MONTANA HEALTHCARE FOUNDATION

2017 Call for Proposals

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Overview

The Montana Healthcare Foundation (MHCF) is pleased to announce our 2017 Call for Proposals (CFP). We will consider proposals in three areas:

1. American Indian Health
2. Behavioral Health (Mental Illness and Substance Use Disorders)
    a. Strengthening the Substance Use Disorder Prevention and Treatment System
    b. Integrated Behavioral Health Initiative
    c. Other Behavioral Health Projects
3. Partnerships for Better Health

One organization may submit up to two distinct applications under this CFP.

If you have any questions, please visit the FAQs page on our website. If you do not find an answer, please email our office at: info@mthcf.org.

Total Awards

Grants awarded under this CFP will fund projects that must be completed during a period of 12 to 24 months. We are offering two types of grants:

1. **Rapid Response Grants:** Our Rapid Response program will offer grants between $10,000 and $75,000 for projects implemented within a 12- to 24-month period. These grants will be awarded through a one-step application process offered twice 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 minimum request is $10,000. The maximum request is $50,000 for a one-year project and $75,000 for a two-year project.

2. **Large Grants:** Our Large Grant program will offer grants above $75,000 and up to $150,000 for projects implemented within a 12- to 24-month period. These grants will be awarded through a two-step application process offered once in 2016. The minimum request is $50,000. The maximum request is $75,000 for a one-year project and $150,000 for a two-year project. MHCF expects to award few grants at the maximum $150,000 level, and encourages applicants to request only what they need for a successful project. Applicants will be asked to present a basic business plan and pro forma budget as part of the full invited proposal.

Key Dates and Deadlines

Rapid Response Grants

We will offer three cycles of funding:

	CFP Opens	Proposals Due	Funding Decision
Round 1	January 16	February 14	March 24
Round 2	May 1	June 5	July 21
Round 3 *(Contingent on available funds)*	September 1	October 6	November 20

Large Grants

CFP Opens:	January 16
Brief Proposals Due:	April 7
Full Proposals Invited:	May 22
Full Proposals Due:	August 4
Funding Decisions:	October 2
Anticipated Project Start:	November 1

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 Health focus area, additional eligibility requirements apply and can be found on page 4.

Selection Criteria

Complete selection criteria can be found under each focus area.

What We Do Not Fund

MHCF 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 because 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 registration drives as defined in IRC section 4945(d)(2)
- Large equipment purchases (for example: medical equipment, vans, etc.)
- 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 MHCF funds may not be used in any way that might supplant government funding of existing programs. All applicants must read MHCF's Guidance on Supplanting.

Focus: American Indian Health

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. These health disparities are rooted in longstanding challenges, including poverty and unemployment, racial discrimination and historical trauma, inadequate housing, and food insecurity, among others. To address these challenges, MHCF works directly with tribes, tribal health programs, and urban Indian health centers to develop long-term, effective solutions. Specific challenges and needs that tribal leaders and stakeholders have identified through discussions with MHCF include:

- Inadequate funding of tribal and urban Indian 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.
- 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 seat belt 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.

To learn more about tribal health issues and MHCF's work on this focus area, visit our website. For more information on our work with tribal and urban Indian health programs, visit the American Indian Health Leaders coalition page.

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

MHCF is committed to working in partnership with Montana's American Indian people to address these challenges and support healthy communities. Many of the grants that we make in this focus area will be invited through our work with tribal and urban Indian health centers. We invite these organizations to contact us at any time to discuss programmatic needs. Tribal and urban Indian health programs and other eligible organizations may also apply through this CFP. In all grants in this focus area, 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: Types of Projects That Will Be Considered for Funding Under This Portfolio[1]

Please note that these are only examples, and MHCF will gladly consider funding other types of projects, if they meet the basic selection criteria.

- **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:** Proposals that would allow a tribe to take advantage of Public Law 638 to contract or compact with the Indian Health Services to provide health services.
- **Strategic 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.
- **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.
- **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.
- **Oral health:** Proposals for programs that deliver effective prevention and treatment for tooth decay, and have a strong plan for sustainability beyond the grant.
- I**njury 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.
- **Leadership development:** Funding for travel, as well as conference and training fees, to allow urban Indian health centers or tribal health departments to strengthen staff and programming (if interested, please contact MHCF as a formal proposal may not be required for small grants).

[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 FAQs.

Selection Criteria for American Indian Health Proposals

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 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; 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 give preference to proposals based on their contribution to the overall diversity and balance of our portfolio, and 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.

MONTANA HEALTHCARE FOUNDATION

Focus: Behavioral Health (Mental Illness and Substance Use Disorders)

Mental illness and substance use disorders 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 local health departments and hospitals, these issues rank as the most important health challenges in many Montana communities. In 2014, Montana had the highest suicide rate in the United States for all age groups, and Montana has been among the five states with the highest suicide rates in the nation for more than 40 years. The suicide rate is only a starting point for understanding the behavioral health challenges in Montana.

Among Montana youth, more than 29 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.

In 2017, MHCF is announcing an intensified focus on substance misuse and substance use disorders (SUD) within our behavioral health focus area. By one estimate, 93 percent of Montanans with a substance use disorder are not receiving treatment. 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. Substance use disorders also account for a growing burden on social service and criminal justice agencies. The number of Montana children in foster care has more than doubled since 2011, and out of more than 3,200 children now in foster care, 64 percent were removed from the home for reasons related to substance misuse. Between 2009 and 2015, Montana experienced a 62 percent increase in arrests for drug offenses; the Montana Highway Patrol reports that the number of felony drug interdictions they initiated increased from 92 in 2013 to 292 in 2015; and the Montana Department of Justice's Division of Criminal Investigation reports a 240 percent increase from 2010 to 2015 in the number of drug cases they handled involving methamphetamine.

A serious shortage of treatment for Montanans struggling with behavioral health disorders complicates the problem. Only twenty-five percent of Montana's mental health professional needs are met, placing us in the bottom five of all states; ten Montana counties have no state-approved substance use treatment program; and, Montana's substance use treatment system meets only roughly one third of the estimated need for medication-assisted therapy.

Other important behavioral health challenges include:

- Exposure to adverse childhood experiences (ACEs). Montana ranks among the top three states nationally for exposure to ACEs. Research shows that ACEs increase the risk of health and social problems later in life.
- High rates of behavioral health disorders in the criminal justice system.
- 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. Montana has the nation's second highest per capita population of veterans. Returning veterans are at high risk for traumatic brain injuries, post-traumatic stress disorder, suicide, and other behavioral health issues.

Call for Proposals

Under this CFP, MHCF will support collaborative, systems-based solutions to behavioral health challenges in Montana. We emphasize programs 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. Our behavioral health funding opportunities in 2017 are as follows:

Strengthening the Substance Use Disorder Prevention and Treatment System:

MHCF will support projects that strengthen and expand the availability of evidence-based treatment for substance use disorders (SUD), and the design of regional frameworks for SUD prevention. Under this CFP, MHCF will fund projects, for example, that implement SUD and medically-assisted treatment in primary care settings; address the needs of pregnant women and new parents coping with SUD; expand access to team-based, integrated approaches to SUD and co-occurring disorders, and design regional, multi-agency prevention strategies.

As with all our behavioral health grants, MHCF emphasizes the need for integrated, team-based approaches to care that employ evidence-based treatment, coordinate care, and monitor patient progress and track outcomes. For more detailed information on MHCF's approach to integrated care, we suggest that SUD applicants also review our IBH Initiative.

Integrated Behavioral Health Initiative:

This initiative 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 have been found to improve health outcomes across this spectrum and, consequently, help contain healthcare costs as well. This initiative will support the planning, enhancement, and implementation of integrated behavioral healthcare through, for example, activating community resources, collaboration among primary care clinics, behavioral health providers, hospitals, and schools, and through providing high-quality, and evidence-based care coordination.

Other Behavioral Health Programs:

MHCF will also consider funding for other projects that meet the basic funding criteria for the Behavioral Health focus area. Examples of other high-priority programs that MHCF has identified include:

- **Providing effective behavioral health services to individuals encountering the criminal justice system:** Individuals with behavioral health needs continue to be overrepresented in the criminal justice system. MHCF will consider programs that seek to develop or enhance partnerships between the behavioral health and criminal justice systems. Evidence-based jail diversion programs identify and treat individuals with behavioral health needs more timely and effectively throughout the continuum of the criminal justice system. Successful jail diversion programs can reduce arrest, incarceration, and recidivism rates and at the same time, improve health outcomes and reduce costs.
- **Projects that strengthen the regional continuum of care for mental illness and SUD:** Several regions in Montana have successfully established strategic plans or implemented crisis diversion programs by leveraging local resources, as well as state, and federal grants. MHCF will support

projects that seek to align stakeholders, create new partnerships, and leverage other available sources of funding to enhance the region's ability to provide a continuum of care for those in crisis.

Selection Criteria for Behavioral Health Proposals

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, or 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 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; 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 give preference to proposals based on their contribution to the overall diversity and balance of our portfolio, and to proposals from communities with the greatest demonstrated need.
- **Best practices:** The project follows 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.

Initiative: Strengthening the Substance Use Disorder Prevention and Treatment System

MHCF will support projects that strengthen and expand the availability of evidence-based treatment for substance use disorders (SUD), and the design of regional frameworks for SUD prevention.

There is growing evidence that SUD should be viewed and treated as chronic illnesses such as diabetes, heart disease, or depression. MHCF particularly encourages proposals that apply the principles of IBH to treating SUD, specifically those that include:

- An integrated, team-based approach to care.
- Use of evidence-based treatment.
- A plan for care coordination activities.
- A plan for population health strategies.
- "Treatment to target," that is, establishing specific outcome measurement goals, monitoring patient progress, and tracking outcomes.
- A scope of practice that defines when to treat, when to consult, and when to refer individuals to specialized treatment.

For more detailed information on MHCF's approach to integrated care, we suggest that SUD applicants also review our Integrated Behavioral Health Initiative.

MHCF will offer two types of SUD grants:

1. **One-year planning grants** of up to $50,000 to enhance an existing project or design a new project and develop a business and sustainability plan.
2. **Two-year implementation grants** of up to $150,000 for well-planned, sustainable pilot projects. Applicants will be asked to present a basic business plan and pro forma budget as part of the full proposal.

Please review the Behavioral Health selection criteria.

MHCF's funding priorities for SUD prevention and treatment are as follows:

Treatment of substance use disorders among pregnant women and parents

Establishing programs that integrate prenatal and postnatal care with SUD treatment and care management is a high priority for the Foundation. Hospitals and communities around Montana have identified drug use in pregnancy as an important issue. The number of Montana children in foster care has more than doubled since 2011; out of more than 3,200 children now in foster care, 64 percent were removed from the home for reasons related to substance misuse.

MHCF will consider programs that use evidence-based approaches to address substance misuse and SUD during pregnancy and for parents during early childhood. Grantees in this area will join our current cohort of grantees working on perinatal substance use, and participate in collaborative activities such as IBH training and technical assistance, periodic group meetings, and evaluation.

Applicants seeking funding for a planning grant should apply for Rapid Response funding under this CFP.

Applicants seeking a larger implementation grant should discuss the proposal with MHCF staff prior to submitting a proposal. Please contact Scott Malloy or Aaron Wernham at (406)451-7060, or scott.malloy@mthcf.org.

Improving access to effective SUD treatment through establishing new services or new inter-agency partnerships

MHCF will consider proposals that seek to initiate or expand the availability of a full continuum of evidence-based substance use disorder treatment in a community/region. MHCF will focus on:

- **Adding SUD to the scope of care for federally qualified health centers, rural health centers, tribal health departments, and urban Indian health centers:** Primary care settings can deliver effective SUD screening and treatment services using models that integrate licensed counselors, primary care providers, and care coordinators. MHCF is offering planning and implementation grants to FQHCs, urban Indian health centers, and rural health centers seeking to add SUD services to their scope of practice.
- **Integrating mental health and SUD treatment for individuals with co-occurring disorders:** A high percentage of individuals suffer from co-occurring mental illness and SUD, and organizations are increasingly providing simultaneous treatment for both SUD and mental illness. Opportunities exist to strengthen an organization's ability to provide both services more effectively. MHCF will support both SUD and mental health organizations' ability to provide successful co-occurring services. This may include but is not limited to: seeking the appropriate licensure or endorsement, establishing an MOU or service agreement with a health partner, or seeking required technical assistance to more effectively provide both services within the organization.
- **Medication-assisted Treatment (MAT):** MAT combines the use of behavioral therapy, coordinated, team-based care, and medications to prevent or minimize the harmful consequences of substance use disorders. Recent federal policy changes seek to expand the availability of MAT. MHCF will consider programs seeking to develop new MAT programs as a well-coordinated part of the regional continuum of care.
- **New partnerships between SUD, mental health, and/or primary care providers:** MHCF will support the planning and implementation of projects that expand access to high-quality, evidence-based SUD treatment through forming new partnerships between SUD providers and, for institutions such as community mental health centers, FQHCs, urban Indian health centers, tribal health programs, and critical access hospitals.
- **Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT):** SBIRT is an evidence-based approach that can be applied by providers in a range of settings, including primary care offices, mental health centers, educational settings, and emergency departments. MHCF will consider programs that seek to initiate or enhance SBIRT in community/regional service delivery models.
- **Other evidence-based substance use disorder programs:** MHCF will consider other programs that fit within a continuum of care, create new partnerships, and/or strengthen a community's continuum of care for substance use disorders.

Business development and revenue cycle support for SUD Providers

Recent healthcare policy changes have created both opportunities and challenges for providers. Montana's Medicaid expansion creates a new opportunity to support SUD services through third-party billing. On the other hand, providers are under pressure to adapt to a rapidly changing healthcare landscape, including transitioning to electronic health records and tracking quality and outcome measures that require sophisticated data and analytics, for example. To support robust, self-supporting SUD services, MHCF will fund business development activities to assist practices with efforts to implement data-driven quality improvement, transition to a third-party, revenue-based business model, and develop new inter-agency partnerships to maximize access to care.

Development of regional frameworks for preventing substance misuse and SUD

MHCF will consider proposals that seek to plan and establish an evidence-based prevention framework for preventing substance misuse and SUD; that ensures appropriate utilization of resources, timely access to care, effective treatment, and follow-up care. The strongest proposals will ensure focus on creating or enhancing a prevention framework that focuses on effective planning and monitoring of community resources, participation from key leaders, and that can be implemented and sustained using stable sources of funding. MHCF will not be the primary funder of regional prevention services.

Initiative: Integrated Behavioral Health

In 2017, MHCF will continue support for our Integrated Behavioral Health (IBH) Initiative. Under this CFP, MHCF will support the design and business planning for new or expanded IBH services in Montana. MHCF will also offer implementation grants for well-planned projects, but these grants will be available by invitation only.

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.

IBH 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."[2]

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, consequently, help contain healthcare costs as well.

IBH can be implemented across a range of practice settings, such as:

[2] 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

- 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, emergency departments, and community-based services (such as mental health centers, community health centers, public health departments, SUD treatment facilities, and/or correctional facilities).
- School-based programs that provide integrated care for students.

This initiative will support the planning of IBH in Montana. Grantees in this initiative will participate as part of a cohort 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 the IBH Initiative FAQs for more information.

MHCF's IBH Initiative includes two tracks:

Planning Grants

MHCF will provide one-year planning grants up to $50,000. These grants are intended for organizations that are committed to implementing IBH 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. For example, a primary care clinic that provides integrated mental health services but does not provide substance use services, may develop or enhance a partnership with the substance use treatment center or expand the primary care scope of practice to start providing SUD treatment.

IBH planning grantees will receive tailored trainings and technical assistance provided by the National Council for Behavioral Health. 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, evaluations, and in-person meetings.

IBH Planning Grant Application Requirements:

- Demonstrate an organizational commitment to implementing an IBH program after the grant, and commit to the participation by administrative and clinical leadership in training and other grant activities. The role and level of participation by senior clinical and administrative leadership should be articulated clearly and MHCF resources should reflect allocation of time toward salaries (for example: ".1 FTE of medical director is paid for through MHCF grant," etc.).
- Provide in-kind contribution of staff time to participate in training and technical assistance.
- $20,000 of grant funds are expected to be used to pay for the training and consultation provided by the National Council for Behavioral Health.

IBH Planning Grant Activities:

- Participation by key staff, including administrative and clinical leadership, as well as partners-in-training, in technical assistance activities.
- Completion of a baseline assessment of the pre-grant level of integration.
- Completion of an IBH business and operations plan and completion of required outcomes and core elements of IBH.
- Participation in virtual and face-to-face 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 the National Council for Behavioral Health to help assess organizational readiness to implement IBH.

IBH Implementation Grants (by invitation only)

For invited applicants, MHCF will provide two-year grants of up to $150,000 to support the initial implementation of IBH 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 IBH initiatives. Existing IBH 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.

Please note that MHCF is not accepting unsolicited proposals for IBH Implementation Grants. If you are interested in applying for an IBH Implementation Grant, please contact Scott Malloy at (406)451-7060 or scott.malloy@mthcf.org.

Focus: Partnerships for Better Health

The Partnerships for Better Health portfolio focuses on value-based initiatives to improve Montanans' health. MHCF 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 focus of this portfolio.

Many communities, particularly in rural Montana, have limited access to health services, and healthcare workforce shortages and budget shortfalls are widespread. 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 eligibility for 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 Governor's Council on Healthcare Innovation and Reform has also focused on value-based approaches to healthcare delivery system and payment reform.

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 CFP, MHCF will support the planning and implementation of innovative projects that demonstrate the ways that collaboration between hospitals, community health centers, public health departments, and other community-based organizations 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 problems that drive health disparities.

MHCF will offer two types of grants in Partnerships for Better Health:

1. **One-year planning grants** of up to $50,000 to design a project and develop a business and sustainability plan that focuses on supporting implementation through third-party insurance billing and/or through shared savings agreements with hospitals or payers.
2. **Two-year implementation grants** of up to $150,000 for startup of a well-planned project that has a clear path toward becoming self-sustaining using revenue from third-party insurance billing and/or shared savings agreements with hospitals or payers. Applicants will be asked to present a basic business plan and pro forma budget as part of the full proposal.

Examples: Types of Projects That Will Be Considered for Funding Under This Focus Area[3]

Please note that these are only examples, and MHCF will gladly consider funding other types of projects, if they meet the basic selection criteria.

- **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, and "promotoras" are examples of such efforts. By helping patients understand and follow medical recommendations and keep appointments, and by identifying and helping 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. You can read more about improving care coordination on our website.
- **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, you can read about the Park County Connect Program on our website.
- **School-based health centers:** Establishing new school-based programs that use integrated, team-based models of care to serve the primary and behavioral health needs of at-risk students.
- **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. For example, 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 collaborations between hospitals and/or payers and housing providers that leverage healthcare dollars to support housing.
- **Direct collaboration among community agencies (for example, sharing personnel or facilities), 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.

[3] 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 FAQs.

Selection Criteria for Partnerships for Better Health Proposals

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, or behavioral health treatment centers), public health (local or tribal health departments), and other organizations (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 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; 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 give preference to proposals based on their contribution to the overall diversity and balance of our portfolio, and 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.