funding, these are pay for performance contracts
- ✗ We understand this is not for everyone! And that is okay!

Purpose of this RFP

We are building a **Social Care Network**—a network of community based organizations employing a community based workforce to serve our region.

RFP Timeline

Please note dates may be subject to change with changing federal and state landscapes



What to Expect in the RFP Process

RFP Review & Partner Selection

- Applications are due by October 1, 2025, at 11:59pm.
- Partners are required to submit a proposal that will include the following:
 - Proposal Narrative
 - Partner Questionnaire
 - Organizational Readiness Assessment

Prioritized populations, Health Concerns, & Social Barriers

Populations for Engagement:

- Black, Indigenous, People of Color (BIPOC)
- 2SLGBTQIA+
- Justice-involved
- Youth and young adult
- Individuals with disabilities.
- Immigrant communities
- Refugee communities
- Uninsured individuals
- Those who experience Language barriers
- Older populations
- Low-income individuals
- Populations living in rural areas

Top Health Concerns:



Behavioral and mental Health



Chronic Health Conditions



Substance use disorders



Healthcare access barriers (such as insurance)

Top Social Barriers to Health:



Housing



Food



Transportation



Childcare



Employment



Digital Access

Minimum Requirements

Technical Requirements

- Licensed to do business in the State of Washington
- Must be a 501c3 under 509a1 status or Tribal designation
- Will use BHT's Client Management System (CMS)
- No exclusions from sub-awards on Sam.gov
- Proof of Liability Insurance and other documentation required within the RFP
- Capacity and commitment to providing Health Benefit Exchange insurance navigation services with trained staff

Experience:

- At least a year of experience providing community based care coordination
- Physical presence in BHT service area (Adams, Ferry, Lincoln, Pend Orielle, Spokane, Stevens Counties and/or Reservations of the Colville Confederated Tribes, Kalispel Tribe, or Spokane Tribe)
- If a previous contractual relationship is relevant, contract performance will be considered in the review process/decision criteria for selection.

Application: Questionnaire

- Partner Service Sector
- Services offered
- Populations and Geographical area served
- CBW Demographics and Lived Experience
- Languages Spoken and/or Language Access' Offered
- Approximate Percentage of Medicaid Recipients Served
- Annual Budget
- Ability to Serve Prioritized Populations

Application: Narrative Prompts

What the panel is looking for:

- Commitment, and demonstrated knowledge about community based care coordination and community based workforce
- Experience serving the communities that are experiencing the highest levels of health disparities
- Demonstration of the administrative capacity to meet the needs of a performance-based contract

Organizational Readiness Assessment

Partners complete a readiness assessment with the following sections:

- General business practice
- Financial administration & systems
- Technology, data, documentation
- Data security
- Supervision / Human Resources
- Quality assurance
- Workforce capacity
- Language & accessibility

Community Based Organization Readiness Assessment Preparation Guide

We know from experience with federal contracting that contract readiness can feel daunting at times. This document is a resource for partners to review before their readiness assessment to feel prepared and comfortable. Please mark any areas where you may need BHT support to be ready for federal contracting requirements.

Readiness Element	Evaluation Criteria	Need BHT support?	Notes/resources
Section 1: General Business Practice			
Audit Risk Assessment	BHT-provided assessment		
Sam.Gov Exclusions	BHT checks		
Length of time operating as a formal organization (such as an incorporated business or nonprofit)	Attestation		
Organization's prior experience with similar grants	Attestation		
Control Policies/Procedures in place	Attestation		
Financial Management System	Attestation		
Single audit findings	Attestation		
Internal Control Findings	Attestation		
Document Checklist	5_FINAL_Document Request Checklist_06.2023.xlsx		
Maintains a license to operate business in the state of Washington	Copy of business license		
Maintains a conflict-of-interest statement to operate to Federal Programs/Federal Grants	Copy of written policies		
Section 2: Financial Administration and System			

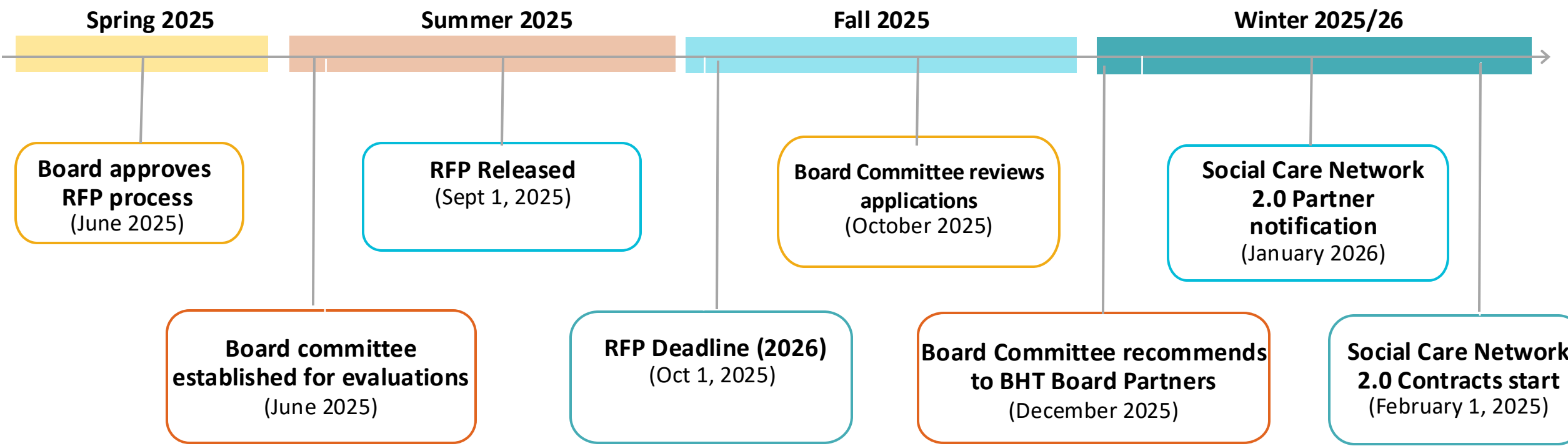
Application Review Process

The Process:

- BHT will do an initial eligibility review
 - Check minimum requirements
 - Check service area
 - Run checks such as sam.gov for exclusions
 - If a previous contractual relationship is relevant, contract performance will be considered in the review process/decision criteria for selection
- BHT's Board Committee will be conducting an independent review and will submit their recommended contracted partners to the larger BHT Board
- The Board will review recommended partners and release their selections in January 2026

RFP Timeline

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Performance Based Funding

Here's what you need to know if your application is selected

What is a performance-based contract?

A contract that ties payment to the achievement of **specific, measurable outcomes or results**, rather than reimbursement of expenses.

A thick, orange curved line that starts from the bottom left and curves upwards and to the right, ending as a horizontal line on the right side of the slide.

Performance Based Funding: Base Performance Contract & Stipends

Base Performance Contract

- The total contract amount is expected to be **\$234,000 for placement of one CBW at one organization**
 - The contract is 17 months
 - The contract was calculated as:
 - \$69,126 for 1.0 FTE for Community Based Worker (based on MIT Living Wage Calculator)
 - .30 FTE for Supervisor
 - Technology
 - Travel
 - 15% Indirect
 - Annual additional \$200 stipend for participation in statewide reporting surveys

Performance Based Funding: INCENTIVES

Incentives and Stipend Dollars

- Partners can earn up to \$37,500 in additional funds (\$7500 per performance quarter) for high performance on identified key performance indicators

Key Performance Indicators



Enrollment Numbers

At least 30 clients per community-based worker (CBW) OR 60% of referred clients using the Client Management System (CMS)



Outreach

At least three outreach attempts to referred clients prior to discharge and documented in CMS.



Consent

Documentation of consent to services and client authorization for data sharing in the CMS.



Screening

At least 80% of enrolled clients have completed a Social Drivers of Health (SDoH) assessment



Discharge

100% of client records reflect accurate discharge

Performance-based Payments

Payment Initiation	Description	Payment Period
Contract signing	50% of Primary Budget amount upfront for signed contract	Paid upon contract execution*
Meeting Minimum KPIs for reporting period	Up to 10% of Primary Budget amount based on meeting Minimum KPIs for the reporting period	Quarterly for 5 quarters*

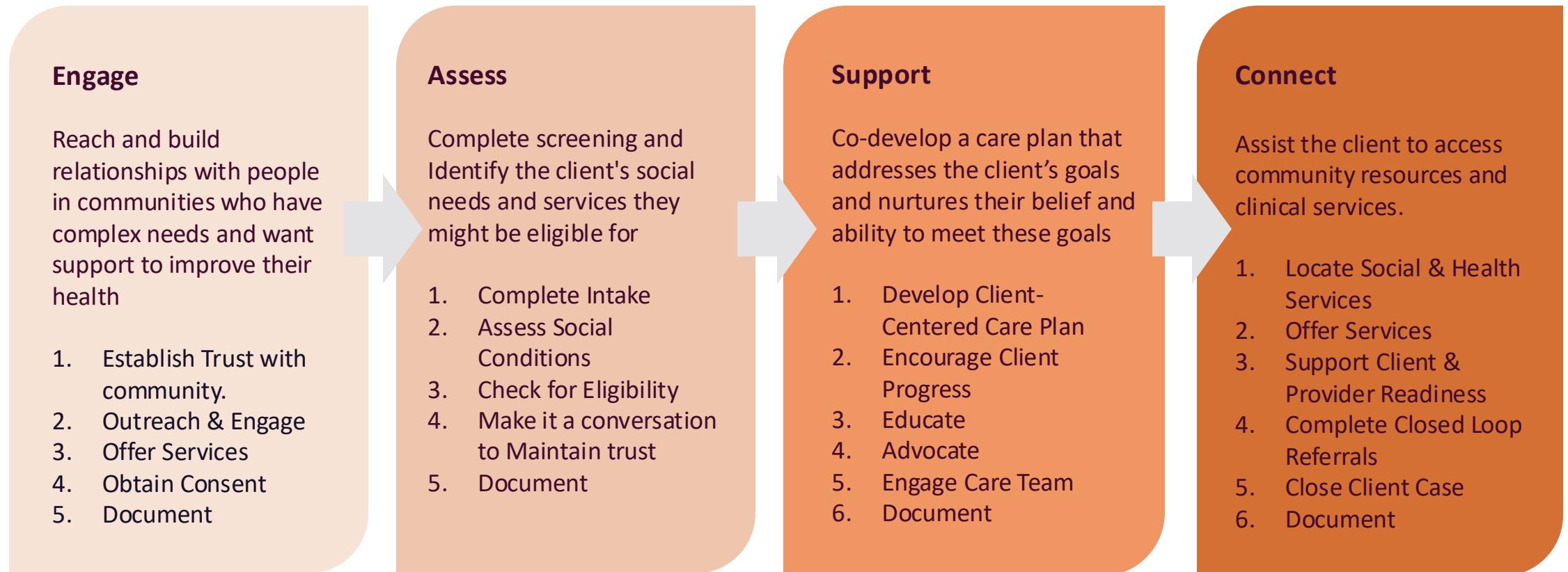
**First two months of contract (February-March 2026) are an on-ramp period. Quarterly performance periods to meet minimum KPIs begin April 2026.*

Payment Initiation	Percentage of Quarterly Payment Earned
Met all five (5) Minimum KPIs	100% of payment
Met four (4) Minimum KPIs	75% of payment
Met three (3) Minimum KPIs	50% of payment
Met two (2) or less Minimum KPIs	0% of payment

Care Standards

These standards have been set to ensure the network can provide consistent care

BHT is aligning with statewide care standards. Partners will need to abide by the following process when providing community based care coordination:



How do I earn the performance-based funding?

Key Performance Indicators (KPIs)



Enrollment Numbers

At least 30 clients per community-based worker (CBW) OR 60% of referred clients using the Client Management System (CMS)



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Note: Not included in KPIs, but Partners will also be expected to participate in the Community Care Hub Partners Council as defined by charter.



BHT SAMPLE KPI DASHBOARD*

Q1 2025



Assigned clients with at least three outreach attempts.



Clients in 'Enrolled' status with documentation of consent



Total percentage of clients with completed SDoH Screenings



Clients are discharged appropriately at the end of services with a discharge form completed

*Visual representations are subject to change



80

Total number of referrals assigned to organization



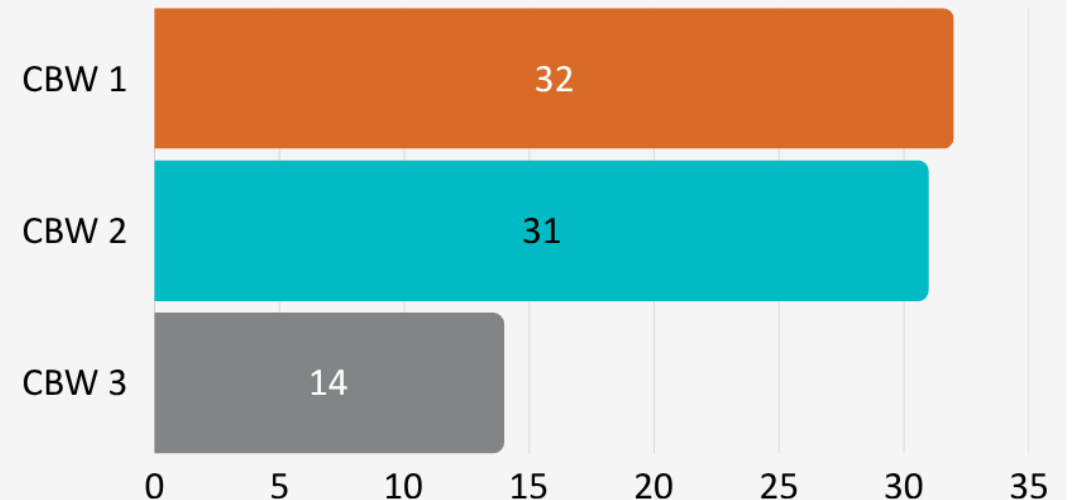
Participated in the Community Care Hub Partners Council



95%

Clients enrolled who were referred within the quarter.

AVERAGE ENROLLMENT PER CBW



The small print

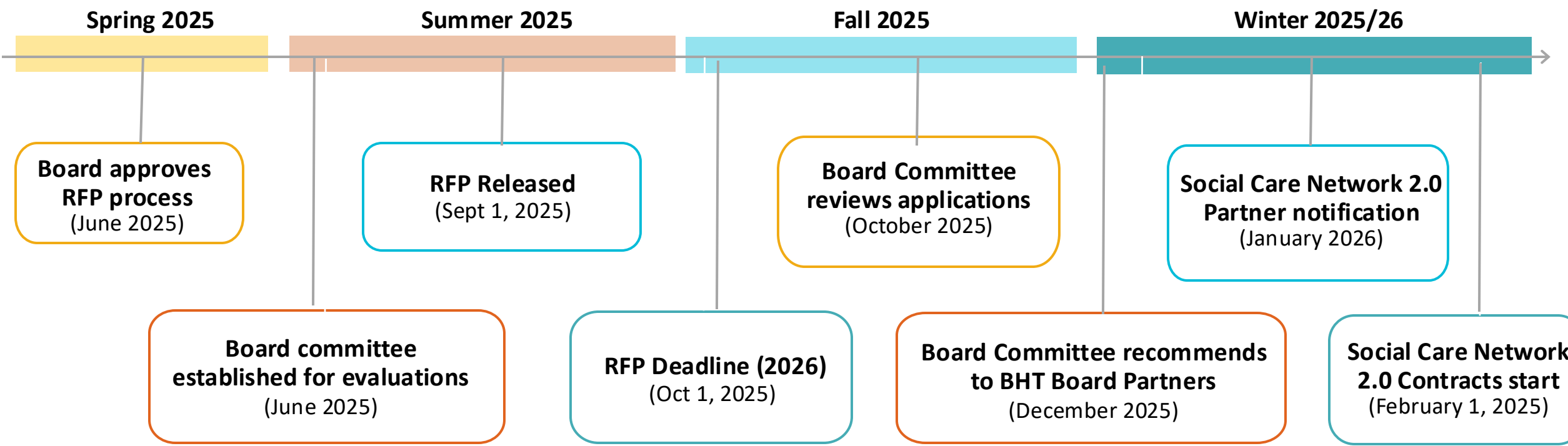
All Contract Terms & Conditions Metrics

Basic contracting requirements must be met to maintain a contract. These are non-negotiable compliance terms that ensure proper financial and administrative functioning.

- ☑ Timely & complete invoicing and documentation
- ☑ Required trainings (e.g. HIPAA) using Learning Management System provided by BHT.
- ☑ Client Management System usage & reporting (e.g. active records, notice of employee changes, etc.)
- ☑ Maintain minimum standards as outlined in the Key Performance Indicators
- ☑ Supplemental Reporting Requirements e.g., State Metrics Survey (*These will be incentivized*)

RFP Timeline

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Resources available to you!

RFP Materials

We know federal RFPs have started to come with tighter and tighter deadlines. That's why we are releasing all the information for the RFP a full month before it opens, and 2 months before the application deadline. There are a number of resources available to you

- Office hours every Tuesday at 11am (find the open Zoom link on our website or email carecoordinationhub@betterhealthtogether.org for more information)
- Two more webinars upcoming (registration information will be posted on our website):
 - **August 26th, 11am-12pm** - All about the RFP, frequently asked questions
 - **September 10th, 11am-12pm** – All about the RFP, open forum for questions and support
- Full RFP, PDF of the application materials, and budget template are available on our website under Our network --> Be a Community Based Care Coordination Partner

A large teal speech bubble graphic with a rounded top-right corner. In the top-left corner, there are two overlapping circular shapes in shades of blue and teal, resembling a stylized double quote or a decorative element.

Questions?

Thank you!

Any further questions can be directed to
carecoordinationhub@betterhealthtogether.org

A full list of Q&A from this webinar will be posted on
our website on the RFP page by the end of the week.

