RESILIENCY IN SCHOOL ENVIRONMENTS (RISE):
STRENGTHENING MTSS TIER 2 AND 3 RESPONSES

REQUEST FOR PROPOSALS (RFP)

Background

The mission of Kaiser Permanente is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Kaiser Permanente Washington serves over 708,000 members, many of whom are students, teachers, staff, and their family members. As a nonprofit organization, Kaiser Permanente makes carefully selected investments each year to strengthen the health of our communities. Through our various community health programs, initiatives and partnerships, we identify the needs facing our communities and work in partnership with the community to address them.

Kaiser Permanente has a history of supporting schools and school districts through community health initiatives, school-based health centers, educational theatre, event sponsorships, worksite wellness, volunteerism, and other means. In 1998, Kaiser Permanente and the Centers for Disease Control and Prevention conducted the Adverse Childhood Experiences Study (ACES) linking childhood trauma to health and social problems. Additional studies have since linked those behaviors to academic success. Kaiser Permanente’s Thriving Schools initiative builds on that early research through our resiliency in school environments (RISE) and healthy eating, active living (HEAL) strategies. RISE and HEAL contribute to a culture of wellness in school communities through complementary efforts targeting student, staff and teacher wellness in support of academic achievement and life-long health.

Strong partnerships that build on existing expertise and work are critical to our community health improvement efforts. This grant opportunity ties to Kaiser Permanente’s national Thriving Schools RISE initiative by creating scalable systems of support to improve mental health outcomes of students, teachers and staff in the Washington region.

Identified Needs

Resiliency is the capacity to recover from stress and trauma at individual and community levels. Equipping schools to support resilience by equitably addressing unmet mental health needs can diminish long-term effects and protect staff, students and school communities against future stress and trauma. The integration of resiliency strategies into the school environment is often sporadic and inefficient as resources such as time, expertise, capacity, partnerships and a supportive school/district-wide framework are lacking or underdeveloped. The Washington State education system is shifting foundational frameworks to embrace a comprehensive, trauma informed, integrated Multi-Tiered System of Supports (MTSS) approach that will support the
infrastructure and services necessary for building resilient schools. MTSS is instrumental in building cross-systems collaboration and increasing integration to address students’ academic and non-academic barriers to learning. According to findings from a recent assessment of mental health and wellness in Washington’s K-12 education system (Maike et al., 2017), the integrated MTSS approach is built upon several best practice elements to improve the implementation of school-based mental health services including:

- Family-school-community partnerships,
- Mental health promotion and awareness,
- Staff professional development,
- Positive school climate,
- Accountability systems, and
- Data-based decision-making

When built into an MTSS approach, these best practices enable successful prevention, early intervention, and monitoring of adolescents’ mental health and wellness (Hess et al., 2017, p. 216). An MTSS that promotes trauma-sensitive practices can assist educators in recognizing students’ triggers, coping mechanisms, and emotional needs. Students who have endured trauma can learn how to be resilient over time through making connections, helping others, practicing self-care, and moving toward goals, among other strategies.

Many students will move in between tiers in one area while others may move in between the tiers based on another area. Remember, the pyramid is fixed; students’ needs are not.
Effective school-based mental health services also include supports for school staff, who may have significant mental health needs of their own. When schools proactively address students’ and staffs’ social, emotional, and behavioral health in an MTSS approach, positive educational outcomes are increased, school climate and safety are improved, mental health awareness is increased, and stigma is reduced.

Kaiser Permanente’s national RISE initiative encompasses intentional strategies, resources and tools to strengthen policies, procedures and practices to improve the social-emotional learning environment for both teachers, staff and students, with a strong focus on Tier 1 interventions. The investment described in this RFP seeks to accelerate and strengthen the RISE initiative by providing additive resources to build comprehensive, trauma-informed, integrated systems of support for staff and students. The development of a MTSS approach, with a focus on Tier 2 and 3, will assure systems, structures and family-school-community partnerships are present to address the identified mental health needs of teachers, staff and students.

The overarching goals of this project are to:

1. Expand district and/or Educational Service District’s organizational capacity to deliver and sustain school-based mental health services and supports through a trauma-informed MTSS framework;
2. Improve mental health awareness and promotion (e.g., literacy, resiliency, self-care);
3. Strengthen and/or build family-school-community partnerships to reduce barriers to engagement in behavioral health services and supports; and
4. Expand organizational capacity to address staffs’ mental health and wellness issues.

**Need to Address Mental Health and Wellness in Washington’s Children**

Mental health disorders are prevalent among school-aged children (aged 13-16) with one-in-five impacted by a diagnosable mental health or learning disorder during their education years (NAMI 2015). In Washington State, this means that nearly 237,000 school-aged children may experience a behavioral health disorder that can impact their ability to function at home, school, and in the community. More than 14,500 Washington youth (grades 8 and 10) reported at least one suicide attempt in the past year (HYS, 2016), with suicide the second leading cause of death among children statewide. Moreover, a persistent gap exists between the number of children who need support and those that receive it. In fact, Washington ranks among the highest, nationally, in the prevalence of behavioral health disorders, but in the bottom half in accessibility of services (Mental Health in America, 2018).

The average delay between the onset of mental health symptoms and intervention is eight to ten years, with many youths never receiving services (Behrens, 2013; California Health Interview Survey, 2005; Gall et al., 2000; Kataoka et al., 2002). Behrens et al. (2013) found that only one-third of adolescents with mental health diagnoses received treatment. This problem was intensified for youth living in poverty, with one study finding that more than 90% of adolescents were left untreated (California Health Interview Survey, 2005). In other words, more than one in five youth experience mental health issues, but only one in three of those receive any treatment services (Foster et al., 2005). Unmet mental health needs, including adverse childhood experiences (ACEs) are a pressing concern for educators, with student attendance, behavior, and readiness to learn significantly affected. The best possible protections for our youth are
interventions that reach all children and prevent these types of disorders before they even develop.

Because children and adolescents are mandated to attend school, schools have a unique opportunity to play a leading role in the universal prevention, identification, and treatment of mental health needs (Lendrum, et al., 2013; National Association of School Psychologists, 2016). While we know that there are significant unmet mental health needs in school-aged children, it is important to recognize that seven out of ten children who do receive services, do so through their schools. Moreover, the provision of school-based services improves access and removes barriers that often prevent youth and families from seeking services.

**Educator Health and Wellness**
Focusing on school teachers and staff is of interest to Kaiser Permanente because adults on school campuses have an influence in overall school wellness and are often overlooked in school wellness efforts. Kaiser Permanente provides health insurance coverage to almost half of Washington’s school districts and supports worksite wellness initiatives for adults on school campuses within the communities we serve.

Many resources and attention regarding school-based mental health services are directed toward the students. The fact remains, however, that teachers and other school staff have important health and wellness needs, too. These have increased in recent years, as the profession has become more demanding (Gallup, 2014; Greenberg et al., 2016). Overlooking the wellness needs of staff is a significant oversight, as researchers have determined that half of teachers experience high daily stress, which compromises their quality of life, health, sleep, and teaching performance (de Souza et al., 2012; Greenberg et al., 2016). There are four main sources of teacher stress: school organization (i.e., leadership, climate, and culture), job demands, work resources, and social-emotional competence (Greenberg et al., 2016).

Implementing school-based mental health services can mitigate the negative effects of educator stress. Specifically, programs for social emotional learning, mindfulness, mentoring, and workplace wellness have all been shown to improve teacher wellbeing, as well as student outcomes (Greenberg et al., 2016). These services can occur on the organizational or individual level (or both), and can reduce teacher stress by shifting the culture of the school.

The purpose of this RFP is to contribute to efforts in schools to create a holistic approach to supportive and engaging environments for students and staff by adopting a trauma-informed, integrated MTSS approach that includes a teacher and staff wellness component. Projects will focus on partnerships and collaboration between K-12 education and behavioral health systems to promote the healthy development of school-aged youth.

*Please email [communityhealth.wa@kp.org](mailto:communityhealth.wa@kp.org) if you have questions about eligibility, requirements, or the application process.*
Applicants must:

1. Be a Washington State Educational Service District, tribal school or Public School District.
2. Have district commitment to administer the RISE Index and develop an action plan at the district and school level within three to six months of receiving funding.

   The RISE Index is an evidence-informed Kaiser Permanente tool, built in partnership with the Alliance for Healthier Generation and informed by experts in the field, that guides schools in assessing their progress towards implementing key practices that build social and emotional health for students and staff. The free tool (available online beginning in 2020) has multiple purposes including action planning and monitoring progress towards the RISE Initiative efforts.

3. Have Foundational and Tier 1 mental health supports in place such as universal SEL curriculum, staff training on mental health identification, policies and procedures or Employee Assistance Program. Tier 1 supports need not be fully operational or applied consistently across the schools or districts.
4. Implement services within a public-school site within one of the following counties: King, Kitsap, Pierce, Skagit, Snohomish, Spokane, Thurston and Whatcom
5. Implement services within a public-school site that has a 50% or higher Free and Reduced Meal rate as of the 2017-18 school year
6. Have experience with data-based decision making for addressing the behavioral health needs of students identified as at-risk for poor academic and/or mental health outcomes.
7. Partner with a licensed behavioral health provider that meets the following four requirements:
   a. A provider for direct client mental health treatment services must be involved in all stages of the proposed project. More than one provider may be involved;
   b. Each mental health treatment provider must have at least two years of experience providing relevant services; and,
   c. Each mental health treatment provider must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.
   d. At least one mental health treatment provider must have the capacity to bill Medicaid for services.
8. All applications and related documents must be submitted via the online application form by 5:00 pm PST on 5/10/19. When prompted use the code: MTSS2&3.
9. Have the authority to engage in contractual agreements with Kaiser Permanente Washington
Preference will be given to projects that:
1. Incorporate meaningful family and youth engagement
2. Address cultural, linguistic, and developmental needs
3. Provide evidence of strong family-school-community-school partnerships
4. Address sustainability beyond Kaiser Permanente Washington grant funding

**Kaiser Permanente Washington’s Community Health CORE Geographic Service Area**

Eligible ESDs, district offices and the schools they serve must operate in the following counties within the Kaiser Permanente Washington’s community health service area:
King, Kitsap, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom

Kaiser Permanente Washington intends to dedicate up to $4.5 million over the next three-years, or $1.5 million a year, for the development and implementation of a comprehensive, trauma-informed, multi-tiered, school-based mental health model. The maximum award per grantee is $500,000 per year with a recommended number of 10-20 schools served per grantee. It is anticipated three to five awards will be granted.

Kaiser Permanente Washington is responsible for administering these funds and making grant awards in 2019. These grants are designed to provide funds with the expectation that, once established, projects will be sustainable. A sustainability plan must be in place by the end of Year 2 that ensures continuation of services and activities beyond the life of the funding. For multi-year grants, subsequent years of funding will depend on applicant’s progress on the performance measures from the prior year.

**Restrictions, Expectations and Required Grant Activities**

Kaiser Permanente Washington will conduct the selection process and award and oversee grants in accord with Kaiser Permanente policies and procedures

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 (AKA indirect). Administrative overhead includes activities and FTE primarily dedicated to keeping the district/agency partners open as compared to those directly involved with the project itself. For example, the percentage of CEO, Principal or Manager FTE or infrastructure involved in direct supervision, planning or operating of the project is not considered administrative overhead. Costs related to keeping the entire agency or school open such as business office, human resources, administration or entire building rental are considered administrative overhead. If you have questions about this requirement, please contact Rose Hesselbrock at Rose.C.Hesselbrock@kp.org.

- No capital requests will be considered for grants. Office supplies and universal evidence-based mental health or Social Emotional Learning (SEL) prevention curriculum is allowed but should total no more than 10% of project budget. All items should be detailed in project budget.

- Project funds cannot be used for direct services e.g., delivery of treatment.
• Projects in districts/schools outside of the Kaiser Permanente Washington’s geographic service area are ineligible
• Districts/schools with less than 50% Free and Reduced Meal rates are ineligible

**Key Personnel**
Key personnel are staff members who must be part of the project regardless of whether they receive a salary or compensation from the project. These roles have been identified as critical to the success of similar projects and align with existing Kaiser Permanente investments in Washington. The staff members must make a substantial contribution to the execution of the project. The required key personnel for this project are:

**School Mental Health (SMH) Project Manager:** Assigned at 1.0 FTE, the SMH Project Manager leads district and school-level MTSS teams, conducts RISE Index assessment and resources mapping, design and implement awareness campaigns, arrange and deliver training to school staff to increase knowledge and awareness of the school mental health program, including screening and referral processes and effective EBPs. See *Required Activities/Strategies: Service Delivery System* for additional details regarding the duties of this position. Projects will recruit individuals with experience providing school-based behavioral health services to the school-aged youth and familiarity with culture(s) and language(s) representative of the student population. Ideally, the SMH Project Manager should oversee no more than 10 schools for successful implementation of services and supports.

**Behavioral Health Systems Navigator:** Assigned at a minimum of 0.5 FTE, the Navigator will work to coordinate and integrate funding streams to sustain school based behavioral health programming within the LEA. The Navigator will engage district/school and community-level partners, including parents and youth, in designing and enhancing systems of care support. The Navigator will work collaboratively with education and health care partners, to review policies and practices and make recommendations to reduce barriers to service delivery. Required experience includes knowledge of the local and regional behavioral health system, EBPs and behavioral health policies. (See *Required Activities/Strategies: Infrastructure* for additional details regarding the duties of this position). The Behavioral Health Systems Navigator does not provide direct services to students, however, may lead staff or community trainings using the RISE learning modules as a resource. Projects will recruit individuals with experience providing behavioral health services to the school-aged youth and familiarity with culture(s) and language(s) representative of the student population.

**School Lead:** Assigned as part of existing work or new work, this school-based position will have the role of supporting the Project Manager and Navigator in the navigation at the specific school site to support integration with existing frameworks and strategic plans to assure sustainability once funding ends. This position will be responsible for supporting the coordination and integration of school- and community-based behavioral health services and supports to ensure students do not “fall through the cracks.”

**Required Activities/Strategies**
Grant funds can be used to support service delivery system and infrastructure
development that prioritize Tier 2 and Tier 3 services. Tier 1 supports may be included and must align with RISE initiative professional development (available in Fall 2019) and the results of the RISE Index. Required activities within this RFP are for districts lacking a fully operational MTSS approach and who have the capacity to establish district level MTSS teams within three months of receiving funding as well as for expansion and strengthening of existing district/school MTSS frameworks with established and functioning MTSS teams.

Services and supports are expected to be integrated and coordinated with existing initiatives and a diverse school staff including school counselors, psychologists, nurses, teachers and administrators as well as with community partners in accord with the MTSS teaming process. Applicants are strongly encouraged to reference, Exploring the Landscape of Mental Health and Wellness in Washington’s K-12 Education System (Maike et al., 2017) and the Washington Integrated Supports Protocol (OSPI., October 2017) when developing proposals (See Appendix A for additional information related to the foundational best practices and strategies).

**Service Delivery System**
Grantees must implement the following service activities. These activities and infrastructure strategies must be reflected in the Project Narrative.

1. Expand capacity to deliver Tier 2 and Tier 3 school-based mental health services by developing and/or expanding integrated, trauma-informed, school-based mental health Multi-Tiered Systems of Support. Applicants should leverage existing infrastructure (school and community), training, and technical assistance mechanisms across all tiers to address academic as well as social-emotional behavioral health concerns.

2. Have existing foundational and Tier 1 supports and need only minimal resources for those to be fully operational across the school or district.

3. Establish district and school-based MTSS teams to conduct district-and school-level mental health needs assessment and resource mapping using the RISE Index system as a foundational tool. Teams will assess the current school mental health system, for staff and students, using the RISE Index and design and implement an action plan to transform current framework into a comprehensive, trauma-informed integrated MTSS model. The plans should include evidence-based culturally competent and developmentally appropriate school and community-based mental health services.
   a. A licensed behavioral health provider must be an active MTSS team partner and able to maximize Medicaid and third-party billing revenues. School-based behavioral health services must be provided on-site in each grant-funded school building to respond to students exhibiting behavioral signs warranting the need for clinical services during regular school hours and may include before, after-school or summer hours to accommodate student needs.

4. Provide coordinated referral, services, and follow up to school-aged youth and their families for evidence-based school and community-based mental health
practices across the continuum of MTSS tiers (as appropriate).

5. Provide on-going **professional development** for all school staff (administrators, educators, MTSS teams, etc.) on the strategies and skills needed to a) promote positive academic, social, and emotional mental health for students and b) promote staff wellbeing. (A detailed **Professional Development plan** must be submitted by the **end of year one funding**). If Tier 1 professional development is offered, it should incorporate learning objectives from the RISE modules specific to the RISE Index tool or be the actual modules themselves.

6. Establish **Family-School-Community partnerships** to support school behavioral health including on-site Tier 2 and Tier 3 services with students at risk for or experiencing mental health concerns.

7. Implement data collection systems and routinely use data to drive **data-based decision-making** in order to provide the external evaluator data to evaluate the impacts of academic and non-academic student-level outcomes.

8. Develop and implement culturally relevant **mental health promotion and awareness** (outreach and engagement) for school-aged youth, their families, community partners, and school staff to address stigma associated with mental health issues and to promote mental wellness.

**Infrastructure**
Grantees will also implement infrastructure strategies to increase access to care, reduce access barriers, strengthen staff wellbeing and sustain services. They will:

1. Develop **collaborative partnerships** at the district/school-and community-level to design and implement social norms campaigns to raise awareness of mental health issues and promote wellness.

2. Connect school-aged youth who may have behavioral health issues and their families to needed community-based services by establishing **formalized referral systems** and structures.

3. **Facilitate cross system communication** (education and behavioral health care) adhering to HIPAA, FERPA and district or agencies policies to reduce systems barriers.

4. Support improvements in youth and family-serving systems through the **coordination and integration of funding streams** to sustain and expand mental and behavioral health services and supports beyond funding period.

5. Develop multiple and diverse funding mechanisms to **sustain school mental health services** across the MTSS framework. Collaborate with district, school, and community-level partners to engage regional partners (e.g., Behavioral Health Organizations, Managed Care Organizations) to **assess district and/or school reinvestment of Medicaid funds** (School-based Health Systems and Medicaid Administrative Claiming).

6. Design and/or enhance building level **billing systems, practices, and policies**.

7. Increase **knowledge and awareness of the Medicaid** and or health care insurance systems for eligible families.

8. Participate in consultation with Kaiser Permanente staff to assess, plan and
implement staff wellbeing initiatives.

**Using Evidence-Based Practices**

Kaiser Permanente’s grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate to the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. Both researchers and practitioners recognize that EBPs are essential in improving the effectiveness of treatment and prevention services in the behavioral health field. We realize that EBPs have not been developed for all populations and/or service settings. We will closely examine proposed interventions for evidence base and appropriateness for the population to be served. If an EBP exists for the types of problems or disorders being addressed, the expectation is that the EBP will be utilized.

In your high-level overview, identify the tier 1 EBPs currently in place as well as any tier 2 or 3 EBP in place or already selected. In addition, briefly describe how the EBPs are effective and appropriate for school-aged youth.

Applicants are encouraged to visit the National Institute of Health/NIMH website for more information on EBPs.

**Required Performance Measures and Progress Indicators**

All grantees are required to collect and report certain data so that Kaiser Permanente can assess project performance – this is in addition to any project level outcomes to be established upon award with the external evaluator. In the Overview, grantees should acknowledge their willingness to work with the external evaluator and to collect and report data on these performance measures and progress indicators. The district-level MTSS team must be established within three months of funding, and the RISE Index assessment completed within four months of funding. A district-level Strategic Plan must be submitted to Kaiser Permanente no later than 6 months post-award. Recipients are also required to report quarterly on the following performance measures.

1. Expand organizational capacity to deliver school-based mental health services and supports through a trauma-informed MTSS framework.
   - Number of schools with established MTSS teams that complete needs assessment & resource inventory (RISE Index)
   - Number of schools with increased mental health infrastructure (RISE Index)
   - Number of community-based mental health providers embedded and delivering school-based mental health services
   - Number of individuals disaggregated by race and gender referred to mental health or related services
   - Number and percent of individuals disaggregated by race and gender receiving mental health or related services after referral
• Number of school staff trained in trauma-informed practice/approach and/or staff wellbeing topics

2. Improve mental health awareness and promotion (e.g., literacy, resiliency, self-care).
• Number and type of awareness offerings
• Number and type of individuals engaged in mental health awareness and promotion trainings
• Percent of such trainings rated as highly useful
• Number and percent of participants reporting reduced stigma

3. Strengthen/Build family-school-community partnerships to reduce barriers to engagement.
• Number of family-school-community initiatives developed and implemented
• Number and type of participants engaged in family-school-community initiatives
• Number of formal agreements established or strengthened with school-community partners (Memorandums of Agreement or Understanding, contracts, charters, etc)
• Percent of family-school-community partners that agree barriers have been reduced
• Percent of family-school-community partners that agree partnerships have been strengthened

4. Expand organizational capacity to address staff’s mental health and wellness issues.
• Number of professional development offerings specifically addressing staff mental health and wellness needs
• Number and percent of school staff that report decreased stress and burnout (for self-care related offerings)
• Number of days staff are absent for non-professional development reasons
• Number and percent of school staff reporting job satisfaction

| Application Topics |

Applications must be completed via the online application form by 5:00pm on 5/10/19. When prompted use the code: MTSS2&3.

Budget and workplan/timeline templates can be found at: https://about.kaiserpermanente.org/community-health/communities-we-serve/washington-community/request-for-proposal

Application form includes the following topics:
• Applicant and (if applicable) Fiscal Sponsor organization profile: Name, contact information, mailing address, year founded, mission statement, tax status, organization’s history and three year goals.
• **Executive Summary and High Level Overview of the Project:** A description of the project activities and how they will address the community health need. Describe all the efforts, programs, and services that will be included. Reference the evidence-informed or promising practices on which the project is based.

• **Selected Population and Needs:** Identify the populations and locations within the Kaiser Permanente Washington’s Community Health Geographic Service Area (p. 5) who will benefit and the identified community health need (access to health care, economic opportunity, healthy eating active living and/or mental health). Is there a specific age, racial or ethnic group that will benefit?

• **Reach:** How many people will be directly served by this funding? Is there a specific age, racial or ethnic group that will benefit?

• **Financial Information:** List the total budget amount for the current and prior fiscal year for your organization including fiscal year-end surplus or deficits from the previous year, the proposed project and any additional funding sources for the project. Additionally, list any current assets and liabilities from the organizations balance sheet and total cash at the end of the previous fiscal year. Explain any deficits.

• **Partners and collaborators:** List key partners and include any formal documentation such as an Memorandum of Understanding or Agreement, Charter, Strategic Plan or Letter of Intent, of the partnership.

• **Community and Youth Engagement:** Describe how your project will engage youth and community constituents in the planning, goal setting or other activities that help determine project direction.

• **Measurable Objectives:** List three to five SMART objectives based on the performance measures listed in this RFP. The **Required Performance Measures and Progress Indicators** are found in the above section and will need to be modified by applicants to meet the SMART format. These outcomes should be reflected in the Workplan (template provided).

• **Measurement and Evaluation:** This grant includes an external evaluator. All grantees are expected to fully participate in the evaluation and will receive training on the evaluation protocols, including data collection, management, and reporting procedures, as well as common data collection tools and measures. **Include a statement in this question** outlining:
  a. Your agency’s commitment to participate with the evaluation process
  b. Your agency’s ability to collect and report on the required performance measures and progress indicators;
  c. How you will ensure fidelity in the implementation of EBPs; and
  d. How data will be used to manage the project and assure that the activities/strategies at the service delivery system and infrastructure level will be achieved.

• **Kaiser Permanente involvement:** Identify relationships the organization has with Kaiser Permanente including financial, capital, intellectual and other in-kind supports and any Kaiser Permanente employees or physicians employed by the organization or on the Board.
• **Challenges and risks:** Describe any significant challenges or risks which could affect the success of the project, and explain how you will mitigate those risks. What organizational or community assets will help you ensure success for the project?

• **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.)

• **Sustainability:** Describe assets, policies, practices and partnerships either in place or to be developed that will sustain the MTSS framework and increased access to mental health services.

• **Administrator and key staff turnover:** Turnover can have a significant, detrimental impact on a multi-year project. Please describe safeguards in place to assure the project will continue if key district or school leaders leave their positions.

• **Staff Wellness:** On a scale of 1(low)-5 (high), rate the district or ESD commitment to dedicating time and resources to improving staff wellness. Include examples to support the rating.

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

• Tax Exempt Status Determination Letter or Government Information Letter

• IRS Form 990

• List of Applicant (required) and Fiscal Sponsor’s (if applicable) Board of Directors or governance body and their affiliations

• List of Applicant (required) and Fiscal Sponsor’s (if applicable) Executive Officers or leadership team

• A detailed budget of the project for which funds are being sought

• Project budget itemized with budget narrative.

• Project workplan and timeline (template provided)

• Collaboration: At least one letter of support or memorandum of understanding from a community-based, licensed mental health provider

• Organization’s non-discrimination policy or statement

**Selection of Proposals**

The Kaiser Permanente Washington Thriving Schools Committee will evaluate all complete proposals and make recommendations for funding based on the selection criteria below. The committee may also conduct oral interview(s) as part of the selection process. Grant awards will be final after approval by Kaiser Permanente Washington in accord with applicable policies and procedures.
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 (see goals, required activities, and performance measures). The work plan and budget are reasonable. The proposed staff 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 behavioral health outcomes for the target population. The project has potential for expansion or replication within the district or more broadly across the region.

c. **Community need**: The target population and geographic location are clearly identified and located within the *Kaiser Permanente Washington’s community health Service Area* (p. 5). 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, Healthy Youth Survey data and academic data. The applicant should demonstrate a deep understanding of the community to be served.

d. **Organizational commitment to family, staff and community**: The applicant organization is committed to improving the mental health and wellbeing of students and staff through MTSS approach and can demonstrate that the proposed project will significantly contribute to this goal. Districts and ESDs with demonstrable readiness and willingness to collaboratively work with students, staff, families and community-based partners on improving or expanding school-based mental health systems and infrastructure will be prioritized.

e. **Financial viability and accountability**: The applicant organization possesses 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 mental health equity**: Proposals will have priority consideration if they show how the proposed project will reduce identified mental health disparities. Mental health disparities may include those faced by communities of color, ethnic minorities, or other historically underserved groups.

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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 Kaiser Permanente. Additionally,
grantees must agree to collaborate with the evaluation contactor to support the overall project evaluation including quarterly and annual data collection and reporting.

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

1. **Logic model:** Applicants are expected to work with the evaluator post-award to develop a logic model that includes inputs, outputs, outcomes, and impacts in both narrative and numerical format (to be completed within 4 months).

2. **Strategic plan:** Successful grantees will complete the RISE Index and develop a Strategic Plan based upon findings from the report within 6 months of award in collaboration with the district-level MTSS team. A copy of the report must be submitted with the plan. At the building level, as teams are developed, School Quality Reports and Strategic Plans should also be developed in consultation with building level MTSS Teams. Additional reports to be completed include the following:
   - School-based Mental Health Needs Assessment – District level (within 3 months of award)
   - Resource Mapping – District level (within 3 months of award)
   - District Sustainability Report (by end of year 2)
   - Professional Development Plan – District level (by end of Year 1)
   - Services offered: address how these will be culturally relevant and how the communities impacted will participate in defining the relevancy
   - Budget
   - 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.

3. **Submit required data to the evaluator on a quarterly basis (All grantees).**

4. **Resilience in School Environments (RISE) Index:** Grantees are required to submit data to the RISE Index online reporting system (as outlined in #2 above) and assure that Kaiser Permanente and/or the Evaluator has access to the reporting portal.

5. **Annual report on accomplishments and challenges (All grantees):** Year-end reports to KAISER PERMANENTE WASHINGTON will include a detailed summary of achievements, challenges, and perspectives on the value of this grant, as well as recommendations for future work in this area. Grantees will also be asked to tie gains made in project outcomes through the life of the project back to the Logic Model.
Grant applications are due by 5:00 p.m. Pacific Daylight Time on May 10, 2019. All applications and related documents must be submitted via the online application form. When prompted use the code: MTSS2&3. The link is also available via the Kaiser Permanente Washington Community Health website. Please do not attach general organizational publications such as annual reports or brochures. Potential applicants are invited to the Informational Session noted below.

**Application Submission Instructions**

**Timeline and Key Dates**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event/Description</th>
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<tbody>
<tr>
<td>April 3, 2019</td>
<td>RFP distributed to community partners and posted on Kaiser Permanente Washington Community Health website</td>
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| Monday, April 15 2019, 1:30-2:30 p.m. PST | Informational Session  
https://attendee.gotowebinar.com/register/4633045529081118475  
Webinar ID: 519-899-675  
OR  
Audio: 1 (914) 614-3221  
Webinar ID: 925-655-768 |
| Friday, May 10, 2019, 5 p.m. PST | Deadline for submission of proposals |
| October 2019             | Awards announced; contracts initiated and funds released                           |

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
Appendix A

The MTSS structure is built on foundational best practices identified to ensure project success (see pp. 53-62, Maike et al, 2017). These include:

Multi-Tired Systems of Support: The foundational best practice elements, outlined on the following page, work best within an integrated multi-tiered system of supports (MTSS), which are necessary to ensure prevention, early intervention, and continued development of adolescents’ social, emotional, and behavioral health. Tiered levels of support include: (1) universal programs, assessments, and curriculum that all students receive; (2) selective services for at-risk students; and (3) indicated services for individual students in need of more intensive treatment. Students move up and down the tiered levels of supports depending upon identified needs. Levels of support are designed to be fluid and flexible – not static.

- **Universal Supports**: Universal strategies (Tier 1) include programs and supports that all students within a school receive, regardless of whether they are at risk for mental health problems. Universal strategies promote mental health and wellness and build students’ social, emotional, and behavioral skills (e.g., wellness education, suicide prevention, life skills). Effective universal strategies provide rich learning opportunities, and focus on positive school climate, relationship building, resilience, and coping with adversity.

- **Selective Supports**: When universal efforts are not successful, more intensive services and supports (Tier 2) are needed. These selective interventions include evidence-based, targeted strategies that can be implemented quickly and efficiently for some students (as identified in Tier 1). Tier 2 interventions are administered at the group or individual level, and progress monitoring is integrated throughout the school day. Examples of Tier 2 services include psychoeducational approaches (e.g., stress reduction, anger management), goal setting, and opportunities for practicing new skills (e.g., coping skills, mindfulness).

- **Intensive Supports**: When Tier 1 and 2 supports are unable to meet a student’s needs, indicated services and supports (Tier 3) are delivered. In general, few students (i.e., approximately 1-5% of the student population within the school) will receive this level of intervention. These ongoing strategies are used to support students with significant mental health needs (e.g., crisis response plans, school re-entry programs, Trauma-focused Cognitive Behavioral Therapy, Multisystemic Therapy, and high-quality wraparound services). When it is not feasible to provide Tier 3 services within the educational setting, school wellness staff help the student and family find necessary, comprehensive services in collaboration with community partners, agencies, and supports.

Multi-disciplinary teams (aka MTSS teams), comprised of school staff and mental health providers, should work to provide efficient care and coordinated services to students. These teams provide case management and referrals, in addition to supporting students’ health needs. These teams can identify interventions that address students’ mental health and academic needs, while also ensuring that they do not fall through the cracks.
### Appendix A: SCHOOL-BASED MENTAL HEALTH SERVICES AND SUPPORTS- FOUNDATIONAL BEST PRACTICE

<table>
<thead>
<tr>
<th>Foundational Best Practice</th>
<th>Description</th>
<th>Who is responsible</th>
<th>How to accomplish it</th>
</tr>
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<tbody>
<tr>
<td><strong>Family-School-Community Partnerships</strong></td>
<td>Partnerships inclusive of all stakeholders’ perspectives – family, school and community – with a shared vision and goals for the program. All partners have vested interest in providing the most effective services that ensure the mental health and wellness needs of all students.</td>
<td>District and school teams, family, community organizations</td>
<td>Make families aware of their child’s social and emotional development and how to support behavioral learning at home. Include families and community partners in intervention planning and counseling efforts. Organize school-based teams that include family members, community partners, and key school personnel. Collaborate across systems to reduce duplication of services.</td>
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<td><strong>Mental Health Promotion and Awareness</strong></td>
<td>Intentional and purposeful efforts to reduce stigma, increase awareness of mental health issues, and promote mental wellness. These can take place at the school, district, or community level.</td>
<td>District staff, school staff, community partners</td>
<td>Students can do this through project-based learning assignments. School personnel can work closely with the community, including families, to reduce the stigma around mental health by conducting awareness campaigns and hosting Youth Mental Health First Aid Trainings and creating a culture of care.</td>
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<td><strong>Staff Professional Development</strong></td>
<td>Coordinated training events that are reflective of the school and district improvement plans, are sustained, and progress from introductory to in-depth. Trainings address social-emotional learning, child and adolescent mental health, trauma-sensitive and culturally-responsive classrooms, adolescent development, and the school-based mental health system.</td>
<td>District staff, school staff</td>
<td>School leaders schedule staff professional development for behavioral health throughout the entirety of the year, with follow-up or “booster” sessions as needed. Staff should be trained on who and how to refer students for services, how to speak with families about concerns, how to promote mental health, stigma reduction and mental health awareness, and how to universally screen and progress monitor students.</td>
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<td><strong>Positive School Climate and Culture</strong></td>
<td>The quality and character of school life, including its norms, goals, values, interpersonal relationships, and organizational processes. Includes a school-wide commitment to ensuring the wellbeing, safety, sense of belonging, and success of every student.</td>
<td>District leaders, school staff</td>
<td>Embed behavioral health professionals into the culture of the school. Health professionals and educators can work together to create a support system for students. Ensure trauma-informed and culturally responsive classrooms. Utilize Positive Behavior Interventions and Supports (PBIS) at the district and school level.</td>
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<tr>
<td><strong>Accountability Systems</strong></td>
<td>Systems and structures to hold school staff accountable for the attainment of social, emotional, and behavioral health determinants of students, as embedded into school improvement plans.</td>
<td>School administrative staff</td>
<td>Establish learning benchmarks within schools. Create family and community partnerships, cultural responsiveness, professional development, and other strategies that align with foundational best practices.</td>
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<tr>
<td><strong>Data-Based Decision Making</strong></td>
<td>Ongoing, reflective data analyses comparing current trends to the desired state (i.e., progress monitoring), with a commitment to adjusting practices based upon data. Includes routine assessment of progress toward academic and behavioral health outcomes (e.g., suspension rates, academic achievement, and discipline referrals).</td>
<td>District staff, school staff</td>
<td>Administer comprehensive assessments of school climate and culture, mental health issues and concerns. Conduct resource inventories of existing program and practices. Routinely review existing data to analyze risk and protective factors. Identify problems and address gaps in services. Focus on larger school population to maximize program effectiveness (i.e., public health approach).</td>
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