

U.S. Committee for Refugees and Immigrants (USCRI)

Missouri Refugee Support Services Refugee Health Promotion

Notice is given by the U.S. Committee for Refugee and Immigrants (USCRI) that proposals are being accepted for the Refugee Health Promotion Program in Missouri. Interested parties are invited to submit proposals for the program through this request for proposals (RFP).

Funding Title: Missouri Refugee Health Promotion Program **RFP Release Date:** November 1, 2023

Funding Type: Sub-recipient Contract Agreements **Due Date for RFP Response:** December 17, 2023

Category of Funding: Refugee Health Services **Award Ceiling:** ARHP: \$550,000
BRHP: \$130,000
URHP: \$30,000

Approximate Number of Awards: 5-12 **Award Floor:** None

Pre-Bid Conference: November 9, 2023

Program Overview

The goal of the RHP program is to promote the health and well-being of refugees and other ORR-eligible populations by 1) providing opportunities to increase health literacy, 2) coordinating health care, and 3) organizing wellness groups. RHP-funded organizations may provide services that fall under one or more of these categories.

Links to Additional Information: [Refugee Health Promotion | The Administration for Children and Families \(hhs.gov\)](#), [Refugee Health Promotion Program Transition to Refugee Support Services Set-Aside Program \(hhs.gov\)](#)

Grantor Contact Information: Fatema Medhat, Missouri State Refugee Health Coordinator, fmedhat@uscrimail.org

Funding: The three amounts of RHP funding allocated to Missouri are: Base Refugee Health Promotion; Afghan Refugee Health Promotion; Ukrainian Refugee Health Promotion. As required under ORR regulation 45 C.F.R. §400.210, these funds must be obligated by September 30, 2024, and liquidated by September 30, 2025.

Eligibility: Nonprofits having a 501(c)(3) status with the IRS. Faith-based and community organizations that meet the eligibility requirements can receive awards under this funding opportunity. Applications from individuals (including sole proprietorships) and foreign entities are not eligible and will be disqualified from competitive review and funding under this opportunity.

Background

In FY2021, the Office of Refugee Resettlement (ORR) transitioned its Refugee Health Promotion (RHP) funding from a discretionary grant to a set-aside program under the umbrella of Refugee Support Services (RSS). RHP is the only RSS program not administered directly by the Missouri Office of Refugee Administration (MO-ORA) and is, instead, administered by the Missouri Medical Replacement Designee, the U.S. Committee for Refugees and Immigrants (USCRI).

Three Different Funding Streams

ORR has issued funding for RHP in three different forms: 1) Base RHP, 2) Afghan RHP, and 3) Ukrainian RHP. Allowable activities are the same under each, but the population-specific funds serve clients only from those countries (Afghanistan or Ukraine, respectively) and must support activities that are tailored to the specific cultural aspects and current circumstances of each population.

Please note: If an agency applies for more than one RHP funding type (Base RHP, Afghan RHP, and/or Ukrainian RHP), the proposal must clearly delineate the different RHP activities by target population (i.e., all ORR-eligible clients, Afghans only, or Ukrainians only) and how services will be combined, complement each other, or stand alone. You must also submit separate budgets for each funding type and plan to track the funds separately.

Agencies may propose RHP programs under any of the three RHP funding types: Base RHP, Afghan RHP, and/or URHP. Allowable activities are the same, but eligible clients differ, with Base RHP being the broadest.

Base Refugee Health Promotion Eligible Populations

Base RHP can be used to support services targeting any ORR-eligible group within the RHP framework described below. ORR funding, including Base RHP, is designated to support individuals within their first five years of ORR eligibility, including those in the following categories:

- Refugees
- Asylees
- Special Immigrant Visa (SIVs) holders from Iraq and Afghanistan
- Amerasians

- Certified Victims of Trafficking (VoTs)
- Cuban/Haitian Entrants
- Afghan Humanitarian Parolees (AHPs)*
- Ukrainian Humanitarian Parolees (UHPs)*
- For a complete list of eligible groups and [associated documentation requirements](#), see ORR's [Policy Letter \(PL\) 16-01](#).

Grantees should prioritize ORR-eligible individuals who have the most persistent, pressing, or underserved health needs. Individuals may concurrently participate in more than one type of RHP service.

**Eligibility periods for AHPs and UHPs are dependent on an individual's parole term, and they may not be eligible for the full five years of ORR benefits and services, unless parole is extended or another ORR-eligible status is received, such as asylum.*

Afghan Refugee Health Promotion Eligible Populations

The Afghanistan Supplemental Appropriation (ASA) Act of 2022 provided the Office of Refugee Resettlement (ORR) with specific appropriations to provide services to support citizens or nationals of Afghanistan. In FY 2022 and 2023, ORR issued an ASA-funded Afghan Refugee Health Promotion (ARHP) supplement to states, within the Refugee Support Services (RSS) Refugee Health Promotion (RHP) set-aside program. ASA funding, including ARHP, is designated to support:

- Citizens or nationals of Afghanistan paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act between July 31, 2021, and September 30, 2023. This group includes unaccompanied minors. (The original end date was September 30, 2022, but multiple federal Continuing Resolutions and Appropriations Acts pushed the date to September 2023¹.)
- A spouse or child of any Afghan humanitarian parolee described above, who is paroled into the United States after September 30, 2023 (previously September 30, 2022).
- A parent or legal guardian of an Afghan humanitarian parolee who is determined to be an unaccompanied child as defined by 6 U.S.C. 279(g)(2), who is paroled into the United States after September 30, 2023 (previously September 30, 2022).
- Citizens and nationals of Afghanistan for whom refugee and entrant assistance activities are authorized (e.g., Special Immigrant Visa holders (SIVs), Special Immigrants with Conditional Permanent Residency (SI-CPRs), SQ/SI parolees, refugees, asylees), whose eligibility date is on or after July 31, 2021.
 - For a list of acceptable forms of documentation that illustrate ORR eligibility for Afghan humanitarian parolees (AHP), SI-CPRs, and SI/SQ parolees, see ORR's [Policy Letter \(PL\) 22-02, Additional ORR-Eligible Statuses and Categories and Acceptable Documentation Requirements for Afghan Nationals](#).

**If an agency currently provides ARHP programming in FY2023, you may apply to continue these services in FY2024. There will be an additional continuation application form to attach to your Plan of Operations.*

Ukrainian Refugee Health Promotion Eligible Populations

The Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA) authorized the Office of Refugee Resettlement (ORR) to provide resettlement assistance and other benefits available for refugees to specific Ukrainian populations and other non-Ukrainian individuals in response to their displacement from Ukraine and entry into the United States. ORR-eligible Ukrainian populations and other non-Ukrainian individuals displaced from Ukraine include:

- Citizens or nationals of Ukraine who the Department of Homeland Security (DHS) has paroled into the United States between February 24, 2022, and September 30, 2023, due to urgent humanitarian reasons or for significant public benefit, known as Ukrainian Humanitarian Parolees (UHPs).
- Non-Ukrainian individuals who last habitually resided in Ukraine, who DHS has paroled into the United States between February 24, 2022, and September 30, 2023, due to urgent humanitarian reasons or for significant public benefit.
- A spouse or child of an individual described above who is paroled into the United States after September 30, 2023.
- A parent, legal guardian, or primary caregiver of an unaccompanied refugee minor or an unaccompanied child described above who is paroled into the United States after September 30, 2023.

For a list of acceptable immigration documents that serve as evidence of Ukrainian and non-Ukrainian eligibility, refer to [ORR PL 22-13 Ukrainian Humanitarian Parolees Eligible for ORR Benefits and Services](#).

Program Goal and Scope of Services

Many refugees and other ORR-eligible populations arrive to the U.S. with immediate and long-term physical and mental health needs. To assist refugees and other groups who are eligible for ORR's Refugee Resettlement Program and are entitled to health coverage benefits to the same extent as refugees, it is critical to ensure newcomers can understand and access the U.S. healthcare system. In addition, increasing non-clinical services for individuals and families is vital to enhancing the wellbeing of these populations.

The RHP program should focus on providing direct services for ORR-eligible populations to promote their health, both routinely and during time of crisis (e.g., pandemics). Activities may include:

- Health education classes and targeted health outreach to individuals,
- Medical and mental health navigation and support, and
- Adjustment groups, skill-building networks, or peer support meetings.

Subrecipients must develop program outcomes that are specific, measurable, achievable, relevant, and time-bound (SMART). Subrecipients must ensure RHP services provided to eligible populations complement, not duplicate, other ORR-funded activities. RHP funds must not be used to supplant services provided under other federal and ORR funding sources (e.g., Medicaid, Cash and Medical Assistance including medical screening, and Preferred Communities).

RHP activities should align with the scope of services outlined in [ORR Policy Letter \(PL\) 20-05, Refugee Health Promotion Program Transitions to Refugee Support Services Set-Aside Program](#).

General Performance Requirements

Programs should focus on providing direct services to eligible individuals and/or groups to promote their health. The descriptions below are based on ORR PL 20-05 (referenced above), but if subrecipients have ideas that do not fit clearly within one of the three categories and have questions around allowability, contact USCRI to discuss further.

In general, for activities involving groups, RHP service providers should:

- Annually assess relevant health topics, activities, and identify target populations;
- Provide services based on validated curricula, if available, effective interventions, or promising practices;
- Deliver services in a manner that participants will understand; and
- Conduct pre- and post-assessments of group activities and use the information to improve program services.

For activities directed at the individual-level, RHP service providers should:

- Establish a criterion to identify those most in need of receiving individual services offered;
- Identify goals based on the individual's need;
- Develop customized activities catered toward the specific needs of the individual; and
- Track progress and outcomes towards identified goals.

More specifically, subrecipients may propose to establish one or more of the following programs (or a combination of):

Health Education Program (HEP): Health Education Classes and Targeted Health Outreach to Individuals

Programs provide opportunities to increase health (including mental health) literacy for eligible populations, empowering clients to make informed health decisions.

Activities should include:

- A clear strategy for delivering appropriate health topics, including deciding on group classes versus individual outreach.
- A user-tested or validated curricula and materials, if possible.
- The provision of classes in a culturally and linguistically appropriate manner.
- Pre- and post-assessments to gauge the level of knowledge gained by recipients.

Health Navigation Program (HNP): Medical and Mental Health Navigation and Support*

Programs coordinating health care for individuals and providing services to ensure individuals are able to navigate and access complex health care systems.

Activities should include:

- The development of a method to identify those most in need of services.
- A plan of care (POC) for each client that includes clearly defined and appropriate referrals and access to medical assistance or insurance to sufficiently address the health needs of the individual. POCs must complement any health care plan established by medical professionals for the client.

**Per ORR, to avoid duplication of activities, clients must not be dually enrolled in the Health Navigation Program and Preferred Communities (PC) Intensive Case Management (ICM).*

Wellness Program (WP): Adjustment Groups, Skill-Building Networks, and Peer Support Meetings

Programs organizing wellness groups to connect individuals with social groups and learning activities that promote their health and well-being.

Activities should include:

- A clear strategy for choosing the wellness group activities that would be most beneficial to the community.
- Evidence-based interventions or methods that are promising practices.
- The provision of wellness group activities in a culturally and linguistically appropriate manner.
- Subrecipients should conduct pre- and post-assessments to gauge the value of the activity.

Reporting and Monitoring Requirements

Funded entities must maintain operational records of programmatic services provided and robust financial records of all associated expenses. These include, but are not limited to, planning and monitoring documents, progress toward program outcomes, participant lists, all receipts for supplies, material, interpretation, transportation, and other important administrative costs. Financial records must be retained in an organized manner and readily available in the event of an audit. For individual casefiles, agencies must maintain secure and sufficient records documenting client eligibility, needs, services provided, and outcomes related to the service provided. Funded entities must report on clients served, the type and frequency of services provided, outcomes, accomplishments, and challenges.

- ClientTrack (for LRAs) will be utilized for tracking individual client enrollment under each of the three RHP activity areas described above.
- Quarterly programmatic narrative and aggregate data reports will be required.
- Costs incurred under the RHP program will be reimbursed by USCRI monthly, according to the subrecipient's negotiated annual budget.

Equity and Inclusion

ORR emphasizes the importance of advancing equity consistent with the Executive Order on Advancing Racial Equity and Support for Underserved Communities (E.O. 13985) in all its programming. ORR urges all funded entities to:

- Use an equity lens when developing new programming, to ensure that all ORR-eligible populations, regardless of race, religion, gender identity, sexual orientation, disability, or other characteristic(s), receive fair treatment, access, and opportunity;
- Review existing programming with an equity lens; and
- Identify and eliminate barriers that may prevent the full participation of some groups.

Proposal Requirements

Submit all proposals, attachments, and other components through electronic mail to the Missouri State Refugee Health Coordinator at fmedhat@uscmail.org. Offerors are invited to submit an Initial Plan Proposal (template provided below) for initial feedback from USCRI. See the MO RHP FY24 RFP Checklist for Applicants for required documentation and templates under the final proposal submission.

Timeline

Posting of RFP	November 1, 2023
Pre-Bid Conference Call	November 9, 2023
Initial Proposal Submission Deadline	November 17, 2023
Final Proposal Submission Deadline	December 11, 2023
Evaluation of proposals	December 11-15, 2023
Award notification(s)	December 22, 2023
Begin of new sub-recipient contracts to awarded organizations	January 1, 2024

Evaluation of Proposals

Criteria Category	Description	Maximum Points Possible
<i>Administrative Capacity</i>	Staff have worked with and/or researched interventions with the eligible population(s) and can design and conduct productive monitoring and evaluation of implementation effectiveness.	3
<i>Program Design</i>	Project objectives, methods, and evaluation are clearly defined.	3
<i>Innovation</i>	Project demonstrates the incorporation of research and evidence-based best practices, with a creative focus on health/wellbeing and specific tools for promoting the desired change.	3
<i>Creativity</i>	Program addresses root causes and not merely symptoms of systemic community problems.	3
<i>Tailored to RHP Guidelines</i>	Proposed programming is unique and not already being done elsewhere.	3
<i>Cost</i>	Less than or equal to \$2,135 per client.	3
<i>Current RSS Provider</i>	Yes/No	1
<i>Total</i>		19