

# School-Based Health Centers - Improving Health Care Access for Children and Adolescents in Washington

## Request for Funding Application (RFA) for SBHC Behavioral Health Improvement Grant

Grant Application:

[https://redcap.link/SBHC\\_BH](https://redcap.link/SBHC_BH)

Grant Application Due Date:

June 15, 2022 at 11:59 PM PST

Project Year:

September 1, 2022 – June 30, 2023

Anticipated Funding:

We anticipate awarding nine grants for up to \$90,000 each for projects that increase access to and quality of behavioral health care and services in school-based health centers (SBHCs).

Grantees may have the option for continued funding in the next grant cycle (July 2023 through June 2024) depending on performance and funding availability.

RFA Schedule/Timeline:

<b>RFA Release Date</b>	May 17, 2022
<b>Application Due Date</b>	June 15, 2022, 11:59 PM PST
<b>Notification of Contract Awards</b>	July 18, 2022
<b>Anticipated Contract Start Date</b>	September 1, 2022

Purpose:

The Washington State Department of Health (DOH), Division of Prevention and Community Health, and Office of Family and Community Health Improvement are committed to alleviating the burden of health disparities and improving access to healthcare services for youth and their families. The purpose of this request for funding applications (RFA) is to build capacity for SBHCs to increase access to and improve the quality of behavioral health care and services for children and adolescents in communities that are historically underserved in the state of Washington as part of our continued efforts to reduce racial/ethnic, economic, and geographic disparities. The Department of Health centers equity and social justice in public health activities and expects all grantees to do the same.

The Washington State Legislature passed [Substitute House Bill 1225](#) in 2021. [The new law \(RCW 43.70.825\)](#) directs DOH to establish a school-based health center (SBHC) program to expand and sustain the availability of SBHCs to K-12 students in public schools, with a focus on populations that are historically underserved populations. In 2021, the Department of Health requested additional support for the new SBHC Program to respond to the growing mental and behavioral health needs of young people. This included a request for funding to expand and improve behavioral health screening, referral and care for adolescents and transition-age youth in both academic and non-academic settings, including in SBHCs.

**We are inviting organizations to submit project proposals to apply for funds to improve access to and the quality of behavioral health services in SBHCs. Eligible applications will be reviewed, scored, and selected for a 10-month contract to carry out project activities.**

In honor and recognition of government-to-government relationships, and the moral and legal responsibility to honor Indian Nations, Tribal and/or Indigenous communities and representative organizations are strongly encouraged to apply. Efforts are underway at DOH to provide additional technical assistance and support for SBHCs within a Tribal health and education context.

#### Background:

Young people in Washington have faced significant behavioral health challenges, even prior to the COVID--19 pandemic. The 2018 Healthy Youth Survey showed that more than 60% of students were experiencing significant anxiety and 40% of students were experiencing depression. Death by suicide among adolescents and transition--age youth has been rising across the state, especially among youth ages 18 to 24. Youth behavioral health is a growing concern as family, school, and social interactions continue to be affected by the COVID-19 pandemic. Children, youth, and young adults are a demographic group at significant risk for challenging behavioral health outcomes and experiences, including risk-taking behaviors. Additionally, students of color and students from low-income backgrounds face significant disparities in accessing supportive behavioral health care and services. The effects of isolation due to COVID-19, combined with shifting educational and social opportunities and experiences, have contributed to behavioral health challenges for many individuals ages 6 to 24.

SBHCs are an evidenced-based and highly effective model for providing high quality, culturally responsive, and equitable medical and behavioral healthcare services. Washington's first SBHC program began in Seattle in 1989. Today, there are over 65 SBHCs sponsored by more than 25 health care organizations throughout the state. A list of current SBHCs in Washington is available on the [Washington School-Based Health Alliance \(WA SBHA\) website](#). When students are healthy – in body and mind - they are more ready to learn.

The Washington State Legislature recognizes the important role SBHCs play in responding to the mental and behavioral health needs of young people in the state. [The SBHC law, RCW 43.70.825](#), defines an SBHC as “a collaboration between the community, the school, and a sponsoring [health care] agency that operates the school-based health center, which is a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care.” The health care

sponsor can be a community clinic, hospital, health care system, public health department, federally or locally controlled Tribal health clinic and/or Tribal health program. More information on school-based health centers can be found at: [What is a School-Based Health Center \(SBHC\)? - Washington School-Based Health Alliance \(wasbha.org\)](https://www.wasbha.org/what-is-a-school-based-health-center-sbhc/)

### Behavioral Health Improvement Grant Overview

Behavioral Health Improvement grant recipients will use funding to carry out projects to increase access to and/or improve the quality of behavioral healthcare and services in an established SBHC that serves a community or population that is historically underserved. To be considered for funding, eligible organizations should submit a project proposal and grant application that demonstrates they meet the grant purpose and all grant requirements.

The intent of this grant is to fund projects that will:

- Increase access to and the quality of behavioral health care and services SBHCs in Washington
- Improve the mental and behavioral health, and educational outcomes of children and youth in Washington
- Contribute to efforts to advance health equity throughout Washington, and prioritize serving, engaging, and supporting communities that are historically underserved, including Tribal and Urban Indian communities.

Grant awards will be for a 10-month period to start (September 1, 2022-June 30, 2023); funding after the first grant cycle is not guaranteed and will be dependent on meeting grant deliverables and availability of state funding. The Department of Health works to center equity and social justice in all public health activities. Grant awardees are expected to do the same for the duration of their period of performance.

### Responding to Community Need

In accordance with [RCW 43.70.825](https://leg.wa.gov/RCW/default.aspx?cite=43.70.825), all proposed projects must be delivered in schools or school districts serving a high proportion of students (60% or more) who come from a **community or population that has been historically underserved**. We are aligning our definition of historically underserved with the Office of Superintendent of Public Instruction's (OSPI) definition of Students Furthest from Educational Justice. The selection committee is open to reviewing data that may lead to expanded definitions. Examples may include any combination of the following:

- Students who identify as Black, Indigenous, or Persons of Color
- Students with disabilities
- Students receiving English Learner services
- Students who are migratory
- Students experiencing homelessness
- Students with experience in foster care and/or with Child Protective Services
- Students with experience in juvenile justice system, before or after graduation
- Students who identify as Two Spirit - LGBTQ+

- Students receiving free or reduced-price lunch, and/or students living at or below the [Federal Poverty Level](#)
- Students receiving special education services
- Students living in geographic areas with low access to health care services, including health professional shortage areas, medically underserved areas, areas with long wait lists for health care services, and areas that are geographically isolated from health care services for young people

**We will prioritize award funding for applicants that demonstrate they satisfy all grant requirements outlined in Table 2 of this RFA, and one or more of the following:**

- Tribal-led or have a Tribal and/or Indigenous partnership (indicated by a Letter of Support, or co-applicants on one application)
- Project plans that prioritize populations that are historically underserved in rural areas.
- Projects in areas with frontier and remote (FAR) designation that are rurally located. Use this tool to learn if your area qualifies as frontier: [Am I Rural? Tool - Rural Health Information Hub](#)

### **Grant Activities and Scope of Work**

Grant recipients will complete projects to sustain, expand, or improve behavioral health services in an established SBHC, and ensure they are responsive to community need. During the 10-month grant period, recipients will be required to complete proposed activities for their unique projects, as well as required activities for this grant. The table below outlines required grant activities, allowable grant activities and costs for unique projects, and examples of projects that grant funds may be used for.

<b>Table 1: Behavioral Health Improvement Grant Activities</b>	
<b>Required grant activities (scope of work)</b>	<ul style="list-style-type: none"> <li>• Develop a sustainability plan for the SBHC’s behavioral health services</li> <li>• Develop or refine a strategy on how the SBHC will prioritize health equity and ensure behavioral healthcare access for all students</li> <li>• Engage the community through an advisory council or steering committee to understand the ongoing behavioral health needs, gaps and ideas of students and their families</li> <li>• Engage the school through a health promotion or youth development activity around behavioral health</li> <li>• Develop relationships with other behavioral health agencies or providers</li> <li>• Participate in monthly contract meetings with DOH</li> <li>• Participate in SBHC trainings and technical assistance</li> <li>• Enter into a data sharing agreement with DOH</li> <li>• Develop an evaluation plan with DOH epidemiologist</li> <li>• Report performance measures and milestone achievements to DOH</li> </ul>
<b>Allowable grant activities and costs for</b>	<ul style="list-style-type: none"> <li>• Planning/start-up of new behavioral healthcare and services (start-up must occur within first grant cycle)</li> <li>• Supplies for behavioral healthcare services</li> <li>• Equipment/technology for behavioral healthcare services</li> </ul>

<b>unique grant projects</b>	<ul style="list-style-type: none"> <li>● Creating and/or improving physical space for behavioral health care</li> <li>● Furniture for behavioral healthcare services</li> <li>● Community engagement and/or youth engagement activities, including food and stipends for participants</li> <li>● Training for behavioral health conditions, care, services and/or treatments</li> <li>● Marketing for behavioral healthcare services</li> <li>● Telehealth or mobile equipment to add services or extend reach of SBHC behavioral healthcare services</li> <li>● Core behavioral healthcare staffing</li> <li>● Additional staffing for expanded behavioral health services</li> </ul>
<b>Examples of grant projects (not required)</b>	<p>Staffing:</p> <ul style="list-style-type: none"> <li>● Core SBHC behavioral health staff</li> <li>● Additional and/or specialized behavioral health staff, including peer support staff, substance abuse professionals</li> <li>● Support staff, like community health workers and patient navigators, peer support staff, and student assistance program support to coordinate behavioral health care and services, and address barriers to care for students of the SBHC</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>● Training for SBHC staff, school staff, and/or the community on behavioral health conditions, care, treatments, interventions, screening, and/or referrals</li> <li>● Training for SBHC and/or school staff to develop knowledge, expertise, awareness and skill, for example: Mental Health First Aid; Screening, brief intervention, and referral to treatment (SBIRT); and/or suicide prevention trainings and plans for recognition, screening and response</li> <li>● Training for SBHC and/or school staff on health equity, stigma/bias and its impact on behavioral health care</li> </ul> <p>Tools:</p> <ul style="list-style-type: none"> <li>● Development/improvement/procurement of universal behavioral health screening policies, procedures, and tools</li> <li>● Procurement of mental health screening tools and equipment to increase utilization</li> </ul> <p>Services:</p> <ul style="list-style-type: none"> <li>● Expansion of behavioral health services provided by SBHC provider into other hard-to-reach schools via telehealth or mobile health</li> <li>● Group counseling for students</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>● Behavioral health education campaigns that serve the school</li> <li>● Behavioral health stigma reduction campaigns</li> <li>● Partnership building with the community to strengthen behavioral health care, services, and coordination</li> </ul> <p>Physical Space:</p> <ul style="list-style-type: none"> <li>● Improvement and/or creation of behavioral health facilities/space, including creating “chill rooms” or spaces</li> <li>● Improvement of SBHC space so it is more comforting, accessible and youth friendly to promote trust and comfort</li> </ul> <p>Community Engagement:</p>

	<ul style="list-style-type: none"> <li>Community or youth engagement activities to improve knowledge of mental illness and treatment, reduce stigma around behavioral health in the community, and/or to understand the community/youth thoughts, ideas, recommendations and needs around behavioral health. Potential partners could include key agencies and organizations, including the DOH, the Health Care Authority, the Office of Superintendent of Public Instruction, and local Educational Service Districts.</li> </ul>
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## Eligibility and Grant Requirements

To be eligible to apply, applicants must be the **Sponsoring Health Care Agency of an established SBHC and must meet all eligibility requirements outlined in [Table 2](#)**. Applicants in the start-up phase of establishing an SBHC may apply for this grant if the applying organization will meet all grant requirements *and* the SBHC will be operational within the grant period. To be considered for funding, grant applicants must also meet all SBHC services and staffing requirements listed in Table 2 by the end of the 10-month grant period.

For more information and examples of [SBHC services](#) and [staffing models](#), please see the [Washington School-Based Health Alliance website](#).

<b>Table 2: Behavioral Health Improvement Grant Requirements</b>	
<b>Eligibility requirements</b>	<ul style="list-style-type: none"> <li>In possession of a current license in good standing to do business in the State of Washington, or comparable equivalent</li> <li>Able to manage funds, staff, and operations for the intended SBHC</li> <li>Can provide appropriate clinical supervision to the SBHC (medical, behavioral health, dental) and ensure all providers practice within the scope of their licenses.</li> <li>Bill third parties, including Medicaid and/or other federal sources, for reimbursement of services.</li> <li>Provide required and optional SBHC data to the Washington State Department of Health to meet reporting requirements.</li> <li>Have agreements in place with the school and school district where the SBHC is located. The <b>school</b> where the SBHC is located must be a public school (including charter schools, and locally or federally operated Tribal schools) serving students between Kindergarten and 12<sup>th</sup> grade in Washington state.</li> <li>Has the infrastructure and capacity to complete all grant activities required for your unique project as well as those outlined in the scope of work listed in <a href="#">Table 1</a>.</li> </ul>
<b>SBHC Staffing and Services Requirements</b>	<ul style="list-style-type: none"> <li><b>The SBHC must be in or adjacent to the school building the SBHC will serve.</b> <i>SBHCs that are, or are proposed to be, off the property of the school to be served will not be considered for this grant funding.</i></li> <li><u>By the end of the grant period</u>, the SBHC will provide comprehensive and integrated medical and behavioral health care services, and/or referrals to appropriate providers, that are responsive to the community and the young people they serve.</li> </ul>

	<ul style="list-style-type: none"> <li>• The SBHC staff will collaborate with behavioral health providers in the community for referrals, consultation, and for care not provided at the SBHC or when the SBHC is closed. Telehealth is acceptable to meet this need.</li> <li>• The SBHC will provide age-appropriate, youth-centered, youth/family-friendly, culturally and community-responsive behavioral health care that is grounded in a healing-centered (trauma-informed) approach.</li> <li>• SBHC clinical staff must hold a current license to practice in their stated discipline from the Washington State Department of Health or equivalent entity, and it must be in good standing. <i>Behavioral health staff that practice without a license must be supervised by a licensed clinical provider in accordance with applicable laws and regulations.</i></li> <li>• SBHC services must be provided during regular school hours (hours of operation depend on size and needs of school population) and offer some before or after school hours to accommodate student and family needs.</li> <li>• SBHC services must be available to all school- or district-enrolled students at low or no cost, and regardless of insurance status or ability to pay; SBHC services may be offered to student’s families, school staff, and the broader community if SBHC capacity and physical location of the SBHC allow and comply with district or health clinic policy.</li> <li>• Please see the <a href="#">Washington School-Based Health Alliance website</a> for <a href="#">SBHC services</a> and <a href="#">staffing</a> models</li> </ul>
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## Funding Terms and Conditions

For all grant applicants, the following requirements and limitations apply:

- The applicant will act as the fiscal agent responsible for project financial management and operations.
- All grants awards will be formalized as performance-based contracts subject to the Washington State Department of Health terms and conditions outlined on pages 16-23 of this RFA. Award funds are paid upon completion of deliverables outlined in the contract. The schedule of deliverables and payment is flexible.
- Grant awards after one grant cycle of funding are not guaranteed. Grantees *may* have the option to renew contracts for additional funding and 12-24-month contract period based on performance (meeting grant deliverables) and availability of state funding.
- Indirect and/or administrative costs cannot be more than the federally or DOH-approved rate for your organization, or more than 10% of the total grant award.
- Applicants may apply for a behavioral health improvement grant and a [general SBHC start-up or operational/expansion/improvement grant](#).
- Applicants may submit multiple proposals/applications, but only one proposal per SBHC site will be considered.

All Request for Funding Application activities and timelines are estimated due dates. The terms and dates listed in this RFA are subject to change at the sole discretion of the Department of Health (DOH). DOH reserves the right to amend the schedule at any time and for any reason. Any changes or updates will be posted on the [Behavioral Health SBHC WA Portal webpage](#). Applicants are responsible for downloading any amendments as they are sent out. DOH is not

responsible for any misplaced or misdirected documentation. All awards will be subject to DOH contracting terms and conditions (see [Appendix A](#)).

### How do I apply for a grant?

Applicants should complete the [online application](#), including uploading all supporting documents, by 11:59 PM Pacific Standard Time on June 15, 2022. Detailed application information and instructions are outlined in the following section of this RFA. **For convenience, an [application checklist](#) is available on pages 14-15 of this RFA.**

To be considered for funding through a SBHC Behavioral Health Improvement Grant, the applicant must:

1. Be the sponsoring healthcare agency that will oversee and manage the SBHC.
2. Meet all eligibility requirements outlined in [Table 2](#) prior to applying, and able to meet all SBHC services and staffing requirements by the end of the 10-month grant period.
3. Complete an [online application](#) and clearly demonstrate the following:
  - a. Project purpose, project activities, and scope of work to improve behavioral health services in the SBHC. Describe all required grant activities in the scope of work, as well as identify specific activities needed to carry out your unique project. Include a workplan that reflects your project (and includes required and specific/unique activities) using the template provided.
  - b. Project budget, including a budget narrative and an itemized budget, for the 10-month grant period that shows how grant funds will be used and that your organization has adequate funding for your proposed budget. The budget documents should align with the project narrative/proposal and the workplan.
  - c. Ability and capacity to carry out the project and meet the SBHC services and staffing requirements outlined in [Table 2](#).
  - d. Use stories and data to show community need and how the project will meet the community's unique needs.
  - e. Use stories and required letters of support to show the community's support for the project.
  - f. A plan for collecting, documenting, and storing confidential data and reporting data to DOH.
  - g. Complete and submit all required attachments:
    - i. Project workplan (Word document)
    - ii. Budget narrative (Word document)
    - iii. Itemized budget workbook (Excel file)
    - iv. Performance measures plan (Word document)
    - v. Required letters of support (or alternative documentation) from school staff and administration
    - vi. Required letters of support from organizations/entities that represent the community/population the SBHC will serve.
    - vii. **Application attachment templates:** For your convenience, DOH developed templates to ease the application process. They are available



for download in the online application. To ensure grant application requirements are complete, applicants should use the templates provided for the performance measure plan, project workplan, budget narrative, and itemized budget workbook. If you have difficulty using any of the templates, the selection committee will consider alternative formats, but they must include all requested information. Additional and optional templates for the letters of support are also available if needed.

## Demonstrating Community Need

To be considered for funding, applicants must demonstrate the SBHC or proposed SBHC will serve at least 60% or more students that come from a community that has been historically underserved according to the [definition on page 3 of this RFA](#). Meeting this requirement does not guarantee funding.

Applications should include clear evidence, including data and stories, describing the identified community or population(s) that has been historically underserved, how it meets the definition of historically underserved and the 60% proportion requirement, and a description of the applicant's experience or expertise serving that community or population(s). In addition, please include any relevant data or information to demonstrate the behavioral health need of your identified community or population(s).

Some examples of data sources that are publicly available include:

- [Healthy Youth Survey](#) and/or [COVID-19 Student Survey](#) (contact your school's survey coordinator or HYS representative at OSPI)
- [Washington State Report Card](#) (OSPI) – contains data on student demographics, and student population characteristics, including homelessness, disability/Section 504, English as a Second Language, foster care
- [Child Nutrition Eligibility for Free and Reduced-Price Meals](#) (OSPI)
- [Medically Underserved Areas and Populations Map](#) (DOH)
- [Washington Tracking Network](#) (DOH)
- [Child Opportunity Map](#) (Diversity Data Kids)

To clarify application requirements, the following are examples of data descriptions; these **do not need to be mutually exclusive**:

- High School A serves 60% students who are low-income. This **qualifies** them as serving a high proportion of youth that are historically underserved.
- High School B serves 50% students who are low-income and also located in a rural, medically underserved area (100% of students). This **qualifies** them.
- High School C serves 90% students who identify as BIPOC, 10% students who are migratory, and 25% students who receive English Language Learner services. This **qualifies** them.

- High School D serves 40% students who identify as BIPOC, 45% students receiving free or reduced-price lunch, and estimates 10% students who identify as LGBTQ+ from the Healthy Youth Survey. Taken together, this **qualifies** them.
- High School E serves 20% students who identify as BIPOC and 10% students receiving free or reduced-price lunch. Taken together, this **does not qualify** them as serving a high proportion of historically underserved youth.

## **Demonstrating Community Support and the Value of Relationships**

The SBHC model values and prioritizes relationships and partnership between the community, the school and the sponsoring healthcare agency that staffs and manages the SBHC. Applicants must demonstrate that these relationships have been established in the grant application and:

- Submit a letter of support or formal agreement from the school administration where the SBHC will be located
- Submit a letter of support or formal agreement from the school district administration that has oversight of the school where the SBHC will be located
- Submit documented support from the school nurse at the school where the SBHC will be located. We strongly recommend also including documented support from the school social worker or counselor.
- In order to demonstrate your organization is supported and endorsed by the community or population the SBHC serves, submit at least two letters of support from community organizations that represent the community/population that the SBHC will serve. We recommend that one of the letters come from a behavioral health organization, however it is not required.
- As part of the contract development process, DOH staff will contact and conduct reference interviews with organizations that provided letters of support for all applicants selected for awards through the selection process. The interview will include questions about the applying organization's history of working with the community intended for the SBHC and to recommend two additional references that DOH can contact for reference interviews.

***Public Records/Freedom of Information Act Disclaimer:*** Information shared with us as part of this application or participation in DOH School-Based Health Center Program activities is subject to state and federal public disclosure laws and will not be anonymous. Please mark any information on your application that you would like to be kept confidential. For questions or more information, contact the Department of Health at [adolescenthealthunit@doh.wa.gov](mailto:adolescenthealthunit@doh.wa.gov).

## Application Review, Scoring and Selection

Complete and eligible applications will be reviewed, scored, and selected by a panel of reviewers comprised of DOH staff, partners, and stakeholders. Applications that are incomplete or do not meet eligibility or grant requirements will not be scored for consideration. The example scoring criteria is provided below outlines all application sections and how each will be scored:

Category	Points
<p><b>Eligibility</b> Applicant meets all grant eligibility and requirements for their selected grant type.</p>	5 points; 4 points required to be “eligible” for full review
<p><b>Organizational Profile</b> The applicant submitted all requested information, including the organization name, mission or vision statement, contact information, and name of school and/or school district for the SBHC site.</p>	Up to 5 points
<p><b>Project Proposal</b> The applicant described their proposed project and its purpose and clearly linked it to behavioral health services and needs. They outlined how they will complete their unique project activities and the required grant activities in the scope of work, and included what they will do, how it will be done, who will do it, and by when. They also described their organization’s infrastructure and capacity to complete the work described in the project. The ideal applicant will describe a plan that is clear, well-reasoned, realistic, and innovative.</p>	Up to 15 points
<p><b>SBHC Staffing and Services</b> The applicant described their SBHC staffing, behavioral health services and student supports and how they met the grant requirements. They included details about their systems, policies, and procedures (including patient confidentiality, emergency care protocols, collaboration with the school’s MTSS and suicide crisis plan, process for referrals, and process for care coordination and continuation). They also described how their behavioral health care services are responsive to the community and young people served by the SBHC and outlined a plan for collaborating with other providers in the community. The ideal applicant will demonstrate a thorough understanding of the needs of their community and youth and preparedness to provide comprehensive and appropriate care at the SBHC and through referrals.</p>	Up to 20 points
<p><b>Community Need</b> The applicant described the community or population(s) of focus through data and stories, and how the community or population(s) meet the definition of historically underserved. They also identified service gap(s) and need(s) in their community and described how the proposed SBHC project will address the identified need(s). The ideal applicant will demonstrate thoughtful research into their community, show a clear understanding of the SBHC model, and present a realistic plan for addressing a need or service gap.</p>	Up to 30 points

Category	Points
<p><b>Community Support</b></p> <p>The applicant described their organization’s experience or expertise serving the identified community or population(s). They also described how they consulted and collaborated with the school and school district, community, and/or other providers to inform their SBHC project proposal. The ideal applicant will demonstrate they have established relationships and support with these key groups.</p>	Up to 20 points
<p><b>Data Collection</b></p> <p>The applicant described a plan for collecting, documenting, and storing confidential data for the SBHC and reporting data to DOH. They also described a plan for meet HIPAA and FERPA requirements, including anticipated barriers and challenges and how they might resolve them. The ideal applicant will demonstrate preparedness to collect data through a well-reasoned and detailed plan.</p>	Up to 10 points
<p><b>Performance Measure Plan</b></p> <p>The applicant completed and attached a performance measure plan table.</p>	Up to 5 points
<p><b>Project Workplan</b></p> <p>The applicant completed and attached a project workplan. The workplan includes all proposed activities for their unique project <i>and</i> required grant activities in the scope of work; deliverables and due dates for unique and required activities. The workplan aligns with the proposed project narrative, budget, and grant requirements.</p>	Up to 20 points
<p><b>Project Budget</b></p> <p>The applicant completed and attached an itemized budget workbook and budget narrative. The applicant included any funding match contributions and is within the requirements for their grant type. They included reimbursement strategies for private and public insurance. The total contract amount meets the grant funding, and the total budget seems reasonable and adequate for the proposed project. The budget aligns with the project narrative and the workplan.</p>	Up to 40 points
<p><b>Demonstrated Support</b></p> <p>The applicant included a letter or statement of support, agreement, or Memorandum of Understanding from the school administration, school district administration, school nurse, and at least two community organizations representing the applicant’s community or population(s) of focus.</p>	Up to 25 points
<p><b>Total Points:</b></p>	<b>195</b>

## Process for Challenging a Decision

We will notify all respondents in writing if the selection committee accepted or rejected your application and, if appropriate, your allocated level of funding. We will send written notice to the email address on your application. If you would like to challenge a decision, please contact us within three business days of the decision notification at

[AdolescentHealthUnit@doh.wa.gov](mailto:AdolescentHealthUnit@doh.wa.gov). We will consider challenges on the grounds that the scoring process is unfair or flawed, or that the RFA requirements were unclear. Please include in your email an explanation of your challenge and a proposed solution. We will schedule a debrief with you to provide feedback on your application, and if requested, we will share scoring summaries of applications selected for award.

## Grant Support

DOH will provide an informational video describing SBHCs, this grant opportunity, and the application process on the [Behavioral Health SBHC WA Portal webpage](#) by May 30, 2022.

Please submit any questions about the RFA or application to [AdolescentHealthUnit@doh.wa.gov](mailto:AdolescentHealthUnit@doh.wa.gov) by Fridays at 5:00 PM. Answers to question topics will be posted in an FAQ on the [Behavioral Health SBHC WA Portal webpage](#) the following Monday. Answers will be posted by Tuesdays following state holidays (Memorial Day).

<b>Questions submitted by:</b>	<b>Answered by:</b>
May 20, 2022, at 5 PM	May 23, 2022, at 12 PM
May 27, 2022, at 5 PM	May 31, 2022, at 12 PM
June 3, 2022, at 5 PM	June 6, at 12 PM
June 10, 2022, at 5 PM	June 13, 2022, at 12 PM

Applicants can find resources on SBHCs, including planning for and operating a SBHC, on the [Washington School-Based Health Alliance webpage](#).

## Application Checklist: Behavioral Health Improvement Grants

### Eligibility

- The applying organization is a health care organization (including hospitals, public health representative or department, local health jurisdictions, health care systems, community clinic or health centers, federally qualified health centers, federally and locally controlled Tribal health centers, and Urban Indian health centers) that currently is or will be the Sponsoring Health Care Agency.
- The applying organization has a license to do business in the State of Washington, or a comparable equivalent.
- The applying organization can manage funds, staff, and operations for the SBHC.
- The applying organizations has the infrastructure and capacity to complete all required grant activities ([Table 1](#)) and activities for your unique project.
- The applying organization can provide appropriate clinical supervision to the SBHC (medical, behavioral health, dental as applicable) and ensure all providers practice within the scope of licenses.
- The applying organization can bill third parties, including Medicaid and/or other federal sources, for reimbursement of services.
- The applying organization can provide required and optional SBHC data to the Washington State Department of Health to meet reporting requirements.
- The applying organization has agreements (such as a Memorandum of Agreement, Memorandum of Understanding, or Tribal Resolution, etc.) in place with and support of the school and school district where the SBHC is located.
- The identified school or school district where the SBHC is located is a public school (including charter schools, and locally or federally operated Tribal schools) serving K-12 students in Washington state.

### Requirements

- The proposed SBHC will be delivered in a school or school district serving a high proportion (60% or higher) of students who come from a [community or population that has been historically underserved](#).
- The SBHC will meet the [Behavioral Health Improvement grant requirements for SBHC services and staffing](#), including:
  - The SBHC is in or next to the school building the SBHC will serve.
  - The SBHC will provide comprehensive and integrated medical and behavioral health care services, or referrals to appropriate providers.
  - All clinical staff have a current license to practice from the Washington State Department of Health or equivalent entity. Behavioral health staff that practice without a license will be supervised by a licensed clinical provider.

- The SBHC will collaborate with behavioral health providers in the community for referrals, consultation, and for care not provided at the SBHC or when the SBHC is closed. Telehealth is acceptable.
  - SBHC services are offered, at minimum, during regular school hours.
- The SBHC uses a healing-centered (trauma-informed) approach to care for SBHC patients.
- Your SBHC has a financial need for grant funds.
- Your SBHC is billing for and being reimbursed for services.

### Application Materials

Please submit the following no later than 11:59 PM (Pacific Time) on June 15, 2022:

- Complete [online application](#)
- Copies of Letters of Support, Memorandums of Understanding (MOUs), Tribal Resolutions, and/or Tribal Letters of Support from (these are required for all applications):
- School administration
  - School district administration
  - School nurse and school social worker/counselor
  - At least two organizations or representative groups demonstrating support from the community the SBHC will serve. At least one of these should be from a behavioral health agency or organization.
- SBHC budget narrative and itemized budget (template provided in online application) for grant period (September 1, 2022 – June 30, 2023), including funds from this RFA, matched funds, and any other funding sources. Budget documentation should align with the project narrative in the application and the project workplan.
- Project workplan that outlines specific activities for your unique project and required [scope of work activities](#) (template provided in online application). The project workplan should align with the project narrative in the application and the budget documentation.
- Performance measure plan (provided in online application)

## Appendix A: Grant Award Terms and Conditions

If your application is selected, below are the terms and conditions for a grant award.

**GRANT REQUIREMENTS & STATEMENT OF WORK:** The Grantee shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work set forth in the Statement of Work.

**PAYMENT PROVISIONS:** Compensation for the work provided in accordance with this agreement has been established under the terms of RCW 39.34.130. The parties have estimated that the cost of accomplishing the work herein will not exceed **funds outlined in final contract statement of work and budget**. Compensation includes but is not limited to all taxes, fees, surcharges, etc. Payment will not exceed this amount without a prior written amendment. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. Any work done outside of the period of performance shall be provided at no cost to DOH.

**BILLING PROCEDURE:** Payment to the Grantee for approved and completed work will be made by warrant or account transfer by DOH within 30 days of receipt of the invoice. Upon expiration of the agreement, any claim for payment not already made shall be submitted within 60 days after the expiration date or the end of the fiscal year, whichever is earlier.

### **GRANTEE RESPONSIBILITIES:**

- A. The Grantee has full responsibility for the conduct of the project or activity supported under this award and for adherence to the award conditions. Although the Grantee is encouraged to seek the advice and opinion of DOH on special problems that may arise, such advice does not diminish the Grantee's responsibility for making sound scientific and administrative judgments and should not imply that the responsibility for operating decisions has shifted to DOH. The Grantee is responsible for notifying DOH about any significant problems relating to the administrative or financial aspects of the award.
- B. The requirements of this award are contained in the Grant Application, the General Terms and Conditions and Statement of Work unless otherwise specified in the award instrument. Certain applicable federal standards are incorporated by reference.
- C. By acceptance of this award, the Grantee agrees to comply with the applicable federal requirements and to the prudent management of all expenditures and actions affecting the award. Documentation for each expenditure or action affecting this award must reflect appropriate organizational reviews or approvals which should be made in advance of the action. Organizational reviews are intended to help assure that expenditures are allowable, necessary, and reasonable for the conduct of the project, and that the proposed action:
  1. Is consistent with the award terms and conditions;
  2. Represents effective utilization of resources; and
  3. Does not constitute a significant project change



**AGREEMENT ALTERATIONS AND AMENDMENTS:** This agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties. Only the Contracting Officer or his/her delegate shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this agreement on behalf of DOH. No alteration, modification, or waiver of any clause or condition of this agreement is effective or binding unless made in writing and signed by authorized parties.

**AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, PUBLIC LAW 101-336, also referred to as the "ADA" 28 CFR Part 35:** The Grantee must comply with the ADA, which provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

**ASSIGNMENT:** The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

**CHANGE IN STATUS:** In the event of substantive change in the legal status, organizational structure, or fiscal reporting responsibility of the Grantee, Grantee agrees to notify DOH of the change. Grantee shall provide notice as soon as practicable, but no later than thirty days after such a change takes effect.

**CONFIDENTIALITY/SAFEGUARDING OF INFORMATION:** The use or disclosure by any party, either verbally or in writing, of any Confidential Information shall be subject to Chapter 42.56 RCW and Chapter 70.02 RCW, as well as other applicable federal and state laws and administrative rules governing confidentiality. Specifically, the Grantee agrees to limit access to Confidential Information to the minimum amount of information necessary, to the fewest number of people, for the least amount of time required to do the work. The obligations set forth in this clause shall survive completion, cancellation, expiration, or termination of this Agreement.

A. Notification of Confidentiality Breach

Upon a breach or suspected breach of confidentiality, the Grantee shall immediately notify the DOH Chief Information Security Officer ([security@doh.wa.gov](mailto:security@doh.wa.gov)). For the purposes of this Agreement, "immediately" shall mean within one business day.

The Grantee will take steps necessary to mitigate any known harmful effects of such unauthorized access including, but not limited to sanctioning employees, notifying subjects, and taking steps necessary to stop further unauthorized access. The Grantee agrees to indemnify and hold the Agency harmless for any damages related to unauthorized use or disclosure by the Grantee, its officers, directors, employees, Subgrantees or agents.

Any breach of this clause may result in termination of the agreement and the demand for return of all confidential information.

B. Subsequent Disclosure

The Grantee will not release, divulge, publish, transfer, sell, disclose, or otherwise make the Confidential Information known to any other entity or person without the express prior written consent of the Secretary of Health, or as required by law.

If responding to public record disclosure requests under RCW 42.56, the Grantee agrees to notify and discuss with the DOH Chief Information Security Officer requests for all information that are part of this Agreement, prior to disclosing the information. The Grantee further agrees to provide DOH a minimum of two calendar weeks to initiate legal action to secure a protective order under RCW 42.56.540.

**DEBARMENT:** The Contractor, by signature to this contract, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any federal department or agency from participating in transactions. The Contractor agrees to include the above requirement in all subcontracts into which it enters to complete this contract.

**DISPUTES:** The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this contract. Both parties will continue without delay to carry out their respective responsibilities under this contract while attempting to resolve the dispute under this section. When a genuine dispute arises between DOH and the Contractor regarding the terms of this agreement or the responsibilities imposed herein which cannot be resolved, either party may submit a request for non-binding mediation to the other party through the DOH Contracts Unit and the DOH Contracts Unit will notify the other party of the request for non-binding mediation. DOH Contracts will act as the initial coordination point and manage the non-binding mediation communication to and from the parties.

Each party agrees that DOH will identify three mediators who are neutral to both parties. Each party agrees that Contractor will identify one of the three mediators to engage in this process. Each party agrees that it will be responsible for one-half (1/2) the cost of the mediator. Each party agrees that the non-binding mediation will occur at a time and place convenient to all parties, including the mediator, and that preference is for the mediation to occur in Olympia or Tumwater, Washington. Each party agrees the mediation is non-binding.

A party's request for a non-binding mediation must:

- Be in writing,
- clearly state the disputed issues,
- state the relative positions of the parties, the Contractor's name, address, and his/her contact number, and the DOH Program Contract Manager.
- be mailed to ATTN: DOH Contracts and Procurement Director, P.O. Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes, or
- be emailed to [DOHCON.MGMT@DOH.WA.GOV](mailto:DOHCON.MGMT@DOH.WA.GOV) with the subject line clearly displaying the contract number and the word "DISPUTE."

The non-binding mediation process constitutes the sole administrative remedy available under this contract. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. Both parties have a duty and responsibility to pursue and engage in

non-binding mediation in a timely manner. However, the requesting party may pursue judicial or quasi-judicial action prior to the completion of non-binding mediation if the subject party unnecessarily delays or intentionally frustrates the mediation process.

**GOVERNANCE:** This agreement is entered into pursuant to and under the authority granted by the laws of the State of Washington and any applicable federal laws. The provisions of this agreement shall be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- A. Federal statutes and regulations
- B. State statutes and regulations
- C. Agreement amendments
- D. The Agreement (in this order)
  1. Special Terms and Conditions (Exhibit C if used)
  2. Primary document (document that includes the signature page)
  3. Standard/General Terms and Conditions (Exhibit B)
  4. Statement of Work (Exhibit A)
  5. Contractor Vaccination Certification (Exhibit D)

**HOLD HARMLESS:** The Grantee shall defend, protect and hold harmless the State of Washington, DOH, or any employees thereof, from and against all claims, suits or action arising from any intentional or negligent act or omission of the Grantee or subgrantee, or agents of either, while performing under the terms of this agreement. Claims shall include, but not be limited to, assertions that the use or transfer of any software, book, document, report, film, tape or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, or otherwise results in an unfair trade practice.

**INDEPENDENT CAPACITY:** The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

**INDUSTRIAL INSURANCE COVERAGE:** The Grantee shall comply with the provisions of Title 51 RCW, Industrial Insurance. Prior to performing work under this agreement, the Grantee shall provide or purchase industrial insurance coverage for the Grantee's employees, as may be required of an "employer" as defined in Title 51 RCW and shall maintain full compliance with Title 51RCW during the course of this agreement. If the Grantee fails to provide industrial insurance coverage or fails to pay premiums or penalties on behalf of its employees as may be required by law, DOH may collect from the Grantee the full amount payable to the Industrial Insurance accident fund. DOH may deduct the amount owed by the Grantee to the accident fund from the amount payable to the Grantee by DOH under this agreement and transmit the deducted amount to the Department of Labor & Industries, Division of Insurance Services. This provision does not waive any of L&I's rights to collect from the Grantee.

Industrial insurance coverage through the Department of Labor & Industries is optional for sole proprietors, partners, corporate officers and others, per RCW 51.12.020.

**NONDISCRIMINATION:** During the performance of this agreement, the Grantee shall comply with all federal and state nondiscrimination laws, regulations and policies.

**NONDISCRIMINATION LAWS NONCOMPLIANCE:** In the event of the Grantee's noncompliance or refusal to comply with any nondiscrimination law, regulation, or policy, this agreement may be rescinded, canceled or terminated in whole or in part, and the Grantee may be declared ineligible for further grants with DOH. The Grantee shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

**RECORDS MAINTENANCE:** The parties to this agreement shall each maintain books, records, documents, and other evidence that sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to inspection, review, or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

**RIGHT OF INSPECTION:** The Grantee shall provide right of access to its facilities to DOH, or any of its officers, or to any other authorized agent or official of the State of Washington or the federal government, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this agreement. The Grantee shall make available information necessary for DOH to comply with the client's right to access, amend, and receive an accounting of disclosures of their confidential information according state and federal law. The Grantee's internal policies and procedures, books, and records relating to the safeguarding, use, and disclosure of confidential information obtained or used as a result of this agreement shall be made available to DOH and the U.S. Secretary of the Department of Health & Human Services, upon request.

**SAVINGS:** In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this agreement and prior to normal completion, DOH may terminate the Grant under the "Termination" clause, subject to renegotiation under those new funding limitations and conditions.

**SECURITY OF INFORMATION:** Unless otherwise specifically authorized by the DOH Chief Information Security Officer, Contractor receiving confidential information under this contract assures that:

- Encryption is selected and applied using industry standard algorithms validated by the National Institute of Standards and Technology (NIST) Cryptographic Algorithm Validation Program against all information stored locally and off-site. Information must be encrypted both in-transit and at rest and applied in such a way that it renders data unusable to anyone but authorized personnel, and the confidential process, encryption key or other means to decipher the information is protected from unauthorized access.
- It is compliant with the applicable provisions of the Washington State Office of the Chief Information Officer (OCIO) policy 141, Securing Information Technology Assets, available at: <https://ocio.wa.gov/policy/securing-information-technology-assets>.
- It will provide DOH copies of its IT security policies, practices, and procedures upon the request of the DOH Chief Information Security Officer.
- DOH may at any time conduct an audit of the Contractor's security practices and/or infrastructure to assure compliance with the security requirements of this contract.
- It has implemented physical, electronic and administrative safeguards that are consistent with OCIO security standard 141.10 and ISB IT guidelines to prevent unauthorized access, use, modification or disclosure of DOH Confidential Information in any form. This includes, but is not limited to, restricting access to specifically authorized individuals and services through the use of:
  - Documented access authorization and change control procedures;
  - Card key systems that restrict, monitor, and log access;
  - Locked racks for the storage of servers that contain Confidential Information or use AES encryption (key lengths of 256 bits or greater) to protect confidential data at rest, standard algorithms validated by the National Institute of Standards and Technology (NIST) Cryptographic Algorithm Validation Program (CMVP);
  - Documented patch management practices that assure all network systems are running critical security updates within 6 days of release when the exploit is in the wild, and within 30 days of release for all others;
  - Documented antivirus strategies that assure all systems are running the most current antivirus signatures within 1 day of release;
  - Complex passwords that are systematically enforced and password expiration not to exceed 120 days, dependent user authentication types as defined in OCIO security standards;
  - Strong multi-factor authentication mechanisms that assure the identity of individuals who access Confidential Information;
  - Account lock-out after 5 failed authentication attempts for a minimum of 15 minutes, or for Confidential Information, until administrator reset;
  - AES encryption (using key lengths 128 bits or greater) session for all data transmissions, standard algorithms validated by NIST CMVP;

- Firewall rules and network address translation that isolate database servers from web servers and public networks;
- Regular review of firewall rules and configurations to assure compliance with authorization and change control procedures;
- Log management and intrusion detection/prevention systems;
- A documented and tested incident response plan

Any breach of this clause may result in termination of the contract and the demand for return of all personal information.

**SEVERABILITY:** If any provision of this agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this agreement, and to this end the provisions of this agreement are declared to be severable.

**SUBGRANTING:** Neither the Grantee, nor any subgrantee, shall enter into subgrants for any of the work contemplated under this agreement without prior written approval of DOH. In no event shall the existence of the subgrant operate to release or reduce the liability of the Grantee to DOH for any breach in the performance of the Grantee's duties. This clause does not include contracts of employment between the Grantee and personnel assigned to work under this agreement.

Additionally, the Grantee is responsible for ensuring that all terms, conditions, assurances, and certifications set forth in this agreement are carried forward to any subgrants.

**SURVIVABILITY:** The terms and conditions contained in this agreement will survive the completion, cancellation, termination, or expiration of the agreement.

**SUSPENSION OF PERFORMANCE AND RESUMPTION OF PERFORMANCE:** In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this agreement and prior to normal completion, DOH may give notice to Grantee to suspend performance as an alternative to termination. DOH may elect to give written notice to the Grantee to suspend performance when DOH determines that there is a reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow performance to be resumed prior to the end date of this agreement. Notice may include notice by facsimile or email to the Grantee's representative. The Grantee shall suspend performance on the date stated in the written notice to suspend. During the period of suspension of performance each party may inform the other of any conditions that may reasonably affect the potential for resumption of performance.

When DOH determines that the funding insufficiency is resolved, DOH may give the Grantee written notice to resume performance and a proposed date to resume performance. Upon receipt of written notice to resume performance, Grantee will give written notice to DOH as to whether it can resume performance, and, if so, the date upon which it agrees to resume performance. If Grantee gives notice to DOH that it cannot resume performance, the parties agree that the agreement will be terminated retroactive to the original date of termination. If the date Grantee gives notice that it can resume performance is not acceptable to DOH, the

parties agree to discuss an alternative acceptable date. If an alternative date is not acceptable to DOH, the parties agree that the agreement will be terminated retroactive to the original date of termination.

**TAXES:** All payments accrued on account of payroll taxes, unemployment contributions, any other taxes, insurance, or other expenses for the Grantee or its staff shall be the sole responsibility of the Grantee.

**TERMINATION:** Either party may terminate this agreement upon 30 days' prior written notification to the other party. If this agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.

**TERMINATION FOR CAUSE:** If for any cause, either party does not fulfill in a timely and proper manner its obligations under this agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If the failure or violation is not corrected, this agreement may be terminated immediately by written notice of the aggrieved party to the other.

**WAIVER:** A failure by either party to exercise its rights under this agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original agreement.

*To reduce the spread of COVID-19, Washington State Governor Jay Inslee, pursuant to emergency powers authorized in [RCW 43.06.220](#), issued [Proclamation 21-14 – COVID-19 Vaccination Requirement](#) (dated August 9, 2021), as amended by [Proclamation 21-14.2 – COVID-19 Vaccination Requirement](#) (dated September 27, 2021) and as may be amended thereafter. The Proclamation requires contractors/vendors who have goods, services, or public works contracts with a Washington state agency to ensure that their personnel (including subcontractors) who perform contract activities on-site comply with the COVID-19 vaccination requirements, unless exempted as prescribed by the Proclamation.*