



Health Council Community of Practice (CoP)

Introductions

- Welcome!
- Please type in the chat:
 - Name
 - Your title
 - Organization
 - County
 - Member of Health Council?
 - Yes/No



Agenda

- Purpose
- New Healthcare Resiliency Program Funding
- Breakout groups
 - Questions
- Large Group Q&A
- Announcements

Purpose of the CoP

- **Educate** by collecting and sharing information – from experts as well as from peers
- **Support** by organizing peer-to-peer interactions and collaboration
- **Cultivate** by assisting groups to start and sustain their learning
- **Encourage** by promoting the work of members through discussion and sharing
- **Integrate** by encouraging members to use their new knowledge for real change in their own work



TN Healthcare Resiliency Program

TN Healthcare Resiliency Program - Background

- TDH's Healthcare Resiliency Program grants are funded through the American Rescue Plan, which passed Congress in March 2022. Tennessee received \$3.9 billion in total ARP funds, with \$250 million total committed to TDH for healthcare modernization and transformation projects. Healthcare Resiliency Program funding was approved as part of the Tennessee Resiliency Plan, created by Tennessee's Financial Stimulus Accountability Group, in March 2022.
- The response to the HRP federal grant was overwhelming. TDH received over \$440M in requests for the Practice Transformation arm alone.
- In response, Governor Lee allocated an additional \$50M in his FY2025 budget for Practice Transformation and Extension projects, focused on the 89 rural counties.

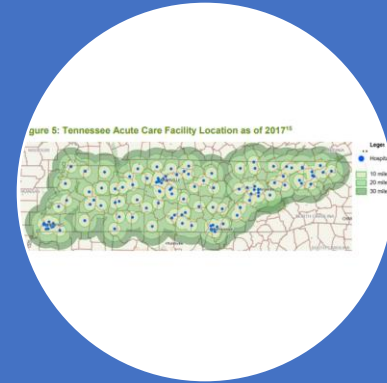
Tennessee Healthcare Resiliency Program: Aligning TN Strategies



FSAG & Governor Lee
Funding Priorities



Departmental
Strategic Plans



TN Rural Hospital
Transformation
Program and other
HC Modernization
Efforts in TN

Tennessee's Healthcare Resiliency Program (HRP)

Types of Practice Transformation and Extension Projects

- Mobile Medical Units
- Telemedicine or eICU Services
- Co-location & Wraparound Services (“One-stop Shop Model”)
- Care Coordination
- Linkage to Social Services
- Health and housing collaborations
- School Health and Coordinated School Health Projects
- Trauma-informed Services
- Nutrition Access and Support



Commissioner Alvarado and TDH staff visiting Medical Foundation of Nashville, understanding their work with hard-to-reach populations and expanding specialty services to the underinsured

HRP – State Edition – FY25-29

Criteria for application:

- Target population;
 - Low-income, minority, rural, and vulnerable populations (such as seniors, veterans, etc)
- Seeking projects that support Tennessee health and healthcare providers in addressing the social drivers of health through delivery of integrated, high-quality, comprehensive prevention, public health, and treatment services; and/or
- Increase access to services for underserved and rural communities;
- Collaboration is encouraged (CHC, NGO, FQHC, etc.)

HRP – State Edition – FY25-29

Scoring

- Rubric:
 - **Community Need – 35 points**; clear link between proposed plan and intended outcomes to address SDOH and rural health access
 - **Project Plan – 35 points** – evidence-based rationale; short, long term impacts
 - **Evaluation Plan – 10 points** – how outcome data will be collected & reported
 - **Sustainability – 10 points** – partnerships / work beyond the grant period
 - **Budget – 10 points** – total cost; indirect costs by function

HRP – State Edition – FY25-29

Secondary data considered in scoring:

- Population density (lower is better);
- 10-year projection growth;
- Primary care physician rate/population;
- Specialty Access (ED + Birthing facility);
- Child poverty rate;
- Uninsured adults;
- % aged 65+;
- Connection to a CHA need

Timeline for HRP state funds (FY25-29)*

- **July 2024:** Application opened and help desk live
- **September 2024:** Application portal opens
- **December 2024:** Application portal closes
- **January/February 2025:** Award selections made
- **December 2028:** Target date to fully expend awarded funds*

Key Takeaways

- ✓ HRP funds are pivoting from COVID response and recovery to rural health access
- ✓ Residents and patients living in 89 rural counties are eligible*
- ✓ HRP state dollars are NOT attached to ARPA – no federal restrictions; still have to comply with procurement requirements re: state regulations
- ✓ Approximately 4 years to complete projects
- ✓ Collaboration and Social Drivers of Health are key
- ✓ Get grant support if you need it – you can be reimbursed for grant-writing with these funds (if awarded)
- ✓ Brainstorm with your Community Health Council and/or community partner

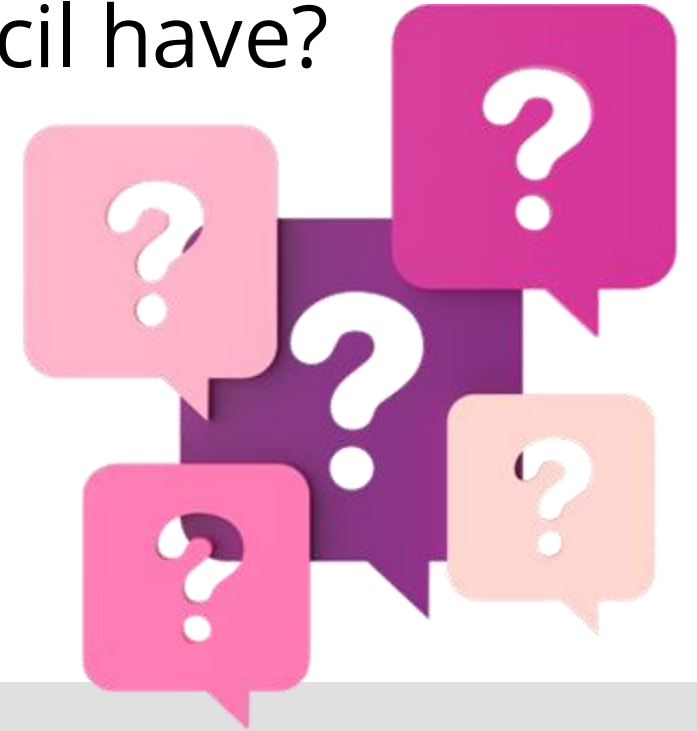
New! HRP – State Edition – FY25-29

Questions?

Email Amanda Ables / Amanda.Ables@tn.gov and/or connect with your local Health Council 😊

Breakout Groups (10 minutes)

- In alphabetical order, where are you from? (*place, organization*)
- What questions do you have about this funding?
- What questions might your Health Council have?
- Roles needed:
 - Note-taker
 - Reporter (choose 1 to ask Amanda)
 - Timekeeper (10')





Share-out

- Share any **events** or **resources** you have for the group.



Upcoming Calls

- Thursday, July 18, 9:00am central/ 10:00am eastern*
 - Partnership spotlight: Centerstone
- Recurring link for 3rd Thursdays at 9am CT/10am ET

Communication

- County Health Council Website:



- CoP Contact List
 - Sign up here:





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Thank you / Questions