

request for applications rural safety net integration

Important Dates

Applications Due: By 5pm, Friday, June 22, 2012
Informational Conference Call: Thursday, May 31, 2012, 1:30pm – 2:30pm
Dial-in number: (800) 391-1709
Bridge number: 390558

Notification of Grant Awards: September 2012

How to Apply: http://www.cybergrants.com/BSCF/2012_Rural_SNI

Eligibility

- This RFA is targeted towards strengthening the rural health care safety net in California's 32 smallest counties by population.
- Applicants must be organizations located in or serving residents of the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.
- Applicants must represent a coalition of local safety net providers working together on a care delivery integration project.
- Applicants must comply with other eligibility requirements on page 4.

Contact Information

Content Questions:

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Technical Questions:

Gwyneth Tripp
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1. Background

Blue Shield of California Foundation's Mission: Improve the lives of Californians, particularly underserved populations, by making health care accessible, effective, and affordable for all Californians, and by ending domestic violence.

To help fulfill our mission, Blue Shield of California Foundation engages in grantmaking and program activity to support the expansion of coverage options for low-income Californians and to strengthen the ability of the healthcare safety net to provide access to quality care for this population.

The Foundation's efforts to strengthen the healthcare safety net in California focus on three broad areas: 1) supporting community health centers with core operating support grants that provide flexible funding for meeting critical needs; 2) providing targeted assistance to community health centers and consortia to transform care delivery through leadership training, research, and project grants; and 3) offering grants and technical assistance to a range of safety net stakeholders, including county governments, public hospitals and other providers, to improve the integration of safety net delivery systems, including through the development of county-based Low Income Health Programs (LIHPs).

In this Request for Applications (RFA), the Foundation is pleased to announce a new grantmaking opportunity for projects that will improve the integration of safety net delivery systems. We strongly believe that a more systematic approach to providing health care to safety net populations will improve the coordination of care for safety net patients and better utilize existing healthcare spending.

California's healthcare safety net, like the rest of the healthcare delivery universe, is not an organized "system" of care. Local and regional healthcare providers working in silos have limited ability to share patient information or coordinate the full range of primary care, specialty care, inpatient care, behavioral health, and social services needed to keep a person healthy. Health information technology can bridge these gaps, but too often safety net providers have incompatible systems or lack necessary interconnections to share patient information. Safety net populations in particular suffer the most adverse health consequences from this fragmentation due to limited financial resources or a lack of health insurance to help them bridge gaps in care systems.

The enactment of the Patient Protection and Affordable Care Act (ACA), the implementation of California's Section 1115 Medicaid waiver (the "waiver"), and the shift towards value-based purchasing by public and private payers create new opportunities to develop strategies that improve integration among safety net providers. They offer new tools and incentives to help safety net providers work together to coordinate care, such as through the creation of Low Income Health Programs and the development of Accountable Care Organizations. Moreover, the ACA promises to extend coverage to more than 3 million uninsured Californians in 2014 through the

expansion of Medi-Cal eligibility and the creation of the Health Benefits Exchange. Many uninsured individuals who now access care through safety net providers will, when they get coverage, have the option to seek care outside the safety net for the first time. This dynamic will create both an incentive and pressure for safety net providers to improve care delivery in order to continue being the provider of choice for their patients.

To adapt to this changing healthcare marketplace, safety net providers in California's small, rural counties (those with populations under 250,000 in 2010) will confront special challenges in providing coordinated care. High rates of uninsurance and weak local economies discourage physicians from locating in rural communities, and low population densities and long distances between patients and providers create significant problems of access to specialty care and behavioral health. As a result, residents in California's small, rural counties experience poor health outcomes at higher rates than residents in more populous counties: in the *County Health Rankings & Roadmaps* report published recently by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the seven least healthy counties in California, and 14 of the 18 least healthy counties, were small, rural counties.

The Foundation believes that small, rural counties have an especially acute need for an integration strategy that improves the efficiency and effectiveness of the healthcare resources in those counties. Recognizing the particular opportunities and challenges that lie ahead for the safety net systems within the state's small, rural counties, the Foundation has initiated this RFA to provide new resources to help safety net healthcare providers and stakeholders from those counties take advantage of opportunities to better organize systems of care for low-income populations. We are looking for projects that hold promise to develop and implement strategies to transform the ability of the rural safety net to offer seamless, well-coordinated care for the most vulnerable Californians.

2. Eligibility

Eligibility for this funding opportunity is limited to applicants from the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

We strongly prefer to receive only one proposal per county. We encourage safety net providers within a county to collaborate on a joint proposal.

Proposals from multi-county or regional applicants will be considered. We will accept multi-county proposals that include counties not listed above if a significant portion of the patient population served by the proposal is located in target counties.

Eligible applicants include:

- Community health centers that provide comprehensive primary care;
- Nonprofit or public rural health clinics;
- Tribal health centers;
- Regional community health center consortia;
- County health or mental health agencies;
- Local initiative health plans or county organized health systems;
- Healthcare districts;
- Private nonprofit safety net hospitals or systems; and
- Community based organizations with deep involvement in the safety net healthcare system.

In addition, applicants must meet BSCF's organizational requirements:

- Have a mission consistent with the mission and goals of Blue Shield of California Foundation;
- Be a nonprofit and tax-exempt organization under 501(c)(3) of the Internal Revenue Service Code (IRC) and defined as a public charity under 509(a) 1, 2, or 3 (types I, II, or a functionally integrated type III) or a governmental, tribal, or public entity;
- Have a reputation for credibility and integrity;
- Primarily serve Californians;
- For past and current BSCF grantees, meet current grant agreement requirements, and be up-to-date on all required reports from previous grants, as applicable.

3. Use of Funds

This RFA seeks proposals that would improve the integration of care delivery among healthcare safety net providers in a county to better coordinate care for low-income populations in small, rural counties. In particular, proposals are welcome that would improve integration of care delivery for patients who are uninsured or receiving care through Path2Health or Medi-Cal; strengthen the integration of behavioral health and primary care; or implement collaborative projects between community health centers, local safety net hospitals and county health and mental health systems to enhance care coordination.

Examples of the types of projects eligible for this grantmaking include, but are not limited to:

- Support of countywide collaboratives, comprised of diverse stakeholders including community health centers, hospitals, private providers, and county health and human services departments that are actively planning for and responding to integration opportunities created through the ACA and the Section 1115 waiver;
- Efforts to strengthen the integration of behavioral health and primary care within the local safety net, with a focus on planning for or implementation of systems redesign;
- Development and implementation of health information exchange capabilities to enable health centers, hospitals, and other community and county based providers to more closely coordinate care for low-income populations; and
- Opportunities to expand access to and better coordinate care for hard-to-serve populations, including for example the undocumented, populations still uninsured after ACA implementation, and homeless individuals.

4. Grant Size and Term

Grant Size: Proposals for up to \$125,000 will be considered, with an estimated 5 to 10 grants to be awarded through this RFA (final determination based on the eligible applicant pool). Note: submission of a proposal does not guarantee funding.

Grant Term: Up to 12 months, starting October 1, 2012.

5. Proposal Evaluation

In evaluating proposals, we will look for a demonstration of:

- Compelling vision and leadership among local safety net stakeholders to create a better integrated system of care for rural communities;
- History of strong collaboration among safety net providers and stakeholders, including an existing forum in which safety net providers are already meeting and discussing issues of mutual concern, and/or a serious commitment by safety net providers to develop this forum;
- Commitment to the project by local safety net stakeholders;
- Implementation of a meaningful strategy to improve integration of different safety net providers into a more effective delivery system for low-income populations;
- Involvement of community health centers, community health center consortia, and community health center leadership in delivery system integration;
- Commitment to achieve Triple Aim goals to improve the health of a population, improve quality and the patient experience of care, and lower the per capita cost of care; and
- Quality and clarity of project objectives, work plan and budget.

Review and due diligence on the proposals will be conducted June through August and applicants will be notified of their status by late September.

6. How to Apply

1. Apply through our online grant system using the following custom link:

http://www.cybergrants.com/BSCF/2012_Rural_SNI

Note: Applications must be submitted using the link above. DO NOT submit through the Foundation's website

2. Enter registered grantseeker email and password to login or register as a new grantseeker following the instructions at the top of the page.

Note: Only one grantseeker can be connected to each application.

3. On the Welcome page, scroll to the bottom of the page and click:

» Start a New Application «

4. After clicking the link, you will be directed to the application. There is a navigation bar at the top of each screen to allow for easy toggling between sections.

Notes:

- The name of this funding opportunity should appear above the navigation bar. If you do not see it, you are in the incorrect application. Exit the system and login through the link above.
 - Update organizational and contact information in the first two sections.
 - Some fields in the application are pre-populated and cannot be edited.
5. Click the "Submit" button on the preview application page to submit the application. You will receive an application receipt via email confirming your submission.

Application Information

In addition to the core application, applicants will be asked to provide two references from partnering safety net organizations. These references may be contacted as part of due diligence for the proposal.

7. Contact Information and Conference Call Information

Content Questions: For questions related to eligibility for this grantmaking or to the content of the application, contact:

Richard Thomason
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BSCF has retained Bonnie Midura, an independent consultant, to coordinate this grantmaking process and carry out due diligence on grant proposals. For questions related to the due diligence process, contact:

Bonnie Midura
Midura Consulting
(805) 870-5040
bonnie@miduraconsulting.com

Technical Questions: For questions related to the online grants system or application process, contact:

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Informational Conference Call

BSCF will host an optional informational conference call on **Thursday, May 31 at 1:30pm-2:30pm** to clarify and address questions about the RFA.

Dial-in number: (800) 391-1709

Bridge number: 390558

During the presentation at the beginning of the call, all caller lines will be muted. Questions will be addressed during the Q & A portion of the call following the presentation.

Instructions for the Q & A Period:

- BSCF staff will announce when the Q & A is beginning (hold your questions until this time)
- To pose a question, press 5* and you will be placed in the queue
- When you hear an announcement that your line has been “unmuted” it is your turn to speak
- Introduce yourself and your agency name.
- To be removed from the queue press 5* again

8. Key Dates

May 23	Request for Applications Released
May 31 1:30pm-2:30 pm	Informational Conference Call (optional) Dial In #: (800) 391-1709 Conference Bridge #: 390558
June 4	Minutes from conference call sent to potential applicants
June 22 5:00 pm	Proposals due
June through August	Proposals reviewed Due diligence and follow-up activities (as necessary)
September, 2012	Notification of grant decisions
October, 2012	Start date for selected projects