

RFP – Financial Sustainability & Impact Assessment

Questions & Answers

Content

1. The "statement of purpose" and "services desired" focus primarily on financial and funding related considerations; would an assessment of the Community Impact Model's impact be part of the scope of work? For example, disaggregating and determining which elements and/or service layers are the biggest drivers of impact (to inform model and cost structure analysis)

We currently have data for the Community Partnership Schools and the programs integrated in the model (i.e. behavioral health, expanded learning, access to food and health services). CHS commissioned another entity to conduct an inventory of our outcome data as a first phase in developing an economic impact report. We would provide that assessment to the provider selected. While there is data within the service layers, it is not comprehensive, nor consistent across the sites yet, so we would want this provider to assess our current impact data and where it could be strengthened to make a stronger business case for investment.

2. Given that the pathway(s) CHS pursues for expansion would have sizable implications for the model's cost structure and impact as it scales, to what extent has CHS already determined a path forward (or set of high potential pathways) for expansion?

CHS currently operates 23 community partnership schools and 4 family resource centers in 27 different communities. The Model being developed “CHS Community Impact Model” creates a comprehensive bridge in each community. The model has an anchor Family Resource Center for families with children prenatal to age 5, and a feeder pattern of schools K-12. The full ‘cradle to career’ pathway (prenatal to 24 yo) is operating in only 3 sites. The scaling would bring a fully operating ‘cradle to career’ pathway to the 27 communities. The provider will assist CHS in evaluating 3 sites with the full continuum in operation (outcome data and financial assessments) to inform the scaling to 27.

- Would scale pathway(s) be developed and/or determined through this engagement? YES

- If the pathway(s) have already been determined, could those be shared to inform proposal development?
 - CHS would ask for the provider’s expertise in its plan to bring the model to scale and assessing its potential for long term sustainability .
 - The expectation is the respondent should include best practices from other model sight implementations.
 - CHS has experience replicating the community partnership school model, and we have many “lessons learned”. We would want guidance and recommendations in the proposal to take on this next phase of scaling and replication.

3. As CHS has evolved the Community Partnership Schools model into the Community Impact Model, do schools still remain the core anchor in communities (e.g., for service coordination and/or delivery)? Is there more information you might be able to share about the design of the Community Impact Model?

This place-based model approach is designed around three impact areas: Ready to Grow, Ready to Learn and Ready to Earn. The Family Resource Centers and Community Partnership Schools create safe places where families can access support and opportunities to create a pathway out of poverty for themselves and their children.

**Sample: CHS Community Impact Model
(community-level view)**

Impact Area	Ready to Grow	Ready to Learn	Ready to Earn
Target Population	Children 0-5yo, and families	Children ages 5-14yo, and families	Youth and young adults 14-24yo and families
Place-based Setting ("home hub")	Family Resource Center	Community Partnership School	Community Partnership School (14-18) and FRC (18+)
Key Service Groups	Health, Education, Family support, Social service support Workforce development,	Health, Education, Family support, Social-emotional development support	Health, Education, Family support, Workforce development, Social-emotional development support
CHS Services to be integrated at FRC/CPS	Early Learning, Behavioral Health, child & family well-being	Behavioral Health, child and family well-being	Behavioral Health, child and family well-being
Core Partners with CHS and the Community	Housing, Food, ACCESS to benefits, Healthcare/maternal health, Early Learning Coalitions, Career Source, Chambers of Commerce, key business partners	Housing, Food, ACCESS to benefits, Healthcare, University, School district	Housing, Food, ACCESS to benefits, Healthcare, University, School district, Career Source, Chambers of Commerce, key business partners

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At the onset of the engagement, CHS will provide a comprehensive DRAFT Model Development Document that provides greater detail, including logic model, framework, and anticipated outcomes.

4. Could you elaborate on CHS's role(s) and responsibilities relative to community partners in the delivery of the Community Impact Model (e.g., backbone coordination of partners and services, service delivery, fundraising)?

CHS is the 'convener' and partner in the model. Unlike a traditional 'backbone organization', all of the funding does not flow through CHS. CHS operates the "hub" in the Family Resource Centers and Community Partnership Schools. We braid funding (public funds-state, local and private funding) to support the operations of the hub. We collaborate with partner agencies on grants (some of which come to CHS, some of which go to our partners), so we can address the unique set of needs and aspirations of each community. We leverage funding through our partners. For example, on site health care is provided by a Community Health Center partner who is funded by federal and state funds, including Medicaid. Because of the reliance on these funds, and as a demonstrated commitment to the community of our investment, we and the partner agencies sign a long term MOU (25 years).

5. Could you share at a high level what the current funding model looks like for Community Impact Model (e.g., largest sources of funding)? Does CHS have any early hypotheses about high-potential funding sources / opportunities?

Yes, we have identified a revenue mix that will support the model on a recurring basis, but it requires investments in fundraising and advocacy. For the Family Resource Centers, the primary source of funding are local taxing districts for children's services. For the Community Partnership Schools, the largest source of funding (75%) is via a state appropriation (line item in the Education budget). CHS and its partners have successfully grown this from a \$1M non-recurring appropriation to \$21M recurring today. However, the remaining 25% must match the state funding. Therefore, in order to scale, we will need more resources devoted to advocacy (at a state level) and fund development at a local level.

Logistics

1. Does CHS have a budget range in mind for this work?

While we have a number in mind, we have never solicited for this type of work before and want to know your true and fair estimation of the work effort involved and the cost.

2. We note that the tentative start date for this work is October 6th. Would you be open to a slightly later start date (e.g., November or December)?

We would prefer earlier, but would be open to a November start date.

3. Relatedly, are you committed to the project taking 12 months as you outline, or are you open to completion of the engagement within a shorter period of time (e.g., 6 months)?

Yes, of course. The 12 month projection was to provide enough time and runway if needed.