

Overview: Montana Healthcare Foundation 2016 Call for Proposals

The Montana Healthcare Foundation (MHCF) is pleased to announce our 2016 Call for Proposals. We will consider proposals in three areas:

- American Indian Health ([Page 2-4](#))
- Behavioral Health (mental illness and drug and alcohol use) ([Page 5-7](#))
 - Integrated Behavioral Health Initiative ([Page 8-11](#))
- Partnerships for Better Health ([Page 12-15](#))

One organization may submit up to two distinct applications under this call for proposals.

If you have questions, please visit our [Frequently Asked Questions](#). If you do not find an answer, please email info@mthcf.org.

Total Awards

Grants awarded under this CFP will fund projects that must be completed in between 12 and 24 months. We are offering two types of grants:

Rapid Response Grants:

Our Rapid Response program will offer grants between \$10,000 and \$50,000 for projects with a 12- to 24-month time period. These grants will be awarded through a one-step application process that is offered two times in 2016, with a possibility of a third opportunity this fall. The Rapid Response program is intended to support proposals focused on planning, training, and smaller-scale pilot projects. The typical grant award is expected to be between \$10,000 and \$25,000; the minimum request is \$10,000. The maximum request is \$25,000 for a one-year project, and \$50,000 for a two-year project. The Foundation expects to award only a small number of Rapid Response grants above \$25,000.

Large Grants:

Our Large Grant program will offer grants above \$50,000 and up to \$150,000 for projects with a 12- to 24-month time period. These grants will be awarded through a two-step application process offered once in 2016. The typical grant award is expected to be between \$50,000 and \$100,000; the minimum request is \$50,000. The maximum request is \$50,000 for a one-year project, and \$150,000 for a two-year project. The Foundation expects to award only a small number of grants above \$100,000.

Key Dates and Deadlines

Rapid Response Grants:

We will offer three cycles of funding, as follows:

CFP Opens	Proposals Due	Funding Decision
February 2, 2016	March 15, 2016	April 15, 2016
May 1, 2016	June 15, 2016	July 15, 2016
September 1, 2016 <i>(contingent on availability of funds)</i>	October 15, 2016	November 15, 2016

Large Grants:

- February 2, 2016 Call for Proposals opens
- April 15, 2016 Brief Proposals due
- May 15, 2016 Decisions on Brief Proposals (full proposals invited)
- August 15, 2016 Full Proposals due
- September 30, 2016 Applicants notified of final funding decisions
- November 2016 Anticipated start of funded projects

Eligibility

MHCF will only fund Montana-based organizations under this CFP. Montana-based organizations that are eligible to apply for funding include:

- Tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code)
- Tax-exempt educational institutions
- State, tribal, or local government agencies

For the American Indian focus area, additional eligibility requirements apply (pg. 9)

Selection Criteria

Complete selection criteria can be found under each focus area.

What We Do Not Fund

The Montana Healthcare Foundation does not fund:

- Individuals
- Capital campaigns
- Operating deficits or retirement of debt
- Construction projects, real estate acquisitions, or endowments unless part of a MHCF-invited proposal
- Fundraising events
- Organizations that discriminate by reason of race, religion, gender, national origin, sexual orientation, age, or political orientation
- Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945(d)(1)
- Activities supporting political candidates or voter registrations drives, as defined in IRC section 4945(d)(2)
- Large equipment purchases (for example: medical equipment, vans)
- Medical research or research lacking a direct, targeted, and practical benefit to Montanans' health
- Organizations or foundations for redistribution of funds via sub-grants

In addition, please note that Montana Healthcare Foundation funds may not be used in any way that might supplant government funding of existing programs. All applicants must read our guidelines on supplanting, found at <http://www.mthcf.org/resource/mhcf-guidance-on-supplanting-government-funds/>.

Focus: American Indian Health

Background

Montana is home to federally-recognized tribes on seven reservations, one state-recognized tribe, and a large urban Indian population. In a 2014 report on the health of Montanans, the Montana Department of Public Health and Human Services documented severe health disparities among American Indians living in Montana. The report found that American Indians in Montana die at a median age of 50 years (more than 20 years earlier than non-Indian Montanans); death rates for specific illnesses, including heart disease, cancer, respiratory illnesses, injuries, and suicide, were all found to be substantially higher as well.

Statistics such as these are only a starting point for understanding the health challenges facing American Indians in Montana. Specific challenges and needs that tribal leaders and stakeholders have identified through discussions with MHCF include:

- Inadequate funding of health services and disease prevention programs
- The need for technical assistance to strengthen coding and billing for health services, and to access state and federal health programs
- A high prevalence of drug and alcohol problems, and limited availability of treatment
- The challenges for young families, including lack of economic opportunity, poor educational outcomes, drug and alcohol use, drug use in pregnancy, and adverse childhood experiences perpetuated by historical trauma
- Suicide, aggravated by underlying problems of historical trauma, mental illness, and drug and alcohol use
- Traffic injury, with risk factors including driving while under the influence of drugs or alcohol and low rates of seatbelt and child safety seat use
- Prevalent tooth decay, which is a common cause of missed school, pain, and poor nutrition
- Diabetes mellitus, obesity, and other diet-related risks including limited access to healthy foods and lack of culturally-relevant dietary information

These health disparities are rooted in longstanding challenges, including poverty and unemployment, racial discrimination and historical trauma, inadequate housing, food insecurity, among others. For more information on tribal health issues, see the Montana Healthcare Foundation's Tribal Consultation Summary [Report](#).

Eligibility Requirements

Special eligibility requirements apply to this focus area:

MHCF will only fund Montana-based organizations. Montana-based organizations that are eligible to apply for funding include:

- American Indian non-profit organizations and Urban Indian Centers based in Montana (organizations with an American Indian-controlled Board and a primary focus on programming serving Montana's American Indian communities), and tax exempt as described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code) .
- Montana-based federally or state-recognized tribal government agencies.

Call for Proposals

The Montana Healthcare Foundation is committed to working in partnership with Montana's American Indian people to address these challenges and support healthy communities. We focus on establishing partnerships with tribal organizations and agencies and identifying promising opportunities to support programming that meets the needs of the people they serve. Projects in this portfolio will strengthen the healthcare systems serving American Indians, and address the upstream social, economic, and educational challenges that drive health disparities. MHCF places a priority on proposals that have a high potential for becoming financially self-sustaining.

Examples of Types of Projects That Will Be Considered for Funding Under This Portfolio¹

Please note that these are only examples, and Montana Healthcare Foundation will gladly consider funding other types of projects, provided that they meet MHCF's basic selection criteria (see below).

- **Strengthening the funding and administration of health services and prevention programs:** Proposals that seek to strengthen the financing and administration of tribal health services by implementing specific changes to improve billing, coding, and reimbursement for services.
- **Contracting or Compacting with IHS to provide health services under P.L. 638:** Proposals that would allow a tribe to take advantage of Public Law 638 to contract or compact with the IHS to provide health services.
- **Health system planning:** One-year planning grants that will result in a plan that outlines specific programming and policy changes that could be implemented with future grant funding.
- **Partnerships outside the health sector:** Proposals that seek to build partnerships with organizations beyond the health sector (for example, schools, local businesses, community and economic developers, or departments of planning and transportation) to build strong, resilient communities and address issues, such as poor housing, limited opportunities for youth engagement, community support for seniors, unemployment, or access to healthful foods.
- **Addressing drug use in pregnancy:** Proposals for programming to improve maternal-infant outcomes, and offer effective drug and alcohol treatment options to pregnant women and mothers. Proposals can include programs that would build on or strengthen existing services, or those that would develop a plan for a future program that could be implemented in the other sources of funding.
- **Oral health:** proposals for programs that deliver effective prevention and treatment for tooth decay, and have a strong plan for sustainability beyond the grant.
- **Injury prevention:** Proposals for effective, culturally-relevant programming or policy changes intended to reduce injuries.
- **Addressing the health and health service needs of urban Indians:** Proposals that focus on urban American Indian health, particularly those that seek to plan or pilot initiatives that involve collaboration between urban Indian centers, hospitals, community health centers, mental health centers, schools, and other organizations that serve this population.

¹ Other topics may be proposed under this solicitation, provided they meet the funding criteria for this portfolio, and MHCF's basic eligibility criteria as described on our website in the Frequently Asked Questions: <http://www.mthcf.org/grant-opportunities/faqs/>

Selection Criteria for Proposals in American Indian Health

Proposals for funding in the American Indian Health focus area should meet the following selection criteria:

- **Importance of health issue to be addressed:** The proposed project will address an important health issue, as defined by the burden of suffering it creates in terms of prevalence in the population, severity of the outcomes, and costs to families and communities.
- **Need:** The grant will fill a need that cannot be met by other resources available in the community(ies) served.
- **Sustainability:** A short-term grant investment will catalyze improvements that endure long after the grant funding runs out. When funding will be used to establish or support new programming, the strongest proposals will demonstrate a clear, feasible plan to sustain the programming through third-party reimbursement or shared savings within the healthcare system.
- **Creating partnerships:** The proposed project will create or advance new and substantive partnerships that result in more efficient and effective use of resources, and collaboration between organizations that may not typically work together, such as healthcare providers (hospitals, clinics, behavioral health treatment centers), public health (local or tribal health departments), and other organizations (such as community developers, county sheriffs, or schools). The strongest proposals will include specific plans for involvement of and collaboration with and among the major health resources in the community.
- **Focus on at-risk populations and health disparities:** The proposed project will serve a region or population of high need, as measured by the existence of health disparities, poor access to healthcare, health professional staffing shortages, geographic remoteness, or other factors clearly described in the proposal. Health disparities are defined as the higher rates of illness experienced by certain populations, including socially or economically disadvantaged families, racial and ethnic minorities, children, and older adults. In all of our initiatives, MHCF seeks to decrease health disparities—and to improve health and wellbeing among those at greatest risk.
- **Solutions exist:** Effective, evidence-based interventions exist to address the problem, but are not already being implemented.
- **Workable in Montana and culturally appropriate:** Infrastructure, community support, and strong partners exist to implement the intervention here; the intervention is tailored to work well within the community(ies) that will be served.
- **Feasibility and Scale:** There is a high probability that this MHCF investment will lead to success. The strongest proposals will also have a high potential for being replicated successfully in other communities.
- **Contribution to a diverse grantee portfolio:** MHCF seeks to support a range of projects across Montana. We recognize that preparing a high-quality grant application may be more difficult for smaller communities that lack staff and resources. We may, therefore, also give preference to proposals based on their contribution to the overall diversity and balance of our portfolio, and in particular, to proposals from communities with the greatest demonstrated need.
- **Involving stakeholders and community members:** The proposed project includes a strong plan to ensure that community members and other stakeholders are engaged and included in the work.

Focus: Behavioral Health (Mental Illness and Drug & Alcohol Use)

Background

Mental illness and drug and alcohol use are common, serious problems in Montana. "Behavioral health" is a term that is commonly used to describe this spectrum of illnesses and the fields of healthcare that address them. In surveys of health needs carried out by Montana's rural hospitals, these issues ranked among the most important health challenges in many Montana communities. Behavioral health statistics provide a partial picture of the scope of these problems. Among Montana adults, 20.4 percent report having been diagnosed with depression; nearly 19 percent report binge drinking in the past 30 days; almost 25 percent report illicit drug use in the past month; and Montana is consistently ranked in the top 10 states in terms of risk factors for alcohol use for 18- to 25-year-olds. Among Montana youth, more than 26 percent report symptoms consistent with depression, and 23.5 percent of high school students report binge drinking within the past month. A recent national survey examined the prevalence of behavioral health problems and corresponding access, or lack thereof, to services for treatment in each U.S. state: Montana ranked 44th worst overall, and 49th for youth. Specific challenges include:

- A high suicide rate. Montana consistently ranks in the top five states for the number of suicides per capita.
- Exposure to ACEs. Montana ranks among the top three states nationally for exposure to adverse childhood experiences (ACEs). Robust research shows that ACEs create a high risk of health and social problems later in life.
- Traffic injury related to driving under the influence. Montana has the second highest rate of traffic injury and death related to driving while under the influence of alcohol and drugs.
- A shortage of behavioral health providers in remote, rural communities.
- Binge drinking and drug use among youth. Data suggest that children in alternative high schools and urban American Indian high school students are at particularly high risk.
- Fragmentation of the system of care for people with co-occurring mental illness, substance use disorders, and/or chronic medical illnesses.
- Meeting the behavioral health needs of veterans. Returning veterans are at high risk for traumatic brain injuries, post-traumatic stress disorder, suicide, and other behavioral health issues. Montana has the nation's second highest per capita population of veterans.

Call for Proposals

Under this call for proposals, MHCF will support collaborative, systems-based solutions to behavioral health challenges in Montana. We will emphasize interventions that are likely to become financially self-supporting through third-party revenue (i.e., billing insurance), and through creating new partnerships between organizations that strengthen the services in a region through using existing resources more efficiently and effectively.

Examples of Types of Projects That Will Be Considered for Funding Under This Portfolio²

- **Integrated Behavioral Health Initiative:** With this Call for Proposals, the Montana Healthcare Foundation announces an initiative that will support the delivery of integrated behavioral health (IBH) services in Montana. The co-occurrence of mental illness and substance use disorders presents a common and costly problem. Moreover, people with mental illness and substance use disorders are at risk for worse outcomes from chronic illnesses, such as diabetes, asthma, and heart disease. Programs that address the needs of patients with co-occurring mental illness and/or substance use disorders and chronic physical illnesses can improve health outcomes across this spectrum and, as a consequence, help contain healthcare costs as well. This initiative will support the planning and implementation of innovative approaches to delivering integrated behavioral healthcare through, for example, collaboration among primary care clinics, behavioral health providers, hospitals, and schools, and through providing high-quality, evidence-based care coordination and case management.
- **Prevention and treatment for drug and alcohol use among pregnant women and parents:** MHCF will consider programs that use evidence-based approaches to prevent or treat substance abuse during pregnancy and for parents during early childhood, and can demonstrate a clear, feasible plan for sustainable funding beyond the grant period. Grantees in this area will join our current [cohort of grantees](#) working on perinatal substance use, and participate in collaborative activities such as meetings, planning, and evaluation.
- **Providing behavioral health services to students in alternative high schools and other at-risk students:** Data from the Office of Public Instruction's Youth Risk Behavior Survey (YRBS) suggests that many Montana students struggle with depression, substance abuse, and other behavioral health problems. The YRBS survey found that urban Indian students and students in alternative high school programs are at particularly high risk for behavioral health disorders and suicide. Read MHCF's recent [report](#) on Alternative Schools for more details. MHCF will support pilot projects that address the needs of at-risk students and include a plan for sustaining services beyond the term of the grant through, for example, billing Medicaid and other forms of insurance.
- **Jail diversion pilot projects:** Evidence-based jail diversion programs can reduce arrest, incarceration, and recidivism rates at the same time as improving health outcomes. Several Montana counties have implemented such programs and are now funding them through the reductions in corrections costs. See a brief [case study](#) on jail diversion.
- **Partnerships outside the health sector to address the upstream risk factors for mental illness, for example:**
 - Supportive housing for people with behavioral health disorders through partnerships with community developers, banks, and others (e.g., "Housing First");
 - Trauma-informed schools and school-based health services: efforts to improve educational, behavioral, and health outcomes for at-risk students through implementing trauma-informed educational practices in schools.

² Other topics may be proposed under this solicitation, provided they meet the funding criteria for this portfolio, and MHCF's basic eligibility criteria as described on our website in the Frequently Asked Questions: <http://www.mthcf.org/grant-opportunities/faqs/>

Selection Criteria for Proposals in Behavioral Health

Proposals for funding in this portfolio should meet the following selection criteria:

- **Importance of health issue to be addressed:** The proposed project will address an important health issue, as defined by the burden of suffering it creates in terms of prevalence in the population, severity of the outcomes, and costs to families and communities.
- **Need:** The grant will fill a need that cannot be met by other resources available in the community(ies) served.
- **Sustainability:** A short-term grant investment will catalyze improvements that endure long after the grant funding runs out. When funding will be used to establish or support new programming, the strongest proposals will demonstrate a clear, feasible plan to sustain the programming through third-party reimbursement or shared savings within the healthcare system.
- **Creating partnerships:** The proposed project will create or advance new and substantive partnerships that result in more efficient and effective use of resources, and collaboration between organizations that may not typically work together, such as healthcare providers (hospitals, clinics, behavioral health treatment centers), public health (local or tribal health departments), and other organizations (such as community developers, county sheriffs, or schools). The strongest proposals will include specific plans for involvement of and collaboration with and among the major health resources in the community.
- **Focus on at-risk populations and health disparities:** The proposed project will serve a region or population of high need, as measured by the existence of health disparities, poor access to healthcare, health professional staffing shortages, geographic remoteness, or other factors clearly described in the proposal. Health disparities are defined as the higher rates of illness experienced by certain populations, including socially or economically disadvantaged families, racial and ethnic minorities, children, and older adults. In all of our initiatives, MHCF seeks to decrease health disparities—and to improve health and wellbeing among those at greatest risk.
- **Solutions exist:** Effective, evidence-based interventions exist to address the problem, but are not already being implemented.
- **Workable in Montana and culturally appropriate:** Infrastructure, community support, and strong partners exist to implement the intervention here; the intervention is tailored to work well within the community(ies) that will be served.
- **Feasibility and scale:** There is a high probability that this MHCF investment will lead to success. The strongest proposals will also have a high potential for being replicated successfully in other communities.
- **Contribution to a diverse grantee portfolio:** MHCF seeks to support a range of projects across Montana. We recognize that preparing a high-quality grant application may be more difficult for smaller communities that lack staff and resources. We may, therefore, also give preference to proposals based on their contribution to the overall diversity and balance of our portfolio, and in particular, to proposals from communities with the greatest demonstrated need.
- **Best practices:** Follow evidence-based guidelines and best practices, such as the Substance Abuse and Mental Health Services Administration's guidelines for Recovery and Integrated Care.
- **Collaboration with tribal leadership:** If your project involves a substantial focus on American Indian populations, you must demonstrate support from and collaboration with the appropriate tribal health authorities, such as the relevant tribal council(s), the health directors of the relevant tribes, or the relevant urban Indian health centers.

Integrated Behavioral Health Initiative

Under this Call for Proposals, the Montana Healthcare Foundation is announcing an initiative that will support the implementation of integrated behavioral health (IBH) services in Montana. The co-occurrence of mental illness and substance use disorders presents a common and costly problem. Moreover, people with mental illness and substance use disorders are at risk for worse outcomes from chronic illnesses, such as diabetes, asthma, and heart disease.

Integrated behavioral health is defined as:

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contributions to chronic mental illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.³

Programs that address the needs of patients with co-occurring mental illness and/or substance use disorders and chronic physical illnesses can improve health outcomes across this spectrum and, as a consequence, help contain healthcare costs as well.

Integrated behavioral health can be implemented across a range of practice settings, for example:

- Integrating behavioral health services into primary care settings;
- Integrating primary care into behavioral health settings;
- Serving the needs of high-acuity patients through, for example, collaborations among hospital inpatient units and emergency departments and community-based services, such as mental health centers, community health centers, public health departments, SUD treatment facilities, and/or correctional facilities; and
- School-based programs that provide integrated care for students.

This initiative will support the planning and implementation of integrated behavioral healthcare in Montana. Grantees in this initiative will participate as part of a cohort of grantees that will receive training, technical assistance, evaluation, and other resources to support and demonstrate the effectiveness of IBH for Montana.

MHCF will place priority on applicants that seek to develop new inter-agency collaborations and share staff, physical space, and financial resources, which can lead to savings and improved behavioral and physical health outcomes. MHCF will also prioritize collaborations that preserve or enhance the spectrum of patients served and behavioral health services provided in the community. Please refer to our [FAQ](#) on this topic for more information.

The Montana Healthcare Foundation's Integrated Behavioral Health Initiative includes two tracks:

³ Agency for Healthcare Research and Quality. 2013. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. Rockville, MD.
<http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>

1. IBH Planning Grants:

MHCF will provide one-year planning grants up to \$35,000. These grants are intended for organizations that are committed to implementing integrated behavioral health but require training and technical assistance to plan and prepare for implementing the services. Organizations that are already beginning to work on integration but seek to enhance the level of integration may also apply. These applicants must clearly articulate what additional services the grant would enable, and how the proposed work will address specific unmet needs in the community.

IBH planning grantees will receive tailored trainings and technical assistance provided by a nationally recognized consultant in Integrated Behavioral Health, selected by MHCF. IBH planning grantees will also participate in group activities as part of a learning community with our other grantees. The group activities will be determined based on the needs identified by MHCF and the IBH grantee cohort, but may include, for example, periodic calls and webinars, evaluation, and possibly an in-person meeting.

Application requirements:

- Demonstrate an organizational commitment to implementing an integrated behavioral health program at the conclusion of the grant, and commit to the participation by administrative and clinical leadership in training and other grant activities.
- Provide a substantial in-kind contribution of staff time to participate in training and technical assistance. Grant funds are expected to be used primarily to pay for the training and consultation by the contractor selected by MHCF.
- Devote in-kind or grant-funded staff time and organizational resources to participate in evaluation activities guided by the evaluation contractor selected by MHCF.

IBH planning grant activities:

- Participation by key staff, including administrative and clinical leadership, and partners in training and technical assistance activities.
- Completion of a baseline assessment of pre-grant level of integration.
- Completion of an IBH business and operations plan.
- Participation in learning community activities and webinars with other IBH grantees. The final scope of activities will be determined by MHCF in consultation with planning grantees.
- Participation in evaluation activities with consultant selected by MHCF. Evaluation activities will be determined by MHCF in consultation with planning grantees.

Required outcomes of planning grants are:

- A final IBH business and operations plan that includes the following elements:
 - A patient-centered and team-based model for service delivery.
 - A Scope of Practice that defines when to treat, when to consult, and when to refer individuals in receiving treatment.
 - An assessment of organizational readiness, capacity, feasibility, and potential barriers to integration.
 - An assessment of the workforce needs for implementing the plan and any recruitment challenges, and plans to address them.

- A timeline for implementing behavioral health services.
- A realistic pathway to sustainability through third-party billing and/or shared savings among project partners.
- A viable plan for sharing electronic health record data among project partners while meeting applicable regulatory standards.
- A plan to address any other organization-specific concerns identified by the applicant.
- Evaluation data provided to MHCF's evaluation contractor and adequate to allow completion of a high-quality evaluation regarding IBH planning.

2. IBH Implementation Grants:

MHCF will provide two-year grants of up to \$150,000 to support the initial implementation of integrated behavioral health initiatives by organizations that have developed strong partnerships and a sound business and operations plan. Implementation grants can also be used to support expansion of current integrated behavioral health initiatives. Existing integrated behavioral health initiatives proposing to expand activities must clearly articulate what additional services the grant would enable, and how the proposed work will address specific unmet needs in the community.

IBH Implementation grantees will receive tailored trainings and technical assistance provided by a nationally recognized consultant in Integrated Behavioral Health, selected by MHCF.

IBH Implementation grantees will also participate in group activities as part of a learning community with our other IBH grantees. The group activities will be determined based on the needs identified by MHCF and the IBH grantee cohort, but may include, for example, periodic calls and webinars, evaluation, and possibly an in-person meeting.

Application requirements:

- Demonstrate an organizational commitment to implementing an integrated behavioral health program as part of the grant, and commit to the participation by administrative and clinical leadership in training and other grant activities.
- Provide a substantial in-kind contribution of staff time to participate in training and technical assistance. Grant funds are expected to be used to pay for the training and consultation, as well as some staffing needs for start-up.
- Devote in-kind or grant-funded staff time and organizational resources to participate in evaluation activities guided by the evaluation contractor selected by MHCF.
- Identify specific clinical, quality, and outcome measures that will be utilized for implementing integrated behavioral health services.
- If invited to submit a full grant proposal, prepare a business plan as a part of that proposal that provides a clear, feasible outline of the need, services, operations, and financing of the initiative.

IBH Implementation grant activities:

- Implement an integrated behavioral health initiative that serves a clearly-defined population and achieves measurable improvements in health outcomes in the target population.

- Participate in learning community activities with other IBH grantees. The final scope of activities will be determined by MHCF in consultation with grantees.
- Participation by key staff, including administrative and clinical leadership, and partners in training and technical assistance activities.
- Completion of a baseline assessment of pre-grant level of integration.
- Participate in an evaluation to be led by the Montana Healthcare Foundation and its evaluation consultant(s). Grantee will be responsible for:
 - Collecting data on clinical outcomes, financial impacts, operations, and the process of implementing the initiative. Specific indicators will be identified by MHCF and its consultants in discussion with IBH implementation grantees, and collected and reported by the grantee.
 - Participating in periodic calls, emails, and in-person evaluation meetings.
 - Enable site visits and include evaluator in team activities when needed.
 - Reviewing and offering comments on draft evaluation reports.

Required outcomes of IBH Implementation grants:

- A fully operational, clinically effective IBH program sustainable on revenue from third-party billing or other well-defined, stable sources of revenue.
- Evaluation data adequate to allow an evaluator to gauge the clinical effectiveness of the IBH program and to describe the process and steps that would be necessary to replicate a similar program in another region.

Focus: Partnerships for Better Health

Background

Many communities, particularly in rural Montana, have limited access to certain health services, and healthcare workforce shortages and budget shortfalls are widespread. The Montana Healthcare Foundation is dedicated to improving the health status of Montanans and to increasing the quality and accessibility of health services for people across the state. Health disparities—defined as the higher rates of illness experienced by certain populations, including socially or economically disadvantaged families, racial and ethnic minorities, children, and older adults—are a particular focus of this portfolio. In recent years, Montana has seen per capita health spending rise faster than 41 other states. As healthcare costs continue to rise, there is a need for innovations that improve health outcomes while also helping to contain costs. So-called "value-based" approaches that seek to realign incentives to produce better outcomes have emerged as a priority in Montana. In the [HELP Act](#) that expanded Montana's Medicaid program, the state legislature, for example, mandated that the state design the program in a way that reduces costs and improves medical outcomes, and found that achieving this aim would require collaboration among public and private stakeholders. The recently convened [Governor's Council on Healthcare Innovation and Reform](#) has also focused on value-based approaches to healthcare delivery system and payment reform.

Through supporting innovative projects in Montana communities, this portfolio seeks to identify collaborative, systems-based solutions that are workable in Montana and make measurable improvements in health outcomes. Projects funded under this focus area will create new inter-agency partnerships designed to deliver more accessible and effective care; expand the use of care coordination; and strengthen efforts to prevent disease through addressing upstream risk factors such as poverty and poor quality housing.

Call for Proposals

Under this call for proposals, MHCF will support innovative pilot projects or community-based initiatives that demonstrate how collaboration between hospitals, community health centers, public health departments, and other community-based organizations, such as community developers, can yield synergistic improvements in health, as well as a more efficient use of resources. Projects in this portfolio will include those that focus on strengthening the healthcare system, and those that address the upstream social, cultural, economic, and educational challenges that drive health disparities.

Examples of Types of Projects That Will Be Considered for Funding Under This Focus Area⁴

- **Community health teams and other approaches to care coordination, case management, and community outreach:** Providers are experimenting with a range of models that improve the quality and effectiveness of care by reaching beyond the walls of the clinic or hospital. Nurse care coordinators, community health workers, community paramedicine programs, and "promotoras" are examples of such efforts. By helping patients understand and follow medical

⁴ Other topics may be proposed under this solicitation, provided they meet the funding criteria for this portfolio, and MHCF's basic eligibility criteria as described on our website in the Frequently Asked Questions: <http://www.mthcf.org/grant-opportunities/faqs/>

recommendations and keep appointments, and by identifying and helping to address the many social, economic, and educational barriers that patients face in their daily lives, these programs can improve health outcomes and reduce the costs associated with frequent emergency department visits and hospitalizations. For an example of approaches to care coordination please click [here](#).

- **Interventions that address upstream risk factors for health disparities/social determinants of health:** Projects that will address health determinants—such as poor housing, limited opportunities for youth engagement, poor educational outcomes, inadequate community support for seniors, unemployment, or lack of access to healthful foods—through partnerships with organizations outside the health sector. High priority areas include:
 - Projects that address the health-related housing needs—such as providing housing for people with serious mental illness and addictions who are homeless, or addressing safety problems that can impact people with asthma and older adults at risk—through collaboration between hospitals, housing providers, and others.
 - Implementation of trauma-informed educational practices in schools, which have shown promise as a way to improve educational and behavioral health outcomes.
- **Collaboration between community agencies, such as local health departments, rural hospitals, community mental health and substance use disorder treatment organizations, and community health centers to address a major health issue:** Initiatives that seek to address an important health challenge—such as serving the needs of the aging population, reducing childhood injuries, or improving diabetes outcomes—through new inter-agency collaborations. Given the challenges of recruiting health professionals and the limited funding available in many rural communities, health outcomes could be improved if the region’s health-focused organizations sought ways to collaborate and share resources.
- **Oral health:** proposals for programs that deliver effective prevention and treatment for tooth decay, and have a strong business plan for sustaining the program through, for example, third party billing or inter-agency partnerships.
- **Identifying and improving outcomes among "super-utilizers":** Projects focused on identifying people who utilize emergency department and hospital services frequently (often referred to as “super-utilizers”), and implementing evidence-based programs to improve health outcomes and address underlying problems, such as complex chronic conditions and co-occurring substance abuse and mental health issues. For an example of one of the ways our grantees are handling this issue, please read this [article](#) on the Park County Connect Program.

Selection Criteria for Proposals in Partnerships for Better Health

MHCF will consider the following selection criteria in evaluating grant proposals under this focus area:

- **Importance of health issue to be addressed:** The proposed project will address an important health issue, as defined by the burden of suffering it creates in terms of prevalence in the population, severity of the outcomes, and costs to families and communities.
- **Need:** The grant will fill a need that cannot be met by other resources available in the community(ies) served.
- **Sustainability:** A short-term grant investment will catalyze improvements that endure long after the grant funding runs out. When funding will be used to establish or support new programming, the strongest proposals will demonstrate a clear, feasible plan to sustain the programming through third-party reimbursement or shared savings within the healthcare system.

- **Creating partnerships:** The proposed project will create or advance new and substantive partnerships that result in more efficient and effective use of resources, and collaboration between organizations that may not typically work together, such as healthcare providers (hospitals, clinics, behavioral health treatment centers), public health (local or tribal health departments), and other organizations (such as community developers, county sheriffs, or schools). The strongest proposals will include specific plans for involvement of and collaboration with the major health resources in the community.
- **Focus on at-risk populations and health disparities:** The proposed project will serve a region or population of high need, as measured by the existence of health disparities, poor access to healthcare, health professional staffing shortages, geographic remoteness, or other factors clearly described in the proposal. Health disparities are defined as the higher rates of illness experienced by certain populations, including socially or economically disadvantaged families, racial and ethnic minorities, children, and older adults. In all of our initiatives, MHCF seeks to decrease health disparities—and to improve health and wellbeing among those at greatest risk.
- **Solutions exist:** Effective, evidence-based interventions exist to address the problem, but are not already being implemented.
- **Workable in Montana and culturally appropriate:** Infrastructure, community support, and strong partners exist to implement the intervention here; the intervention is tailored to work well within the community(ies) that will be served.
- **Feasibility and Scale:** There is a high probability that this MHCF investment will lead to success. The strongest proposals will also have a high potential for being replicated successfully in other communities.
- **Contribution to a diverse grantee portfolio:** MHCF seeks to support a range of projects across Montana. We recognize that preparing a high-quality grant application may be more difficult for smaller communities that lack staff and resources. We may, therefore, also give preference to proposals based on their contribution to the overall diversity and balance of our portfolio, and in particular, to proposals from communities with the greatest demonstrated need.
- **Best Practices:** Follow evidence-based guidelines and best practices, such as the Substance Abuse and Mental Health Services Administration's guidelines for Recovery and Integrated Care.
- **Collaboration with tribal leadership:** If your project involves a substantial focus on American Indian populations, you must demonstrate support from and collaboration with the appropriate tribal health authorities, such as the relevant tribal council(s), the health directors of the relevant tribes, or the relevant urban Indian health centers.