

Planning Grant for School-Based Health Centers

REQUEST FOR PROPOSALS (RFP)

Background

The mission of Kaiser Permanente is to provide high-quality, affordable health care services to improve the health of our members and the communities we serve. As a nonprofit organization, Kaiser Permanente makes carefully selected investments each year to strengthen the social and environmental factors that will improve the health of our communities. Through our various Community Benefit programs, initiatives and partnerships we identify the needs facing our communities and work to address them.

Kaiser Permanente's commitments to increasing mental health supports in schools, supporting a strong safety net and promoting a culture of health in schools are combined in this Request for Proposals. Our relationships with community health centers, local health departments, community-based organizations and Safety Net partners provide a multifaceted approach to addressing health disparities, expanding health care access and delivering the highest quality care in the school environment. This RFP expands existing investments in the school-based health center (SBHC) model, which include the operation of eight school based health centers in the Seattle School District, providing behavioral health staffing in five others and investing in the Washington School-based Health Alliance.

Identified Needs

KPWA seeks to support collaborative partnerships in the planning and development of school-based health centers (SBHCs) for the purpose of improving the health of young people, promoting the full participation of SBHCs in our regional health care system and increasing access to care for the most vulnerable in our communities.

It has long been recognized that schools are the heart of health in a community. Over 1 million students attend approximately 2,370 schools in Washington State. Schools play a crucial role in prevention and early detection of health-related issues. Increasing access to mental health services is identified as a priority in our 2016-18 Community Health Needs Assessment (CHNA) and in our recent environmental scan: [Mental Health and Wellness in Washington's K-12 Education System](#). Kaiser Permanente Washington recognizes schools have a unique ability to provide access to mental and physical health care in a low barrier setting for youth—especially those who lack insurance, transportation, have high deductibles, are unable to qualify for Medicaid or wish to seek confidential treatment.

School-based health centers offer a proven means to increase access to care for school-aged youth yet less than 2% of WA schools have them on their campuses. SBHCs provide comprehensive health services to children and adolescents in a setting that is trusted, familiar and immediately accessible. SBHCs are co-located on campuses--offering a one-stop location

for primary care, mental health and preventative services. SBHCs often act as medical homes for students and utilize coordinated health care services by multiple providers in the management of chronic conditions. The presence and use of SBHCs have been associated with improved educational outcomes, including attendance and grades, and health-related outcomes including decreased emergency department use and hospital admissions. Furthermore, “because SBHCs improve educational and health-related outcomes in disadvantaged students, they can be effective in advancing health equity.”¹

As healthcare reform progresses, SBHCs will need to respond to community needs as well as adapt to changes in funding. SBHCs have proven that they are a vital community resource and have gained significant recognition in recent years as the number of SBHCs continues to grow. But many SBHCs still face huge barriers to fulfilling their promise. Inadequate funding, limited hours and equipment, lack of coordination with school staff and limited youth engagement are issues faced by SBHCs across the region. Most communities are without SBHCs, resulting in more missed work for parents, missed classroom instruction for students, increased school absenteeism and limited access to healthcare services for children and youth.

Qualifications

Applicants must:

1. Be identified as a non-profit organization by the federal government, or be an appropriate public organization such as school district or public health department
2. Partner with a Federally Qualified Health Care Center, Safety Net Provider, Public Health Department or Tribal Center
3. Lack a currently operating school-based health center at the site
4. Select a SBHC site within the geographic region of KPWA (see RFP p.3: Geographic Service Area) that has a 50% or higher Free and Reduced Lunch rate as of the 2017-18 school year
5. Have experience developing data-based strategies for addressing the physical health, mental health, and health care access needs of students identified as at-risk for poor academic and/or health outcome.s
6. Complete and e-mail the application and attachments (see Application p. 4) to communityhealth.wa@kp.org by 5:00pm PST on 9/27/18
7. Have the authority to engage in contractual agreements with Kaiser Permanente Washington

Preference will be given to projects that:

1. Incorporate youth and community engagement activities into their planning process
2. Address issues of health equity
3. Demonstrate an understanding of state funding and certification criteria, if applicable, and potential for insurance billing.
4. Provide evidence of strong community-school partnerships
5. Address sustainability once KPWA funding ends

¹ Knopf et al. School-Based Health Centers to Advance Health Equity A Community Guide Systematic Review. American Journal of Preventive Medicine 2016;51(1):114–126

Geographic Service Area

Eligible organizations must operate the SBHC in the following counties within the KPWA service area:

Adams, Benton, Columbia, Franklin, Kittitas, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima

***Please email communityhealth.wa@kp.org to verify your organization is located in the Kaiser Permanente service area.**

Grant Amounts and Duration

KPWA plans to dedicate approximately \$1.7 million in two phases over the next four-years for this initiative. **This RFP is specific to Phase 1 which awards a portfolio of up to six Capacity Building grants in the \$60,000 range for 10 months.** Phase 2 funding is not guaranteed and will be an invitation-only, competitive application process awarding three years of start-up funding for up to three sites. Recipients of the Phase 2 Implementation grants will be expected to provide up to 10% match to the overall Year 1 implementation budget. The maximum overall budget Kaiser Permanente Washington will fund for Year 1 start-up is \$350,000 (e.g. for a \$350,000 overall budget, the agency is responsible for \$35,000 (10%) and the Kaiser Permanente award is \$315,000 (90%). Requirements for the percentage of match will increase annually. Source of the Year One start-up match funding must be identified during Phase 1 and may not include projected Medicaid reimbursement funding for clients seen at the new SBHC. Phase 2 award size will depend on need, level of community support, and a clear plan and ability to demonstrate sustainability and outcomes. Phase 1 planning grant projects are limited to 10 months.

KPWA is responsible for administering these funds and making Phase 1 grant awards in 2018. Phase 2 grants, if awarded, will be administered in 2019.

Examples of Possible Grant Activities

Grant activities within this funding phase should include (but are not limited to) projects that organize, convene, and engage community partners to begin the planning process for a new school-based health center, or continue a planning process that has already begun. Examples of activities this funding can support include:

- Funding for staff time and travel (FTE) is allowed.
- Meals for focus groups
- Conference and training fees
- Administrative/indirect costs up to 15%
- Office supplies
- Infrastructure charges (rent, technology, etc) related to FTE
- Identification and purchase of evidence-based universal mental health curriculum aligned with SBHC workplan and school improvement plan

Note, capital improvements and purchasing of medical and technology supplies is not allowed in Phase 1.

Performance Measures

Performance measures must include:

1. Achievement of benchmarks identified in the workplan
2. Evidence partnerships have been formalized (e.g. Memorandum of Understanding, Charter, contracts, etc)
3. Attendance at three web-based communities of practice
4. Evidence of youth and community engagement
5. Submittal of a draft logic model and business plan by 4/1/18

Evaluation requirements: As a condition of receiving grant funds, grantees must attend three web-based communities of practice sessions hosted by the WA School-based Health Alliance in partnership with Kaiser Permanente.

What this RFP will not fund

We value and recognize the diverse needs of the communities we serve, and we support customized expenditures to address local needs. There are however, a few constraints:

- *No more than 15% of the funds may be spent on administrative overhead.* FTE for staff time is allowed and not included in the 15% administrative limit.
- *No capital requests will be considered.* Office supplies and universal evidence-based mental health prevention curriculum is allowed but should total no more than 20% of project budget. All items should be detailed in project budget.
- *SBHC's in schools outside of the Kaiser Permanente Washington geographic region with less than 50% Free and Reduced Lunch rates.*
- *Expansion to or improvements of operational SBHC's.*

Application Topics

Proposals must be submitted on-line using the link provided. Application form includes the following topics:

- Applicant organization profile and project overview.
- Project summary and narrative.
- Community need.
- Measurement and evaluation.
- Sustainability plan.
- Partners and collaborators.
- Youth and community engagement
- Health equity/culturally relevant services
- KPWA visibility and involvement.

Required Attachments (additional documents to be uploaded with the online grant application)

- Tax Exempt Status Determination Letter or Government Information Letter
- IRS Form 990
- A detailed budget of the project for which funds are being sought.

- Project budget itemized with budget narrative. (template provided)
- Project workplan and timeline (template provided)
- Collaborations: At least one letter of support or memorandum of understanding from a school, district or FQHC
- Organization's non-discrimination policy or statement

Description of Application Topics

- **Applicant organization profile:** Name, contact information, mailing address, year founded, mission statement.
- **Project summary and narrative:** A description of the purpose of the project and what will happen. Describe all the efforts, programs, and services that will be included. Reference the evidence-informed or promising practices on which the project is based.
- **Community Need:** Identify what need(s) the project is addressing including data and published sources if available.
- **Financial Information:** List the total budget amount for the organization and project as well as any additional funding sources for the project.
- **Partners and collaborators:** Identify partners, their roles and their contributions. Demonstrate community support for the project and identified need.
- **Health equity:** Describe how your project will contribute toward increasing opportunities and access for underserved populations to services intentionally designed to support their health and wellbeing.
- **Youth Engagement or Involvement:** Describe how your project will include youth in the planning, development or implementation of the project. This can include Youth Advisory Councils or other formal or informal methods for youth participation.
- **Expected outcomes:** List the desired outcomes to be achieved and how those outcomes will be measured. You may include both qualitative and quantitative measures. These outcomes should be reflected in the Workplan (template provided).
- **Match and sustainability:** Describe the commitment to sustain this project after the Phase 1 grant funding period ends. This should include a timeline for opening the SBHC, identification possible or actual sources for match funding and any additional revenue and/or funding sources that are expected. Proposals should demonstrate an understanding of state funding and certification criteria, if applicable, and potential for insurance billing.
- **KPWA visibility and involvement:** Identity organization's communication plan to acknowledge the grant from Kaiser Permanente. Describe how KPWA could be involved with this project in any way, in addition to funding.
- **Measurement and Evaluation:** Identify the organization's ability to measure and report progress in achieving project outcomes such as the number of people served, demographics, characteristics, and service utilization of the target population, both at baseline and as the project proceeds. Include the metrics mentioned above.
- **Project budget itemized with budget narrative (Attachment):** The itemized project budget should list all expenses and funds committed to the project. It should also include anticipated expenses and revenue sources. If the proposal is a multi-year request, the budget must outline income and expenditures for each year of funding being requested. A one-page narrative describing the budget items should also be included (template provided.)

Selection of Proposals

The KPWA Thriving Schools Committee will evaluate all complete proposals, and make recommendations for funding based on the selection criteria below. The committee may also conduct an oral interview as part of the selection process. Grant awards will be final after approval by local Kaiser Permanente leadership.

Selection criteria:

- a. **Prospects for success:** The goals and objectives of the proposed project are clear, feasible, and achievable, and they align with the identified priorities of the RFP. The work plan and budget are reasonable. The proposed team possesses the requisite skills, competencies, commitment, and capacity to carry out the proposed work and has both supportive partners and community support. The project centers on evidence-based or promising practices.
- b. **Potential impact:** The project is likely to lead to improved access to care and improved health outcomes for the target population. The project has potential for expansion or replication within the community, in neighboring areas, or more broadly across the region.
- c. **Community need:** The target population and geographic location are clearly identified and located within the KPWA region. The number of individuals targeted is reliably quantified, and the needs of this population are adequately documented through community needs assessment reports and qualitative and quantitative data, such as demographics reports, rates of insurance coverage and service utilization statistics. The applicant should demonstrate a deep understanding of the community to be served. Districts with few or no SBHC's will be prioritized.
- d. **Organizational commitment:** The applicant organization is committed to improving the health of the community through the school-based health center model and can demonstrate that the proposed project will significantly contribute to this goal.
- e. **Financial viability and accountability:** The applicant organization possesses a sound financial standing, has adequate financial management systems, and is experienced in managing grant funds. The proposed project should include how the applicant will include and/or outreach to partners with the ability to leverage additional in-kind contributions, reimbursements or cash matches.
- f. **Commitment to improve health equity:** Proposals will have priority consideration if they show how the proposed project will reduce identified health disparities. Health disparities may include those faced by communities of color, ethnic minorities, or other historically underserved groups.

Evaluation and Monitoring

Grantees should have the ability to measure and report progress in achieving project goals and objectives through quantitative and qualitative measures, such as the number of people/agencies engaged, demographic characteristics, and development of shared vision and commitments, both at baseline and as the project proceeds. The project team must have the ability to comply with the evaluation and monitoring requirements of this grant program

which may include site visits. As a condition of receiving grant funds, grantees must attend three web-based communities of practice sessions hosted by the WA School-based Health Alliance in partnership with Kaiser Permanente.

There are four dimensions of this evaluation in which we expect successful grantees to participate.

- 1. Logic model:** Applicants are expected to submit a logic model that includes inputs, outputs, outcomes, and impacts in both narrative and numerical format (template will be provided to all grant recipients).
- 2. Business plan:** Successful grantees will complete a business plan during the planning period. This plan will be a requirement of the implementation grant. Business plans should include:
 - Executive summary: mission statement, identification of partners involved, location and target audience.
 - Needs assessment.
 - Organization chart and description of roles: include role of youth beyond being a client/member
 - Services offered: address how these will be culturally relevant and how the communities impacted will participate in defining the relevancy
 - Sustainability plan
 - Evaluation plan (within four months of receiving grant): The evaluator will meet with successful grantees and assist them in developing or refining their baseline data and proposed outcome measures.
 - Budget
- 3. Reporting on mid-grant progress towards goals:** Grantees are required to submit:
 - **By March 15, 2019:** Draft of business plan and logic model
 - **By May 17, 2019:** A detailed report on achievements and progress made towards goals, working draft of business plan and logic model, as well as a “total spend against budget” report.
- 4. Final report on accomplishments and challenges:** Your final report to KPWA will include a detailed summary of your achievements, challenges, and perspectives on the value of this grant, as well as recommendations for our future work in this area. You will also be asked to tie gains made in project outcomes through the life of the project back to your Logic Model.

Application Submission Instructions

Grant applications are due by 5:00 p.m. Pacific Daylight Time on September 27, 2018. All applications and related documents must be submitted via email to communityhealth.wa@kp.org.

The e-mail is also available via the KPWA Community Benefit website. Please **do not** attach general organizational publications such as annual reports or brochures. Potential applicants are invited to the Informational Session noted below.

Timeline and Key Dates	
August 2018	RFP distributed to community partners and posted on KPWA Community Benefit website
Wednesday, September 5, 2018, 2:00-3:00 p.m. PST	Informational Session https://attendee.gotowebinar.com/register/702886290880706305 Webinar ID: 801-962-923
Friday, September 28, 5 p.m. PST	Deadline for submission of proposals
November 2018	Award announcements
December 2018	Funds released
March 15, 2019	Draft Business Plan and Logic Model due
<i>Tentative: April 1, 2019</i>	<i>Tentative: Invitation only Phase 2 application due</i>
May 17, 2019	Mid-year report due
August 31, 2019	Grant funding ends

Questions about the application link or technical difficulties should be addressed to:

Janet Hendrickson
Administrative Coordinator
E-mail: Janet.S.Hendrickson@kp.org

Questions about application content should be addressed to:

Jill Patnode
Thriving Schools Manager
Tel: 206-630-6231
E-mail: Jill.X.Patnode@kp.org

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