SAFETY NET

2017 REQUEST FOR PROPOSAL

Health Care Foundation
OF GREATER KANSAS CITY
The Health Care Foundation of Greater Kansas City (HCF) was founded in 2003 following the sale of the non-profit Health Midwest hospital system. For over a decade, we have been working with our partners to create healthy communities through our grantmaking, advocacy and leadership in our community.

**At HCF**

...we know that there is more to health than healthcare and seeing a doctor. Each year we invest over $20 million in grants, advocacy and leadership to work together with our community partners to improve the health of the most vulnerable in our community. Whether it’s creating public places free of second-hand smoke or improving access to healthy foods, safe places to be physically active or ensuring everyone has access to mental, oral and health care services, we are proud of the work being done to create a culture of health.

**HCF SERVICE AREA**
OVERVIEW

Safety Net Care
The goal of our safety net funding supports greater access to a safety net of services that provide safe, timely, efficient, equitable, integrated, affordable and quality health care and oral health care.

Healthy Communities
The goal of our Healthy Communities funding is to increase access and use of healthy foods, create safe environments for physical activity and support tobacco use prevention through resident-focused policy change.

Mental Health
The goal of our mental health funding is to provide support, treatment, prevention and advocacy for mental/behavioral health services for children and adults.

Support access to health care and oral health care

Improve the availability and quality of mental and behavioral health services

Support environments and policies for healthy eating, active living and tobacco use prevention
GOALS & STRATEGIES

Support greater access to a safety net of services that provide equitable, integrated, affordable and quality health care and oral health care.

A total of $4.2 million is available through the 2017 Safety Net Request for Proposal. Grants will be awarded for a period of up to two years. Please note, approval of two-year funding requests will affect the number of grants that the Foundation can award; therefore, applications for two-year grants are required to provide a compelling explanation of why the proposed project requires multi-year funding. Programs that do not make a compelling case for two-year funding will still be considered for funding for one year.

NEW: Applications should address all three strategies of access, quality and cost in their proposal.

Deadlines

Letter of intent
June 21, 2017 by 12:00, noon

Full Proposal Submission
August 16, 2017 by 12:00, noon

Awards Announcement
December 13, 2017

GOALS & STRATEGIES

Support greater access to a safety net of services that provide equitable, integrated, affordable and quality health care and oral health care.

A total of $4.2 million is available through the 2017 Safety Net Request for Proposal. Grants will be awarded for a period of up to two years. Please note, approval of two-year funding requests will affect the number of grants that the Foundation can award; therefore, applications for two-year grants are required to provide a compelling explanation of why the proposed project requires multi-year funding. Programs that do not make a compelling case for two-year funding will still be considered for funding for one year.

NEW: Applications should address all three strategies of access, quality and cost in their proposal.

Deadlines

Letter of intent
June 21, 2017 by 12:00, noon

Full Proposal Submission
August 16, 2017 by 12:00, noon

Awards Announcement
December 13, 2017
KEY CONCEPTS

IHI Triple Aim: Better Health, Better Care, Reduced Cost
Quality Care: Safe and Effective, Timely and Efficient, Patient-centered and Equitable

The Safety Net Health Care System

The medical safety net is composed of a network of free health clinics, charitable clinics, community health centers (FQHC), safety net hospitals and local public health institutions. Safety net agencies also work with a range of private and nonprofit organizations that serve the many needs of low-income patients.

Health Equity

HCF believe health equity is achieved when people have the opportunity to attain his/her full potential and no one is disadvantaged because of gender, ethnicity, where they live or economic status.
# SAFETY NET THEORY OF CHANGE

## TARGET CONSTITUENTS
- The uninsured, under-insured and underserved of greater Kansas City
- Safety Net clinics (SNC), community health centers (CHC), and SN hospitals
- Community-based organizations that support health care services

## PROBLEMS
- The health care delivery system is fragmented and difficult to navigate
- Health care services are not always patient-centered, integrated and coordinated
- Individuals lacking adequate health insurance have difficulty accessing services
- The cost burden of health care is very high

## GUIDING PRINCIPLES
- Patient engagement in health care will result in better patient experience and health outcomes
- The continuum of health care includes prevention, treatment and maintenance
- Health equity is a core value of a high quality health care delivery system
- People are best served when systems of care are patient-centered, integrated and coordinated
- Using the Triple Aim Framework: Better Health, Better Care and Lower Costs will improve the health care delivery system and health outcomes

## STRATEGIES
### Increase Access
- Fund service delivery and core operating support
- Facilitate greater care coordination and navigation
- Increase health care coverage that supports quality care

### Improve Quality
- Implement evidence-based, practice-based and promising practices in service delivery
- Improve patient care experience, engagement & satisfaction
- Promote system transformation through implementation of innovative care models, practices, and workforce
- Advance the use of health data and health information technology (HIT)
- Promote integrated systems of care across SN clinics, hospitals, providers and key community-based services
- Develop strategic partnerships through formal agreements that lead to system transformation
- Advance leadership and workforce development opportunities
- Support efforts that pursue systems level change that include multi-sector partners working to transform the health and oral health system

### Reduce Costs
- Support approaches that reduce costs, promote sustainability or contain costs
**PURPOSE:** To support greater access to a safety net of services that provide safe, timely, effective, efficient, equitable, integrated, affordable and quality health care and oral health care.

### SHORT-TERM OUTCOMES

<table>
<thead>
<tr>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased number of patients receive quality care</td>
</tr>
<tr>
<td>• More individuals have insurance coverage</td>
</tr>
<tr>
<td>• Patients successfully navigate through the health care system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased capacity to deliver high quality care</td>
</tr>
<tr>
<td>• Improved health outcomes</td>
</tr>
<tr>
<td>• Improved patient care experience, engagement and satisfaction</td>
</tr>
<tr>
<td>• Increased use of evidence-based, practice-based, promising practices, and patient-centered strategies in service delivery</td>
</tr>
<tr>
<td>• Increased formalized and meaningful partnerships between health care delivery providers and social services</td>
</tr>
<tr>
<td>• Greater integration of care</td>
</tr>
<tr>
<td>• Multi-sector groups work together to produce systems level change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lowered or maintained health care costs for SN organizations</td>
</tr>
<tr>
<td>• More affordable healthcare for individuals</td>
</tr>
</tbody>
</table>

### ULTIMATE IMPACT:
People are able to live healthier lives because they have access to a health care delivery system that includes preventive care and provides regular, affordable, and high-quality health and oral health care.
HCF encourages applicants to review the Triple Aim goals and measures and if appropriate use it to inform and guide the projects outcome framework. A guide to measuring the Triple Aim can be found at: ihi.org/resources/Pages/IHIWhitePapers/AGuidetoMeasuringTripleAim.aspx.

Other guidelines to consider when developing the project’s evaluation plan include:
- Evaluation should have clearly defined indicators to measure if program services/interventions are having intended effect.
- Outcomes should be realistic, meaningful and measurable.
- When implementing evidence-base-practice (EBP), the plan should include outcomes and indicators that have been reported as valid measures for practice achievement.

NEW FOR 2017

HCF has strengthened its reporting process to align with the Safety Net Theory of Change. The safety net indicators can be found with the narrative template and other application materials on the website at hcfgkc.org/safety-net.

- Applicants should select a minimum of one outcome and one indicator for each of the three strategies (Access, Quality & Cost) they have identified from the Safety Net Theory of Change.
- If funded, these indicators will become a part of your grant agreement and subsequent reports.

Additional information, including the list of safety net indicators, is available at hcfgkc.org.

THE IHI TRIPLE AIM

The Institute for Healthcare Improvement (IHI) Triple Aim framework describes an approach to optimizing health system performance. The three dimensions of the Triple Aim are:

- **Better Health**
  Improving the health of populations

- **Better Care**
  Improving the patient care experience along the IOM six domains of quality (safety, timeliness, patient-centered, efficiency, effectiveness and equity)

- **Lower Costs**
  Reducing the per capita cost of health care through improvements in care and patient experience
APPLICATION PROCESS

All organizations interested in applying for a 2017 Safety Net grant will be expected to complete the online grant application available at hcfgkc.org. Cities, hospitals and universities are allowed to submit two proposals per each Foundation Defined Grant round.

The application process requires applicants to complete two steps: Letter of Intent and Full Proposal. Both steps include a number of required attachments, which can be found at hcfgkc.org/online-applications.

Please ensure you are using the current 2017 templates from HCF’s website. Do not use any previous templates you may have downloaded.

Step 1: (deadline June 21)
Letter of Intent and Attachments

Applicants are required to submit a Letter of Intent. It should include a completed online application form and the following attachments:

1. Letter of Intent Narrative
2. 501(c)(3) IRS Letter of Determination

Applicants will receive an email confirming receipt of the application. The email will contain an electronic link to access the full application for Step 2. If an email confirmation is not received within 24-hours, please contact the Foundation.

Step 2: (deadline August 16)
Full Proposal and Attachments

The full proposal should include an updated online application and the information indicated below.

1. Proposal Narrative
   See instructions on how to prepare narrative at: hcfgkc.org/proposal-narrative-instructions
2. Supporting Attachments
   a. Project budget and justification
   b. Letters of commitment and/or support
   c. Board roster & demographics
   d. Applicant’s operating budget
   e. Logic model (recommended)
   f. Most recent independent financial audit
   g. IRS 990 and IRS Letter of Determination
   h. Certificate of incorporation

For more information, please refer to the Frequently Asked Questions at hcfgkc.org/faq. In addition, HCF encourages you to contact Karen Guile with further questions at 816-241-7006 or kguile@hcfgkc.org.

Please review our “Before you Apply” section of the website for organizational requirements and to ensure you adhere to our non-discrimination policy.

http://hcfgkc.org/before-you-apply/
After an initial internal review process, a team of reviewers from outside HCF’s service area will make recommendations for grant funding.

External reviewers may also recommend further negotiation, modification or technical assistance. HCF’s program officers will make the final decision on the slate of recommendations in response to external reviewers’ guidance and HCF Board direction. These recommendations will be presented to the Program/Grants Committee for consideration before they are approved or declined by vote of the HCF Board of Directors.

The Foundation reserves the right to reject proposals submitted, to request additional information or clarification from any or all applicants, and/or negotiate changes with applicants at any time before, during or after the award process. Grant awards are made at the sole discretion of the Foundation. No entitlement to funding for any organization at any level is expressed or implied. Successful applicants enter into a contract that gives the Foundation rights to review and evaluate grant-funded activities.

* As recommended by external reviewers
For specific information on the Mental Health RFP, please contact:

BRADFORD HART  
bhart@hcfgkc.org  
(816) 241-7006, ext. 138

ANDRES DOMINGUEZ  
adominguez@hcfgkc.org  
(816) 241-7006, ext. 116

Please visit our hcfgkc.org for additional information on:

- Our application process
- Grant FAQ page
- Technical assistance available to organizations
- Reporting requirements
- Currently funded grants
- The healthy communities leadership academy
- Pre-proposal conference presentation
- Additional Theory of Change resources

It is highly recommended that you use current local or regional data in your grant application.

Visit kchealthmatters.org for health data and promising practices from the HCF service areas.

Deadlines

Letter of intent  
June 21, 2017 by 12:00, noon

Full Proposal Submission  
August 16, 2017 by 12:00, noon

Awards Announcement  
December 13, 2017