

2001-14

DATE: June 15, 2001

DOCUMENT TITLE: Requirements for
School-Based Health Center Planning and
Capacity Development Grants

TO: Community Health Centers
Migrant Health Centers
Health Care for the Homeless Grantees
Public Housing Primary Care Grantees
Primary Care Associations
Primary Care Offices

Attached are the supplemental guidance and instructions for use with PHS 5161-1 application form and review criteria for the School-Based Health Center Planning and Capacity Development grants sponsored by the Healthy Schools, Healthy Communities Program for fiscal year 2001. Only currently funded entities under section 330 of the Public Health Service Act are eligible to apply.

Applications are due **July 25, 2001**, and awards will be made with effective dates of September 1, 2001. An original application including all required attachments plus 2 copies must be submitted to:

Health Resources and Services Administration
Grants Application Center
1815 Fort Meyer Drive, Suite 300
Arlington, VA 22209

An additional two copies (that totals 1 original plus 4 copies), although not required, will facilitate the review process.

The mission of the Bureau of Primary Health Care (BPHC) is to increase access to comprehensive primary and preventive health care and to improve the health status of underserved and vulnerable populations.® The BPHC is committed to the goal of 100 percent access to care for all underserved populations, including the estimated 14 million children in this country who do not have adequate access to affordable, comprehensive primary health care services. The BPHC is equally committed to the goal of eliminating health disparities between populations in this country. School-based health centers (SBHC) play a pivotal role in moving

BPHC Policy Information Notice 2001-14

toward these goals, through the provision of comprehensive primary and preventive health care services to underserved children, adolescents and their families.

The BPHC has placed an increased emphasis on **readiness** of an applicant to initiate delivery of comprehensive primary and preventive health care services. The goal of the SBHC planning and capacity development grant is for grant recipients to become fully prepared through the planning and capacity development process to offer a full range of required comprehensive primary and preventive health care, including oral health, mental health, substance abuse prevention, and enabling services in a school-based health center environment. The planning and capacity grant is not an operational grant; it does not support any type of service delivery, or patient care activities. Rather, it is intended to support activities of a planning process that will lead to establish SBHCs in accordance with community needs and consolidated health center program expectations (Policy Information Notice 98-23) to improve access to care.

The BPHC anticipates that it will fund approximately 15 one year planning and capacity development grants totaling approximately \$700,000 through this competition.

If you have any questions regarding the application and review process described in this Policy Information Notice, please contact LaVerne M. Green, Chief, Center for School-Based Health at (301) 594-4451 or e-mail at lgreen@hrsa.gov.

/s/

Marilyn Hughes Gaston, M.D.
Director, Bureau of Primary Health Care

Attachment

BPHC POLICY INFORMATION NOTICE: 2001-14

DATE: JUNE 15, 2001

**REQUIREMENT FOR SCHOOL-BASED HEALTH CENTER
PLANNING AND CAPACITY DEVELOPMENT GRANTS**

FISCAL YEAR 2001

**Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care
Center for School-Based Health**

CENTER FOR SCHOOL-BASED HEALTH

PLANNING AND CAPACITY DEVELOPMENT APPLICATION INSTRUCTIONS

FISCAL YEAR 2001

I. PURPOSE

This Policy Information Notice (PIN) provides information about a new funding opportunity for health center programs funded under section 330 of the Public Health Service (PHS) Act interested in developing new delivery sites in a school-based setting. This PIN includes a brief overview of the School-Based Health Center (SBHC) Planning and Capacity Development grants along with more detailed information on the fiscal year (FY) 2001 eligibility requirements, review criteria and awarding factors for proposals to develop full service SBHCs providing a system of comprehensive primary and preventive health care.

II. OVERVIEW AND ROLE OF SBHCs IN THE DELIVERY OF HEALTH CARE TO MEDICALLY UNDERSERVED CHILDREN, ADOLESCENTS AND THEIR FAMILIES

The SBHCs are a prominent part of the Health Resources and Services Administration's (HRSA) ongoing commitment to provide and expand the availability of and improve access to comprehensive primary and preventive health care services to underserved children, adolescents and their families. Grants made under the Consolidated Health Center Program have afforded over 200 public and private nonprofit community-based health care entities the opportunity to develop and operate a total of over 500 SBHCs. A SBHC is defined as a health center located in the school or on school grounds operating year round.

The Bureau of Primary Health Care (BPHC) embraces school-based health care as a valuable means to increase access to primary care and preventive services for youth and adolescents in high need communities. The SBHCs represent a collaborative relationship between community members, schools and health care providers. These providers share a common goal of providing comprehensive health care services, including ancillary and enabling services, that are part of an integrated delivery system that is culturally sensitive, age appropriate, family-oriented, and tailored to meet the specific needs of the community served. Placing services in schools assures more immediate access for students and their families and allows for ongoing communication and coordination with school personnel, on educational goals, student achievement and overall school and student wellness.

The goal of the SBHC planning and capacity development grant is for the grant recipient to become fully prepared, through the planning process, to offer a full range of required

comprehensive primary and preventive health care, oral and mental health, substance abuse prevention and enabling services.

The planning and capacity development grant is not an operational grant; it will not support any type of service delivery or patient care activities. Rather, it is intended to support activities of a planning and capacity development process that will lead to establish SBHCs in accordance with community needs and consolidated health center program expectations to improve access to care. Technical assistance on program design, third party reimbursement and other funding streams will be made available to grant recipients.

If Federal funding for operational grants becomes available, it is expected that SBHC planning and capacity development grantees would choose to apply for operational funding after their project period has ended. **In addition, the awarding of planning and capacity development grants does not obligate the Federal Government to support applicants for future operational funding under the Consolidated Health Center Program, including the Healthy Schools, Healthy Communities Program (HSHC).** The HSHC program provides direct funding under section 330 for the provision of comprehensive primary and preventive health care services, including mental health, oral health, ancillary and enabling services that will create a “full service” or “community school” model.

In FY 2001, it is anticipated that 15 planning and capacity development grants will be awarded under this initiative for a 1 year grant up to \$50,000. The anticipated new service delivery site must provide a full range of required comprehensive primary and preventive health care, oral and mental health and enabling services to a minimum of 1,000 users at the proposed school site. Funding preferences will be given to health centers that propose a school site in the neediest communities, with a large school population, with Medicaid Managed Care contracts, involving strong and established partnerships with Title I schools and with innovative funding arrangements for primary care, mental and oral health and enabling services. It is expected that the budgets presented will be reasonable and appropriate based on the scope of work to be provided and consistent with the business plan presented in the application. Only one application per organization will be accepted.

III. ELIGIBILITY CRITERIA

- A. Applicant must currently be funded under section 330 of the PHS Act.
- B. Applicant must target underserved, uninsured, low income populations in Medically Underserved Areas (MUA), Medically Underserved Populations (MUP) or Health Professional Shortage Areas (HPSA).
- C. Applicant cannot be a current HSHC grantee.

- D. Applicant has not operated a SBHC within the last 3 years.
- E. Applicant proposes a new school-based site where services are not currently provided and the new school-based site must be designated as a Title I school.
- F. Applicant is not designated as an “exceptional grantee” or on draw down restrictions at the time of application.
- G. Applicant is not currently the focus of an official investigation by any Office of a State or the Federal Government.

IV. ALLOWABLE PLANNING AND CAPACITY DEVELOPMENT ACTIVITIES

Types of activities supported by the Planning and Capacity Development Grant Program include, but are not limited to:

- identifying key stakeholders and engaging and coordinating potential partners in the planning process at the community, State and local government levels;
- establishing commitments from other health care entities, host school and school district for long-term viability (i.e., memorandum of agreements, space requirements, personnel, in-kind support, etc.)
- convening a formal advisory group to plan for the establishment of services and compliance with Federally Qualified Health Center governance requirements;
- conducting an in-depth assessment of the nature and extent of assets available to school-based health services in the community. This should include an assessment profile, an evaluation of the community’s service provider capacity, and a profile of the target population;
- securing a firm commitment for a school site where the school-based center would be located, based on receptivity of school administration, staff, parents, community, space availability and needs of student body;
- defining the components/standards of care and forming essential programmatic linkages with related providers in the community;
- identifying, establishing and strengthening clinical, administrative, managerial and management information system structures;

- researching funding sources and applying for non-Federal operational grants and in-kind support to increase financial sustainability of SBHCs and;
- examining existing SBHCs of similar communities in order to develop the most appropriate model of care for the community.

V. APPLICATION REVIEW PROCESS

Applications are due **July 25, 2001**. Applications will be reviewed for eligibility and completeness and those that have been determined to be ineligible or incomplete will be returned to the applicant. Late applications will be returned to the applicant. Applications will be considered complete if they include those items listed in the Application Format section of this document. Complete applications that meet the eligibility criteria presented in this document will be forwarded to an Objective Review Committee (ORC) for an assessment of the strength of the application. In some cases, validation of the ORC assessment may be necessary. In such a case the BPHC will then arrange for an on-site pre-award review prior to a final funding decision.

Grantees are encouraged to work closely with the appropriate Center for School-Based Health program staff and the BPHC Grants Management Office staff to prepare high quality applications.

VI. APPLICATION SUBMISSION

A signed original and two copies of the completed application should be sent to the:

HRSA Grants Application Center
1815 N Fort Meyer Drive Suite 300
Arlington, VA 22209
Phone: 1-877-HRSA-123
Fax: 1-877-HRSA-345
EMail : hrsagac@hrsa.gov

An additional two copies (that totals 1 original plus 4 copies), although not required, will facilitate the review process.

You should reference the Catalog of Federal Domestic Assistance (CFDA) number when you submit your application. The CFDA number for the HSHC Program is 93.151A.

VII. APPLICATION PREPARATION

These instructions for use with the PHS 5161-1 specify the format for the application and information/data for inclusion. Applicants must adhere to the following format and include the following application contents so that an objective and consistent review of all applications can be made. Applicants should focus this application on the planning and capacity development process under which they are applying. The body of the application will consist of a Project Abstract, Project Summary and Description, and Business Plan. Other supporting information should be placed in an Appendix Section.

1. Sequence and Page Limitations of the Application

Application components should be assembled as follows:

- PHS 5161-1 Face Sheet (SF 424)
- Form SF 424A, Sections A-F
- Table of Contents
- Project Abstract (Maximum 1 Page)
- Project Summary and Description (Maximum 10 Pages)
- Line Item Budget
- Budget Justification/Narrative (Maximum 2 Pages)
- Business Plan (Maximum 3 Pages)
- Appendices
- Signed Agreements

2. Applications and appendices must:

- be typed single-space in standard size black type (not to exceed 15 characters per inch) on 8 ½ x 11 paper that can be photocopied;
- be serially numbered starting with the SF 424 Face Sheet;
- have the applicant/grantee's name and/or Grant Number included on every page;
- use conventional border margins;
- use only one side of each page;
- secured with rubber bands or paper clips;
- not use spiral bound or glued binders;
- not have Photocopy Reductions;
- not have over-sized documents, posters, videotapes, cassette tapes or other materials which cannot be photocopied; and
- not uses color print or graphics.

Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be clear and readily legible. Computer-generated facsimiles may be substituted for any of the

forms provided in this packet. Such substitute forms should be printed in black ink, but must maintain the exact wording and format of the government-printed forms contained in the PHS 5161-1, including all captions and spacing. Deviation may be grounds for BPHC to reject the entire application. The page limitations provided in some sections must be followed unless different page limitations are given in separate program specific instructions.

VIII. APPLICATION CONTENT

A. Budget Sections and Narrative Maximum 2 Pages

A1. Form SF 424A, Sections A-F and Budget Narrative

Budget forms and the narrative section should be prepared to represent a 12-month period. The budget should appropriately and realistically present all resources required to achieve the applicant's goals and objectives and based at or below the current funding level.

Budgets will be reviewed for reasonableness and consistency with the plan as proposed in the Business Plan section of the application. Adequate justification must be presented in narrative form for information relative to the total budget, identifying individual program costs. Provide a description of other sources of funding for the project. The application and budget should demonstrate the grantee's understanding of the opportunities and fiscal challenges posed by trends in Medicaid managed care and other local and State initiatives affecting the medical marketplace.

The budget justification must include further detail by object class as follows:

- 1) **Personnel and Fringe Benefits:** Since personnel is the major category, more detailed information is required under this object class.
 - a) Identify each key positions and Full Time Equivalent associated
 - b) Provide the names of each person identified as occupying key positions and the annual salary, indicate if the position is vacant.
 - c) Itemize the components that comprise the fringe benefit rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan).

- 2) **Equipment**
Itemize equipment costs and provide justification for the need of the equipment to carryout the site planning and capacity development goals.
- 3) **Supplies**
Delineate types of supplies to be purchased.
- 4) **Travel**
Itemize travel costs according to traveler and explain how the amounts were developed. It is not necessary to itemize each trip or the costs associated with each trip. It is expected that grantees will attend the Center for School-Based Center Planning and Capacity Development Grantee Orientation in early November 2001 and the HSHC Annual Grantee Meeting in the Summer 2002. All travel expenses associated with attending these two meetings should be included in your grant line-item budget and budget justification.
- 5) **Contractual**
For each contract, include the contract cost and explain what the contract is to accomplish.
- 6) **Other**
Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, membership dues, subscriptions, conference fees and audit related costs would fall under this category. Funding under this grant program may be used to support staff salary or consultant fees to coordinate and implement the proposed site planning and capacity development activities. Moreover, the applicant may request support for some materials and equipment that are reasonably required to execute the proposed activities. Items requested in the budget should fall under reasonable expectations directly to the proposed goals, objectives and action steps outline in the applicant's business plan.

A2. PHS 5161-1 Face Sheet (SF 424)

All applicants are required to prepare the Office of Management and Budget approved face page in the PHS 5161-1. Instructions for filling out each section are described in the PHS 5161-1.

A3. Assurance (Standard Assurances and Certifications)

The same person who signed the SF 424 must execute these assurances.

B. Project Abstract

Maximum 1 Page

An abstract of the proposed program, not to exceed one page in length, should be submitted as part of the application. The project abstract should include:

- A description of the applicant organization mission, its unique characteristics, and a summary of services that it currently provides.
- An overview, including unique characteristics, of the proposed service area and of the target population(s), specifically as they pertain to children and adolescents. This should include the number of medically underserved, health professional shortage, lack of medical home or regular source of care for that target population.
- A brief description of any current school health care activity resources as well as unmet needs for school-based health services in the service area.
- A summary of the proposed site planning and capacity development activities, and the applicant's role in organizing its community to plan for school-based comprehensive primary health care services.
- A brief description of applicants ability to work with the school system to provide school-based health services.

C. Project Summary and Description

Maximum 10 Pages

This section should provide a brief synopsis of the community to be served, description and overview of the organization and scope of the project. The applicant should summarize the need for health services at the proposed school site. The five required components of the project summary are outlined below.

C1. Needs Assessment

The applicant must describe the extent to which their project will focus on elimination of health disparities in areas such as asthma, obesity, immunizations, HIV infection, oral and mental health, substance abuse and diabetes mellitus. Describe indicators of health risks for school-aged children and youth such as intentional or unintentional injuries, violence, alcohol and other drug abuse, sexually transmitted diseases, juvenile justice involvement, and the proportion of children with special healthcare needs. Any MUA, MUP or HPSA designations must be shown here.

C2. Socio-Demographic Profile

The applicant must describe the level of poverty in school and community (i.e., the percentage of the student population with incomes or family incomes at or below 200 percent of the Federal Poverty Level). Number of children who are eligible for free or reduced price lunches. Degree to which the population in the community is medically underserved and uninsured by school district to be served. Presence of significant barriers to health care for students in the community. This description should include distribution by race/ethnicity, gender, and age, primary language and source of payment for health care.

C3. Current Child and Adolescent Health Care Delivery Systems

The applicant must describe existing services for underserved children, adolescents and their families in the proposed service area. Indicate if there are other school-based health services, either public or private organizations, that provide these services and describe how they will be involved in the site planning and capacity development process.

Describe any significant barriers that impact access to care and utilization of services. For example, inaccessibility due to distance, geography, culture, transportation, eligibility requirements, etc.

Describe any Federal, State and private funding sources for school health services available in the community. Describe and identify the level of financial support received by the applicant organization and the ability to leverage Federal funds.

Describe any current gaps in services for children, adolescents and their families within the applicants targeted area and the services to be provided at the proposed site.

Describe the population of children not being served and define what services are not available in the community or for that population.

C4. Organizational Capabilities and Expertise

Describe the mission of the applicant organization and describe how the planning and capacity development grant fits within that mission.

Indicate if school health primary and preventive health services are currently provided at the organization, i.e., school-linked, health education, basic prevention services.

Outline the scope and range of school health services currently provided by the organization, number of clients served and geographic area. If the applicant does not presently provide school-based related services, provide information on the types of health or social services the organization provides, including the number of clients served and geographic area.

State why the applicant organization is the appropriate entity to receive these funds and describe particular capabilities of the organization (e.g., staff skills, capabilities, experience administering grants, etc.)

Discuss the organizational structure. Provide an organizational chart in the appendix of the application that outlines the professional roles of the staff and reporting relationships.

C5. Role of the Community and Collaboration with Other Organizations

The applicant should describe their proposed role within the community in planning for the delivery of school-based health services. They should indicate how and to what extent they have and will collaborate with the following entities to establish commitments for long-term viability: (1) Department of Education, school districts, school, school board, principals and other relevant school personnel, (2) city/county/State health, mental health and substance abuse agencies, (3) Primary Care Associations and Primary Care Offices, school-based health coalitions (4) HSHC funded programs and other school-based primary and preventative service providers, (5) State Medicaid agencies, State Child Health Insurance Program, managed care organizations and (6) organizations representing the interests of children and adolescents, and any other relevant community organizations.

If awarded a planning and capacity development grant, the grantee must document, as part of their planning process, collaboration and linkages with any existing SBHC programs in the proposed planning area. The planning and capacity development grantee may not duplicate existing school-based health services in the service area.

Applicant should include letters of collaboration/commitment in the appendix of their application from organizations they identify in their program description as being key players in the planning capacity and development process.

The applicant must document the sources of all data submitted in this section and indicate whether the data are reported or estimated.

D. Business Plan

Maximum 3 Pages

The applicant must provide a business plan that outlines the range of planning and capacity development activities that it proposes to undertake in order to enable itself and the community to provide comprehensive school-based health services.

The business plan must include goals for the program and identify objectives and key action steps that are specific, time framed, and measurable. They must address responsible person(s), targeted completion date and a method of evaluating each objective.

Applications will be evaluated according to the adequacy, scope and completeness of the proposed planning and capacity development activities. **Proposed planning and capacity development activities should plausibly lead to the establishment of comprehensive primary and preventive health care services in a SBHC by the end of the planning and capacity development grant project period.**

IX. THE ORC CRITERIA FOR EVALUATING PROJECT PLAN

Grant applications will be reviewed and rated by the ORC composed of Federal and non-Federal persons experienced in the development and delivery of school-based primary health care services. The ORC will evaluate the applications using the review criteria listed below. Scores will be allocated based on the extent to which the proposal addresses each of the criteria. A proposal receiving zero points in any section will not be approved for funding. Final decisions regarding funding for planning and capacity development grants are expected by

September 30, 2001.

Criteria 1: Project Summary and Description

50 points

Needs Assessment

Has the applicant addressed the extent to which the elimination of health disparities and indicators of health risks for school age children, adolescents and their families?

Does the applicant address all relevant geographic, social, economic, etc., barriers to care?

Socio-Demographic and Profile

Does the applicant clearly identify the level of poverty in the school and community to be served?

Does the applicant sufficiently describe the Socio-Demographic characteristics of the population to be served such as race/ethnicity, gender, age, cultural and language issues and the percentage of uninsured?

Current Child and Adolescent Health Care Delivery Systems

Does the applicant describe existing services for underserved youth in the proposed service area?

Does the applicant appropriately describe what services are needed based on what is not available in the community?

Does the applicant address service gaps in services for children and adolescents within the applicants proposed service area?

Does the applicant describe the population of children not being served?

Does the applicant specify the amount of other funding sources for school health services available in the community? Are any of these funds providing support to the applicant organization?

Organizational Capabilities and Expertise

Does the applicant describe the structure of their organization and provide an organizational chart?

Does the applicant clearly describe its mission, the services it provides and its ability to conduct site planning and capacity development activities?

Does the applicant currently provide and describe any type of school health services including the number served and geographic area?

Does the applicant describe its appropriateness, expertise and capabilities to develop a new SBHC?

Role of the Community and Collaboration with Other Organizations

Does the applicant clearly describe their proposed role with the community in planning for the delivery of school-based health services?

Does it appear that this applicant is the appropriate organization among collaborators to receive the site planning and capacity development grant and conduct site planning and capacity development activities?

Do they indicate the extent to which they have and will collaborate with other key stakeholders in their community (e.g., Department of Education, city/county/State health agencies, school districts and relevant school personnel, State school-based health coalitions, managed-care organizations, etc.)

Does the applicant describe collaboration and linkages with any existing SBHC programs?

Are letters of collaboration/commitment from key organizations that will be involved in the site development process included in the appendix?

Do the letters of collaboration/commitment demonstrate that the applicant has the strong support of the community, host school and school districts and other players indicating long term viability?

Criterion 2: Planning and Capacity Development Activities/Business Plan 30 Points

Are the key stakeholders identified appropriate, experienced partners in the planning and capacity development and operation of a SBHC?

Will the proposed activities described in the proposal lead to commitments from the host school, school districts and other relevant organizations that provide a full range of comprehensive primary and preventive health care services in a SBHC?

Does the business plan include clearly written and realistic goals, objectives and action steps which are specific, time-framed, and measurable?

Does the applicant adhere to the format as outline in this PIN?

Criterion 3: Appropriateness of Budget 20 points

Is the proposed budget appropriate to the proposed site planning and capacity development activities?

Does the applicant clearly include other sources of funding for the proposed activities?

Does the budget justification/narrative explain each line item in relation to the goals, objectives and activities of the proposed activities of the business plan?