

KAISER PERMANENTE COLORADO

A Thriving Schools Initiative To Advance Social/Emotional Wellness and Behavioral Health In School Districts

Request for Proposals (RFP)

Release Date: September 1, 2016

This RFP provides instruction and criteria that applicants must meet in order to submit proposals for the **Thriving Schools Initiative** funding opportunity described herein.



Request for Proposals (RFP): A Thriving Schools Initiative to Advance Social/Emotional Wellness and Behavioral Health in School Districts

Release date: September 1, 2016

Letter of Intent due date: September 30, 2016

Overview

Kaiser Permanente Colorado will invest up to \$1,500,000 over three years to support teachers and staff to promote social/emotional wellness and address behavioral health within school districts to improve learning outcomes for every student.

The outcomes of the funding opportunity are to:

1. Implement and improve policies and practices to create trauma-sensitive and culturally responsive classrooms and schools.
2. Increase participation in social/emotional wellness prevention programs.
3. Increase a sense of belonging/connectedness among students and their families, teachers, and staff.
4. Improve teacher and staff social/emotional wellness competencies through professional development opportunities.

Timeline

RFP Issuance:	September 1, 2016
Webinar:	September 20, 2016, 11:00 a.m. MT
Letter of Intent Due:	September 30, 2016, 5:00 p.m. MT
Invitation to Apply:	By October 31, 2016
Proposals Due:	November 30, 2016, 5:00 p.m. MT
In-Person Interviews:	December 5-9, 2016
Funding Notification:	By March 31, 2017

Award Information

Total Funds Available:	Up to \$1,500,000
Number of Awards:	Up to six school districts
Amount of Awards:	Up to \$100,000 per year for three years (\$300,000)
Grant Period:	August 1, 2017- August 31, 2020

Eligibility Requirements

The applying organization must be a **Colorado-based public school district or school district foundation** in good standing with the IRS. Districts **must be located within Kaiser Permanente's Service Area** (defined by being located in one or more of the following counties): Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Crowley, Custer, Denver, Douglas, Eagle, El Paso, Elbert, Fremont, Gilpin, Grand, Jefferson, Larimer, Lincoln, Otero, Park, Pueblo, Summit, Teller and Weld.

Districts and/or their corresponding district foundation that are currently funded by Kaiser Permanente may apply for this funding opportunity as long as their current grant and any associated reporting requirements are completed as of August 1, 2017. Applicants with grants that close after August 1, 2017 are not eligible to apply.

For more information on specific eligibility requirements, please read the Eligible Organizations section of this RFP on page 10.

Communications

Kaiser Permanente will facilitate a webinar on September 20, 2016 from 11:00 a.m. to 12:00 p.m. MT. Participants will receive an overview of the RFP goals and expectations of grantees. There will also be an opportunity to ask questions. To attend the webinar, please RSVP to co-contributions@kp.org to receive log-in information. Email your name, email, and phone number.

Please email additional questions to co-contributions@kp.org. Updated questions and answers will be posted on kp.org/share/co. We will not accept content questions via any other means to ensure fairness in the RFP process.

Technical Assistance

For technical support regarding the online submission process, please email co-contributions@kp.org. We'll respond to technical questions no later than 48 hours after receipt. Please put Thriving Schools RFP in the subject line of the email.

Table of Contents

1. Background and Overview of the Funding Opportunity	5
A. About Kaiser Permanente	5
B. Purpose of Kaiser Permanente’s Thriving Schools Funding Opportunity	5
C. Visionary Goal, Strategies, and Outcomes of Kaiser Permanente’s Thriving Schools Funding Opportunity.....	7
2. Grant Guidelines	10
A. Eligible Organizations	10
B. Funding Guidelines	11
3. Grantee Requirements	12
A. Accountability Requirements	12
B. Reporting Requirements.....	12
C. Evaluation Requirements.....	13
D. Required Professional Learning Convenings	14
E. Additional Kaiser Permanente Resources	14
4. Proposal Submission.....	15
A Electronic Application Process	15
B. Review Process	16
C. Technical Support	16
5. Appendices	16
Appendix A: Letter of Intent Required Information and Questions	18
Appendix B: Full Proposal Required Information and Questions.....	21
Appendix C: Glossary of Terms.....	25
Appendix D: Strategy Chart Including Activity Examples.....	29
Appendix E: Resource Guide.....	33

1. Background and Overview of the Funding Opportunity

A. About Kaiser Permanente

Kaiser Permanente Colorado is the state’s largest nonprofit health plan, working to improve the lives and health of all Coloradans for 47 years. We are comprised of the Kaiser Foundation Health Plan of Colorado and the Colorado Permanente Medical Group—one of the state’s largest medical groups with more than 1,100 physicians. We provide comprehensive care for our 675,000 Kaiser Permanente Colorado members through 30 medical offices across the state—from Pueblo to Greeley and now in the mountains in Summit and Eagle counties. We are also committed to our social mission and in 2015, proudly directed more than \$124 million to community benefit programs to improve the health of all Coloradans.

B. Purpose of Kaiser Permanente’s Thriving Schools Funding Opportunity

This funding opportunity complements the larger Thriving Schools initiative of Kaiser Permanente to build upon our commitment to the total health of our members and the communities we serve by partnering with local schools and school districts. Kaiser Permanente Community Benefit has a history of supporting schools through community health initiatives, Arts Integrated Resources, event sponsorships, volunteerism, and board/committee involvement.

Promoting social/emotional wellness and treating behavioral health needs are public health priorities for the state and local communities. Kaiser Permanente Colorado’s 2013 Community Health Needs Assessment confirmed that services to address behavioral health, as well as services that support social/emotional wellness, are a significant area of need.

Addressing Social/Emotional Wellness and Behavioral Health Needs in Schools

“No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress and closing the achievement gap will be profoundly limited if students are not motivated and able to learn.”-*Charles Basch, Professor at Columbia University*

A comprehensive approach to school social/emotional wellness and behavioral health includes a spectrum of support beginning with the promotion of social/emotional wellness and ending with providing needed behavioral health support. **The Collaborative for Academic, Social, and Emotional Learning identifies the components of social and emotional wellness as: Self-awareness, recognizing one’s emotions and values and one’s strengths and limitations; Self-management, managing emotions and behaviors to achieve one’s goals; Social**

awareness, showing understanding and empathy for others; Relationship skills, forming positive relationships, working in teams, dealing effectively with conflict; and Responsible Decision-making, making ethical, constructive choices about personal and social behavior (Collaborative for Academic, Social, and Emotional Learning, n.d.).

Parents and schools working together can promote positive emotional wellness in youth. The Centers for Disease Control and Prevention (CDC) supports [School Connectedness](#) as an important protective factor. Students who feel connected to their school are more likely to have better academic achievement, have better school attendance, stay in school longer, and avoid high risk behaviors.

Research confirms the connection between social/emotional wellness and behavioral health and academic achievement. **Behavioral health is the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors.** Because students are much more likely to seek behavioral health support when school-based services are available, schools need comprehensive behavioral health systems to create positive learning environments. According to the American Psychological Association, nearly one in four middle school and high school students experience poor behavioral health and yet, less than half of those children receive treatment, services, or support.

A growing body of research has sought to quantify the prevalence of mental health problems, trauma, or Adverse Childhood Experiences (ACEs) and illuminate their connection with negative academic, behavioral, and health outcomes, such as obesity, alcoholism, and depression, later in life. Adverse Childhood Experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. They can have difficulty fostering positive relationships, focusing and engaging in class activities, report more absences, and are more likely to repeat a grade. A person who has suffered four or more ACEs is 12 times more likely to attempt suicide and seven times more likely to be an alcoholic. In Colorado, nearly 15 percent of adults report experiencing four or more ACEs, which helps to explain why Colorado has the sixth highest rate of suicide in the nation. As the heart of communities, schools are uniquely positioned to prevent, identify, and support social/emotional wellness and behavioral health needs.

Social/Emotional Wellness of Staff and Teachers

A focus on improving social/emotional wellness competencies of teachers and staff is of particular interest because adults on school campuses are a critical factor of school wellness and often do not receive as much of a focus as the students. We believe placing emphasis on staff self-care and professional learning opportunities for teachers and staff ensures a cohesive approach to improve district and school social/emotional

wellness. Kaiser Permanente provides health coverage to many school districts and often supports worksite wellness programs for many of the adults on school campuses within our service area. Furthermore, we have strong relationships with labor unions that represent school teachers and staff.

Social and emotional competencies are critical to avoid burnout and increase teacher and staff well-being. Being able to connect with our own emotions and feelings before reacting to student misbehavior, finding ways to unwind after a busy day, or identifying our internal drivers are all ways of using emotional intelligence to feel better with ourselves and the world around us (Lorea Martinez, 2015). Teachers have identified several factors that contribute to their high level of stress including long working hours, high demands on standardized test performance, challenging students, and overcrowded classrooms with little aide support. In addition, teachers report not feeling equipped to handle students with behavioral or mental health issues. High stress levels not only affect teachers' overall health, but also affect their performance, their students, and their personal lives. Programs that help teachers and school staff manage their stress level have a multiplier effect. They may impact the individual as well as the school's overall social/emotional climate (Kopkowski, 2008).

Providing more support to teachers and school staff to manage their own stress and equipping them with the tools, knowledge, and resources to effectively support their student's social and emotional needs is critical to improving social/emotional wellness. Providing professional development and support helps to retain quality teachers and staff by improving their resiliency and health, and it will also improve the school's overall social and emotional climate. According to the Centers for Disease Control and Prevention (CDC), staff wellness programs and policies can contribute to improvements in physical and mental health outcomes; increases in morale, productivity, and positive role-modeling; and decrease in teacher absenteeism and health insurance costs (Centers for Disease Control and Prevention, 2010).

C. Visionary Goal, Strategies, and Outcomes of Kaiser Permanente's Thriving Schools Funding Opportunity

Kaiser Permanente Colorado aims to support teachers and staff to promote social/emotional wellness and address behavioral health within school districts to improve learning outcomes for every student.

Grants will fund school districts to work with up to three target schools, selected by the district, to institute program, environmental, and policy changes that increase student, staff, and teacher access to, and better utilization of, social/emotional wellness strategies and behavioral health strategies.

Thriving Schools Funding Opportunity: Visionary Goal, Outcomes, and Strategies

Strategies

1. Use of data-based decision making to examine the interaction between behavioral health outcomes and learning outcomes, such as suspension rates, academic achievement, and discipline referrals, to inform what changes need to be made to ensure policies and practices are trauma-sensitive & culturally-responsive

2. Increase parent, guardian, youth & community voice in the assessment, development, implementation and/or evaluation of strategies to address social/emotional wellness programs

3. Intentional efforts to reduce the stigma around mental health issues

4. Improve school climate and culture using the principles of Positive Youth Development

5. Promote teacher and staff self-care and social/emotional wellness professional learning opportunities to combat burnout, compassion fatigue, and vicarious trauma

6. Provide coaching and trainings for leadership, staff, teachers, families, students, and on-site providers to recognize the signs & symptoms of trauma/Adverse Childhood Experiences

Outcomes

1. Implement and improve policies & practices to create trauma-sensitive & culturally responsive classrooms & schools

2. Increase participation in social & emotional wellness prevention programs

3. Increase a sense of belonging/connectedness among students & their families, teachers, & staff

4. Improve teacher and staff social emotional wellness competencies through professional development opportunities

Visionary Goal

A Thriving Schools community that supports teachers and staff to promote social/emotional wellness and address behavioral health within school districts to improve learning outcomes for every student

Visionary Goal

A Thriving Schools community that supports teachers and staff to promote social/emotional wellness and address behavioral health within school districts to improve learning outcomes for every student.

Outcomes

To achieve the visionary goal, this funding opportunity is focused on four outcomes. Applicants may **select** one or more of the following outcomes:

1. Implement and improve policies and practices to create trauma-sensitive and culturally responsive classrooms and schools.
2. Increase participation in social/emotional wellness prevention programs.
3. Increase a sense of belonging/connectedness among students and their families, teachers, and staff.
4. Improve teacher and staff social/emotional wellness competencies through professional development opportunities.

Strategies

In order to increase the likelihood of successful implementation, applicants should **select** one or more evidence-based strategies to address the outcomes of this funding opportunity. The strategies in the numbered list below are in alignment with the Colorado Framework for School Behavioral Health's [Multi-Tiered System of Supports](#) (MTSS), which is a whole school, data-driven, and prevention based framework to improve learning outcomes for every student through a layered continuum of evidence-based practices and systems.

Districts should determine which strategies are needed at the district level and within their schools and communities, based on current efforts, opportunities, and gaps. Districts are encouraged to select multiple strategies that may achieve one or more of the outcomes of this funding opportunity from the list of six strategies below:

1. Use of data-based decision making to examine the interaction between behavioral health outcomes and learning outcomes, such as suspension rates, academic achievement, and discipline referrals to inform what changes need to be made to ensure policies and practices are trauma-sensitive and culturally-responsive
2. Increase parent, guardian, youth, and community voice in the assessment, development, implementation and/or evaluation of strategies to address social/emotional wellness programs
3. Intentional efforts to reduce the stigma around mental health issues
4. Improve school climate and culture using the principles of Positive Youth Development

5. Promote teacher and staff self-care and social/emotional wellness professional learning opportunities to combat burnout, compassion fatigue, and vicarious trauma
6. Provide coaching and trainings for leadership, staff, teachers, families, students, and on-site providers to recognize the signs and symptoms of trauma/Adverse Childhood Experiences

Selection of Target Schools

Districts should select three target schools to implement one or more of the six strategies. Districts are allowed to select a school/schools with an Early Childhood Education center. Districts will need to justify why the target schools were selected by providing quantitative and qualitative data around student population and social/emotional wellness and behavioral health needs.

2. Grant Guidelines

A. Eligible Organizations

Eligible organizations must be a **Colorado-based public school district or school district foundation** in good standing with the IRS. In addition, school districts must be located within Kaiser Permanente's Service Area (defined by the following counties): Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Crowley, Custer, Denver, Douglas, Eagle, El Paso, Elbert, Fremont, Gilpin, Grand, Jefferson, Larimer, Lincoln, Otero, Park, Pueblo, Summit, Teller, and Weld.

Districts and/or their corresponding district foundation that are currently funded by Kaiser Permanente may apply for this funding opportunity as long as their current grant and any associated reporting requirements are completed as of August 1, 2017. Applicants with grants that close after August 1, 2017 are not eligible to apply.

Kaiser Permanente is not able to consider funding requests that support the following:

- Religious purposes
- Partisan political activities
- Athletic or sports activities
- International or social organizations
- Endowments or memorials
- Fraternal organizations
- Field trips or tours
- Individuals
- Bricks and mortar capital or capital improvement projects

- Activities or organizations associated with the use of alcohol or tobacco

Non-Discrimination Verification

Kaiser Permanente has an unwavering commitment to equal access and opportunity for all persons. Organizations applying for funding will be required to attest that they do not discriminate on the basis of race, color, religious creed, national origin, age, sex, marital status, sexual orientation, gender identity, handicap, disability, medical condition, or veteran status either in their employment or their service policies and practices.

Conflict of Interest

Kaiser Permanente asks each organization requesting a contribution to disclose any relationships with Kaiser Permanente that may be, or appear to be, a conflict of interest. Such relationships do not necessarily prohibit an organization from receiving a contribution, however, they must be disclosed.

B. Funding Guidelines

Each applicant may submit only one application. Each applicant must also meet all the eligibility requirements or the application will not be reviewed.

The following funding guidelines apply to applicants of this RFP:

- Colorado-based public school districts or school district foundations may apply for a total funding amount up to \$300,000 (\$100,000/year for three years)
- Schools with grade levels from Early Childhood Education Centers to Grade 12 are eligible to be one of the three schools selected in a school district
- Applicants that request more than 50 percent of salary and benefits for an individual FTE must articulate within their proposal and budget narrative if the position is a temporary position or if the organization plans to sustain the position and/or work post-grant
- Applicants must include travel expenses at an amount of \$5,000/year in their budget template and budget narrative to attend required grantee meetings and professional learning community convenings
- Kaiser Permanente will consider funding administrative/operating costs relevant to the proposed project OR indirect costs of 10 percent or less of total salaries and benefits—not both
- Applicants are encouraged to allocate funds to cover substitute teacher costs to ensure teachers and staff can attend required professional learning community convenings and school-level trainings
- Applicants are encouraged to allocate a minimum of 10 percent of the overall budget request toward data collection efforts (in addition, an external

evaluation team will be contracted and paid for by Kaiser Permanente to partner with the districts in data collection requirements)

Kaiser Permanente provides general guidance for organizations when developing the proposal budget and budget narrative. [Click here](#) for guidance information.

3. Grantee Requirements

A. Accountability Requirements

Each grantee will be required to:

- Sign and agree to the terms within the grant agreement
- Sign and agree to a data-sharing agreement with the external evaluation team
- Submit annual progress reports and one final report throughout the term of the grant, including financial information (see Reporting Requirements section for specifics)
- Attend and participate in a grantee kick-off meeting
- Select a team of seven to ten people to attend and participate in nine full-day required professional learning community convenings, including making staff and teachers available to attend
- Select and assign one to two key staff responsible for grants management and/or evaluation to attend up to nine half-day grantee cohort meetings; the cohort meetings will follow the professional learning community convenings
- Attend and participate in school-level trainings, including making staff and teachers available to attend
- Participate in evaluation efforts specific to this funding opportunity, including data collection and data sharing agreements
- Participate in a District and Schools Needs Assessment to gather baseline data
- Participate in the Colorado Healthy Schools Smart Source survey and the Healthy Kids Colorado survey

B. Reporting Requirements

Grantees will be required to provide Kaiser Permanente with two progress reports and one final report throughout the term of the grant. Grant reports will be due on September 15, 2018, September 15, 2019, and September 30, 2020. Each report should include:

- Progress made toward stated goals and activities within the proposal and project plan
- Progress toward evaluating the impact of the grant

- Significant successes and challenges the organization experienced in implementation
- Lessons learned as result of successes and challenges and any changes or course correction that will be made based on lessons learned
- A budget narrative that explains expenditures to date, variances over 5 percent from the total grant budget, and any anticipated changes to expenditures
- A budget template that shows expenditures to date compared to the approved budget for the grant and anticipated expenses for the upcoming grant year

C. Evaluation Requirements

Grantees will be required to collect and provide data to external evaluators throughout the grant period. Kaiser Permanente will contract with external evaluators to conduct a thorough evaluation of this funding opportunity. All grantees will be required to work with the external evaluation team and participate in the following evaluation activities (as appropriate for the strategies being implemented).

- Provide evidence of data-based decision making (e.g., school-level data-based decision making plan) and sample documentation that demonstrates how data were used (e.g., meeting minutes, changes in policy, procedure or practice)
- Participate in annual surveys of principals, teachers, and project coordinators
- Provide annual school disciplinary data for suspensions, expulsions, and referral data (by type of referral)
- Provide student-level state assessment data
- Share new and revised policies and procedures for trauma informed practices
- Support teachers and parents to participate in focus groups (i.e., schools will encourage teacher and parent participation and help facilitate securing participants)
- Implement a school climate/culture survey of students to address physical, psychological, and emotional safety at school and also the degree to which students are involved in creating a school climate that increases a sense of belonging and connectedness

Additionally, all grantees must participate in the [Colorado Healthy Schools Smart Source](#) survey and the [Healthy Kids Colorado survey](#) and share data with the contracted external evaluation team. Data sharing agreements will be established that ensure the proper handling and security of data. Data will be de-identified to protect students, staff, and community members.

D. Required Professional Learning Community (PLC) Convenings

Over the three-year grant cycle, grantee district teams of seven to ten people will be required to attend nine required, full-day PLC convenings (three convenings per year). The convenings will provide an opportunity for teams from all grantee districts to come together as a community for one-on-one technical assistance, full group professional learning, and networking. These convenings will be facilitated by an experienced external technical assistance provider who will offer:

- Focused opportunity for grantees to learn from one another
- Troubleshooting of barriers or challenges that arise
- Access to subject matter experts and community resources
- Development and refinement of district and school action plans

One to two key staff from each district, including the project/grant manager for each district, will also be required to attend a half-day grantee cohort meeting following the professional learning community convening. These half-days will discuss evaluation, reporting, and grant management requirements.

E. Additional Kaiser Permanente Resources

Kaiser Permanente views grantees as partners and will provide ongoing support to help ensure each grantee's success. As a partner, we will provide and/or contract to provide:

- **Technical Assistance**
 - Offer one customized all-staff training for each target school from an experienced technical assistance provider
 - Offer a series of optional webinars with experts in the fields of social emotional learning and behavioral health
 - Coordinate nine full-day professional learning convenings for the duration of the grant (three convenings per year over the three-year grant cycle)
 - Offer scheduling preference for schools in grantee districts for social/emotional wellness programming provided in-kind by Kaiser Permanente's Arts Integrated Resources (AIR) team
- **Evaluation assistance**
 - Assist in data collection for each selected strategy
 - Assist in understanding evaluation results
 - Opportunities to co-present with Kaiser Permanente regarding results of this funding opportunity
 - Assist with review of press releases, media inquiries and communications about results

4. Proposal Submission

A. Electronic Application Process

Phase 1: Letter of Intent.

Applicants must submit a **Letter of Intent by September 30, 2016** using the Kaiser Permanente online application process. Emailed, mailed, or faxed letters will not be accepted nor entered into the review process. **See Appendix A** for all information that must be included within the Letter of Intent.

Please review the tips on the main page of the online form before beginning a Letter of Intent. Follow these instructions:

1. [Click here](#) to access the instructions to submit a Letter of Intent
2. For new users, create a new account with an email address and password (or sign in using an existing email and password)
3. Complete the online application
4. Select review to preview the completed application
5. Select submit after reviewing the completed application

Only one account should be created per organization. If multiple individuals need to access this account, share the Account ID (email address) and password with those individuals.

Letters of Intent will be considered for review if submitted electronically by **September 30, 2016 at 5:00 p.m. MT**. Letters of Intent will not be accepted by fax, nor will the submission deadline be extended. Applicants that do not meet the deadline will be considered non-responsive and will not be entered into the review process. Once the Letter of Intent is submitted into the online grant application system the system does not allow the applicant to make changes or edits. It is recommended that applicants allow enough time to account for any potential technical issues when submitting.

Phase 2: Full Proposal.

Applicants will be notified via email by October 31, 2016 if they are invited to submit a full proposal. Applicants must receive an invitation in order to submit a full proposal. Full proposals must be submitted using Kaiser Permanente's online application process by **November 30, 2016 at 5:00p.m. MT**. Emailed, mailed, or faxed letters will not be accepted nor entered into the review process. **See Appendix B** for information that must be included in the full proposal.

Phase 3: In-Person Interview.

Applicants will be required to participate in an in-person interview with members of the selection committee as part of the application process. Interviews will take place

December 5-9, 2016. Interviews will be scheduled with applicants at the time they are notified of their invitation to submit a full proposal.

B. Review Process

- 1) Letters of Intent will be reviewed and evaluated by a panel convened by Kaiser Permanente Colorado staff. Each letter of intent will be scored and ranked based on the weights within the Letter of Intent guidance document. **Applicants will be notified via email as to whether or not they receive an invitation to submit a full proposal by October 31, 2016.** Instructions on how to submit a full proposal will be included in the notification email. The email will also provide time slots that the applicant can select from to schedule an in-person interview.
- 2) **Full proposals are due November 30, 2016.** Full proposals will receive two reviews: during the first review, each application will be scored and ranked based on the weights within the Project Narrative Guidance document. The top applications will then be reviewed as a group to ensure alignment with the objectives and outcomes of the RFP, geographic and population diversity, and a balanced cohort of grantees.
- 3) **Interviews will take place December 5-9, 2016.** The purpose of the interview is for the applicant to demonstrate their level of readiness to engage in implementation and evaluation of the selected outcomes and strategies, in addition to articulating what is written in the full proposal. Selected applicants will be encouraged to invite key partners and stakeholders. To assess readiness, Kaiser Permanente will ask applicants to discuss why they think they will be successful in three (3) years. This includes discussing how the work aligns with the district's current focus areas and any previous work toward achieving selected outcomes of this funding opportunity. The interviews are not scored. Interviewers will provide comments on any questions they have about the applicant. Interviewer comments will weigh into the final selection process.
- 4) **Applicants will be notified via email of final funding decisions by March 31, 2017.**

C. Technical Support

Technical assistance questions regarding the electronic application submission can be emailed to: co-contributions@kp.org.

5. Appendices

The following appendices are provided:

- Appendix A: Letter of Intent Application: Required Information and Questions
- Appendix B: Full Proposal Application: Required Information and Questions
- Appendix C: Glossary of Terms

- Appendix D: Strategy Chart with Definitions, Rationale, Activity Examples, and Resources
- Appendix E: Resource Guide

Appendix A: Letter of Intent Application: Required Information and Questions

Applicants that submit a Letter of Intent will be asked to provide the information below. The [online application](#) includes both questions that applicants must complete within the online system as well as required documents that are uploaded.

Organization Information

1. Tax Status Information
 - Organization's Legal Name
 - Organization's Tax ID #
 - Organization's Name
 - Organization's Year Founded
2. Organization's Mailing Address
3. Organization's Fiscal Sponsor/Agent Information (if applicable)
4. Organization's Lead Contact Information
5. Project Contact Information (may be same as lead contact)

Conflict of Interest and Nondiscrimination

1. Do any Kaiser Permanente executives, managers, directors, physicians, or other employees or their family members:
 - Serve as a board member, director, officer, manager, employee or fiduciary agent of the organization;
 - Have a compensation arrangement or financial interest with the organization; or
 - Hold any position of substantial influence with respect to the organization?
2. Does a Member of Congress, Executive Branch Official, State Official, or their staff:
 - Serve as a board member, director, officer, manager, employee or fiduciary agent of the organization; or
 - Have a compensation arrangement or financial interest with the organization; or
 - Hold any position of substantial influence with respect to the organization?
3. Would any portion of this contribution be used to honor or recognize the achievements of a Member of Congress, Executive Branch Official, State Official, or their staff?
4. Does the organization have a political action committee (PAC) or committee on political education (COPE)?
5. The organization applying for a contribution does not discriminate on the basis of sex, age, economic status, educational background, race, color, ancestry, national origin, sexual orientation, gender identity, marital status, physical or mental disability

in their programs, services, policies, hiring practices, and administration. Additionally, the organization affirms that it is not affiliated with or actively involved with terrorist activities. Does the organization comply with the statement above?

6. For a religious or faith-based organization, would the proceeds be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?

Letter of Intent Questions

The Letter of Intent must be **2,000 words or less** (double-spaced, Times New Roman, 12pt font) and address the following sections:

1. Name of applying district (not included in word count)
2. Total amount of funding requested over three (3) year period (not included in word count)
3. Brief description of the district's current focus areas or comprehensive wellness plan and how this funding opportunity aligns with those focus areas (250 words or less)
4. Names and location of the three selected target schools and rationale for why they were selected (250 words or less)
5. The outcome(s) and strategies the district has selected from the funding opportunity (500 words or less)
6. Description of the district's current level of readiness to achieve the objectives of this funding opportunity, including community partners or district/school champions already engaged, previous work on the selected outcomes, and existing data that supports the need (500 words or less)
7. Explanation of what success will look like for the district in three years if the selected strategies of this funding opportunity are achieved (250 words or less)
8. Brief description of any anticipated barriers that might be encountered and strategies to overcome those barriers (250 words or less)

Required Attachments

1. IRS Determination Letter
 - a. Public school districts may submit a signed copy of the following statement on district letterhead: This organization is established as a public school district pursuant to Colorado Revised Statutes. The district is a political subdivision of the state and as such has federal exempt status under Section 170 of the Internal Revenue Code.
2. Board of Directors List; please note that the organizational affiliation and term of each Director is **required**
3. Most recent audited financial statements/organizational financial audit



4. Most recent organizational budget
5. Most recently filed IRS 990 Form
6. [Letter of Intent](#)
7. *Optional:* Fiscal Sponsor/Agent Agreement

Appendix B: Full Proposal Application: Required Information and Questions

Applicants that are **invited** to submit full proposals will be asked to provide the information below. The online application includes both questions that applicants must complete within the online system as well as required documents that are uploaded, including the project narrative.

Project Demographics and Kaiser Permanente Involvement

1. Proposal Funding Amount Requested
2. Total Project Budget
3. Organization Annual Operating Budget
4. Anticipated Direct Reach
5. Anticipated Indirect Reach
6. Age Group Served (drop-down menu)
7. Ethnicity/Ethnicities Served (drop-down menu)
8. County/Counties Served (drop-down menu)
9. What visibility would Kaiser Permanente receive from the organization as a result of funding this proposal?
10. Include the name and title of Kaiser Permanente employees or business units engaged with the organization or project, and how they are engaged

Required Attachments

1. Most recent organizational balance sheet (statement of financial position)
2. Most recent organizational income statement (statement of activities)
3. [Project Narrative](#)
4. [Project Plan \(template provided by Kaiser Permanente\)](#)
5. [Project Budget \(template provided by Kaiser Permanente\)](#)
6. [Project Budget Narrative](#)
7. *Optional:* Letters of Collaboration (as applicable to the project/program)

Project Narrative Questions

Applicants should complete the following questions in a word document and upload the document to their application. The project narrative should be no more than 12 double-spaced pages using Times New Roman 12 point font with one inch margins on all four sides of the pages.

1. Executive Summary (1 page or less, not scored)

Applicants must provide an executive summary of the project/program being proposed. The executive summary should provide a clear summary overview of the project, including:

- The goal(s) of the project, demonstrating how the district will approach the issue or opportunity
- The identified outcomes and strategies listed in this RFP that the project would address
- The amount the district is requesting and an overview of how the funds will be used
- The target schools and why they were selected
- The expected number of people directly served (staff, teachers, students, and families)

2. District Background (5 points, 1 page or less)

Provide information about the district and selected target schools that will help the review committee understand how the applicant is suited for the proposed project, including:

- The district's mission
- The year founded, history, and purpose of the district
- Significant recent accomplishments, awards, and/or recognition
- The district's current goals and programs
- Why the district is best suited to respond to this RFP
- Other information that would help Kaiser Permanente to assess the district's infrastructure and capacity to implement the proposed strategies

3. District Readiness (10 points, 2 pages or less)

Provide information about the district's readiness and commitment to achieving the selected outcomes and strategies of the funding opportunity, including:

- Identified gaps in infrastructure or supports needed
- Leadership involvement and buy-in
- Agreement to complete a district and community readiness assessment
- Experience in supporting teachers and staff in maintaining their own mental health including vicarious trauma and stress management
- Specific qualifications of school staff and/or community staff who would work on the strategies selected
- Description of Multi-Tiered System of Supports (MTSS) elements that are already in place in the district
- Articulation of how the selected strategies leverage current efforts within a more comprehensive wellness plan

4. Approach (total of 35 points, 5 pages or less)

Problem Statement (5 points)

Provide information about the problem to be addressed through this funding opportunity, including relevant quantitative and qualitative data within their community, school district, and targeted schools. Applicants must describe data relative to social/emotional wellness and behavioral health for the schools served through the strategies. Data must help reviewers understand how the applicant's proposal addresses the outcomes of the funding opportunity.

Goal (5 points)

Describe specifically how their proposed project will address the goal of creating a Thriving Schools community that supports teachers and staff to promote social/emotional wellness and address behavioral health within school districts to improve learning outcomes for every student. The timetable to achieve a long term goal usually extends beyond the scope of an individual project.

Outcomes and Objectives (10 points)

Clearly identify the outcomes the work will achieve. Objectives outline what the project hopes to accomplish to achieve the outcome(s). In addition to the project outcomes required by Kaiser Permanente, applicants should include any additional outcomes they anticipate. This section should align with the project plan and address how outcomes will be measured.

Strategies and Activities (15 points)

Provide a clear and concise description of the strategies and activities that will be employed to achieve the project outcomes. Applicants must use and identify which of the strategies from the funding opportunity they intend to implement. Applicants must articulate how the district's strategies and activities are focused on changing systems, policies, and environments to create a broad and sustained impact.

5. Evaluation (15 points, 1 page or less)

Evaluation helps demonstrate achievement of project/program outcomes, build a stronger evidence base for specific project/program strategies, clarify applicability of the evidence base to different populations, and inform project/program improvement. Applicants must provide information about the district's approach to evaluation and how the schools will partner with external evaluators to measure impact. This includes:

- The district's commitment to data collection and analysis at all levels (school staff, teachers, and students and their families at the school and school district level)
- The district's history of participating in statewide school health data evaluation efforts, particularly Healthy Kids Colorado survey and Smart Source
- How key project/program partners or collaborators will be engaged in the evaluation
- How evaluation findings will be used for continuous project/program improvement

6. Cost Effectiveness (10 points, 1 page or less)

Describe how the proposed project is an efficient and cost-effective use of funds. This may include determining the cost per school, student, and/or staff and teachers. The budget should be appropriate to the scope of work.

7. Sustainability Plan (10 points, 1 page or less)

Explain how the district would sustain the proposed project after the grant period and how the district would support continuous quality improvement efforts over time. This includes:

- The strategies the district will employ during and after the grant period to support the continuation of project activities and best practices
- The district's plans to fund project continuation after the grant ends. If the applicant is requesting funding for a non-temporary position, the applicant must address how they will sustain the position after the grant period

8. Attachment: Project Plan (15 points)

The project plan is included in the overall scoring of the application but is a separate [template](#) that applicants must complete and upload in the online application system. Do not include the project plan in the narrative document.

Appendix C: Glossary of Terms

Adverse Childhood Experiences (ACEs): a traumatic experience in a person's life occurring before the age of 18, such as abuse and household dysfunction in childhood that impact adult outcomes of disease, life quality, care utilization and mortality.¹

Behavioral Health: a general term used to refer to both mental health and substance use.²

Behavioral Health Professionals: therapists from the Community Mental Health Center (CMHC), School-Based Health Center (SBHC), or other children- and adolescent-serving behavioral health practice. *School behavioral health professionals* include school psychologists, school social workers, and school counselors.³

Mental health: a state of well-being in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively, and is able to make a contribution to her or his community.⁴

Mindfulness: maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment.⁵

Multi-Tiered System of Support (MTSS): a whole school, data-driven, prevention-based framework for improving learning outcomes for every student through a layered continuum of evidence-based practices and systems.⁶

Positive Youth Development (PYD): an evidence-based approach that guides communities and organizations in the way that they organize services, opportunities, and supports so that all youth can be engaged and reach their full potential. PYD develops skills, opportunities, and authentic relationships to create programs, practices, and policies. These skills, opportunities, and authentic relationships are guided by the following five principles: strength-based, inclusive, youth as partners, collaborative, and sustainable.⁷

Resiliency: the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress—such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences.⁸

¹ <http://www.centerforyouthwellness.org/adverse-childhood-experiences-aces/>

² Substance Abuse and Mental Health Services Administration

³ Colorado Framework for School Behavioral Health Services <http://www.coloradoinitiative.org/wp-content/uploads/2014/07/Colorado-Framework-for-Behavioral-Health-updated-links.pdf>

⁴ World Health Organization

⁵ <http://greatergood.berkeley.edu/topic/mindfulness/definition>

⁶ <http://www.coloradoinitiative.org/wp-content/uploads/2014/07/Colorado-Framework-for-Behavioral-Health-updated-links.pdf>

⁷ Colorado Department of Public Health and Environment: Positive [Youth Development definition and tool kit](https://www.colorado.gov/pacific/cdphe/positive-youth-development).
<https://www.colorado.gov/pacific/cdphe/positive-youth-development>

⁸ American Psychological Association: The Road to Resilience. <http://www.apa.org/helpcenter/road-resilience.aspx>

School climate: a broad, multifaceted concept that involves many aspects of the student's educational experience. A positive school climate is the product of a school's attention to fostering safety, to promoting a supportive academic, disciplinary, and physical environment, and to encouraging and maintaining respectful, trusting, and caring relationships throughout the school community.

Social and Emotional School Climate: the psychosocial aspects of students' educational experience that influence their social and emotional development. A positive social and emotional school climate is conducive to effective teaching and learning and promotes health, growth, and development by providing a safe/supportive learning environment.⁹

Social Emotional Wellness: self-awareness; recognizing one's emotions and values as well as one's strengths and limitations, Self-management; managing emotions and behaviors to achieve one's goals, Social awareness; showing understanding and empathy for others, relationship skills; forming positive relationships, working in teams, dealing effectively with conflict and Responsible Decision-making, making ethical, constructive choices about personal and social behavior.¹⁰

Student Behavioral Health: includes the social, emotional, and mental health needs as well as the substance abuse behaviors of students.¹¹

Trauma-sensitive (Trauma-informed) school: a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being.¹²

Vicarious Trauma: the emotional residue of exposure that those in professional settings, such as counselors and teachers, have from working with people as they are hearing their trauma and become witnesses to the pain, fear, and terror that trauma survivors have endured.¹³ It is the process of change that happens because one cares about other people who have been hurt, and feels committed or responsible to helping them.¹⁴

⁹ Centers for Disease Control and Prevention

¹⁰ The Collaborative for Academic, Social, and Emotional Learning: <http://www.casel.org/>

¹¹ Colorado Framework for School Behavioral Health Services <http://www.coloradoedinitiative.org/wp-content/uploads/2014/07/Colorado-Framework-for-Behavioral-Health-updated-links.pdf>

¹² Lesley University, 2012. <http://www.lesley.edu/center/special-education/trauma-and-learning/>

¹³ American Counseling Association. <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2>

¹⁴ *Understanding and Addressing Vicarious Trauma* Dr. Laurie Anne Pearlman and Lisa McKay (2008), Headington Institute. http://www.headington-institute.org/files/vicarious-trauma-handout_85433.pdf

Youth Mental Health First Aid: a training course designed to teach lay people methods of assisting a young person who may be in the early stages of developing a mental health problem or in a mental health crisis. It is designed for members of the public who have frequent contact with youth and young adults such as parents, school staff, coaches, and youth workers/volunteers. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan on how to help youth in both crisis and non-crisis situations.¹⁵

¹⁵ *Youth Mental Health First Aide USA for Adults Assisting Young People*, Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare (2012) www.MentalHealthFirstAid.org

Appendix D: Strategy chart including definition, rationale, intervention examples, and resources.

Strategy	Definition	Rationale	Activity Examples	Resources
1. Use of data-based decision making to examine the interaction between behavioral health outcomes & learning outcomes, such as suspension rates, academic achievement, & discipline referrals to inform what changes need to be made to ensure policies and practices are trauma-sensitive and culturally-responsive	"A trauma sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being" (Lesley University and Massachusetts Advocates for Children, 2012).	<p>Institutionalizing a school-wide approach to support the social emotional learning of all students creates trauma-sensitive and culturally responsive schools leading to emotionally balanced youth.</p> <p>Health Education programs that address social, emotional and behavioral health issues help to create trauma-sensitive schools and emotionally balanced youth.</p>	<p>Revising the discipline policy to be less punitive keeps more students in school and should be focused on getting the right supports to each student. Implementing a revised policy requires activities such as: improving data collection systems; training teachers and administrators (principals and assistant principals) on new processes and consistent enforcement of rules; and setting up teams to help identify root causes of undesired behavior in order to match the best possible supports.</p> <p>Use of Smart Source data to determine where there are gaps in behavioral health needs and trauma-sensitive policies (such as school-wide Positive Behavioral Interventions and Supports)</p>	<p>The Colorado Education Initiative offers a video highlighting a district that implemented systemic, strategic and coordinated approaches to creating healthy and engaging learning environments that support instruction, align with current policy goals and improve student outcomes. There is also a tab to select sample policies http://www.coloradoeducation.org/our-work/health-wellness/healthy-schools/</p> <p>The mission of the Center for School Mental Health (CSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. Visit http://csmh.umaryland.edu/ to view policy briefs.</p>
2. Increase parent, guardian, youth, and community voice in the assessment, development, implementation and/or evaluation of strategies to address social/emotional wellness programs.	The collaboration of families, schools, and communities as active partners in improving learner, classroom, school, district, and state outcomes.	<p>When families, schools, and communities work together, students are more successful.</p> <p>Effective partnerships include establishing and sustaining trusting relationships, engaging in collaborative</p>	<p>Engage families in a variety of ways to ensure participation in the social/emotional wellness offerings of the school.</p> <p>Engage students by obtaining their input and co-creating policies and practices will ensure that</p>	Family-School-Community Partnerships – See Building Bridges Resource on family-driven care and script for calling parents, "On the Team and At the Table" family partnering toolkit and Colorado's State Advisory Council for

Strategy	Definition	Rationale	Activity Examples	Resources
		<p>problem-solving, coordinated learning at home, school and the community, and using data.</p>	<p>students participate in the health and wellness offerings of the school, especially those offerings centered on mental health and school climate.</p>	<p>Parent Involvement in Education offers Family, School, and Community Partnering Resources: https://www.cde.state.co.us/sacpie/sacpiesuggestedfamilyschoolfamilypartnershipresources81513</p> <p>Working Together: School, Family, and Community Partnerships. The Toolkit offers materials for schools and families to use in improving communication, forming trusting relationships, and skills necessary to build better partnerships among schools, communities, and families. http://www.cesdp.nhu.edu/toolkit/index.asp</p>
<p>3. Intentional efforts to reduce the stigma around mental health issues.</p>	<p>Research identifies three types of mental health stigma (Corrigan & O’Shaughnessy, 2007): self-stigma, societal stigma, and structural stigma</p>	<p>“The Surgeon General identified the stigma surrounding mental illness as one of the primary reasons that individuals and families don’t seek help” (U.S. Public Health Service, 1999 from SAMHSA, 2011, Realizing the Promise of the Whole School Child Approach)</p> <p>Mental Health First Aid is listed on the Substance Abuse Mental Health Services Administration’s National Registry of</p>	<p>Youth Mental Health First Aid is a public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and most importantly – teaches individuals how to recognize, assess and help a youth in crisis or experiencing a mental health or substance use challenge. Having all staff,</p>	<p>Select a district champion to become a Mental Health First Aid trainer and use the train the trainer model by schools/departments http://www.mentalhealthfirstaid.org/cs/become-an-instructor/</p> <p>The Substance Abuse and Mental Health Services Administration (SAMHSA) also created a toolkit to launch an initiative to reduce mental health stigma</p>

Strategy	Definition	Rationale	Activity Examples	Resources
		Evidence-based Programs and Practices.	including administration and facilities staff trained in Youth Mental Health First Aid so that there is saturation within the school environment regarding the importance of addressing mental health is one way school districts could choose to address mental health stigma.	http://store.samhsa.gov/shin/content/SMA06-6-4176/SMA06-4176.pdf The Arts Integrated Resources department at Kaiser Permanente offers a free workshop to reduce mental health stigma for grades 2-6 called, "People Like Vince." This program is free resource.
4. Improve positive school culture and climate using principles of Positive Youth Development.	<p>School culture refers to the beliefs, perceptions, relationships, attitudes and written and unwritten rules that shape and influence how a school functions, thus affecting a student's physical and emotional safety.</p> <p>School climate refers to patterns of people's experiences in school life: it reflects the norms, goals, values, interpersonal relationships, teaching, learning, and leadership practices, as well as the organizational structure that comprise school life.</p>	"Research shows a correlation between positive school climate and reduced bullying and other risk behaviors as well as increases in attendance, school engagement, student academic performance, and graduation." (CEI, Transforming School Climate Toolkit, 2013).	<p>Create student-led clubs to instill a safe and welcoming environment – includes gender and sexually diverse students and staff</p> <p>Conduct trainings for staff on effective ways to respond to harassment and bullying</p> <p>Adopt policies that prevent harassment and bullying to increase feelings of belonging/connectedness among students (and possibly families, teachers and staff).</p>	<p>CEI has listed multiple ways to transform school climate and one includes using youth as change agents: http://www.coloradoeducation.org/resources/innovative-approaches-school-climate-using-students-agents-change/</p> <p>CEI also has a toolkit: Transforming School Climate: http://www.coloradoeducation.org/resources/transforming-school-climate-toolkit/</p>
5. Promote teacher and staff self-care and social/emotional wellness professional learning opportunities to combat burnout, compassion fatigue, and vicarious trauma.	Self-care includes any intentional actions one takes to care for one's physical, mental and emotional health.	The mental wellness of educators impacts their effectiveness as teachers and can cause undesired reactions to student behaviors or other pressures of the job. While a majority of funding sources only focus on the students, KP has decided to include a focus on	Online, the CDE provides videos, webinars, PowerPoint trainings, and resources for staff related to each component of MTSS. Sample interventions that KP will be promoting is: <ul style="list-style-type: none"> • Stress reduction courses 	<p>Our Arts Integrated Resources team is trained to provide programs related to compassion fatigue and adding laughter into your day.</p> <p>KP HealthWorks teams can help set goals related to compassion fatigue such as: partaking in</p>

Strategy	Definition	Rationale	Activity Examples	Resources
		<p>supports for educators. KP is a medical carrier for many school districts and can bring additional assets for employee health and wellness.</p>	<ul style="list-style-type: none"> • Mindfulness workshops • Classroom Management trainings 	<p>physical fitness, ensuring adequate hydration, sleep and solitude time to rejuvenate. The Wellness Recovery Action Plan (WRAP) is an evidence based practice, originally designed for individuals with mental health issues, but now being used in a wide variety of situations. It works well in planning to counteract job stress. http://www.coloradomentalwellnessnetwork.org/education/wrap/</p>
<p>6. Provide coaching and trainings for leadership, staff, teachers, families, and students and on-site providers to recognize the signs and symptoms of trauma/Adverse Childhood Experiences</p>	<p>Staff professional development must address:</p> <ul style="list-style-type: none"> • Working w/in a comprehensive school behavioral health system • Creating trauma-sensitive & culturally-responsive schools • Understanding child & adolescent development • Promotion of staff self-care 	<p>When Florida implemented MTSS, they listed professional development as a critical component that is often overlooked. In their guide, it is written, "The implementation of MTSS involves the use of existing and new skill sets and practices. The implementation of MTSS will be facilitated by a strong system of professional development and support (technical assistance and coaching) and hindered significantly by the absence of such a system."</p>	<p>The CDE offers professional development trainings for MTSS. For example, this month the workshops offered by CDE are:</p> <ul style="list-style-type: none"> • "Family, School and Community Partnering" • "MTSS Implementation Workshop" 	<p>Illinois created a monthly Professional Development log for MTSS. In that log, a school district must track the mode (webinar, face-to-face, etc), duration, frequency, and participant roles of all professional development provided. The quantity and quality of the professional development will be tracked using this method.</p>

Appendix E: Resource Guide

1. Best practices guide to implement the Colorado Framework for School Behavioral Health Services' Multi-Tiered Systems of Support

<http://www.coloradoedinitiative.org/resources/social-emotional-mental-health-best-practices/>

2. Positive Youth Development definition and fact sheet

<https://www.colorado.gov/pacific/cdphe/positive-youth-development>

3. CASEL (Collaborative for Academic, Social, and Emotional Learning):

<http://www.casel.org/>

4. HEARTS (Healthy Environments and Response to Trauma in Schools):

http://coe.ucsf.edu/coe/spotlight/ucsf_hearts.html

5. Kidpower and teenpower (Skills for lifelong safety and confidence, including bullying prevention, abuse prevention and stranger safety)

<https://www.kidpower.org/>

6. LAEP (Los Angeles Education Partnership)

<http://www.laep.org/our-work/transform-schools/>

7. Cleveland metropolitan schools experience with investing in Social Emotional Learning investments 6 years later

<https://casel.squarespace.com/s/FRI-8-Gordon-CMSD-SEL-Update.pptx>

8. Youth Mental Health First Aid Course

<http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>

9. Curriculum to promote social, emotional and academic competence created by Invest in Kids which coordinates The Incredible Years

<http://incredibleyears.com/>