

MISSOURI REFUGEE HEALTH PROMOTION (RHP) PROGRAM

FY25 Request for Proposals

The U.S. Committee for Refugees and Immigrants (USCRI) is accepting proposals for Missouri's Refugee Health Promotion program. Interested parties may submit proposals for the program through this request for proposals (RFP).

Funding Title:	Missouri Refugee Health Promotion Program	RFP Release Date:	June 3, 2024
Funding Type:	Sub-recipient Contract Agreements	Due Date for RFP Response:	July 1, 2024
Category of Funding:	Refugee Health Services	Award Ceiling:	ARHP: \$250,000 BRHP: \$150,000 URHP: \$30,000
Approximate Number of Awards:	5	Award Floor:	None
Pre-Bid Conference:	June 10, 2024 – registration here		

Program Overview

The RHP program aims 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 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: Catherine Winn, RHP Program Officer, cwinn@uscridc.org and Fatema Medhat, Missouri State Refugee Health Coordinator, fmedhat@uscridc.org

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. For-profit organizations with case-by-case basis approval from USCRI. Applications from individuals (including sole proprietorships) and foreign entities are not eligible and will be disqualified from competitive review and funding under this opportunity.

Funding

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). Instead, the Missouri Medical Replacement Designee, the U.S. Committee for Refugees and Immigrants (USCRI), is the administrator.

Three Different Funding Streams

RHP funding is distributed across three streams: Base Refugee Health Promotion, Afghan Refugee Health Promotion, and 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.

Allowable activities are the same regardless of funding stream. Afghan and Ukraine funds may only serve Afghan or Ukrainian clients, respectively, and must support activities tailored to each population's specific cultural aspects and current circumstances.

Please note: If an organization applies for more than one funding stream (Base RHP, Afghan RHP, and/or Ukraine RHP), the organization must:

- Submit separate budgets for each funding type and plan to track funds separately
- Delineate how services for multiple population categories will be combined, complement each other, or stand-alone.

Eligible Populations

RHP grantees may serve any ORR-eligible individual within their first five years of ORR eligibility.¹ 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 with the most persistent, pressing, or underserved health needs. Individuals may concurrently participate in more than one type of RHP service (Health Education, Health Navigation, and/or Wellness).

The three funding streams must only serve specific populations, as delineated below.

¹ Eligibility periods for humanitarian parolees depend 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 (ARHP)

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.²

Organizations utilizing ASA funding, including those implementing ARHP, may serve:

- 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.
- A spouse or child of any Afghan humanitarian parolee described above who is paroled into the United States after September 30, 2023.
- 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.
- 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.

Ukrainian Refugee Health Promotion (URHP)

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.³

Organizations utilizing AUSAA funding, including those implementing URHP, may serve:

- Citizens or nationals of Ukraine whom the Department of Homeland Security (DHS) has paroled into the United States between February 24, 2022, and September 30, 2024, 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, whom DHS has paroled into the United States between February 24, 2022, and September 30, 2024, due to urgent humanitarian reasons or for significant public benefit.

² 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](#).

³ 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](#).

- A spouse or child of an individual described above who is paroled into the United States after September 30, 2024.
- 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, 2024.
- Individuals whose initial period of Ukrainian Humanitarian parole has expired and who have filed a re-parole application with USCIS

Base RHP

Organizations funded through the Base RHP funding stream may serve:

- Refugees, with the exception of those from Afghanistan or Ukraine
- Asylees, with the exception of those from Afghanistan or Ukraine
- Special Immigrant Visa (SIVs) holders from Iraq
- Amerasians
- Certified Victims of Trafficking (VoTs)
- Cuban/Haitian Entrants

Scope of Services

Many refugees and other ORR-eligible populations arrive in the U.S. with immediate and long-term physical and mental health needs. To assist refugees and other groups eligible for ORR's Refugee Resettlement Program and 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 well-being of these populations.

The RHP program provides direct services for ORR-eligible populations to promote their health, both routinely and during times of crisis (e.g., pandemics). RHP contains three program categories:⁴

1. **Health Education:** Health education classes and targeted health outreach to individuals
2. **Health Navigation:** Medical and mental health navigation and support
3. **Wellness:** Adjustment groups, skill-building networks, or peer support meetings

Please note: Subrecipients must ensure that the RHP services complement, not duplicate, other ORR-funded activities. RHP funds must not be used to supplant services provided under other federal and ORR funding sources, including:

- Medicaid
- Refugee Cash and Medical Assistance and Refugee Medical Screening
- Preferred Communities

Performance Requirements

Programs should serve eligible individuals and/or groups to promote their health. In general, for activities involving groups, RHP service providers should:

- Annually assess relevant health topics and 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
- 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

⁴ 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](#).

- Track progress and outcomes towards identified goals

Services will be grouped via Health Education, Health Navigation, and Wellness. Organizations may implement one or a combination of program categories.

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 Support⁵

Programs coordinate health care for individuals and provide services to ensure individuals can navigate and access complex healthcare systems, both medical and mental health-related.

Activities should include:

- 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 individual's health needs. POCs must complement any health care plan established by medical professionals for the client

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

Programs organize 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

⁵ 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).

- 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

Subrecipients must develop program outcomes that are specific, measurable, achievable, relevant, and time-bound (SMART). Funded entities must maintain the following documentation:

- Planning and monitoring documents
- Progress toward program outcomes
- Group session descriptions and/or education curricula
- Participant lists detailing enrollment and exit dates and participant eligibility
- *In ClientTrack*: For individual case files, agencies must maintain secure and sufficient records documenting client eligibility, needs, services provided, and outcomes related to the service provided.

Program outcomes will be measured at an individual participant level depending on the program category specified below:

Program	Key Performance Indicator at Program Exit
Health Education	Did the client demonstrate increased knowledge due to attending health education classes?
Health Navigation	Did the client complete a Plan of Care?
Wellness	Did the client demonstrate improvement in their well-being due to attending wellness groups?

Monthly Reporting: USCRI will use ClientTrack to track individual client enrollment under the three RHP activity areas described above. Funded entities must report on clients served, the type and frequency of services provided, program enrollments, and program exits and outcomes for individual participants.

Quarterly Reporting: USCRI requires quarterly narrative reports that detail accomplishments and challenges across the following categories: Program Administration, Program Development, Eligibility, Services, Community Resources, Documentation, and Reporting.

Trimester Benchmarking: USCRI will assess organizations on a trimester basis on timely invoice submissions, accuracy and completeness of ClientTrack data, including documentation, attendance for USCRI-mandated meetings, and service provision for all clients within one month of enrollment.

Financial Reporting

Costs incurred under the RHP program will be reimbursed by USCRI monthly, according to the subrecipient's negotiated annual budget. Funded entities must maintain robust financial records of all associated expenses. These include all receipts for supplies, materials, interpretation,

transportation, and other important administrative costs. Organizations must retain financial records in an organized manner and readily available in the event of an audit.

Equity and Inclusion

ORR emphasizes the importance of advancing equity in a way 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:

1. 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;
2. Review existing programming with an equity lens and
3. 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 Catherine Winn, RHP Program Officer, at cwinn@uscmail.org and Fatema Medhat, the Missouri State Refugee Health Coordinator, at fmedhat@uscmail.org. Proposal packages and requirements differ for returning and new applicants. Please see Appendix 1 for applicable checklists.

Timeline

Posting of RFP	June 3, 2024
Pre-Bid Conference Call	June 10, 2024
Initial Proposal Submission Deadline	July 1, 2024
Continuation Application Deadline (for FY24 RHP awardees only)	July 1, 2024
Final Proposal Submission Deadline	July 29, 2024
Evaluation of proposals	July 29 – August 16, 2024
Award notification(s)	August 30, 2024
Begin new sub-recipient contracts to awarded organizations	October 1, 2024

Appendix 1: Proposal Checklists and Templates

Returning Applicants (FY24 RHP Awardees)

USCRI requests that organizations funded during FY24 submit the following documents by July 15 in lieu of an initial and final proposal:

	Document Name	Template
1	Continuation Application	Template here
2	FY25 Budgets for ARHP, BRHP, and/or URHP	Template here
3	Staff bios for named RHP staff and/or job descriptions for positions to be hired	N/A
4	Indirect Cost Rate Agreement, if a budget's specified rate is above 10%	N/A
5	Screenshot of active SAM.gov registration showing the organization's physical address	N/A
6	Updates to the organization's Accounting and/or Procurement Manuals, if applicable	N/A
7	Copies from 2023 or later of: <ul style="list-style-type: none"> <input type="checkbox"/> Proof of General Liability and Officers' Insurance <input type="checkbox"/> IRS 990 form <input type="checkbox"/> Financial Audit 	N/A

New Applicants

USCRI requests the following from interested new applicants by July 15, 2024:

	Document Name	Template
1	Initial Proposal	Template here
2	Proposed FY25 Budgets for ARHP, BRHP, and/or URHP	Template here
3	Staff bios for named RHP staff and/or job descriptions for positions to be hired	N/A

USCRI will review the initial proposal package and return edits and comments for revision by July 19, 2024. Upon receiving revisions, organizations selected to proceed will submit the following by July 29, 2024:

	Document Name	Template
1	Final Proposal	Template here
2	Final FY25 Budgets for ARHP, BRHP, and/or URHP	Template here
3	W-9	Template here
4	Conflict of Interest Policy	N/A
5	IRS Tax Determination Letter	N/A

6	Indirect Cost Rate Agreement, if the budget's specified rate is above 10%	N/A
7	FFATA Disclosure Form	Template here
8	Proof of General Liability and Officers Insurance	N/A
9	Screenshot of active SAM.gov	N/A
10	Accounting Manual, if applicable	N/A
11	Procurement Manual, if applicable	N/A
12	Copies from 2023 or later of: <input type="checkbox"/> IRS 990 <input type="checkbox"/> Financial Audit	N/A

USCRI will notify applicants of the award decision by August 30, 2024 or earlier. If awarded, awardees must submit the following by Sept 30:

	Document Name	Template
1	ACH form	To be provided by USCRI
2	Scanned, color copy of voided check or a bank letter confirming account information	N/A
3	Client Rights and Responsibilities	N/A
4	Grievance Procedures	N/A
5	Limited English Proficiency Policy	N/A
6	Release of Information Form	N/A
7	Client Confidentiality Policy	N/A

Appendix 2: Proposal Rubric for New Applicants

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>	Program objectives, methods, and evaluation are clearly defined.	3
<i>Innovation</i>	The program 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>	The 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

Appendix 3: Continuation Rubric for Returning Applicants

Criteria Category	Description	Maximum Points Possible
<i>Administrative Capacity</i>	Organization submitted invoices, monthly reports, and quarterly reports by specified deadlines.	3
<i>Start-Up</i>	Organization launched programming and enrolled clients within three months of contract start.	2
<i>Enrollments</i>	Organization enrolled the number of clients it proposed in the previous fiscal year.	4
<i>Services</i>	Organization provided creative, responsive, and effective services for RHP clients.	4
<i>Performance</i>	Of clients exiting the program, >90% reported increased health literacy, increased well-being, and/or a completed Plan of Care as relevant to the organization's programming.	4
<i>Client Engagement</i>	Organization provided services every three months for each enrolled client and exited those beyond the three-month timeframe.	3
<i>ClientTrack</i>	Organization reported RHP data in ClientTrack for enrollments for May 2024 onward.	2
<i>Cost</i>	Organization invoiced for less than or equal to \$2,135 per client.	1
<i>Participation</i>	Organization attended all mandatory USCRI training and meetings with at least one representative.	1
Total		24