

CHWE1 C34810GG Extension BP4 ALBANY COUNTY OF 10/1/21 - 6/30/22

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Thu 8/5/2021 9:12 AM

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Cc: Shelton, Christia M (HEALTH) <Christia.Shelton@health.ny.gov>; Foster, Nick (HEALTH) <Nick.Foster@health.ny.gov>

 1 attachments (142 KB)

Attachment 1 CHW Standards.pdf;

Dear Grantee:

This is to inform you of the New York State Department of Health's intent to extend your Maternal Infant Community Health Collaboratives and Community Health Worker Expansion for a nine-month period of October 1, 2021 – June 30, 2022. As a reminder this contract is referenced in the New York State Grants Gateway as *Community Health Worker Expansion (CHWE)*.

Your award for this new period is 334024. The calculation for this award is based on the current annual allocation / 12 x 9 months + a one-time funding adjustment as indicated below.

Annualized Base (10/1/20 - 9/30/21)	\$367990
Pro-Rated (10/1/21 - 6/30/22)	\$275993
Additional Funding (10/1/21 - 6/30/22)*	\$58031
Total Award 10/1/21 - 6/30/22	\$334024

*The additional funds will be used to support:

- Salary increases for Community Health Workers (CHWs) to ensure they are compensated equitably with a living wage according to the U.S. Department of Labor standards.
- Required staff training focused on cultural humility, anti-racism, and equity in perinatal care which will better enable program staff to provide supportive services which improve health and behavioral outcomes – especially for BIPOC (Black, Indigenous, and People of Color) birthing people;
- Education/training required for CHW Pathway to CHW Supervisor (see Attachment 1); and
- Subcontracts with community partners to address service gaps, in response to community input and needs assessments.

Recently, we sent out a reminder notice to all current grantees requesting that current period end budget modification requests (budget period October 1, 2020 – September 30, 2021) be submitted to your program manager by August 13, 2021. It is imperative that these modifications are processed as soon as possible.

Once we have confirmed that you either do not require a budget modification OR you have received approval for a budget modification, you will receive a formal award notice for the new period.

Please direct any questions to your assigned program manager or contract manager as copied on this communication above.

Division of Family Health

Center for Community Health

New York State Department of Health

ESP CT Room 859

Albany, NY 12237