**Request for Letter of Interest**

## School-Based Health Center Medical Sponsor

## Issue Date: March 13, 2015

## Bid Number:

**Buyer: [Buyer Name], Buyer. Telephone: (XXX) XXX-XXXX**

**Due Date: Friday, April 10, 2015, 2:00pm (MST)**

[School Name] is requesting Letters of Interest from medical organizations that have an interest in potentially serving as the **Medical Sponsor** for future School-Based Health Centers (SBHCs) in the district.

## Background

[Insert Background] At this stage in the planning process, [School Name] is not asking for full proposals from potential medical sponsors, but rather Letters of Interest from medical providers who would like to be engaged in discussions about potential partnership.

SBHCs provide primary medical and behavioral health care to youth. Centers may also have oral health providers, substance abuse treatment providers, nutritionists, health educators, and Medicaid/Child Health Plan *Plus* (CHP+) enrollment specialists on staff. Typically, SBHCs are located in schools where a high proportion of students qualify for free or reduced lunch, as this demographic often coincides with students being either uninsured or underinsured.

**SBHCs** typically involve a partnership between a **Lead Agency,** a **Medical Sponsor** and the **School District**.

**School Based Health Center**: School-based health centers are partnerships created by schools and community health organizations to provide services in a school or on a school grounds that promote the health and educational success of school-aged children and adolescents.

**Lead Agency:** Is most often the school district or a community healthcare provider. The Lead Agency secures funding for the SBHC, is the fiscal agent for all grants and develops the budget. It is responsible for reporting to funders. This agency is ultimately responsible for oversight of the SBHC.

**Medical Sponsor:** Can also take on the Lead Agency role, is a licensed medical provider, such as a Federally Qualified Health Center, a Rural Health Clinic, a community-funded safety net clinic, a hospital, or a physician group. The Medical Sponsor coordinates the medical and sometimes the mental health providers as well as other SBHC staff. It establishes clinic policies and procedures, assures professional liability coverage (malpractice) for the health care providers, oversees standard of care protocols and owns the medical records. The Medical Sponsor is responsible for most day-to-day operations of the SBHC.

**School District:** Generally provides in-kind support for the SBHC, such as facility space, telephone and internet service, and sometimes cleaning. The School District often provides administrative advising, some examples of which are: communications and marketing, negotiation of the interface of HIPAA/FERPA, and integration of school and SBHC policies and procedures. School District and host school support is essential for the success of a SBHC.

The **School District**, **Lead Agency** and **Medical Sponsor** spell out the roles and responsibilities of each party in a formal Memorandum of Understanding (MOU).

Please review the Colorado Quality Standards for Lead Agency and Medical Sponsor at: <https://www.colorado.gov/pacific/sites/default/files/PF_SBHC_Quality-Standards-for-Colorado.pdf>

**Request for Letter of Interest Anticipated Timeline**

* **March 13, 2015:** Request for Letters of Interest is released
* **April 10, 2015:** Letters of Interest are due by 5:00 p.m.
* **July 2015:** Full Request for Proposals will be issued (if planning grant is funded by CDPHE)
* **September and October 2015**: [School Name] will select and formalize agreements with a medical sponsor

**To Submit Letter of Interest**

If your medical organization is interested in being considered as a potential medical sponsor, please provide the following information by **Friday, April 10 at 2:00pm (MST)**:

* Name of organization
* A statement that your organization is interested in engaging in further discussions about serving as the Medical Sponsor
* Brief description of services your organization currently provides (behavioral health, primary health care, oral health, etc.)
* Anticipated services that you would be interested in providing at the SBHC
* Brief description of the location of your existing facilities in the North Denver Metro area
* Name, title, mailing address, telephone number, e-mail address for primary contact person, and agency website

Letters of Interest need to be emailed to [Buyer Name] at [XXX@xxx.org](mailto:XXX@xxx.org) by **Friday, April 10, 2015, 2:00pm (MST).**

**SBHC Planning Process Anticipated Timeline (subject to change)**

* **March 2015**: [School Name] will apply to CDPHE for Planning Grant (decision expected by July 1)
* **July 2015**: If funded, [School Name] will request full proposals from interested medical sponsors
* **September and October 2015**: [School Name] will select and formalize agreements with a medical sponsor
* **September 2015-June 2016:** The SBHC partners will engage in a full planning process to achieve the following goals:
  + Determine Current & Projected Needs of the Target Population
  + Establish Broad-Based Community Support
  + Confirm and Develop Facility Space
  + Define Governance, Management Structure & Collaborative Partnerships
  + Develop Operational Plan
  + Develop Four-Year Operational Budget
* **March 2016:** Apply for Start Up Funds from CDPHE and other funders

**Questions**

Any questions about the Letter of Interest process may be directed to:

[Buyer Name], Buyer

[XXX@xxx.org](mailto:XXX@xxx.org)

(XXX) XXX-XXXX