

Request for Applications

NCH School Health Learning Collaborative

Nationwide Children's Hospital Background

Nationwide Children's Hospital's (NCH) fundamental mission is to ensure that no child is refused care and attention for lack of ability to pay. Upon this fundamental belief, NCH is committed to providing the highest quality patient care; advocacy for children and families; pediatric research; education of patients, families and future providers; and outstanding service to accommodate the needs of patients and families. As an extension of the organization's mission, NCH's School Health Services Program, in collaboration with NCH Behavioral Health, is committed to improving pediatric outcomes by expanding access to comprehensive physical and behavioral health and wellness services through school-based care. A primary goal of NCH's work with schools is to eliminate nonacademic barriers to learning through the connection of students and families to well-coordinated, integrated systems of care, high quality health education and additional community resources.

Project Overview

Physically and emotionally healthy children are more likely to achieve academic success as they experience fewer school absences and are better able to focus and learn while in school. Students who regularly attend school earn higher grades, score higher on standardized tests, and are more likely to graduate high school. Given this inextricable link between health and education, school-based health initiatives help ensure students are in school, healthy and ready to learn through partnerships between schools and districts and health care providers. Providers deliver primary care, behavioral health and wellness services to children and youth in schools where they often spend the majority of their time.

Promising outcomes associated with robust school health partnerships have garnered support from state organizations, funders and other stakeholders interested in leveraging integrated systems of school-based care to address critical disparities among Ohio's children and youth.

NCH's School Health Services Team, in collaboration with NCH Behavioral Health, is supporting capacity-building among providers across the state to ensure that sustainable school health partnerships are actualized in areas with demonstrated need. NCH is requesting applications from primary care providers interested in expanding access to comprehensive health and wellness services by establishing well-coordinated, integrated systems of school-based care. Over the award period participants will:

1. Develop sustainable, integrated strategies to meet the needs of the whole child; and
2. Increase access to the continuum of school-based care from prevention to treatment.

Note: NCH will provide professional development, technical assistance and funding over the award period to awardees. Applicants will be responsible for providing healthcare services in their respective communities.

Integrated Systems of School-Based Care

Integrated systems of care aim to improve patient care through improved coordination of services. Integrated systems support a patient- and family-centered approach and require cooperation among

provider types to support patient access to comprehensive services across a continuum. In a school-based context, integration extends beyond solely healthcare providers to the school community as well. In high functioning school-based integrated systems of care, school and district staff and administrators are involved in teaming to support a student-centered approach to care. These systems result in high quality outcomes for patients/students and support the efficiency and viability of healthcare providers. This project will support primary care and behavioral health providers, schools and districts and other partner organizations develop well-organized, integrated systems of school-based care that can be sustained beyond the award period.

Whole Child Approach

A whole child approach to education broadens school and district focus beyond academics to include meeting students' physical, behavioral and social and emotional health needs and challenging educators to partner with families and communities to create social and physical environments that allow children to thrive. The tenets of a whole child framework mirror the key areas of the social determinants of health framework. This project aims to address these tenets to ensure the breadth of students' non-academic needs are met. For additional context, you may refer to [Ohio's Whole Child Framework](#) or the [Whole School, Whole Community, Whole Child \(WSCC\) model](#) developed by the Centers for Disease Control and Prevention (CDC) and Association for Supervision and Curriculum (ASCD).

Project Activities

Project activities are divided into two phases. Phase 1 activities and deliverables are described below:

Awardees will build a Whole Child Team alongside their partner school district(s). Whole Child Teams should include primary care providers, behavioral health providers, and school and district personnel. Representatives from other partner organizations that support students' non-academic needs may be included if applicable.

Whole Child Teams will participate in the NCH School Health Learning Collaborative (SHLC). The SHLC leverages Ohio's Whole Child Framework to support Whole Child Teams in strategic planning and professional development to meet the non-academic needs of each student. Upon completion of the SHLC, Whole Child Teams will have:

1. Assessed school and community need and identified existing services and gaps;
2. Developed a business and operational model for school-based care; and
3. Established Memoranda of Understanding (MOUs) and other relevant agreements.

Continuing education credits (CEU, CME) will be offered to behavioral health and primary care providers, if eligible, at no cost. All participants will receive attendance credits for each session of the SHLC.

Primary care providers will participate in one (1) round of Project ECHO to increase their knowledge, comfort and confidence in treating mental health issues. Project ECHO is an interactive, case-based, virtual learning collaborative offered over the lunch hour. Participants will engage in the general behavioral health program (eight, one-hour sessions). Additionally, NCH facilitators will guide primary care and behavioral health providers in designing models of care to include co-management and integrated strategies.

Upon completion of Phase 1 deliverables, Whole Child Teams will be eligible for up to \$100,000 of funding in Phase 2. Phase 2 activities and deliverables are described below:

Whole Child Teams will implement their business and operation plans to provide integrated primary care and behavioral health services at the participating school or district location.

Primary care providers will participate in two (2) additional rounds of Project ECHO to focus on critical issues facing children and youth including, but not limited to, substance abuse, gender identity, eating disorders, and autism (four to six, one-hour sessions per round). NCH facilitators will continue to guide primary care and behavioral health providers in designing models of care to include co-management and integrated strategies.

NCH Behavioral Health (NCHBH) will support behavioral health providers and school and district partners in implementing behavioral health prevention programming to help reduce the prevalence of mental health needs. NCHBH has a well-established track record of successfully implementing prevention programming on a large scale which includes a focus on achieving sustainability and local workforce development. NCHBH will provide training and support at no additional cost to providers or the school or district. Specifically:

Behavioral health providers will receive training and support to implement the Positive Parenting Program (Triple P), an evidence-based prevention program for parents. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing.

School and district partners will implement the Signs of Suicide® (SOS) Program, an evidence-based, school-based suicide prevention program for middle and high schools. The SOS program works to decrease suicide attempts by students; increase the ability of participants to identify signs and symptoms of depression and to respond in a way that keeps students safe; and encourage students to seek help for themselves or a friend.

NCHBH will work with schools and districts to identify and implement additional prevention programming aimed at improving school climate and students' social and emotional learning based on school and district needs.

Whole Child Teams will participate in regular meetings with NCH staff to develop an open referral and feedback system to facilitate collaborative models of care involving school staff, school and community providers and community agency staff.

Upon completion of Phase 2, awardees will submit a final project report.

Eligibility and Priority Criteria

Applicants must demonstrate specific criteria to be eligible for this funding opportunity. Eligible applicants may then be given priority based on additional criteria.

Applicants **must** demonstrate the following criteria to be eligible for this funding opportunity:

- Applicants must be a primary care provider, serving children and youth, that accepts Medicaid.

- Applicants must provide service to children and youth within Partners for Kid's (Central Ohio accountable care organization) 47-county region (see attached map).
- Applicants must have a demonstrated, bidirectional commitment to developing or enhancing a relationship with a school or district. If an interested applicant does not have a school or district partner, they can reach out to Anna Miller, School Health Services Outreach Project Manager, at anna.miller@nationwidechildrens.org for support in finding a school or district partner prior to the application deadline.

Note: The school or district partner must submit a letter of intent with the application indicating support for primary care services at the school and the willingness to collaborate on project work. If the school or district has an existing relationship with a behavioral health provider, applicants should also include a letter of support from the behavioral health provider. If the school or district does not have an existing relationship with a behavioral health provider, the applicant and school or district should commit to developing a relationship with a behavioral health provider over the course of the award period.

Applicants who meet all eligibility criteria mentioned above may demonstrate the following criteria to gain priority in the selection process:

- All eligible applicants shall plan to provide primary care services at their partnering school or district location if they do not already. Eligible applicants who may already provide primary care services in some capacity in a school setting and are interested in expanding their offerings are also encouraged to apply. Priority will be given to applicants based on the following delivery methods as defined by the National School-Based Health Alliance from traditional (highest value) to telehealth exclusive (lowest value):

Delivery Model	Traditional SBHCs	School-Linked SBHCs	Mobile SBHCs	Telehealth Exclusive
Location where a patient accesses care	A fixed site on school campus	A fixed site near school campus	Mobile van parked on or near school campus	A fixed site on school campus
Location where providers are delivering care	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	All primary care delivered remotely and other services may be available onsite or remotely

- Eligible applicants have selected a school or district partner with demonstrated need for relevant services.
- Eligible applicants have prioritized partnership with one school or district. Eligible applicants may apply to receive funding for partnership with more than one school or district, but priority will be given to a 1:1 provider to school-or-district ratio.
- Eligible applicants demonstrate an organizational commitment to health equity and advancing racial justice in healthcare.

Application Requirements

Section	Description	Maximum Length
Executive Summary	<ul style="list-style-type: none"> Provide application summary information including, contact information, request amount, and overview. 	1-page max
Background	<ul style="list-style-type: none"> Describe your organization. Include a description of any existing school-based primary care or behavioral health work. Describe the school or district you intend to serve, including student demographics (age range, race, ethnicity, and insurance status), district typography (urban, suburban, or rural), and any relevant education indicators. Describe the community, including current access to primary care and behavioral health services; access to other providers including, but not limited to vision and dental; and community demographics, such as population, race, ethnicity, and insurance status. 	1-page max
Community Need	<ul style="list-style-type: none"> Describe the local need for primary care and behavioral health services among school-age youth and how school-based care will help meet the population health needs in your community. Include any specific health care needs that have been identified in the school or district to date by staff, students, families and any available data sources. Identify barriers, challenges and any gaps in access to care. 	1-page max
Community Readiness and Engagement	<ul style="list-style-type: none"> Describe your organization's existing or planned family and community engagement efforts to support school-based care in the community you intend to serve. Describe your partner school or district's interest in school-based care. Identify school leadership and champions for school-based care. Identify existing school-based behavioral health providers. Identify other organizations in the community that may support this work. 	1-page max
Organization and Project Goals	<ul style="list-style-type: none"> Describe your organization's goals in completing project activities, recognizing that greater detail will be identified in Phase 1 of this project. Describe how project goals align with your organization's goals. Include any additional information on your organization's goals, metrics, or strategies that may be relevant to project activities and goals. 	1-page max
Budget and Sustainability	<ul style="list-style-type: none"> Propose a preliminary budget for use of funds (up to \$100,000) requested alongside any additional funding to support grant activities. Identify any matching or in-kind contributions from the applicant to be included in the overall project. Identify any other funding sources (foundations, corporations, etc.) and amounts that you may be pursuing. Label all sources as 	1-page max (not including tables)

	<p>“secured” if funding has been finalized or “in progress” if not yet secured.</p> <ul style="list-style-type: none"> Describe plan for sustainability of project work beyond the award period. 	
Other Supporting Documents	<p>Required: Include letter(s) of intent from school or district partner(s) indicating the following:</p> <ul style="list-style-type: none"> Support for primary care services at the school; Existing prevention work (PBIS, school climate, social and emotional learning); and The willingness to collaborate on primary care and behavioral health initiatives. <p>If Applicable: Include letter(s) of support of each partner other than the lead applicant and school or district. This includes any existing school-based behavioral health providers. Behavioral health providers should include existing prevention work, resources available for students, and willingness to collaborate with the primary care provider and school or district partner.</p>	Not included in page count.

Funds

Funding awards will be approved for an 18-month project period up to the amount of \$100,000. Funding will be granted to the primary care provider on the Whole Child Team upon completion of Phase 1.

Funds must be used to support the activities and strategies outlined in participants’ approved business and operational plans as developed in Phase 1 and refined over the award period. For example, funds may be used for expenses associated with school-based health center construction, purchase of equipment and programmatic salary support (funds cannot be used to cover the provision of care).

Teams should not include the costs of prevention programming in their budget outlines. Funding for the training and implementation of prevention programming is covered by NCH as part of participation. Award funds cannot be used for lobbying activities or political contributions. Awardees will be asked to provide records of expenditures.

Reporting Requirements

Grantees will be responsible for tracking and assessing academic and health data throughout the project period in collaboration with their Whole Child Team and with technical assistance from NCH. Examples of relevant measures may include:

- Established partnerships between schools, healthcare providers, and community partners
- Evidence of integrated, sustainable strategies that will address results of needs assessments
- Number of classrooms that participated in the Signs of Suicide program
- Number of providers that participated in Triple P training; number of parents that attend Triple P sessions
- School attendance, expulsions & suspensions
- Academic performance & achievement measures (e.g. kindergarten readiness assessment, English language arts proficiency, mathematics proficiency, on-time graduation rate)
- Standardized screening tool scores

- Healthcare provider participation in three (3) rounds of Project ECHO
- Student use of primary care & behavioral health services, pre/post
- Student compliance with needed medications, pre/post
- Primary care providers capacity to diagnose & treat mental illness
- Proficiency with strategies to manage patients with psycho-social interventions

Grantees will be required to submit progress and final project reports upon completion of Phase 1 and Phase 2.

Timeline

Date	Description
April 7, 2021	RFA Released
April 21, 2021	Potential grantees submit questions to NCH
April 28, 2021	NCH School Health Learning Collaborative Webinar, 1:00 p.m. Register now: NCH SHLC Webinar
May 21, 2021	Proposal due by 5:00pm via email
June 11, 2021	Notification of award selection
June 14, 2021	Phase 1 project period starts
March 7, 2022	Phase 2 project period starts, funds released
June 2023	Project period ends

Contact Information

Questions regarding this opportunity, as well as final applications, should be directed to Anna Miller, School Health Services Outreach Project Manager, at anna.miller@nationwidechildrenshospital.org.