



KAISER PERMANENTE®

2018 COMMUNITY HEALTH APPLICANT GUIDE:

For applications in the areas of Behavioral Health,
Educational Attainment, and HIV/AIDS Prevention and Treatment

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1. INTRODUCTION

The mission of the Kaiser Permanente Health Plan of Georgia (KPGA) is to improve the health of Kaiser Permanente members and the communities we serve through the provision of high quality, affordable health care and evidence-informed or evidence-based community health initiatives. Through our Community Health Department, KPGA invests in programs and policies that facilitate wellness, prevent chronic disease, and improve the community-level conditions that contribute to health and wellbeing.

Every three years, KPGA engages in a Community Health Needs Assessment (CHNA) process during which data from multiple sources are analyzed and leveraged against diverse community feedback. In 2016, the CHNA process resulted in the identification of seven Health Priority Areas. KPGA is currently seeking to fund programs that address one of the following:

- Behavioral Health
- Educational Attainment
- HIV/AIDS Prevention and Treatment

The purpose of this applicant guide is to outline expectations for grant applications in the above Health Priority Areas and to provide support for organizations seeking to apply for funding. Applications will be evaluated based on criteria listed herein. Applications demonstrating the greatest potential for impact will be considered for funding.

2. GRANT FUNDING DETAILS

Step One: Letter of Intent (LOI)

Eligible organizations may express interest in applying for a KPGA grant by submitting a Letter of Intent by 3:00 pm on March 2, 2018.

To receive support from KPGA, applicants must meet the following criteria:

- Be a tax exempt, nonprofit 501(c)(3) public charity or governmental entity and have a 509(a) designation
- Be incorporated in and request funding for a project where participants reside in at least one county in the KPGA service area, which includes: Barrow, Bartow, Butts, Carroll, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Madison, Meriwether, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding or Walton
- Have completed grant period and submitted all Kaiser Permanente project reports, if a previous grantee
- Be able to provide required supporting documents if selected for grant application (e.g., 990 tax return, audit, strategic plan executive summary, etc.)

Please note, KPGA does not fund:

- Private foundations
- Organizations with an open Kaiser Permanente grant
- Organizations whose incorporation is outside of the KPGA service area
- Organizations that discriminate based on race, color, religious creed, national origin, age, sex, marital status, sexual orientation, gender identity, disability, medical condition, or veteran status
- Political candidates or organizations
- Faith-based organizations that will use funds to teach or advance a religious ideology or solely provide programs to its own congregation, membership, or students
- Sports teams/events, student enrichment trips, or school yearbooks

LOI applicants who meet the above criteria and who demonstrate an ability to impact at least one of our core strategies will be invited to submit a full application.

Step Two: Submission of Grant Application

Applicants who advance to step two will be provided access to the KPGA online grant application. Applicants may request funding for up to 35% of their program budget, not to exceed \$75,000 or 15% of organization’s 2017 actual revenue. Organizations are strongly encouraged to participate in one of two KPGA Applicant Guidance webinar sessions, which will be held during the week of March 12-16, 2018 and will provide applicants with technical assistance on the application, measuring and reporting outcomes, and other useful information that will help enhance the grant application. Applications are due no later than 3:00 PM on Friday, April 6, 2018. After applications are submitted, KPGA staff may schedule and conduct site visits.

Step Three: KPGA Grant Review Committee Meeting

A grant review committee will meet to make funding recommendations based on their assessment of applications and site visit reports. Applicants will be notified of the committee’s decision following the review meeting. A complete timeline of the application process is outlined below.

Timeline

February 16, 2018	Funding Announcement: Call for Letters of Intent (LOIs)
March 2, 2018	Letters of Intent due by 3:00 pm
March 9, 2018	Staff decision on LOIs
March 12-16, 2018	Applicant Guidance Webinars (Two options will be available)
March 19, 2018	Full Application Available
April 6, 2018	Full Application due by 3:00 pm
April 11-27, 2018	Site Visits
May 18, 2018	Grant Awards Recipients Notified

Target Populations

Applicants must demonstrate that half of the population served is at or below 300% of the Federal Poverty Level (FPL). Special consideration will be given to programs that address vulnerable populations such as school-aged children, homeless individuals, pregnant women, veterans, or LGBTQ populations.

3. FUNDING PRIORITIES

KPGA is seeking to fund programs that engage our core strategies and are highly likely to result in specific outcomes. In the following section, three health priority areas are defined. Along with each defined health priority area is a set of core strategies and the related desired outcomes of interest. Applicants must demonstrate that their program will address at least one of our core strategies. KPGA will track desired outcomes across grantees, so applicants must also demonstrate that they will be able to provide data on at least one desired outcome related to their selected strategy. Although additional program strategies and outcomes may be implemented and reported on, the minimum requirements for successful applicants are outlined below.

CONTEXT: Behavioral Health
<p>Mental health can be affected by biological, social, sensory, and environmental factors. Behavioral health is an important domain of health that encompasses aspects of mental wellbeing and emphasizes a reduction of health behaviors that might contribute to poor health, mental illness, and reduced productivity (e.g., substance use, disordered eating behaviors, self-harming behaviors, etc.). In the KPGA Service Region, mental illness is one of the leading causes of hospital and ER utilization and self-harm/suicide is a challenge in many communities. KPGA is interested in investing in current regional assets and programs to improve mental health symptoms and behavioral health among residents in the KPGA service region.</p>

Measurement Approach:

Applicants are required to provide data on at least one long term outcome as it relates to the core strategy.

Core Strategy	Desired Outcomes
Increase access to prevention, screening, treatment, and/or supportive services for individuals diagnosed with mental illness and/or substance use disorders	Improvement in functioning as measured by a validated tool (e.g., scores on the PHQ-9 assessment, making progress toward goals on a treatment plan, etc.)
	Improved access to behavioral healthcare in areas where people don't typically have access (i.e., schools, rural areas, etc.) or via the use of innovative technologies such as telemedicine
	Increased access to intensive support services that reduce barriers to mental health service utilization among vulnerable populations (e.g., long-term or transitional housing)

CONTEXT: Educational Attainment

Educational attainment is one of the strongest predictors of life expectancy and lifetime health status. Low levels of educational attainment are associated with poverty, unemployment, lack of insurance, and poor health outcomes. In the KPGA region, there is wide variation in educational attainment and school quality is not equitably distributed. Nearly 13% of the population is without a High School diploma. Increasing educational attainment and related opportunities will ultimately improve the economic wellbeing of residents in the KPGA service region, which will positively affect health outcomes over time.

Measurement Approach:

Applicants are required to provide data on at least one long term outcome as it relates to at least one core strategy.

Core Strategy	Desired Outcomes
Increase access to and effectiveness of early childhood learning programs	Children achieving early childhood education standards (as measured by the Georgia Early Learning and Development Standards or other validated guidelines)
Increase access to/opportunities for extra reading instruction for children who are identified as “at-risk” for falling below grade-level	Children reading on or above grade level by grade 3 and/or grade 5 (as measured by standardized examinations)
Increase access to mentorship and guidance on post-secondary education preparation, application, and enrollment among low-income youth	Increased percentage of high school seniors who graduate on time
	Increased percentage of high school seniors who apply for and are enrolled in post-secondary learning opportunities (e.g., training programs, technical college, two-year degree programs, or four-year degree programs)

CONTEXT: HIV/AIDS Prevention and Treatment

HIV prevalence varies greatly by county, age, gender, and racial/ethnic identity in the KPGA region. For example, the prevalence rate for non-Hispanic Black residents is nearly five times higher than that of non-Hispanic White residents and HIV prevalence in Fulton, Clayton, and DeKalb Counties are among the highest in the nation. While KPGA Community Health does not offer direct programming for HIV prevention and treatment, there is continued commitment to developing partnerships and strengthening networks to support prevention, treatment, and management (i.e. “treatment as prevention”) efforts, particularly in counties where HIV rates are the highest.

Measurement Approach:

Applicants are required to provide data on at least one long term outcome as it relates to at least one core strategy.

Core Strategy	Desired Outcomes
Increase access to testing and linkage to care	At-risk individuals demonstrate increased understanding of their HIV status and how to access long-term HIV care (i.e., obtaining a medical home)
Increase adherence to medication and treatment plans for HIV+ individuals	Improvement in health status as measured by a decrease in viral load
Increase access to prevention education for at-risk populations	Increase in knowledge around the prevention of HIV transmission, as measured by a knowledge assessment tool