

Request for Proposals (RFP):

Community-driven mental health interventions for Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx youth and young adults

Kaiser Permanente Washington is dedicating up to \$2M over the next two years to improve the mental wellbeing of youth (ages 13-17) and young adults (ages 18-26) in the following racial or ethnic groups: Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx. Organizations must be nonprofit 501(c)(3) tax-exempt organizations or tribal organizations in good standing with IRS and provide services in King, Kitsap, Pierce, Snohomish, Spokane, and/or Thurston counties.

I. Background & Identified Needs

The mission of Kaiser Permanente is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. As a nonprofit organization, Kaiser Permanente makes carefully selected investments each year to strengthen the social and environmental factors that will improve the health of our communities.

Mental health conditions among youth (ages 13-17) and young adults (ages 18-26), especially Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx communities, are escalating in part due to current global events, workforce shortages, and inequitable access to trusted, culturally responsive services. Despite an upswell in public awareness around youth mental health in general, striking disparities in suicide rates and access to culturally relevant mental health care for youth of color remain widely underrecognized and under addressed. Self-reported suicide attempts have increased by 73% for Black adolescents since 1994, and Indigenous youth suicide has risen to as high as 17 times the national average for all ages. Approximately 88% of Latinx youth in the United States have unmet mental health needs. According to a national survey, members of Asian American and Pacific Islander communities are the least likely to engage with mental health care. The recent increases in referrals to Emergency Department also appear much higher for youth of color.

The mental health and wellbeing of Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx youth and young adults is crucial to our nation's recovery from the COVID-19 pandemic and a necessary response to individual, institutional and systemic racism. Members of the communities of focus have local and culturally relevant knowledge about effective mental health supports that expand beyond traditional western interventions. Increased access to culturally relevant supports will provide opportunities for earlier interventions which can foster optimal mental wellbeing, healthier communities and interrupt the systemic use of the school to prison pipeline as mental health interventions.

For the purpose of this RFP, mental health, mental wellbeing and mental illness are defined as:

- Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.¹ When the demands placed on a person exceed their resources and coping abilities, their mental health could be impacted. Mental health encompasses mental wellbeing and mental illness.
- Mental wellbeing includes how we respond to life's ups and downs. In this simple mental wellbeing definition lies deeper meaning and implication for our lives. It includes how a person thinks, handles emotion (emotional wellness), and acts.²
- Mental illness is a condition that deeply impacts day-to-day living and may also affect the ability to relate to others. Mental illness affects a person's thinking, feeling, behavior or mood.

Mental health, mental wellbeing and mental illness often present themselves on a dynamic continuum ranging from improving day-to-day living and relationships (including self) to deeply impacting one's ability to perform simple day-to-day tasks or engage in relationships.

II. RFP Purpose & Goals

This RFP was designed from input received by nearly 400 youth, young adults as well as their families, caregivers and providers who identify as or work specifically with these cultural groups. Special thanks to the listening session attendees and hosts who took time from their busy lives to share their stories of resilience, systemic barriers and mental health needs with trusted community organizations who then shared it with Kaiser Permanente. The design was also influenced from information learned during a landscape analysis of research and promising practices in youth mental health in six counties: King, Kitsap Pierce, Snohomish, Spokane, and Thurston.

The goals of this RFP are to:

- Improve the mental health and mental wellbeing of Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx youth and young adults
- Increase access to culturally relevant mental health, mental wellbeing and mental illness care by addressing systemic barriers such as transportation, stigma, funding, insurance status, documentation status, generational differences, language and lack of culturally responsive and reflective providers
- Improve issues of capacity with Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx led community organizations to support longevity of culturally responsive mental wellbeing services being provided in the communities in which they serve

¹ Center for Disease Control and Prevention (2022). *Mental Health*. <https://www.cdc.gov/mentalhealth/index.htm>

² Peterson, T. (2021, December 18). What are the components of Mental Wellbeing?, HealthyPlace. Retrieved on 2022, June 27 from <https://www.healthyplace.com/self-help/self-help-information/what-are-the-components-of-mental-wellbeing>

III. Grant Objectives and Required Activities

Successful applications will include projects that meet one or more the following objectives for one or more of the identified racial groups living in King, Kitsap, Pierce, Snohomish, Spokane, and/or Thurston counties. Kaiser Permanente funding can support programming that meets some or all of these objectives. Kaiser Permanente does not need to be the exclusive funder of all activities. Any preexisting programming used to meet these objectives should demonstrate effectiveness in meeting the goals of this RFP. Please include supportive data in your application. Our intention is to fund at least one organization that provide services in each of the counties and racial groups. Not all racial groups or counties need to be served by any single organization. Innovative and small-scale projects are encouraged, as are evidence-based services.

Objectives:

- Improve the social emotional & interpersonal skills of youth and young adults (e.g. one-on-one sessions or small group activities) in “safe” and accessible locations
- Build collective healing and strengthen the cultural identity of youth and young adults
- Raise awareness about mental health, mental wellbeing and mental illness of youth and young adults, and how to navigate mental health resources with an intentional focus on parents, family members and caregivers
- Remove barriers to accessing services offered by your organization including mental health care including attention to cost, language, organizational capacity, literacy, event or service location, transportation and stigma

Required activities:

- Incorporation of input from youth and young adults identifying as part of the racial, ethnic or cultural group the activities intend to impact into the project design. See Appendix for recommendations from listening session participants
- Participation in a cohort to develop reporting outcomes for this project.
- Completion of all required reports (minimum of twice a year) in a timely manner.

Optional activities:

- Participation in a learning and technical assistance cohort focused on improving capacity of 501(c)(3) organizations owned and/or led by persons of color

While important to mental health and wellbeing, the following activities are not allowed:

- Physical or cultural activities that are not part of a continuum of mental health, mental wellbeing or mental illness services provided by the organization (e.g. sport teams or leagues, town halls)
- Capital or operational funding for community or cultural centers



IV. Grant Amounts, Duration and Demographics

A minimum of seven grants, each up to \$300K over two years, will be awarded to community organizations providing mental health and wellbeing services focused on and in partnership with the following racial and ethnic groups: Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx. Grantees must serve youth and young adults in at least one of the following counties: King, Kitsap, Pierce, Snohomish, Spokane and Thurston.

V. Eligibility to Apply

All applicants must be:

- Nonprofit 501(c)(3) tax-exempt organizations or tribal organizations in good standing with IRS. Unincorporated groups or programs may utilize an eligible nonprofit agency as the fiscal sponsor to apply for funding.
 - Provide services in at least one of these counties of King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties.
 - Serve predominantly Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx youth, young adults and their caregivers in communities where the poverty level is above the state average.
 - Have leadership and staffing reflective of the community/s it serves. If this is not possible due to workforce shortages, staff and leadership must have been trained on the specific cultures they serve, as well as on implicit bias, institutional and structural racism.
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VI. Grant Application Process and Timeline

The two-year funding term will last from approximately January 1, 2023 – December 31, 2024. The grant term begins once the grant agreement is signed.

There will be two “phases” of applications:

- Phase 1 involves completion and submission of the attached Word document to communityhealth.wa@kp.org. It will be reviewed by a review team consisting of subject matter

experts with lived experience and content experience. **Due date: August 19, 2022**

- Phase 2 is by invitation only and will involve completion of an online, formal Kaiser Permanente grant application. Due Date: October 14, 2022 (tentative)

Grant writing workshops will be offered at no cost during each phase to assist organizations with questions and/or suggestions for improvement. The first eight applicants who meet eligibility criteria inclusive of operating budgets less than >\$1M and less than a .25 FTE dedicated fundraiser/ grant writer on staff will have the opportunity to receive up to 15 hours of editing and consultation support from a grant writing specialist. Organizations eligible for grant writing technical assistance must: 1) attend the grant writing workshops or the recording thereof, 2) complete a first draft of the applications and 3) be available for an initial screening and coaching sessions. The organization providing technical assistance WILL NOT write any applications. Organizations interested in accessing this assistance will need to register here.

Grant timeline:

RFP Release: Request for Phase 1 applications	July 6, 2022
RFP Information Webinar	July 19, 2022 11:00-12:00 Register here
Phase 1 application writing workshop	TBD Register here
Phase 1 application office hours	TBD Register here
Phase 1 application due	August 19, 2022
Invitation to apply for Phase 2 released	September 13, 2022
Phase 2 application writing workshop	TBD Register here
Phase 2 application office hours	TBD Register here
Phase 2 applications due	October 14, 2022
Final awards announced	December 2022
Contracting process initiated	December 2022
Services begin	January 2023
Sessions to develop evaluation model	January through March 2023
Report due a minimum of annually	February 1, 2024 and February 1, 2025

VII. Project Budget

The maximum award will be up to \$300,000 over two years released in a minimum of two annual payments. The initial payment is made upon receipt of the grant agreement. Subsequent payments are issued upon successful completion of agreed upon deliverables. Grantees may use the first four months of grant funding to support community engagement and input into the design or enhancement of services meeting the RFP goals and objectives. Those who choose this option will receive three payments with the second payment being issued once the workplan created during the planning timeline is complete. Funds may be used to enhance or expand staffing and services within existing programs, create new programming or replace funding that is ending.

Required budget items:

- Outreach and marketing to communities experiencing systemic barriers to services, such transportation and language
- Training to staff providing services when those staff are not of the same culture, racial or ethnic group as the youth, young adults and the families/caregivers served
- Translation or interpreter costs for outreach, enrollment, referrals, services, events, education and marketing materials **not** currently available in the languages of the focus audience
- Maximum indirect rate is 15%

Allowable budget items:

- Resources and funding to promote employee retention in roles that are critical for delivery of services, including living wage salaries, professional development in the field of practice and educational costs supporting Behavioral Health credentials. Professional development and educational costs should not exceed 10% of total budget.
- Consumable supplies, including healthy foods, supporting activities that meet the objectives
- Stipends to youth, young adults and/or families and caregivers for any time spent in a consulting or advisory role on the project or services

Prohibited Budget items:

- Capital improvement projects or political lobbying.
- Educational or professional development costs for any non-behavioral health profession

VIII. Scoring Criteria

- 1) Project focuses on Black, Native American, Asian American, Pacific Islander, Hispanic and Latinx communities and may include additional youth and young adults in populations that experience inequities in access to care including LGBTQ+, people experiencing homelessness, low income, etc.
- 2) Organization is a trusted by the community, as evidenced by successful history of convening, gathering community input, and implementing community services and programs based on community need

- 3) Organization is led by both a Board and Senior Leadership Team comprised of at least 50% of individuals who identify as Black, Indigenous, and other people of color (BIPOC)
- 4) Project focused on youth (ages 13-17) and/or young adults (ages 18-26) and their caregivers/families living in King, Pierce, Snohomish, Kitsap, Spokane, and Thurston counties
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- 6) Project provides activities informed by racial and ethnic group/s of focus (see Appendix for activities recommended during listening sessions).
- 7) Delivery of services and activities being led or hosted by providers that that “look like” the clients they serve or by staff with a trusted understanding of their culture
- 8) Activities will lead to successful accomplishment of objectives
- 9) The organization proactively addresses barriers to mental health care. This includes attention to cost, language, time of day, day of week, literacy, staff retention, event or service location, transportation and stigma
- 10) Programming to increase parent, family and caregiver understanding of mental health, mental wellbeing and mental illness as experienced by the youth and young adults in their communities.
- 11) Access to services and resources addressing mental health needs along a continuum of mental health and wellbeing to mental illness. Not all services along the continuum need to be available at the organization however staff should be able to help youth, young adults and parents/caregivers navigate obtaining care and access services not provided at their organization.
- 12) Provision of mental health and wellbeing supports identified as effective by the youth and young adults served by the organization. See Appendix for activities suggested by listening session attendees. Organizations can provide services outside of this list if based on community input.

IX. Application Instructions

There are two Phases to the application.

Phase 1 is open to all who are eligible and are due by end of day on August 19, 2022. Applications must be e-mailed to communityhealth.wa@kp.org.

Phase 2 applications are by invitation only and will be due one month from day of invitation. Approximate due date: October 14, 2022.

Questions about the project or application? Contact Jill Patnode, Senior Community Health Manager Jill.x.patnode@kp.org or 206-819-1758

X. RFP and Grantwriting Information Sessions

Mark your calendar!

We will be hosting a virtual RFP information session on:

- Tuesday, July 19, 2022 from 11am-12pm PST

[Register HERE for the information session.](#) A recording will be available for those unable to attend.

Email Jill.X.Patnode@kp.org to access.

Grantwriting workshops will be offered for each application phase. Register for more information on the workshops [HERE](#).

XI. Questions?

Questions about Phase 1 **application process and content** should be addressed to Jill Patnode, Senior Community Health Program Manager:

E-mail: Jill.X.Patnode@kp.org

Phone: 206-819-1758

Questions about the Phase 2 invitation only **application link or technical difficulties** should be addressed to Nina Miyata, Senior Charitable Contributions Consultant, at:

E-mail: Nina.Y.Miyata@kp.org



Appendix

Types of services recommended by listening session attendees

These ideas come directly from listening session attendees. It was not possible to add all of the suggestions. The author of this RFP created the category labels. Many activities will have impact across several categories. It is recommended that services for this project encompass some of these activities. If these activities are not a fit for your community, please highlight in the application how your organization used community input to determine activities.

Cultural and community events	Individual skill building
Events that celebrate people from their culture Open forums and town halls Cultural clubs Plant and medicinal food gathering Village circles Sports (as part of a broader continuum of mental health supports) Awareness walks Sweat lodges, pow wows, stick game Service oriented projects Spaces to collaborate or convene Generational trauma	Coping skills Dealing with trauma Self-motivation Resistance, tolerance and adaptation Social skills training Effective problem solving Self-advocacy skills Self-identity strengths-based approaches Mindfulness/Meditation One-on-one counseling Dealing with past trauma Cultural identity for mixed races
Classes or workshops	Parent focused
Mental health fairs with therapists present (similar to job fairs) Mental Health First Aid Understanding historical trauma Positive mindset classes Art and/or dance Mindfulness/Meditation Destigmatizing mental health in a culturally sensitive manner Diversity sessions Cultural history & experiences as a marginalized population	Education on mental health, mental wellbeing and mental illness How to talk or listen to your child when they have mental health concerns Community-based mental health resources Parent education classes to understand behaviors of children and/or own trauma Taking mental health seriously How to support your child and yourself
Relationship building opportunities	Uncategorized
Elders Mentoring Life coaching Learning from those with lived experiences Community-led solutions Activities fostering peer and adult connections Sense of belonging Strengthening familial relationships	“Nothing for us without us” Social media messaging, engagement, influence and as a tool for outreach and stigma reduction Pop-up mental health clinics “Therapy vouchers” that can be used at any time for any service to offset costs Representation in media/public

