

Funding Opportunity: Capital Infrastructure: Increasing Access to Care for Coloradans of Color

Funding Overview

This funding opportunity is designed to improve the capacity of clinics to serve more Coloradans of color with high-quality, comprehensive team-based primary care centered on patients' preferences, needs and values. It will provide shovel-ready capital funding to safety net practices in Colorado.

Clinics that have begun implementing a team-based care model or have one in place can apply for a capital grant of up to \$400,000. Clinics will need to demonstrate the team-based care foundational blocks are in place or they are on their way toward implementing them.

Proposed programs and/or projects must reflect the [Foundation's cornerstones](#). These outline who we serve, how our work is informed and our intent to create [health equity](#).

Have questions? We're here to talk through your ideas and encourage you to connect with us before applying for funding. If you're not already connected with a program officer, please reach out to us by [email](#) or phone at 303-953-3600, and be sure to note the county you work in and area of interest.

Focus Area

Maintain Healthy Bodies

Grant Deadlines

Feb. 15, 2023

Criteria

To be considered for funding, clinics must meet the following criteria:

- Alignment with the [Foundation's cornerstones](#) that advance our efforts to bring health in reach for all Coloradans.
- Serve at least 50% patients of color – defined as Arab/Middle Eastern, Asian/Pacific Islander, Black/African American, Hispanic/Latinx, Indigenous/Native American and multiracial communities. This can be demonstrated through the Foundation's newly required demographic data form to be filled out by every applicant.
- At least 50% of patients served are living on low income. This can be demonstrated through Medicaid caseload, number of uninsured and/or individuals on the Children's Health Plan Plus or the Colorado Indigent Care Program.
- Must be a nonprofit clinic or public agency that provides comprehensive primary care services to a significant population of patients who are living on low income as defined above. For-profit clinics will also be eligible to apply for the primary care capital funding, provided they meet the criteria and can also demonstrate at least 50% of patients are living with low income as described above.
- Provide integrated health care services through teams composed of behavioral, physical and/or oral health care providers.
- Ability to demonstrate clinic leadership commitment in executing [the National CLAS Standards](#) and support for team-based primary care.
- Ability to demonstrate improved health outcomes as a result of the expansion in access to team-based primary care.
- Ability to demonstrate need for expanding access to team-based primary care.

Preference will be given to clinics that can show patients receive necessary referrals to community and social services when needed.



Examples of team-based care projects considered for funding:

- Facility acquisition, construction, renovation or expansion
- Medical and office equipment purchases
- Equipment and/or technology costs for patients who do not have the means to access telemedicine services. Funds can also support patient education on the use of telemedicine.
- Equipment and/or technology costs for providers to provide and/or improve telemedicine services for their patients
- Hardware, software, installation and technical assistance costs associated with health information technology systems
- Operating expenses associated with physical or information technology expansions and/or improvements

Examples of organizations considered for funding:

- Federally qualified health centers
- Rural health clinics
- Community safety net clinics
- School-based health centers
- Community mental health centers with integrated primary care services

Eligible organizations will be expected to meet the following requirements if approved for a grant:

The clinic will be expected to operate a health care facility serving individuals living with low income for at least five years after the completion of the building expansion or renovation. If the space is not used as a health care facility for five years from the date of the certificate of occupancy, the clinic will repay funds on a pro-rated basis. For example, if space is only used as a clinic for two and a half years, the clinic will repay one half of the grant funds received.

The clinic will be asked to submit an annual certification of use and an annual utilization report for a five-year period, describing the number of unduplicated patients served and the types of services provided at the site.

- If a project is estimated to cost more than \$25,000, the applicant must either own the building or have a minimum of a three-year lease agreement.
- Ability to financially support some portion of the project through donations, in-kind support, cash or documented loans or lines of credit, and/or other state, local or grant funding.

When expanding clinic space, the clinic should demonstrate recruitment, hiring or staffing plans to expand provider capacity into the added space.

Additional Attachments for Shovel-ready Capital Projects

We ask clinics applying also submit the following as attachments to their proposal:

1. A letter of commitment from executive leadership that they strongly support the implementation of a team-based care model at their clinic.
2. Demonstrate there is a functional Electronic Health Record system by explaining the current process for report generation, data analysis and ongoing population health management.

All proposals submitted through this funding opportunity for shovel-ready capital projects will be initially assessed by JSI on where the clinic is at in implementing team-based care. The assessment will also incorporate questions related to the [National CLAS Standards](#). JSI will share their final assessment with the Foundation and applicants will also receive a copy of their assessment.

JSI staff is available before the upcoming deadline to answer questions related to the additional documentation requirements listed above. Please contact [Alexia Eslan](#) at 303-262-4319 for more information.



Measurable Reach

Applicants will be asked to indicate how their work will increase the number of people accessing comprehensive primary care services within one year at the end of the capital enhancement.

Definitions:

- **Comprehensive Primary Care:** The Foundation has adopted the Institute of Medicine's definition, which is "primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." Furthermore, "integrated" refers to physical, behavioral and oral health. The Foundation's definition also includes reproductive health services provided within the integrated setting.
- **Team-based Care:** Defined by the National Academy of Medicine as "the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve, coordinated, high-quality care." There are five core principles: shared goals, clear roles, mutual trust, effective communication and measurable processes and outcomes.
- **Telemedicine:** Defined by the Institute of Medicine as "the use of electronic information and communications technologies to provide and support health care when distance separates the participants."
- **Culturally Relevant Care:** Using the Principal Standard under [National Culturally and Linguistically Appropriate Standards](#): health care organizations, "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."

We often partner with third-party evaluators, contractors and other organizations over the course of our work with applicants and grantees. Your application and its attachments may be shared with these individuals or entities during the review process and grant cycle. All third-party organizations partnering with the Foundation have signed a confidentiality agreement and will not use or share the information for purposes outside of the scope of work specific to the grant application or grant award. If you have any concerns or would like additional information, please email grants@coloradohealth.org or call our senior director of Grantmaking Operations at 303-953-3600.

