DC | HEALTH

DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION (CHA)

School-Based Health Centers Program
REQUEST FOR APPLICATIONS

RFA# CHA.5SBHC.07.17.20

Submission Deadline:
Tuesday, August 18, 2020 by 6:00 pm

RFA# CHA.5SBHC.07.17.20
SCHOOL-BASED HEALTH CENTER PROGRAM

The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the DC Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

General Information:

Funding Opportunity Title:	School Based Health Centers Program
Funding Opportunity Number:	FO-CHA-PG-00010-000
Program RFA ID#:	CHA.5SBHC.07.17.20
Opportunity Category:	Competitive
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Program Contact:	Dr. Kafui Doe Child, Adolescent and School Health Division Chief DC.SBHC@dc.gov
Program Description:	The Government of the District of Columbia Department of Health (DC Health) Community Health Administration (CHA) is soliciting applications from qualified applicants to improve access to primary health services for high school students by operating School Based Health Centers (SBHC) in District of Columbia Public Schools (DCPS).
Eligible Applicants	Non-profit, public, and private organizations with demonstrated experience providing primary health care services for adolescents in the District of Columbia.
Anticipated # of Awards:	Up to Seven (7) Awards
Anticipated Amount Available:	$2,200,000.00
Floor Award Amount:	$250,000

Ceiling Award Amount:	Up to $314,000

Funding Authorization

Legislative Authorization	DC appropriated local funds
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing / Match Required?	No
RFA Release Date:	Friday, July 17, 2020
Pre-Application Meeting (Date)	Thursday, July 30, 2020
Pre-Application Meeting (Time)	2:30pm – 3:30pm
Pre-Application Meeting (Location/Conference Call Access)	Virtual Link will be provided for organizations that RSVP and submit questions to DC.SBHC@dc.gov with (organization name, point of contact, title, and e-mail address) by Monday, July 27, 2020.
Letter of Intent Due date:	Not applicable
Application Deadline Date:	Tuesday, August 18, 2020
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse. DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2

Notes:
1. DC Health reserves the right to issue addenda and/or amendments after the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.
6. DC Health is in a secured building. Government issued identification must be presented for entrance.

District of Columbia Department of Health RFA
Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA:

■ Funding for a DC Health sub award is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

■ DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

■ The RFA does not commit DC Health to make any award.

■ Individual persons are not eligible to apply or receive funding under any DC Health RFA.

■ DC Health reserves the right to accept or deny any or all applications if DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DCH Health shall notify the applicant if it rejects that applicant's proposal for review.

■ DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

■ DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

■ DC Health may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

■ DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

■ The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

■ DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC Health electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DC Health may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

- DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e., the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.

- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

- DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.

- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at Jennifer.prats@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DC Health program staff or reviewers. Copies will be made available at all pre-application conferences.

Table of Contents

I.   CHECKLIST FOR APPLICATIONS

☐   The applicant has completed a <u>DC Health Application for Funding</u> and affixed it to the front of the Application Package.

☐   The Complete **Application Package,** includes the following:
☐   Project Narrative
☐   Project Work plan
☐   Project Budget & Justification
☐   Package of Assurances and Certification Documents
☐   Other Attachments allowed or requested by the RFA (e.g. CVs/Resumes, Past Performance Review, etc.)
☐   Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
☐   The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.

☐   The Project Narrative is composed on 8½ by 11-inch paper, **single-spaced**, on one side, **Times New Roman or Arial font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
☐   The application proposal format conforms to the "Application Elements" listed in the RFA.
☐   The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
☐   The Proposed Work Plan is complete and complies with the forms and format provided in the RFA
☐   The appropriate attachments, including program descriptions, staff qualifications, individual CVs/resumes, licenses (if applicable), and other supporting documentation are enclosed.

The application is to be submitted via **EGMS** no later than **6:00 p.m**., on the deadline date of **Tuesday, August 18, 2020.**

II.   GENERAL INFORMATION

A. Key Dates

- Notice of Funding Announcement: **July 03, 2020**
- Request for Application Release Date: **July 17, 2020**
- Pre-Application Meeting Date: **July 30, 2020**
- Application Submission Deadline: **August 18, 2020**

B. Overview

The Government of the District of Columbia, Department of Health's (DC Health), Community Health Administration (CHA) is soliciting applications from qualified public, private and not-for-profit organizations located and licensed to conduct business within the District of Columbia to improve access to health services for students by operating existing and newly constructed School-Based Health Centers (SBHC). The overall goal is to improve the social, emotional, and behavioral health of students by addressing these needs in a school setting. Services include promoting an adolescent-friendly health environment, assuring coordination of care, and serving as a medical home.

CHA, in collaboration with District public schools, healthcare providers and community-based partner organizations, has created a network of programs designed to coordinate and deliver school- based health services. These programs include the School Health Services Program, School-Based Health Centers, the Youth Advisory Council, general adolescent health programming, and the Rape Prevention and Education Program.

Within CHA, the Child Adolescent and School Health (CASH) Division monitors SBHCs, which is a comprehensive primary care clinic located within schools. SBHCs offer a range of health services including primary and preventative care, in-person mental health and supplemental telemental health and wellness, sexual health, health education and health promotion. SBHCs are a powerful investment in the health and academic potential of children and adolescents, by providing students with an entry point into health care in a location that is safe, convenient, and accessible. These centers are staffed by licensed professionals with the experience and expertise to deliver quality care while addressing the broad range of concerns that affect students' healthy development. SBHCs also have the potential to expand their public health role and impact to the entire school by reducing barriers to learning school-wide. The services SBHCs deliver improve the overall health of students, and through utilizing their communities as the context, minimize the effects of poverty and other adverse experiences on their academic success.

C. Performance and Funding Period

Awards are projected to begin October 1, 2020 and continue through September 30, 2024. Approximately $2,200,000.00 in local appropriated funds is available for the FY21 grants. Up to $314,000 will be made available for each award, for up to seven (7) awards. There

will be four budget periods of 12 months each with the first beginning October 1, 2020. DC Health will determine the location of grantee services at one or several of the SBHC's based on the applicant response to this RFA. SBHCs are located at the following DCPS locations: Anacostia Senior High School, Ballou Senior High School, Cardozo Education Campus, Coolidge Senior High School & Ida B. Wells Middle School (co-located schools), Dunbar Senior High School, Roosevelt Senior High School and H.D. Woodson High School. Selected grantees shall also make SBHC services available to feeder schools and the community, as determined by DC Health and DCPS. All awards resulting from this RFA are contingent upon the continued availability of local funds.

D. Eligible Organizations/ Entities

Eligible applicants include public, private and not-for-profit organizations serving District residents. Considered for funding shall be organizations meeting the eligibility criteria and having documentation of providing primary care services to adolescents in an ambulatory care setting.

Applicants must demonstrate experience providing health services to school-aged children, young adults and students with special health care needs. Applicants shall obtain a Certificate of Need by following the process outlined at www.dchealth.dc.gov/service/how-obtain-certificate-need.

III.   BACKGROUND

A. District of Columbia

The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest. The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly in terms of socioeconomic status and ethnicity.

The Northwest quadrant of the District includes Wards 1 and 4, both of which are home to a substantial number of Hispanic residents. The Northeast quadrant's Wards 5 and 6 residents are predominately middle- class African Americans.   While 96% of the residents in Wards 7 and 8 are also African American, the residents of the Southeast quadrant earn lower incomes, have higher poverty rates, and experience higher rates of unemployment than their counterparts in the District's other six wards.[1]

According to the Census Bureau, the District of Columbia's 2019 population estimate is 705,749 residents. Children between the ages of zero (0) and eighteen (18) represent 18.1% of the District's population. In total, the District experienced a 16.7% increase

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[1] DC Office of Planning/State Data Center using U.S. Census Bureau 2010 Census Summary File 1 Data.

in population over the 601,723 residents recorded in the 2010 Census[2].

Of the 93,708 students enrolled in public schools within the District of Columbia for the 2018-2019 school year, 46% were eligible for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), a proxy measure of student poverty.[3] These students must navigate a variety of challenges associated with living in low-income households and neighborhoods. Barriers often relate to unaddressed health need concomitant with acute and chronic illness, but also include broader social factors that influence preparedness to learn, such as the effects of hunger, homelessness, and negative school climates.

B. Adolescents in the District of Columbia

In addition to high rates of poverty, over 33% of the District's public school students also experience chronic health issues and approximately six thousand need routine health services while at school.[4] Preliminary findings of the Department of Health School Health Needs Assessment identify the areas of asthma, behavioral health and sexual health as significant drivers of adolescent health disparities. Behavioral health needs can be gleaned from 2019 Youth Risk Behavior Survey (YRBS) data showing that 14.9% of DC high school students self-report having attempted suicide. This is a decrease from 16.0% in 2017. District youth also report increased use of marijuana and other drug use including alcohol, cocaine, and methamphetamines since the 2017 YRBS.[5]

Table 1. Summary of Select Health Risk Behavior Trends[6]

Health Risk Behavior	Middle School	High School
Percentage of students who were ever physically forced to have sexual intercourse (when they did not want to)		10.5%
Percentage of students who were bullied on school property		12.7%
Percentage of students who were electronically bullied	13.7%	10.6%
Percentage of students who felt sad or hopeless		33.1%
Percentage of students who seriously considered attempting	29.2%	19.2%

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[2] U.S. Census Bureau. (n.d.). QuickFacts: District of Columbia. Retrieved April 2020, from https://www.census.gov/quickfacts/DC

[3]Office of the State Superintendent of Education. (n.d.). Quick Stats: Public Schools in the District of Columbia. Retrieved November 1, 2019, from https://osse.dc.gov/page/data-and-reports-0.

[4] DC Action for Children, & DC Department of Health. (2016). *Lessons Learned from the 2016 Student Health Needs Assessment*. *Lessons Learned from the 2016 Student Health Needs Assessment*. Retrieved from https://www.dcactionforchildren.org/sites/default/files/SHNA_Final_Report_9_2016.pdf

[5] Office of the State Superintendent of Education. (20197). *District of Columbia (Including Charter Schools) High School Survey Trend Analysis Report*. Retrieved from https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/20197 DC High School Trend Report.pdf

[6] Office of the State Superintendent of Education. (2019). *District of Columbia (Including Charter Schools) High School Survey Trend Analysis Report*. Retrieved from https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019 DC High School Trend Report.pdf

suicide		
Percentage of students who made a plan about how they would attempt suicide	18.6%	17.9%
Percentage of students who attempted suicide	14.4%	14.9%
Percentage of students who currently used an electronic vapor product	5.3%	13.0%
Percentage of students who currently used electronic vapor products frequently	0.6%	1.7%
Percentage of students who currently used electronic vapor products daily	0.4%	1.0%
Percentage of students who had their first drink of alcohol before age 11 (for middle school) or 13 years (high school)	13.1%	17.8%
Percentage of students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	13.4%	20.0%
Percentage of students who used a condom during last sexual intercourse (among students who were currently sexually active)	63.0%	57.1%
Percentage of students who got 8 or more hours of sleep (on an average school night)	50.3%	21.0%
Percentage of students who would most likely talk with their parent or other adult family member about their feelings (among students who report having felt sad, empty, hopeless, angry, or anxious)	31.6%	24.6%

Sexually transmitted infections (STIs) disproportionally affect District adolescents, with highest prevalence reported by residents in Wards 7 and 8. Sexual intercourse and contraceptive use play an integral role in the reproductive health of adolescents. Teen pregnancy can have many negative social and economic impacts, including increased school drop-out rates, increased health care costs and increased incarceration rates among teen parents and their children. Sexuality is a component of adolescent health and development. As such, it is necessary to provide adolescents with comprehensive, evidence-based health education and services to promote their reproductive autonomy and empowerment.[7]

Of the high school students who responded to the 2019 YRBS, 44.0% reported that they had sexual intercourse at least once in their life and 30.9% indicated that they were currently sexually active. Additionally, 7.9% had sexual intercourse before the age of 13 and 12.2% had sexual intercourse with four or more persons during their lifetime. This demonstrates a decreasing trend over the decade. Unwanted or nonconsensual sexual encounters were reported by 10.5% of high school students. Reported condom use during

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[7] Guttmacher Institute. (2019, September). Adolescent Sexual and Reproductive Health in the United States. Retrieved from https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health

most recent sexual intercourse was 57.1%, compared to 60.6%, representing a decrease in protective measures to prevent STI transmission and pregnancy. Additionally, reported HIV testing increased from 29.9% to 32.1%, which demonstrates increase in HIV testing behaviors from 2017-2019. The age of onset of sexual experience combined with the decrease in the use of prevention methods reveals the continued sexual health support necessary for youth in the District of Columbia.

Adolescence is a critical period of life for all individuals. Behavioral habits established during these developmental period influence health outcomes later in life, such as the development of chronic disease. Because choices made in this period can impact life course trajectory, it is imperative that adolescents adopt healthy lifestyle habits in order to positively impact their long-term health and wellbeing.

C. School-Based Health Centers

A growing body of research demonstrates the critical link between student health and academic performance. The average adjusted cohort graduation rate (ACGR) for public high school students in the United States was 85% in 2016-2017. However, the average national ACGR for American Indian, Black, and Hispanic students in public high schools were below this average at 72%, 78%, and 80% respectively. In the District of Columbia, this discrepancy is illustrated by the 2018 graduation rates. The data show that while 90.8% of white students graduated from high school within four years, only 68.6% of black students and 65.2 % of Latino students graduated from high school in four years (Table 2).[8] Healthy People 2020 objectives recognize that school dropout is a critical public health issue facing some of the country's most vulnerable children and adolescents and requires a comprehensive, consumer-centered, school-based approach to prevent and reverse.[9] Students who do not graduate from high school are at greater risk for lifelong health conditions and high medical costs, and are more likely to engage in risky health behaviors. They are less likely to be employed and more likely to earn less money, continuing the cycle of poverty. School-Based Health Centers (SBHC) have demonstrated both health and educational value. SBHCs create increased health care access disparities among students, improving attendance and increased graduation rates.[10]

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[8] Office of the State Superintendent of Education. (2018). *2017-18 School Year ACGR Four Year Rates*. Retrieved from https://osse.dc.gov/publication/2017-18-adjusted-cohort-graduation-rate

[9] 2020 Adolescent Health Objectives, HealthyPeople.Gov, http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=2#1126.

[10] School-Based Health Centers: Improving Health, Well-being and Educational Success, https://www.apha.org/-/media/files/pdf/sbhc/well_being_in_schools.ashx?la=en&hash=F54F7A314E6EB201C8B91F0EF8DDC673E6A35187

Table 2. DC 2018 Four-year Adjusted Cohort Graduation Rates, by Student Group[11]

Sector	2018 4-year ACGR by student group										
	Overall	Gender		Race					At-risk	English Learners	Students with Disabilities
		Female	Male	Black/African-American	Hispanic Latino of any race	White	Asian	Two or more races			
NATION	85.3 %			79.0%	81.0%	89.1%	92.2%				
STATE	68.5%	76.3%	63.6%	68.6%	65.2%	90.8%	88.7%	91.2%	60.1%	55.8%	48.8%
	(3330)	(1777)	(1549)	(2433)	(542)	(228)	(63)	(52)	(1959)	(308)	(482)
DCPS	68.60%	75.1%	62.4%	67.6%	61.0%	90.3%	88.1%	92.3%	58.3%	51.8%	45.7%
	(2273)	(1223)	(1050)	(1562)	(403)	(196)	(DS)	(DS)	(1335)	(239)	(293)
PCS	72.4%	79.1%	66.2%	70.4%	81.8%	94.1%	--	--	64.2%	75.8%	54.5%
	(1053)	(554)	(499)	(871)	(139)	(32)	(<10)	(<10)	(624)	(69)	(189)

School health services provide vital resources that support children so they are healthy and ready to learn. For many students who lack consistency in regularly accessing community health providers, school-based health personnel provide a regular access and entry point to health services. SBHCs are a powerful investment in the health and academic potential of children and adolescents, offering a range of health services including primary and preventive care, oral health, behavioral health, confidential sexual health services, health education, and health promotion. SBHCs operate with a human-centered design approach for systems development that results in the efficient user ability, effectiveness and efficiency of humans for the improvement of well-being, user satisfaction, accessibility, sustainability, safety and performance of the human. The understanding that a broad array of factors impact student success informed the development of the Whole School, Whole Community, Whole Child (WSCC) model, which calls for cross-disciplinary partnerships between agencies and organizations to comprehensively support student well-being.

Following the WSCC model, DC Health responded to the call for greater alignment, integration, and collaboration between education and health sectors to optimize each child's cognitive, physical, social, and emotional development. WSSC, developed by ASCD (formerly the Association for Supervision and Curriculum Development) and the US Centers for Disease Control and Prevention (CDC), builds on elements of the eight component Coordinated School Health approach by contextualizing a child's wellness within the larger community and emphasizing the role the social and emotional climate, the physical environment, community involvement and family engagement play in a student's success. This cross-sector approach holds the potential for greater efficiency, reduced resource consumption, and improved outcomes for both sectors, while meeting th needs to support the full potential of each child.

Figure 1. CDC WSCC model

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[11] Office of the State Superintendent of Education. (2018). *2017-18 School Year ACGR Four Year Rates*. Retrieved from https://osse.dc.gov/publication/2017-18-adjusted-cohort-graduation-rate

DC Health seeks to implement a comprehensive, integrated and collaborative model of providing equitable health services in our School Based Health Centers. The overall goal of the DC Health SBHC program is to improve the social, emotional, and behavioral health of students, as well as minimize the effects of poverty and other adverse experiences, enabling students to thrive in the classroom and beyond. We promote an adolescent-friendly approach due to evidence supporting the need for care to be accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient.[12]

IV.   PURPOSE

The Government of the District of Columbia, Department of Health (DC Health), Community Health Administration (CHA) is soliciting applications from qualified applicants to provide comprehensive, coordinated school-based health services, to improve access to care and to improve student health outcomes by operating existing and newly constructed School-Based Health Centers (SBHC).

V.   ADMINISTRATIVE REQUIREMENTS

A. Award Uses

Each grant awarded under this RFA will be used exclusively to pay costs associated with the implementation and operations of each SBHC on this RFA. Payment requests will be monitored by DC Health to ensure compliance with the approved budget and work plan. Applicants shall only use grant funds to support the program listed in this RFA consistent with the terms as outlined in this RFA and the DC Health Standard Terms of Agreement.

B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) will be required to:

- Submit, revise and resubmit a work plan and budget annually in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of DC Health and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.

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[12] McIntyre, P. (October 2002). Adolescent Friendly Health Services- An Agenda for Change. Retrieved 02/14/16 from: http://apps.who.int/iris/bitstream/10665/67923/1/WHO_FCH_CAH_02.14.pdf.

- Develop a sustainability plan for the proposed initiative.

C. Administrative Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

D. Insurance

All applicants that receive awards under this RFA shall, at its sole expense procure and maintain, during the entire period of performance under the grant agreement, the types of insurance specified below. Operator shall have its insurance broker or insurance company submit a Certificate of Insurance to the DC Health and DCPS. Applicants shall have the following coverage:

1. Commercial General Liability Insurance (CGL). Such coverage shall have limits of liability of not less than $1,000,000 for each occurrence, a $2,000,000 general aggregate (including a per location or per project aggregate limit endorsement, if applicable) limit, a $1,000,000 personal and advertising injury limit, and a $2,000,000 products-completed operations aggregate limit.
2. Automobile Liability Insurance. Such coverage shall be for all owned, hired, borrowed and non-owned vehicles and equipment used by Operator, with minimum per accident limits equal to the greater of (i) the limits set forth in Operator's commercial automobile liability policy or (ii) $1,000,000 per occurrence combined single limit for bodily injury and property damage.
3. Workers' Compensation Insurance. Such coverage shall provide evidence satisfactory to the CO of Workers' Compensation insurance in accordance with the statutory mandates of the District of Columbia.
4. Employer's Liability Insurance. Such coverage shall provide evidence satisfactory to the CO of employer's liability insurance as follows: $500,000 per accident for injury; $500,000 per employee for disease; and $500,000 for policy disease limit.
5. Cyber Liability Insurance. Such coverage shall Operator shall provide evidence satisfactory to the CO of Cyber Liability Insurance, with limits not less than $10,000,000 per occurrence or claim, $10,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Operator in this MOA and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security.
6. Medical Professional Liability. Such coverage shall provide evidence satisfactory to the CO of a Medical Professional Liability policy with limits of

not less than $10,000,000 each incident and $10,000,000 in the annual aggregate.

7. Sexual/Physical Abuse & Molestation. Such coverage shall provide evidence satisfactory to the CO with respect to the services performed that it carries $10,000,000 per occurrence limits; $10,000,000 aggregate of affirmative abuse and molestation liability coverage.

8. Commercial Umbrella or Excess Liability. Such coverage shall provide evidence satisfactory to the CO of commercial umbrella or excess liability insurance with minimum limits equal to the greater of (i) the limits set forth in Operator's umbrella or excess liability policy or (ii) $10,000,000 per occurrence and $10,000,000 in the annual aggregate, following the form and in excess of all liability policies.

9. DC Health reserves the right to request certificates of liability pre-award and post-award, and make adjustments to coverage limits for school-based programs per requirements promulgated by the District of Columbia Office of Risk Management.

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Awardees subject to 2 CFR part 200, subpart F rules, must have available and submit the most recent audit reports, as requested by DC Health personnel. The applicant shall be subjected to performance audits during the course of the grant period.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

G. Quality Assurance

DC Health will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the awardee. Awardees will submit an interim and final report on progress, successes and barriers. Continued funding is contingent upon the awardee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The awardee will receive a performance rating and subject to review at any time during the budget period. A final performance report shall be completed by the Department of Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.

VI. PERFORMANCE REQUIREMENTS

A. Target Population

Students enrolled in the school in which the School-Based Health Center (SBHC) is located and their children. Selected grantees shall also make SBHC services available to feeder schools and the community, as determined by DC Health and DCPS.

B. Location of Services

DC Health will provide grant funding, oversight and technical assistance to seven (7) sites located within District of Columbia Public Schools (DCPS): Anacostia Senior High School, Ballou Senior High School, Cardozo Education Campus, Coolidge Senior High School & Ida B. Wells Middle School (co-located schools), Dunbar Senior High School, Roosevelt Senior High School and H.D. Woodson High School. The SBHCs are open for service whenever the school building is open with an anticipated minimum of 40 operating hours per week, Monday through Friday. During DCPS breaks (summer, spring, holidays), SBHCs remain operational with a minimum of 20 hours per week. Minimal scheduling variance is expected and will be at the discretion of DCPS and school administration. Applicants may apply to operate one or more SBHCs based on capacity to provide services. DC Health will determine location assignments for successful applicants. SBHC services shall also be available to feeder schools and the community, as determined by DC Health and DCPS.

C. Program Design and Implementation Plan

Applicants shall design a SBHC program(s) to deliver comprehensive, adolescent-friendly health services in one or more school-based health centers in the District of Columbia incorporating human centered design and the Whole School, Whole Community, Whole Child (WSCC) framework. Services must comply with Federal and State health and education laws and regulations governing privacy, discrimination, and provision of health services to children in schools.

D. Scope of Services

The School Based Health Alliance has published core competencies which encompass the knowledge, expertise, attributes and practices a SBHC should demonstrate to achieve student wellness.[10] These competencies help shape the scope of work for DC Health operated SBHCs. These include access, student-focus, school integration, accountability, school wellness, systems coordination and sustainability.

1. **Access:** The SBHC assures students have access to health care and support services to help them thrive. Adolescent-friendly care is accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient. Student access is heightened by SBHC policies that accept walk-ins and offer same-day appointments when possible. The school and SBHC have a clear protocol for referrals from faculty and staff.

The Grantee will provide comprehensive medical services at the SBHC in accordance with a detailed staffing and work plan. The provision of high quality primary care services along with linkages and referrals to appropriate additional services is required to meet the unique needs of District students. The following are services required **daily** at SBHCs, unless frequency is otherwise specified.

- Minimum in-house services will include:
  a. Preventive health- protect, promote, and maintain health through age and standardized risk screenings; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and well child exams; immunizations.
  b. Chronic disease management and education- evaluation, treatment, counseling, and plan of care development for a wide range of diseases including, but not [13]limited to, asthma, diabetes, and obesity; case management and referrals to specialists as needed.
  c. Acute care –non-urgent walk-in care; treatment of exacerbation of chronic conditions; illness management; identification and referral of emergency care needs.
  d. Sexual Health- reproductive care and life planning; contraceptive counseling and provision, including long-acting reversible contraceptives (subdermal implants and intrauterine devices or IUDs; sexually transmitted infection screening and counseling; prenatal care and IUD insertion shall be available at least one full day per week.
  e. Oral Health- preventive services including examinations, cleanings, sealants, topical fluoride treatments, education and counseling; basic operative services including fillings, scaling, deep cleanings; pulpectomies, acute care and consultation; oral health services shall be available one half day per week or as needed based on patient volume and need.
  f. Behavioral/Mental health- assessments; early intervention; treatment services, including individual and group counseling; substance abuse intervention; care coordination and other psychiatric referrals. In-house behavioral/mental health services shall be available, at minimum, 1.5 full days per week, with supplemental telemental health services available.
  g. Health Education-group and school-wide education on various health topics.

- Linkage and referral systems shall be crafted to ensure adequate services are available to students along with a mechanism of tracking connections made. Community linkages include, but are not limited to:
  a. Social services (such as housing and nutrition supports)

10 School Based Health Alliance, Core Competencies. Retrieved 1/24/2019 from: http://www.sbh4all.org/resources/core- competencies.

b. Targeted programs (such as parenting and interpersonal violence programs)
c. Behavioral health (such as individual therapy and substance abuse treatment)
d. Specialty and emergency health services
e. Communication and coordination with primary medical home, if applicable

2. **Student-Focus:** The SBHC team and services are organized explicitly around relevant health issues that affect student well-being and academic success. This includes community asset mapping, needs assessments and evaluation of services.

   DC Health recognizes SBHCs are not only an effective delivery system for access to clinical care, but are also uniquely poised to manage the health and social factors that can impede health and educational attainment. The applicant will work in conjunction with DC Health, their partners and the school community to identify, assess and address the needs of the student population. Efforts under this competency aim to integrate essential public health principles into the SBHC to achieve optimal health and the highest level of academic achievement.

3. **School Integration:** The SBHC, although governed and administered separately from the school, integrates into the education and environment to support the school's mission of student success.

   The WSCC model highlights that schools and school health providers have the shared mission of ensuring that students succeed and thrive. SBHCs integrate into the education environment by contributing directly to the individual school's mission and delivering outcomes that are important to educators. The SBHC program shall engage and collaborate with local wellness councils, school administrators, teachers, and support staff to ensure partnerships meet student needs efficiently, effectively, and seamlessly. Collaborative efforts necessitate establishing shared goals. SBHC programs shall work with the school community and DC Health to establish and implement best practices for consent, utilization and retention strategies, aiding in center success. The SBHC will also serve as a partner in management of crisis response and support through participation in prevention and intervention plans for emerging health and public health issues. The SBHC shall implement a monthly health initiative or activity for increased awareness and education of pertinent health topics (i.e., substance use, physical activity, nutrition, behavioral/mental health, etc.). The SBHC shall collaborate with District public schools, healthcare providers and community-based partner organizations to coordinate and deliver school- based health services. These programs include, but are not limited to, the School Health Services Program, the DC Health Youth Advisory Council, general adolescent health programming, and the Rape Prevention Education Program.

4. **Accountability:** The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.

Quality improvement, quality assurance, and performance measurement are key components to evaluate the appropriateness, effectiveness, and accessibility of services; to assess patient and community satisfaction; and to assure accountability to partners and other stakeholders. The SBHC Operator shall meet, at a minimum, on a quarterly basis with DC Health to review and discuss data and reporting. The SBHC Operator shall collaborate with DC Health and other SBHC Operators for annual submission of an abstract for presentation at the National Convention on School Based Health Care. All submitted abstracts, articles, publications, etc., must be approved by DC Health and follow all DC Health IRB requirements where applicable.

5. **School Wellness:** The SBHC promotes a culture of health across the entire school community.

   SBHCs will use both a public health approach and effective school collaboration strategies to achieve this competency. Efforts will build on elements of the eight component Coordinated School Health approach and may include school-wide assessment and integration, community involvement and family engagement, which play in a student's success. The SBHC will plan and implement school-wide, population level initiatives to improve the health and well-being of all students and families.

6. **Systems Coordination:** The SBHC coordinates across relevant systems of care that share in the well-being of its patients.

   SBHCs will engage in strategies to improve systems level communication among schools, relevant government agencies, other health providers, community-based service providers, students, parents/guardians and other systems of care. Improving communication improves continuity of care, reduces fragmentation, and prevents duplication of services. SBHCs will ensure appropriate data sharing agreements and communication protocols are in place with the assistance of DC Health. Additionally, when emerging public health issues arise, the SBHC will coordinate with DC Health on appropriate next steps and practice change needs. The SBHC shall align its work with other District-wide initiatives sponsored by DC Health or other District Agencies, such as the Department of Behavioral Health, Health Emergency Preparedness and Response Administration. In alignment with DC Health's strategic priorities of data-driven decision making, SBHCs will dedicate appropriate staff and resources for efficient systems-wide coordination efforts to include: telehealth, electronic Universal Health Certificates and billing and coding.

7. **Sustainability:** The SBHC employs sound management practices to ensure a sustainable business including billing management and compliance.

   Billing infrastructure for reimbursable services is expected using dedicated personnel

and sound policies and procedures. SBHCs employ business models and financial planning strategies, including plans for managing revenue through reimbursement of services and any non-District grant funding which contributes to the creation of long term goals. Sustainability planning will include establishing a business plan with financial performance metrics that take into account volume by provider and payer source. DC Health will request and review quarterly billing and insurance revenue. DC Health will work with SBHC grantees and other District agencies on ongoing efforts to establish long term sustainability strategies.

E. **Staff and Organization, Management and Operations Infrastructure**

Applicant shall implement a comprehensive school-based health center program. SBHCs are staffed by licensed professionals with the experience and expertise to deliver quality care that addresses the broad range of concerns that affect students' healthy development. In addition to clinical care, staff will be needed to ensure a positive clinic flow, accurate billing, and data entry and reporting. The applicant's implementation plan shall contain an adequate staffing plan to fulfill the full scope of services, accomplish the work plan and include, at minimum, the following key personnel:

Medical Director: Responsibilities may include direct medical care, supervision, consultation, and technical assistance, including the development of policies and protocols. This physician will provide clinical oversight. This role will serve as the strategic leader of the SBHC, implementing QA/QI projects and developing strategic partnerships internal and external to the school.

SBHC Operations Manager: Responsibilities may include managing operational procedures such as preparation of the annual budget; equipment and supply purchases; applicable staff supervision; oversight of grant reports; oversight of continuous quality improvement activities. Additional responsibilities may include coordinating interval needs assessments, coordinating health promotion activities, and overseeing risk reduction activities. The operations manager is responsible for maintaining a good relationship with the school and community. This role of community and school liaison includes communication and coordination of services with the sponsoring agency, attending meetings of the local wellness councils, and communicating with school administration, faculty and staff frequently.

Health Care Providers (Physician, Nurse Practitioner, and Physician Assistant): The licensed medical providers deliver a full range of general medical care for patients at the SBHC as detailed in the Scope of Services. This includes preventive services, chronic disease management, acute care, reproductive health care, and obstetrical/prenatal care. The scope of services provided must be congruent with her/his training and licensure and applicable legislation.

Behavioral/Mental Health Provider: Specific services include: primary prevention; individual and family assessment, treatment and referral. The behavioral/mental health

provider may be a LICSW, LCSW, LCPC, psychiatrist, or psychologist. The Behavioral/Mental Health Provider will make telemental health available in addition to the minimum in-person requirement of 1.5 full days per week. The provider will be expected to conduct screening, assessment and treatment in a therapeutic setting, according to the laws and licensure requirements of the District of Columbia.

Data Manager: SBHCs will dedicate appropriate staff and resources for reporting and efficient systems-wide coordination efforts to include: telehealth, electronic Universal Health Certificates and billing and coding.

Oral Health Provider: This licensed provider, Dentist, delivers preventive services including, examinations, cleanings, sealants, topical fluoride treatments, education and counseling. Other requirements are basic operative services, including fillings, scaling, deep cleanings pulpectomies, acute care and consultation.

Applicants shall ensure all staff meets the standards and requirements of the appropriate health professions board, and all safety and security requirements.

F. Data and Technology Requirements

The applicant shall ensure that an electronic clinical records system with the ability to produce accurate required reports, is fully operational within 30 days following award and for the duration of the grant period. A Data Manager shall be available to DC Health for regular meetings to discuss reports, data collection methods and systems-wide coordination efforts. The applicant shall submit monthly reports as outlined by DC Health, using the provided templates.

G. Program Evaluation

Applicants shall provide an evaluation plan designed to demonstrate the effectiveness of the school based health center in addressing the health needs of the population served and the efficiency of health service delivery. Evaluation plans should follow an established scientific framework, such as the Centers for Disease Control's Framework for Program Evaluation for Public Health Programs or the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework. Evaluation plans should include logic models and specific process and outcome measures. Relative improvements in selected student health and academic outcomes on an annual basis should be clearly defined and should drive the determination of inputs, activities and process measures. Applicants shall participate in internal and external program evaluation and monitoring throughout the grant period.

H. Quality Improvement

Applicants shall provide a plan to implement continuous quality improvement (CQI) initiatives within the school based health centers. CQI initiatives shall aim to improve student health outcomes and SBHC service delivery. CQI activities shall follow an

established scientific framework, such as IHI Model for Improvement, Lean and Six Sigma. CQI plans should include key staff, proposed data collection and data analysis procedures and proposed timelines. SBHC operators are expected to complete at least four (4) CQI projects/cycles per school year. SBHC operators will be required to submit to the Project Officer a written description of each CQI project that took place, and its results.

I. Quality Assurance

Applicants shall provide a plan to implement a quality assurance (QA) program within the school based health center. QA programs should ensure the SBHC complies with existing standards of clinical practice, operates comparably to non-school based health centers organizations and attains eligibility for insurance reimbursement. QA plans should contain the following elements at a minimum:
- Clinician credentialing
- Professional continuing education
- Clinical protocol and guideline development and monitoring
- Utilization review/ health records review
- Student (patient) and/or parent grievance submission and review procedures
- School staff grievance submission and review procedures
- Assessment of student (patient), parent and school staff satisfaction
- Assurance of compliance with appropriate state and federal regulations
- Risk minimization/management procedures

The QA plan may correspond with or include elements of quality improvement plans. SBHC operators will be required to submit to written updates to the QA program to the Project Officer.

J. Policy Development

Applicant shall update and collaborate with the DC Health on the development of school based health center policies and procedures.

VII.   APPLICATION REQUIRED CONTENT

A. Background (limit 2 pages)
- Describe the applicant's understanding of the health and wellness needs of the District's adolescent population.
- Describe the applicant's understanding of the role of health equity in addressing adolescent health needs.
- Describe the applicant's understanding of the Whole School, Whole Community, Whole Child (WSCC) model and the role of the school based health center within that framework.
- Describe the applicant's understanding of the integration of adolescent-friendly and human centered design approaches to health services in a SBHC.

B. Organizational Capacity and Experience (limit 5 pages)

- Describe the applicant's experience implementing primary, preventive and acute care for adolescents, adhering to national best practice standards.
- Describe the applicant's experience functioning as a medical home, working collaboratively with students (patients), parents, other health providers, and community organizations to ensure care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.
- Describe the applicant's compliance with the State Health Planning and Development Agency (SHPDA) guidelines for obtainment of a Certificate of Need to provide services in the District of Columbia.
- Describe the organization's experience with data collection, tracking and analyzing health outcomes.
- Describe the organization's capacity and experience with systems-level data coordination and expansion for data-driven decision making.
- Describe the organization's experience collaborating with Managed Care Organizations (MCOs) in the District.
- Describe the organization's billing and coding practices for adolescent health.
- Describe the organization's use of technology in clinical settings for adolescent-friendly services.
- Describe the applicant's experiences with and ability to implement continuous quality improvement activities for health services.
- Describe the applicant's capacity to fulfill performance requirements of SBHCs (as outlined in Section D- Scope of Services and Section E- Staff and Organization, Management, and Operations Infrastructure).
- Describe the applicant's staffing plan for the SBHC. Staffing plan should describe staff qualifications and responsibilities and include type and number of FTEs. CVs, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe the staff recruitment plan, including a projected time line for recruitment and hiring. Describe the applicant's accounting structure. The structure should demonstrate the organization's ability to maintain effective internal controls and demonstrate the ability to provide accurate and complete information about all financial transactions related to this program.

C. Partnerships, Linkages, and Referrals (limit 5 pages)
- Describe the applicant's experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement health and/or public health programs.
- Describe past successes working with agencies and organizations in healthcare and non-healthcare sectors to advance a public health goal and achieve improved education and health outcomes.
- Describe the applicant's experience successfully linking students (patients) to community resources.
- Describe the process for tracking outcomes for referrals and linkages for

health services, social services and other community providers.

D. Implementation Narrative & Work Plan (limit 20 pages)

The implementation plan is a narrative that describes how the program will be implemented. The work plan describes key process objectives and goals for successful program implementation.

- Describe the organization's strategies for implementing the school-based health center program utilizing the WSCC framework, adolescent-friendly and human centered design strategies and approaches. Strategies should specify how all core competencies of successful SBHCs (Section D of Performance Requirements) will be operationalized.
- Describe the organization's strategies for implementing the school-based health center program utilizing an adolescent-friendly approach and human centered design approach.
- Describe the SBHC's plan for school integration to recruit students and families and increase SBHC consent rates and utilization.
- Provide an annual work plan, using the template provided (Attachment B) that includes a chronological list and description and activities to be performed, the responsible staff, target completion dates and projected outcomes. The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed). Include your Work Plan as part of the Attachments.
- Describe how data will be collected and analyzed to meet requisite data requirements for reporting (see Section F- Data Requirements).
- Describe how the applicant will collect data on selected process measures cited in the implementation and/or work plan.
- Describe the applicant's investment and delegation of staff time and resources for the completion and submission of accurate reports, in alignment with DC Health standards.
- Describe the applicant's strategies to implement CQI, including examples of proposed CQI projects.
- Describe how funding will support strategies that align with the goals of the initiative.
- Include a project logic model showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

E. Evaluation Plan (limit 5 pages)

- Describe the evaluation framework that will be used to follow program outcomes, objectively measuring the effectiveness of the SBHC.
- Describe student health outcomes that may be achieved annually and during the entire program period (approx. 4 years). Potential outcomes should be both health and educational and based on available evidence.
- Describe how data will be collected and analysis conducted to track outcome measures and document program effectiveness.

- Describe mechanism to ensure timely reporting that aligns with District priorities and initiatives.

F. Sustainability (limit 3 pages)
- Describe plan for sustainability independent of DC Health grant funding.

G. Budget Justification and Narrative

Applicants must submit a detailed line-item budget demonstrating a clear understanding of the total project cost. The line item budget justification and narrative should be separate attachments, not to be counted in stated page limits and include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

VIII.   EVALUATION CRITERIA AND SCORING

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

Background (5 Points)
- Does the applicant demonstrate a clear understanding of the needs, gaps, and issues affecting the selected population(s) and document a clear need for the proposed program interventions from a health equity lens?
- Does the applicant demonstrate clear understanding of driving principles and frameworks (WSCC, human centered and adolescent-friendly services) to best fit the needs of the population and perform the work of the RFA?

Organizational Capacity and Experience (30 Points)
- Does the application demonstrate experience in serving the target population(s), including experience as a medical home providing primary, preventive and acute care needs for pediatric patients, adhering to national best practice standards?
- Does the application demonstrate experience with data collection, tracking and analyzing health outcomes, as well as carrying out CQI activities for health services?
- Does the application demonstrate the organization's capacity and commitment to systems-level data coordination and expansion for data-driven decision making?
- Does the application provide an organizational plan to fulfill performance requirements of SBHCs as outlined in the Section D- Scope of Services and Section E- Staff and Organization, Management, and Operations Infrastructure?
- Does the application provide a staffing plan to fulfill requirements of the SBHC program? Has the application included key personnel, position descriptions, CVs, assurance of appropriate credentials, and staff recruitment plan, in

accordance with Section E of Performance Requirements?

- Does the application describe an accounting structure that demonstrates the organization's ability to maintain effective internal controls and demonstrate the ability to provide accurate and complete information related to this program?
- Does the application demonstrate the applicant's compliance with the State Health Planning and Development Agency guidelines for obtainment of a Certificate of Need?
- Does the application demonstrate experience collaborating with Managed Care Organizations (MCOs) in the District and billing for services rendered?
- Does the application describe the applicant's implementation of an adolescent-friendly environment, inclusive of the use of technology?
- Does the applicant describe the mechanism by which timely and accurate reporting will be accomplished?

Partnerships, Linkages, and Referrals (10 Points)
- Does the applicant demonstrate experience and past successes working collaboratively with government agencies, health and non-healthcare sectors in implementing health and/or public health initiatives to advance a public health goal?
- Does the application describe partnerships, linkages, expertise and knowledge that will enable the applicant to link students and their families with school and community resources to support their education, health and wellness?
- Does the applicant provide a process for tracking outcomes of referrals and linkages?

Project Narrative and Work Plan (35 Points)
- Does the application detail strategies for implementing the school-based health center program utilizing the WSCC framework, adolescent-friend and human centered design approaches and strategies?
- Do the applicant's strategies demonstrate how adolescent health will improve within the SBHC program and incorporate principles of health equity?
- Does the applicant provide an implementation plan that comprehensively incorporates all core competencies described in Section D- Scope of Services?
- Does the applicant provide implementation plan for enhanced school integration, family engagement and community involvement?
- Does the applicant provide the SBHC's plan for recruitment of students and families to increase SBHC consent rates and utilization?
- Does the application describe how data will be collected to meet requisite reporting requirements as well as plans for collecting data on selected process measures?
- Does the implementation plan contain an annual work plan, including

SMART process objectives?
- Does the applicant clearly describe strategies to implement CQI within the SBHC program?
- Does the application demonstrate how funding will support strategies that align with the goals of the initiative?
- Does the applicant include a timeline that demonstrates the sequence of events connecting program activities with short and long-term goals?

Evaluation Plan & Sustainability (20 Points)
- Does the evaluation plan follow a standard scientific framework and include a logic model?
- Does the applicant clearly describe program outcomes that meaningfully and objectively assess changes in student health under the SBHC program?
- Does the applicant clearly describe annual and long term (i.e. over program period) program outcomes?
- Does the applicant clearly describe sustainability efforts independent of DC Health grant funding

Budget and Budget Narrative (Reviewed, but not scored)
Does the application include an itemized budget and reasonable justification consistent with stated objectives and planned program activities?

IX. APPLICATION SUBMISSION

Application Package

Complete Application Package shall contain the following:
- Project Narrative
- Attachments (please see below)
- Assurance & Certification Packet

Application Elements - Project Narrative & Attachments
- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Implementation Plan
- Attachments (please upload)
    - Work Plan (Attachment - Required Template- Attachment B)
    - Budget and Budget Justification (Attachments - Required Template – Not Scored- Attachment C and D)
    - Position Descriptions and CVs
    - Logic Model

o Assurance & Certification Packet/Attachments (Attachment E and please Administrative Requirement section for additional information)

X.   Pre-Application Conference

A Pre-Application Conference will be held on **Thursday, July 30, 2020** from 2:30 pm to 3:30 pm. The meeting will provide an overview of CHA's RFA requirements and address specific questions and concerns about the RFA. No applications shall be accepted by any DC Health personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance. Please RSVP (organization, point of contact, title, and email) and submit any questions regarding the RFA to DC.SBHC@dc.gov by Monday, July 27, 2020.

The Pre-Application conference will be held virtually. Link information will be provided to organizations that RSVP to attend.

Internet

Applicants who received this RFA via the Internet shall provide the information listed below to the District of Columbia, Department of Health, Office of Grants Monitoring & Program Evaluation by contacting Brenda.Ramsey-Boone@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box and to include:

- Name of Organization
- Key Contact Mailing Address
- Telephone and Fax Number E-mail Address

This information shall be used to provide updates and/or addenda to the RFA. Updates will be also posted on the OPGS opgs@dc.gov website.

XI.   Pre-Award Assurances & Certifications

DC Health requires all applicants to submit various Certifications, Licenses, and Assurances at the time the application is submitted. DC Health classifies assurances packages as two types: those "required to be submitted along with applications" and those "required to sign grant agreements."

A.   Assurances Required to Submit Applications (Pre-Application Assurances)

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current (not older than 3 months prior to August 18, 2020) City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands)
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization

B. **Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)**

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
- All Applicable Medicaid Certifications

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.

XII. Application Preparation & Submission

Submission

All District of Columbia Department of Health application submissions must be done electronically via Department of Health's <u>Enterprise Grants Management System</u> (EGMS), DC Health's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized   representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

IMPORTANT: When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials. For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

Register in EGMS

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would

have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DC Health Office of Grants Management in time for submission.   To register, complete the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. Check web browser requirements for EGMS - The DC HEALTH EGMS Portal is supported by the following browser versions:
    *   Microsoft ® Internet Explorer ® Version 11
    *   Apple ® Safari ® version 8.x on Mac OS X
    *   Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
    *   Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. Access EGMS: The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO_ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). A Secondary User may also be added by requesting an account. The account must be approved by the Primary Account User.

4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).

5. When your Primary Account User request is submitted in EGMS, the DC Health Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to Jennifer.prats@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME.** Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at Jennifer.prats@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: Jennifer Prats (202) 442-8983 and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

Deadline Is Firm:

Submit your application via EGMS by **6:00 p.m**., on the deadline date of **Tuesday, August 18, 2020.** Applications will not be accepted after the deadline.

DC Health Contact Information

Grants Management
Brenda Ramsey-Boone
Office of Grants Monitoring & Program Evaluation
Community Health Administration
Email: **brenda.ramsey-boone@dc.gov**

Program Contact
Dr. Kafui Doe
Child, Adolescent, and School Health Division
Family Health Bureau
Community Health Administration
Email: DC.SBHC@dc.gov

XIII. APPLICATION REVIEW & SELECTION INFORMATION

A. Pre-Screen Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DC Health personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

B. **External Review Panel**

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

C. **Internal Review**

DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

XIV. **Appendices and Attachments**

Appendix A: Definitions

For the purposes of this RFA, please use the following definitions as guidance:

Adolescent-friendly health services represent an approach that allows adolescents to easily obtain the health services that they need to protect and improve their health and well-being, including sexual and reproductive health services. The World Health Organization describes a quality of care framework to guide improving health service provision and utilization for adolescents. To be considered adolescent friendly, health

services should be accessible, acceptable, equitable, appropriate and effective.

Care Coordination, as defined by the Agency for Healthcare Research and Quality, is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.

Case Management means a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources, balanced with the patient's right to self-determination.

Certificate of Need *is the document obtained from the State Health Planning and Development Agency (SHPDA) that demonstrates a public need for the new health service, facility or expenditure. All persons proposing to offer or develop in the District a new institutional health service, or to obligate a capital expenditure to obtain a medical/health asset to be located in the District shall, prior to proceeding with that offering, development, or obligation, obtain a Certificate of Need.*

Continuous Quality Improvement (CQI) is the process-based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality.

Early and Periodic Screening/Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

Family Engagement *is a family-centered, strength-based approach to establishing and maintaining relationships with families and working together to improve the health of children and adolescents.*

Health Equity means the highest level of attainment of health for all people. Everyone is valued equally, and there are focused and ongoing efforts to address avoidable inequalities and the elimination of health and healthcare disparities.

 Human Centered Design *is a program design framework that develops solutions to*

problems by involving the human perspective in all steps of the problem-solving process.

Local Wellness Policies are comprehensive policies to be implemented by each school as required by federal law. Local wellness policies aim to improve the environmental sustainability of schools, improve nutrition education and promotion, physical activity and other activities that promote student wellness. (DC Law 18-209, DC Code §38-821.01 et seq., Healthy Schools Act of 2010).

Medical home is described by the American Association of Pediatrics as a system of care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Medically Fragile Students mean students with healthcare needs that may require specialized healthcare procedures for life support and/or health support during the school day. This category does not include students who require one-on-one skilled nursing care throughout the day.

Outcome Evaluation measures program effects in the target population by assessing the progress in the outcomes that the program is to address.

Systems of care are a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Process Evaluation determines whether program activities have been implemented as intended and resulted in certain outputs.

Whole School, Whole Community, Whole Child (WSCC) Model means a child focused model of health and academic services that emphasizes a school wide approach and that acknowledges the school being a part and reflection of the local community. This model aligns, integrates and coordinates health, education and behavioral services to serve the needs of the whole child.

Attachment B: Work Plan (please see template attached)
Attachment C: Budget (please see template attached)
Attachment D: Budget Justification (please see template attached)
Attachment E: Assurances and Certifications (please see template attached)