Community-Based Care Coordination Partners

Funding Opportunity | August 2024

**Application**

**Section 1: Application Information**

1. **Name of organization/Tribe:**
2. **Application contact** 
   * **Name (first & last):**
   * **Email:**
   * **Phone:**
3. **Signing authority contact**
   * **Name (first & last):**
   * **Email:**
   * **Phone:**
4. **Community-based care coordination model. Partners choose the model that best fits their capacity, strengths, and interests. Please select only one.**

* **Full-service** community-based care coordination
* Care coordination for **those with more complex needs**

1. **Please identify which subregion(s) you are available to provide services. Please select all that apply.**

* **Subregion#1:** West end of ClallamCounty (west of Port Angeles and including parts of the west side of Jefferson County – Beaver, Clallam Bay, Forks, La Push, Neah Bay, Seiku)
* **Subregion#2:** Port Angeles and Sequim area (Carlsborg, Joyce)
* **Subregion#3:** East and South Jefferson County (Port Townsend, Port Hadlock/Irondale, Chimacum, Quilcene, Brinnon, Port Ludlow, Nordland)
* **Subregion#4:** North Kitsap (Bainbridge Island, Poulsbo, Kingston, Indianola, Suquamish, Port Gamble, Hansville)
* **Subregion#5:** Central Kitsap (Silverdale, Keyport, Tracyton)
* **Subregion#6:** Bremerton and Seabeck
* **Subregion#7:** South Kitsap (Port Orchard, Burley, Gorst, Manchester, Olalla, South Colby, Retsil, South Park Village, Southworth)

1. **Please list any limitations to providing care coordination services under the selected model (e.g. specific social needs, types of clients you can serve, etc.)**
2. **Please share how many FTE you propose to include under this scope of work (minimum 0.5 FTE required). In addition to the number of FTE, please briefly share your thinking or rationale for this number.**
3. **The signing authority has read and understands the funding model for Care Coordination Partner contracts information on page 4 of the Overview & Instructions document.**
   * Yes, the signing authority has read and understands the funding model.

**Section 2: Care Coordination**

1. **Please briefly describe your organization/Tribe’s experience providing care coordination for social needs.**
2. **Please briefly describe your organization/Tribe’s philosophy and approach to care coordination for social needs.**

**Section 3: Collaboration**

1. **In your own words, what value can *Olympic Connect* add to social care?**
2. **Please briefly describe why your organization/Tribe is interested in partnering with OCH on this funding opportunity.**

**Section 4: Community-Based Workforce**

The Community-Based Workforce or CBW is a broad term used to identify the on-the-ground workforce that is dedicated to helping connect people to the care and support they need to thrive. This workforce goes by many job titles including Community Health Worker, Case Manager, Care Coordinator, Outreach Coordinator, Peer Navigator, and more.

1. **Please list the standard training and professional development opportunities currently provided to CBWs as a part of onboarding and continued learning (trainings, career ladders, etc.)**
2. **Please briefly describe your organization/Tribe’s supervision philosophy and approach for CBWs.**

**Section 5: Outreach & Engagement Expertise\***

\*Only complete this section if you selected full-service community-based care coordination model (question #4)

1. **Please briefly describe the experience of CBWs from organization/Tribe conducting community outreach & engagement in selected subregion(s).**
2. **Please list the key local partners with which your organization/Tribe closely collaborates as it relates to care coordination for social needs.**
3. **Please list the local communities and groups in which CBWs from your organization/Tribe are seen as trusted messengers.**

**Section 6: Care coordination for those with more complex needs\***

\*Only complete this section if you selected care coordination for those with more complex needs model (question #4)

1. **Please briefly describe your organization/Tribe’s experience providing more intensive and/or longer-term care coordination.**
2. **Please briefly describe your organization/Tribe’s experience collaborating with clinical care coordination partners to support individuals with health needs.**