Telligen Community Initiative (TCI)

2020 Cycle #2 Addendum/Update

2020 RFP BACKGROUND: Much in the way we 'score' applications for TCI funding consideration on the front end, staff has also utilized a scoring rubric to evaluate and rank implementation of funded grantees. This has been implemented since 2014 via a combination of interim reports, final impact reports and grantee site visits. What follows is a summary of grantee implementation themes that have achieved exception results with TCI support. Staff undertook this exercise for several reasons:

- **MULTI-YEAR VIEW:** This type of meta-analysis is helpful to see what has been most successful among our 2014 to present grant strategies.

- **LESSONS LEARNED:** This summary can disclose high-level funding lessons, as well as help in shaping and determining if we're funding what we might like TCI to be funding in our future.

The following represent cumulative information and attributes from this summary. The TCI Board of Directors used this to make decisions on what areas within our priorities we'd like to specifically accentuate and highlight as the ways we'd like to deploy our philanthropic resources and help narrow the focus of funding so this isn't as competitive for nonprofit and community coalitions approaching us in 2020 and beyond.

We would be remiss not to adjust based on the reality of COVID-19. Many of our funding themes are already designed to address disparities and health equity that will only be heightened by the pandemic. As such, OUR JUNE 12TH LOI DEADLINE FOR IOWA AND ILLINOIS-BASED PROPOSALS IS STILL ACTIVE. The below themes will still be entertained and encouraged, but we've also added (yellow text) potential ways that we'd be completely open to accepting given our COVID-19 reality – presently and how this might evolve over the remainder of 2020. The ideas offered are illustrative and not exhaustive – meaning other COVID-19 needs you are experiencing could also be incorporated if you feel compelled/see alignment.

SOCIAL DETERMINANTS OF HEALTH / HEALTH EQUITY

The social determinants of health are the conditions in which people are born, grow, live, work and age. The social determinants of health can be most responsible for resulting health inequities. TCI believes in advancing health equity and achieving this requires novel approaches to positively address the social determinants of health. The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. It is the interrelationships among these factors that determine individual and population health. This interrelationship and connection to health is a connection we want to support with our resources.

1. **Care coordination / integrated care:** This has taken the form of chronic condition, place-based care management; healthcare for the homeless work, and multiple approaches to target populations or locations for integrated primary care and behavioral health intervention.

2. **Food insecurity:** This has taken the form of promotion of milk, dairy and fruit and vegetable consumption and equipping food bank settings to accept and promote; this has also involved very intentional interaction between health care settings as venues for SNAP outreach and enrollment support as part of social determinant/hunger screening, as well as equipping these venues to meet the dietary needs of those facing multiple chronic conditions. This could also include COVID-19 created options around mobile clinics, food delivery or increased food resource needs due to expected unemployment growth.

3. **Medical Legal Partnerships:** This has encompassed the powerful model of medical legal integration and using the intervention environment provided by the health delivery setting to screen for myriad other social supports and legal remedies to common issues impeding equity and offering support to solve common legal issues. This has demonstrated itself multiple times over as one of the more powerful and impactful social determinants of health-based modes of support.

4. **School-based care delivery:** This has involved provision of on-site mental health integrative services, as well as the coordination of oral health access via the power of the school setting to reach hard-to-serve populations and deliver care for the underserved. Are there trauma-informed or other care approaches to prepare for in the next academic year based on COVID-19 disaster experience that could be resourced.

5. **Transportation-focused interventions:** This has involved direct care, social supports and (rural) transportation services to Veterans, as well as their families and caregiver support networks. The target population in these cases is intriguing, but so is the idea of how transportation and access influence health – across target population types. This could also include COVID-19 disaster transportation needs caused by the need for responding in different ways.

HEALTH INNOVATION

This area is encouraged to think creatively and differently regarding issues and opportunities that can bring innovation to the way we all envision to achieve and advance health.

1. **Innovative care management (delivery method or populations or both):** Targeted and innovative case management approaches with certain target populations or condition-specific acumen. This has also encompassed using different community resources/venues for health promotion and delivery (libraries as examples). Did COVID-19 lift or force new data sharing or cross-organizational work/community referral capabilities that could benefit your ability to serve clients on a more permanent basis via dedicated resources.

2. **Mental and behavioral health diversion/appropriate care:** This has included individual and group therapy delivery; storytelling around mental health needs for advocacy, community organizing and stigma reduction pursuits, and emergency room/department diversion programming for more appropriate venues for care delivery. This could also include COVID-19 disaster response needs related to front-line health workers delivering care and in need of mental health support/relief from the work situations this pandemic created and is creating. Health worker resilience and wellbeing supportive programming efforts will be more important than ever.

3. **Telehealth and data for health interventions:** This has encompassed Project ECHO for distance learning/education; rural health access in mental health; mobile apps developed for targeted population care navigation; and case management support via text-based programming. This is an overall area (data for health solutioning) that TCI has become known for in the community health arena of multiple states. This could include permanent changes in new telehealth technologies and care protocols that emerged for telehealth connectivity and access due to COVID-19. This could include contact tracing technology or solutions.

4. **Organizational efficiency and nonprofit capacity building:** We've successfully supported the merger of multiple safety net providers; assisted a state association with expanding the data capacity of their entire network of clinical delivery settings, and helped immerse an entire organization and their staff in an overall care model and supported the creation of a care delivery common environment (living room instead of ER/ED placement). Like the telehealth sentiments, are there processes or approaches that emerged in COVID-19 organizational response that TCI resources could help you adopt permanently or be implemented better with targeted resource support.

5. **Value-based care/payor innovation pilots:** In several instances, TCI support has been used to help position a nonprofit to better prepare for value-based care delivery and reimbursement support of social determinant of health-based work that simultaneously improves care delivery, health status and cost avoidance/unnecessary (future) care expenditures – creating system efficiencies – across sectors (housing).

HEALTHCARE WORKFORCE DEVELOPMENT

TCI believes the challenges of health workforce shortages and an aging population (health workforce and general public) will require progressive and a fundamental reshaping of the way in which patient care is delivered, especially for primary care. TCI also envisions change in the point of care and the roles of the inter-disciplinary direct care team of providers needing to be factored into the needs of our future healthcare workforce.

1. **Rural access / practice placement incentives:** This has taken the form of supported rural placement and practicum experience to simultaneously improve access while being coupled with loan repayment/forgiveness.

2. **Para-professional development:** Efforts to assist with elevation of current roles to consider how/if they could do more within their field (dental hygienists, speech language pathology assistants, medical assistants). This has also included more formalized field development and definition of community health workers and health navigators.

3. **Degree and accreditation planning and launch:** Assistance in degree/programming feasibility, accreditation pursuits and/or new career pathway programming launch (outreach, student support or technology to support implementation).

4. **Youth health career opportunity exploration:** Work in this area has focused on STEM and health career exploration work with middle and high school youth, particularly aimed at underserved or first-generation populations making this pursuit as part of a livable wage/two-generational approach to poverty reduction.

5. **Student assistance programming:** Additional or targeted programming to support at-risk student success programming and/or targeted assistance to avoid drop-out at key points in an educational program pursuit.

6. **COVID-19 response: Are there roles (contact tracers as an example), training, cross-training, equipment or employee relief/mental health support that COVID-19 exposed that could be resourced to optimize workforce preservation, sustainability, resiliency or growth going forward.**

CURRENT 2020 GRANT CYCLE SCHEDULE

LOI Event / Proposal Evaluation Element	Colorado or Oklahoma-based applications ($50,000 / grant request ceiling)	Illinois or Iowa-based applications ($50,000 / grant request ceiling)
LOI Proposal due to TCI	*February 28, 2020*	*June 12, 2020*
Invitations extended to finalist applications	*Mid-April*	*Early August*
Grant period begins / funding received	*July 1, 2020*	*December 1, 2020*

TOOLS/SITES TO APPLY FOR TELLIGEN COMMUNITY INITIATIVE FUNDING SUPPORT

Telligen Community Initiative | Grant Application Portal | Grant Portal User Guide

CONTACT / QUESTIONS

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