



ADDENDUM #1

February 14, 2023

TO: ALL POTENTIAL SUBMITTERS

FROM: RON VENTURELLA, BUNCOMBE COUNTY PROCUREMENT MANAGER

SUBJECT: ADDENDUM #1 FOR RFP COMMUNITY-BASED PUBLIC HEALTH RESPONSE TO VIOLENCE

The following changes, revisions, additions, and/or clarifications to the plans and/or specifications are hereby made a part of the original documents.

Addendum # 1

The following questions were asked by potential bidders (listed in no particular order):

What is the timeline?

January 20, 2023 - Request for Proposal Open
January 31, 2023 - Information Session, 12 - 2PM, Stephens Lee Recreation Center
February 7, 2023, 5:00pm ET – Deadline for Questions
February 14, 2023 – County Response to Questions
February 27, 2023, 12:00pm ET - Request for Proposal Due
March 13-17, 2023 - Interviews
March 20, 2023 - Announcement of Award
April 1, 2023 - Begin Service Contract

It seems that much of the project expenses will be devoted to staff time. What other expenses are expected for programming?

Some possible areas to expand program reach include health promotion campaigns, community events to promote awareness, youth empowerment solutions and the project(s) they will implement etc.

How will the Community Health Workers be identified?

The awarded CBO(s) will be responsible for their own hiring process.

How many organizations can collaborate on one application?

Collaborative proposals are encouraged with no limit on the number of partnerships.

Can for-profit entities apply?

All entities, non-profit or for-profit, may apply; but will be required to follow the County, State, and Federal open records and contractual terms.

What is the standard administrative percentage the federal government will allow?

The rate is 10% unless the CBO has a different negotiated rate with the federal government.

May the funds be used for stipends?

the funds may not be used for food, bus vouchers, gift cards, or incentives. If youth are providing a detailed and justified work service to the project BJA will consider the use of a stipend. The cost must be clearly tied to project objectives.

The following was shared during the Information Session held on January 31, 2023.

Link to the CHASM video presentation may be found [HERE](#)

Attached:

- Introduction (5 slides)
- Overview Presentation (17 slides)

END OF ADDENDUM #1

RFP COMMUNITY-BASED PUBLIC HEALTH RESPONSE TO VIOLENCE



Justice Services Community-Based Public-Health response to Violence

Presented by

Tiffany Iheanacho, Director

Justice Services Department



BUNCOMBE COUNTY



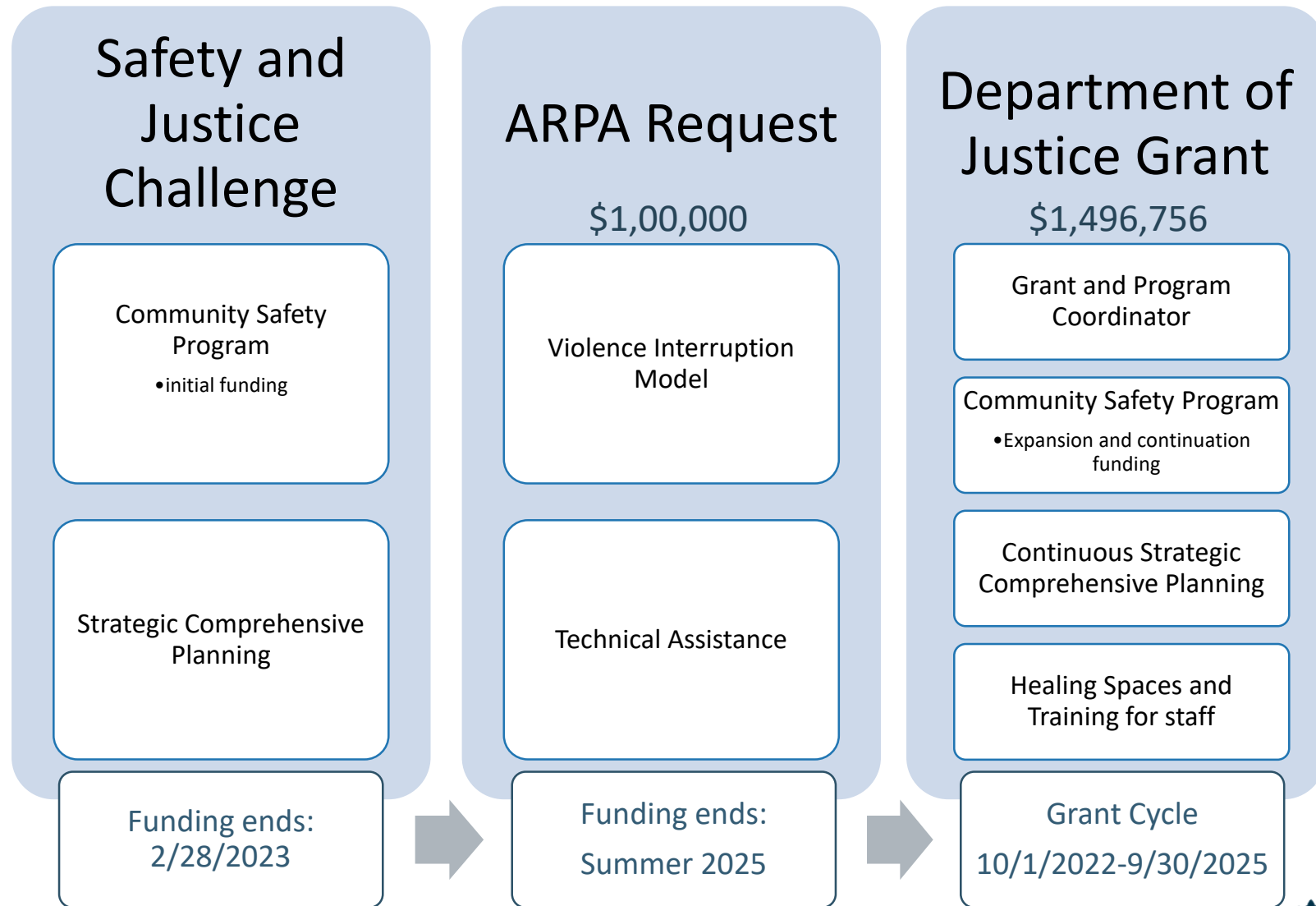


Background

- Builds on foundational work of Safety + Justice Challenge's Community Safety + Violence Prevention Initiative
- \$1M award from Buncombe County Fiscal Recovery Funds
- \$1.5M DOJ/OJP award
- To prevent and reduce community violence by implementing a comprehensive, evidence-based, community-led, data-driven and trauma informed violence intervention and prevention program



Current Funding Landscape





Community Safety + Violence Prevention Initiative

Fiscal Recovery Funds

- CHASM Training & TA
- 4 contracted positions (TBD through RFP):
 - 1 Project Manager
 - 3 Community Health Workers (CHWs)
- Program support (e.g. youth stipends, community projects)
- Community-Based Participatory Researcher (contracted)

OJP Award

- Grants Manager (1FTE)
- Sustain & enhance work of current contracted partners
- 3 contracted CHW positions
- Healing Spaces & Training for staff
- Community co-facilitation (contracted) to continue development/implementation of BC Violence Prevention & Community Safety Plan



RFP Components

- Community Healing Initiative – up to \$423K annually
 - 1.0 FTE Project Manager and 6.0 FTE Community Health Workers trained in Violence Prevention
 - Training and ongoing support provided by CHASM
- Coalition-building and Evaluation – up to \$42K annually
 - Community qualitative research
 - Multi-sectoral Stakeholder Coalition
- Mental Health Support – up to \$30K annually
 - Services to include mental health, well-being, resiliency, etc. support for those implementing CPrV in Buncombe County





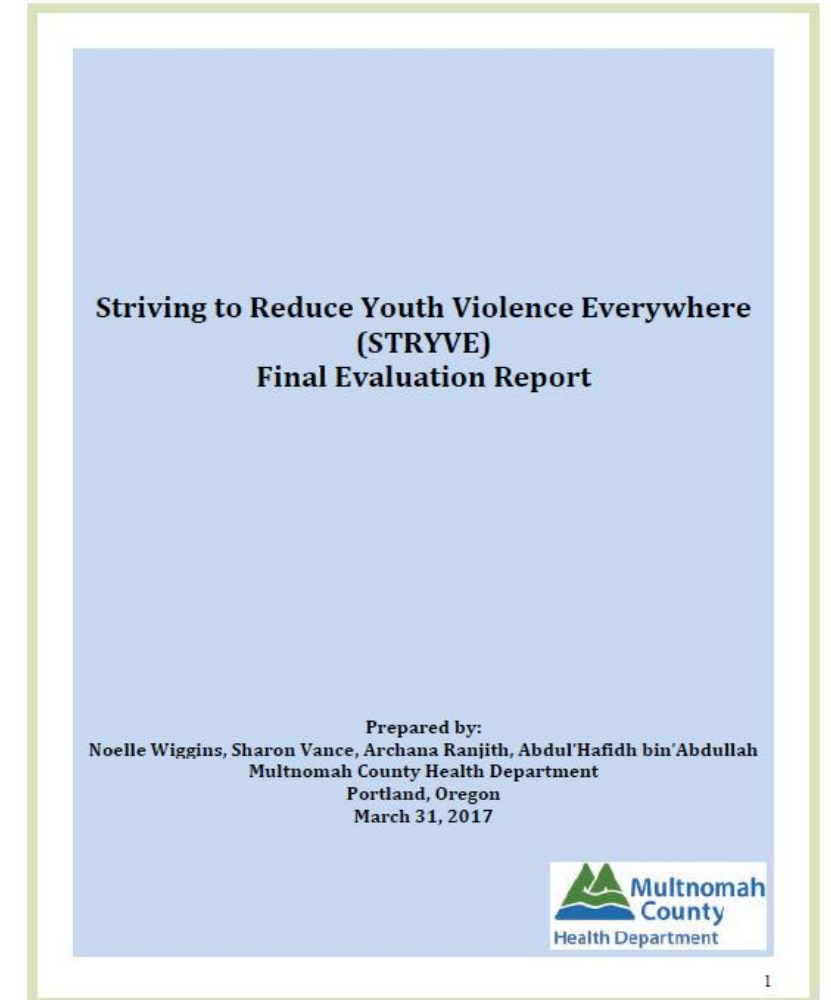
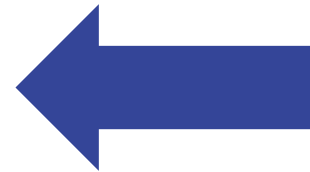
Community-Based Public Health response to Violence

ABDUL HAFEEDH BIN ABDULLAH, CO-FOUNDER,
DIRECTOR OF PROGRAMS AND COMMUNITY MOBILIZATION, CHASM

RUMANA SHAMS RABBANI, CO-FOUNDER,
DIRECTOR OF STRATEGIC IMPROVEMENT AND POLICY, CHASM
CHW-VPP, MHA, PHD STUDENT, RWJF HPRS

JAN 31, 2023

CPrV Evidence & Demonstration Pilot



CDC STRYVE Multnomah County Health Dept Strategy, 2011 – 2016

CDC Primary Objectives

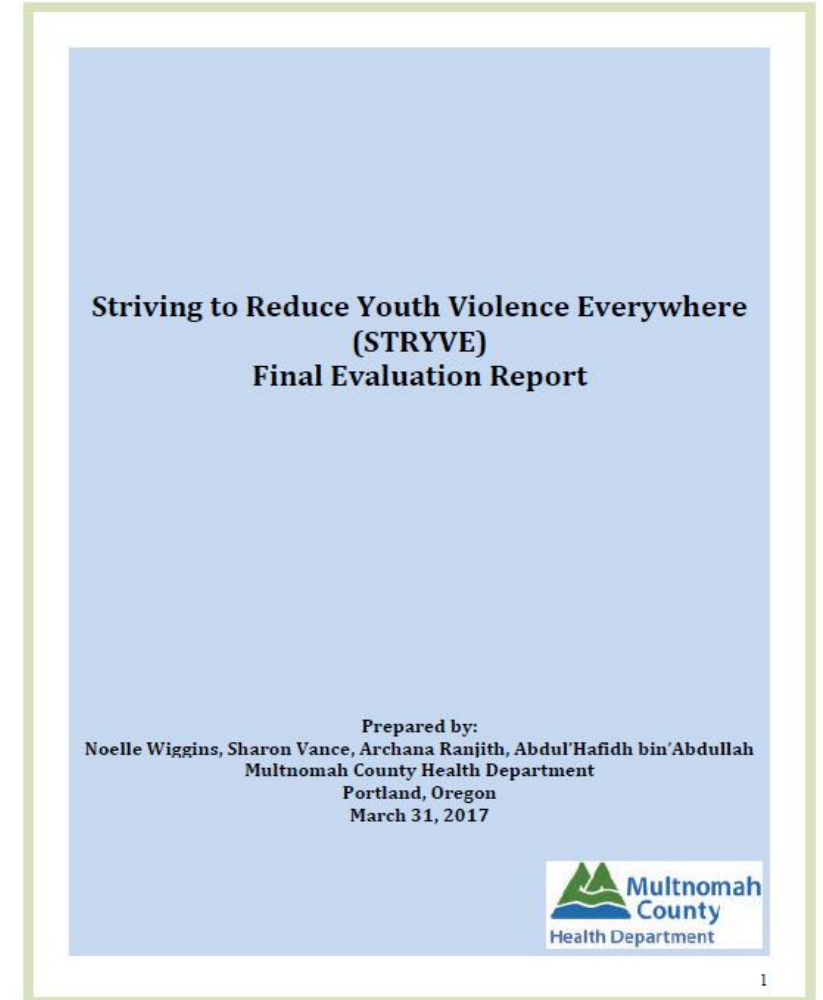
1. To advance violence as a public health priority
2. Demonstrate evidence-based strategies to prevent violence

Principle Programs

- Youth Empowerment Solutions
- Crime Prevention through Environmental Design
- Multi-sector stakeholder coalition

Multnomah County Innovation

- Community Health Workers
- Community-Based Participatory Research
- Popular Education



Principle Framework CPrV

- Prevention of structural and interpersonal violence through optimizing of the social ecosystem
- Social Ecological Model
- CHWs, youth leaders, and CBOs
- Structural and social determinants
- Community cohesion and collective efficacy



CHWs can address structural-and-social-determinants-of-health across the Social Ecological Model.

CPrV Model

Evidence-Based Programs

- Community Professional Development
 - CHWs in Violence Prevention (CHW-VP)
 - Racial Equity Advocates (CHW-REA)
 - Direct synchronicity with socio-ecological model
- Youth Leadership Development
 - Youth Empowerment Solutions
- CPTED – repurposing the build environment
 - Sokoto House (Cultural Hub + Community Development Center)
- Community Qualitative Research / CBPR
- Pedagogy of Empowerment / Popular Education
 - Multi-sector stakeholder coalition

Evidence-Informed Practice based

- Community Healing Initiative

CDC Lit Review CHW-VP

- Colleen Barbero, Abdul Hafeedh bin Abdullah, Noelle Wiggins, Mariana Garrettson, Ashley Wennerstrom, Dean Jones



Prevention of structural and interpersonal violence

Understanding Multiple Forms of Violence

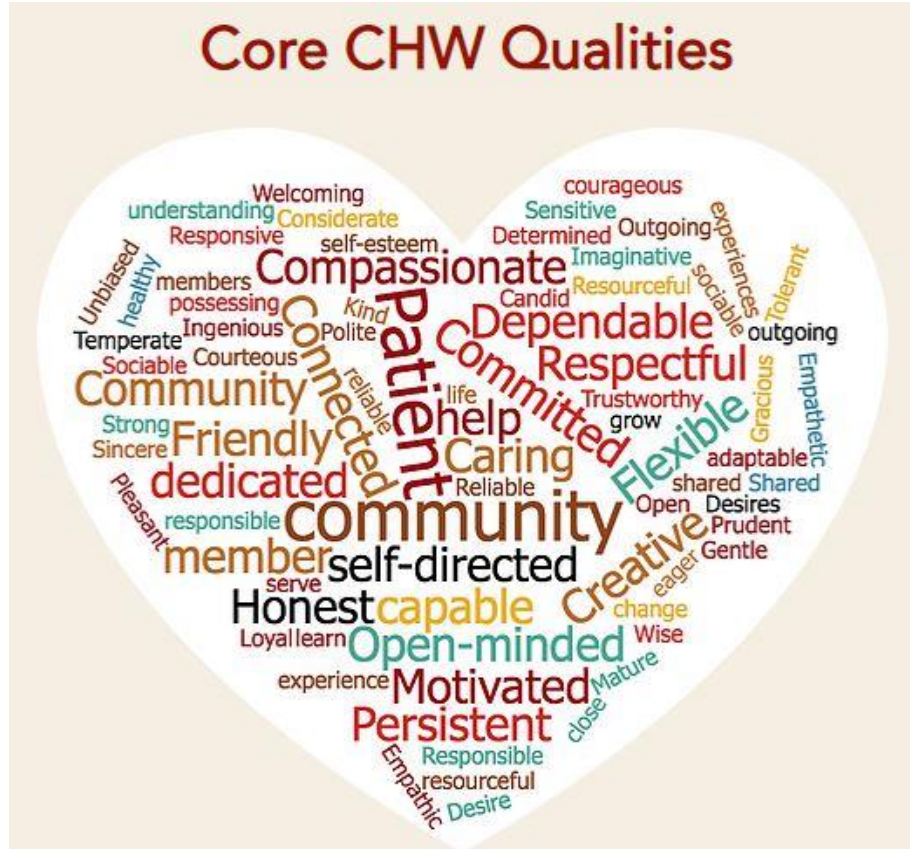
1. War
2. Structural Violence
3. Community Violence
4. Domestic Violence
 - a. Self Inflicted / Intrapersonal Violence
 - b. Sexual Violence
 - c. Ideology Based Violence



Evidence Based Strategy - CHW Violence Prevention Professionals



CHW Violence Prevention Professional Roles



Three primary CHWVPP roles:

1. Direct Service: Implementing a robust network of referral-based assistance that helps to support wrap-around services and social support for individuals and families.

2. Health Promotion, Community Organizers and Partners in Research: Developing, adapting and implementing training. This role also includes community level capacity building initiatives, advocacy, and equitable partnerships in research to increase the value and use of qualitative research.

3. Executive level Advocacy and Policy: Contributing to policy and strategic planning regarding decisions that impact the populations they serve and represent

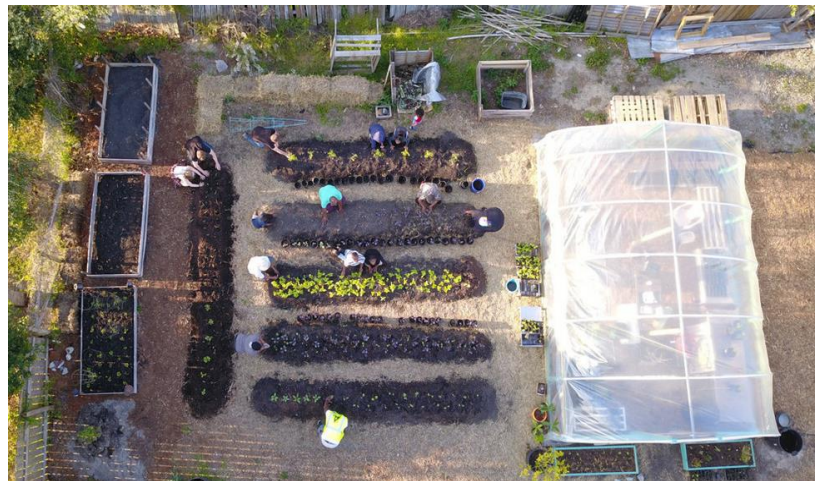
Evidence-Based Strategies – Youth Empowerment Solutions

- Youth Leadership Development
- Interpersonal development
- Community development
- Adult youth partnership
- Community project



Evidence-Based Strategy – Repurposing the Built Environment

- Crime Prevention by Environmental Design
- Repurposing the Built Environment
 - Sokoto House – Cultural Hub + Community Development Center



Evidence-Based Strategies: Community Qualitative Research

- Community Based Participatory Research
 - CHWs and youth leaders as partners in research



Evidence-Based Strategy: Essential Components of the Model

- Popular / People Education
 - precolonial + indigenous ways of knowing
- Multi-sector stakeholder coalition
- Community Healing + Empowerment Indicators
 - Violence is a public health priority



2021 CAPE FEAR COMMUNITY RACIAL & HEALTH EQUITY SUMMIT

GENTRIFICATION • STRUCTURAL & INTERPERSONAL VIOLENCE
CHWS, YOUTH LEADERSHIP, & COMMUNITY-BASED ORGS
COMMUNITY HEALING • ABUSE RECOVERY & RESILIENCY
ECONOMIC & WORKFORCE DEVELOPMENT • ARTS & CULTURE
ECOLOGY & FOOD EQUITY • ADVOCACY & HEALTH SYSTEMS
EQUITY IN RESEARCH & EVALUATION • HISTORY & EQUITY
MULTIMEDIA, BRANDING, & MARKETING FOR COMMUNITY ORGS
SUSTAINABLE ACTIVISM & SOCIAL JUSTICE • MASS INCARCERATION

Our Teachers are Students and our Students are our Teachers

Hour-Long Sessions On Important Topics,
Live Music, Movie Screenings, Food, Vendors,
Family Fun, and So Much More!

SEPT 10, 11, 12 • 1219 DAWSON ST

SIGN UP TO ATTEND AT: summit.sokotohouse.org

CPrV Partners in Cape Fear Region

- Quality Life Blueprint
- AdVance Youth Outreach
- CHASM
- HOPE
- Cycleological Wellness
- Keep Your Hands Off Me
- Gray Raven Media
- Lowercase Leaders
- Shihan White Owl Martial Arts Science & Wellness



Formative Evaluation

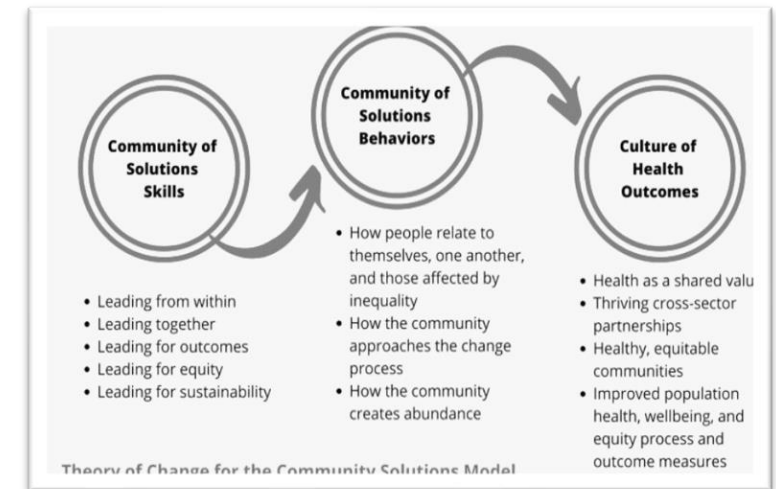
- Integrate evaluation into organization
- Integration of implementation science to understand a scientific process for uptake and sustainment of programs
- Specific evaluation tools provided



CommUnity Healing through Activism + Strategic Mobilization

A Community-Led Organization of strategic learning that aims to build capacity for Community Health Workers (CHWs) within historically marginalized communities, neutralize systemic inequities, and enhance harmony within the social ecology of our society

- Our organization recognizes the deep “chasm” between European and Non-European ethnic communities in American society; communities and institutional organizations; and healthcare and social-determinants-of-health interventions resulting in the perpetuation of violence and inequities in our systems
- Lens of violence prevention and empowerment applied for communities through CHW interventions on the micro socio-ecological level
- Lens of racial equity and justice applied to empower CHWs on the macro socio-ecological level through public policy / systems change
- Collaboration is based on lived + shared experience elevated by the Community-of-Solution skills
- SEM / SSDoH – CHWs + CBOs connected to all our racial equity work and policies
- Training and TA to support cities to implement and scale-up CPRV
- Scale-up for national evidence-based programs and capacity building for CHWs + CBOs – multi-media, strategic planning, readiness, implementation, evaluation



American Public Health Association Policy Statement

- + APHA CHW Policy Statement (Nov 2022)
[20227: A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Racial Equity & Violence Prevention](#)
- + Crosswalk of social ecological model
- + APHA Policy Proposals: Policy # LB20-04, #20185, Passed Oct 24, 2020 and Nov 13, 2018
- + 251 cities, counties, and other governmental leaders that have declared racism a public health crisis
- + Identified a policy gap – CHWs can help professionals comprehensively address inequities and violence within their community
- + Strongest evidence-based strategy: CPrV
- + [National Press Release](#)



NEW APHA Policy: Community Health Workers Advancing Equity & Violence Prevention [LEARN MORE](#)

NACHW

American Public Health Association Policy Announcement
A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Equity & Violence Prevention

January 25th, 2023
News

(January 25, 2023) During the American Public Health Association (APHA) 150th anniversary conference on November 8, 2022, a new Community Health Worker (CHW) policy addressing equity and violence prevention was passed. *Policy Number 20227: A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Equity & Violence Prevention*, led by CHWs using a participatory process and supported by 30+ CHWs leaders/allies across the country. More than half of the authors and co-authors identify as CHWs.



Questions?

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