California Community Care Coordination Collaborative: A Learning Collaborative of Communities Building Systems of Care Coordination for CSHCN

Request for Proposals

Program Overview

The Lucile Packard Foundation for Children’s Health is offering four $40,000, 18-month grants to assist community-based, multi-agency coalitions to improve local systems of care coordination for children with special health care needs and participate in a learning collaborative. Proposals are due February 8, 2013, and selected projects will begin April 1, 2013.

Background

Children in California with special needs, especially those with special health care needs (CSHCN), receive care from a wide array of service providers who have few reliable mechanisms by which to share information. Consequently, care tends to be fragmented and costly, and quality may be jeopardized. Families may be unaware of available services, confused as to who is responsible for providing and financing services, and frustrated by the lack of planning, continuity of information, and comprehensiveness of care. Among families of CSHCN in California who need care coordination, nearly half report they do not receive it. Not surprisingly, improving coordination of services for CSHCN was the number one priority among families, service providers, agency staff, and other advocates surveyed by the Foundation in 2012.

Lack of care coordination within the health care system perpetuates problems with access, quality and cost, and creates emotional and financial burdens for families. Although care coordination often is not covered by public or private health insurance, many public programs for children with special needs do provide some care coordination. In these cases, care coordination resources often are reported to be both inadequate and, ironically, duplicated...
among programs. Further, existing efforts are remarkably fragmented by different administrative processes, eligibility, and payment streams. This likely reflects a lack of planning, funding, and collaboration by policymakers, community agencies, and service providers. Policymakers and health care system administrators are aware of these problems and are seeking solutions through policy and improved programs, though most of these efforts target adult populations.

While better public policies and enhanced payment can go a long way toward better care coordination, community-based, collaborative planning and action are essential. High quality, responsive care coordination is one aspect of a high performance system of care for children, and needs to be developed locally to meet the needs of children and families in communities, responding to local circumstances and, to the extent possible, using existing resources. A goal of the Lucile Packard Foundation for Children’s Health is to promote local systems that provide care coordination that is a family-centered, assessment-driven, team-based activity guided by individualized care plans designed to meet the needs of children and youth while enhancing the care-giving capabilities of families.

The Project

The Foundation seeks proposals for grants of up to $40,000 for 18-month projects to improve systems of care coordination for CSHCN and their families in California communities. This request for proposals is intended to stimulate projects that develop or build upon one or more of the essential elements of comprehensive care coordination:

- A program that is accessible and community-based;
- Use of a qualified care coordinator;
- Intake screening;
- Comprehensive assessment;
- Team-based development of a care or service plan addressing children’s health and well-being;
- Family/patient-centered goal setting, planning, and services;
- Informing, arranging, and providing services, including advocacy and financing;
- Standardizing transmission of information among service providers;
- Monitoring service delivery;
- Ongoing reassessment;
- Ongoing relationship between client and care coordinator; and
- Enhancing the care-giving ability of patients and families.
Proposals will be evaluated on their potential to contribute to the development of reliable, high quality, self-sustaining, community-based systems of care coordination for CSHCN. We are especially interested in proposals that build on existing infrastructure, including inter-agency coalitions and care coordination services already assisting children and families.

Examples of care coordination projects that have been done in other locales include:

- Adoption of standardized referral and feedback forms among all child and family service providers in a community;
- Creating inter-agency agreements that delineate responsibilities for shared clients;
- Creating a shared care coordination resource for multiple service providers or medical homes;
- Expanding existing care coordination services to include new populations;
- Creating a shared community budget for care coordination services;
- Training and credentialing care coordinators in practices, agencies, and institutions;
- Community-wide adoption of standard measures of quality of care coordination;
- Creating mechanisms for payment for multi-disciplinary team conferences; and
- Expanding targeted case management services.

As part of the grant process, the four selected grantee coalitions will be expected to participate in an 18-month learning collaborative. The California Community Care Coordination Collaborative will provide a structured opportunity for funded coalitions to learn from one another, identify areas of shared need, discuss emerging challenges, and connect with others engaged in improving care coordination for CSHCN. Grantee coalitions will identify and collect data for at least one common outcome measure for their projects in addition to their individual evaluation plans.

The Foundation will offer grantee coalitions the following types of technical assistance and peer learning opportunities:

- Participation in a learning collaborative dedicated to supporting the development of innovative and sustainable policy and practice changes to improve care coordination for CSHCN;
- Technical assistance, including analysis of care coordination issues and policy, facilitated access to written material on promising care coordination practices and models, an onsite visit, regular conference calls, face-to-face meetings, and electronic communications;
- Technical assistance topics will be developed to address needs identified by the learning collaborative members;
- Funding for key participants from each coalition to attend three to four in-person meetings of the learning collaborative; and
- Access to expertise from other coalitions, researchers, former and current grantees, policy makers, and Foundation staff.

Eligibility Criteria

Non-profit organizations, public agencies, academic institutions, and stakeholder coalitions are eligible to submit proposals. Individuals, for-profit organizations, private foundations 509(a), and religious organizations for religious purposes are not eligible to apply.

Proposals must:

- Address care coordination needs of children with special health care needs and their families in a geographically defined community, county, or region within California;
- Provide a description of the target population including, but not limited to, service area, age, family income, and special needs;
- Include at a minimum the following key stakeholders as active participants in a coalition and provide letters of support from them: families of CSHCN, primary care professional association representative (e.g., American Academy of Pediatrics), California Children’s Services, Regional Centers, and family resource and support providers. Other participants will vary with each community but might include local hospitals and health care organizations, mental health service providers, Early Start programs, special education services, early education and child care including Head Start programs, etc. The roles and responsibilities of stakeholders should be outlined in the proposal;
- Describe proposed work of the coalition, including objectives, activities, responsible individuals, timeline, and evaluation. Identify measurable outcomes, particularly changes in the systems serving children and families, to be achieved within the award period and methods to assess their achievement. Applicants should designate a coalition member to be responsible for evaluation. Recognizing that effective measurement is challenging, the Foundation will work with grantees throughout the project to refine and implement their evaluation plans;
- Provide a statement of intention to participate in learning collaborative activities over the 18-month grant period;
- Not include funding for direct services; and
- Not exceed a request of $40,000 over the 18-month grant period.
Applicants are encouraged to identify sources of in-kind support or local funding. Projects that involve county Medi-Cal agencies as the lead agency may be eligible to draw down federal matching funds for this project. Applicants are encouraged to explore this option with their county Medi-Cal agency.

Grantee coalitions are expected to collaborate with the Foundation in disseminating project results.

**Selection Criteria**

Proposals will be assessed using the following criteria:

- Documentation of the need for a care coordination system in the proposed community using reliable data sources (e.g. kidsdata.org, local agency data, etc.);
- Feasibility and likelihood of successful, community-wide, systemic changes, structural or procedural, in care coordination services;
- Evidence of community-wide, public and private sector collaboration and commitment to the project;
- Identification of measurable indicators of project success and a plan for data collection;
- Strategic use of grant funds and justification for their use;
- Development of a plan for sustainability of the project after the funding period ends. Sustainability plans may include, but are not limited to, identification of sources or mechanisms for continued funding, changes in policies and procedures, standards for information sharing, establishment of shared data systems, and staff reassignment;
- Applicant’s experience and qualifications for conducting the proposed project and the time commitment of key project staff members who have the skills and experience to perform the tasks required;
- Projects that can be replicated are preferred but not required; and
- Other criteria, specific to individual proposals, may be considered at the discretion of reviewers.

**Evaluation and Monitoring**

Grantees are expected to meet the Foundation requirements for the submission of narrative and financial reports, as well as mutually agreed upon deliverables. Selected grantees will commit to working with the Foundation staff and the learning collaborative to select one common outcome measure that all coalitions will use during the project to show impact.
close of each project, grantees will be expected to provide a written report on the project and its findings suitable for dissemination.

**How to Apply**

If you have questions about the application process or project eligibility, we will be hosting a Prospective Applicant Webinar on **January 10, 2013, at 1 p.m. PST**. To join the online event, go to: https://www1.gotomeeting.com/join/539646657. To join the teleconference only, the dial-in number is 1-786-358-5418 and the access code is 539-646-657.

Applicants should download and complete the application form posted on the Foundation’s website, [http://www.lpfch.org/programs/cshcn/CACommunityCareCoordinationCollaborativeRFP.html](http://www.lpfch.org/programs/cshcn/CACommunityCareCoordinationCollaborativeRFP.html), and submit it electronically to grants@lpfch.org by **February 8, 2013**. For more information, contact Holly Henry, Research Program Officer, at (650) 736-0677 or holly.henry@lpfch.org.

**Key Dates for Applicants**

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