

# 2018 Call for Proposals

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## OVERVIEW

The Montana Healthcare Foundation (MHCF) makes grants to improve the health and well-being of all Montanans. For 2018, we are pleased to announce this competitive Call for Proposals (CFP).

We will consider proposals in three areas under this CFP:

1. American Indian Health
2. Behavioral Health
3. Partnerships for Better Health

Each organization may submit up to three distinct applications under this CFP.

NOTE: In addition to grants made under this CFP, many of our grants are offered by invitation only, within strategic initiatives under each focus area.

### Awards

Under this CFP, we are offering grants between \$10,000 and \$50,000 for projects implemented within a 12-month period, and grants up to \$100,000 for projects implemented within a 24-month period. All grants will be awarded through a one-step application process offered twice in 2018, with a possibility of a third opportunity in the fall.

### Key Dates and Deadlines

We will offer two cycles of funding in 2018 with the possibility of a third cycle in the fall depending on available funds.

Funding Cycle	Cycle Opens	Proposals Due	Funding Decision	Projects Begin
<b>Round 1</b>	Jan 16	Feb 23	Apr 16	May 1
<b>Round 2</b>	May 7	Jun 15	Jul 23	Aug 1
<b>Round 3</b>	Sep 27	Oct 4	Nov 14	Dec 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.

NOTE: Eligible applicants may use a portion of the budget to fund consultants that may not meet these eligibility criteria. Please refer to our Budget FAQ for more information.

### [Selection Criteria](#)

**Importance of health issue to be addressed:** The proposed project will address an important health issue, as defined by the 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 health care 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 health care 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 health care, 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, we seek to decrease health disparities and to improve health and well-being 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. The dollar amount of the proposed project budget is appropriate to the scale and complexity of the project.

**Contribution to a diverse grantee portfolio:** We seek 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 regions 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.

**Collaboration with tribal leadership:** Projects that involve a substantial focus on American Indian populations must demonstrate 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.

### What We Do Not Fund

We do not fund:

- Individuals.
- Capital campaigns.
- Operating deficits or retirement of debt.
- Construction projects, real estate, acquisitions, or endowments unless part of an 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.), where such purchases constitute a substantial portion of the grant budget.
- 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 our [Guidelines on Supplanting](#).

## FOCUS: AMERICAN INDIAN HEALTH

We are committed to working in partnership with Montana's American Indian people to support healthy communities.

Projects funded through this CFP will address key health and health care challenges and will address the upstream social, economic, and educational challenges that drive health disparities. We place a priority on proposals that have a high potential for becoming financially self-sustaining.

Please note that we are currently accepting two types of grant proposals: competitive grants submitted under this CFP and invited grants submitted under our American Indian Health Initiatives, which include:

- [Strengthening American Indian Health Services](#)
- [American Indian Health Governance and Leadership Support](#)
- [Reducing American Indian Health Disparities](#)

Only tribes, tribal health departments, and urban Indian health centers (members of the American Indian Health Leaders coalition) are eligible for invited initiative grants. Please email MHC Senior Program Officer Tressie White at [tressie.white@mthcf.org](mailto:tressie.white@mthcf.org) to apply for an American Indian Health Initiative grant.

If your project does not fit into one of the above initiatives and you would like to apply for American Indian Health grant funding under the competitive CFP, [click here to start your application](#).

### [Project Examples](#)

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

- **Strategic and business planning:** One-year planning grants that will result in a viable plan to fund and implement programming to address an important health issue.
- **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.
- **Upstream influences on health and well-being:** Projects that address access to healthful food, housing, transportation, and other upstream influences on health and well-being.

## FOCUS: BEHAVIORAL HEALTH

Under this CFP, we 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 (for example, billing insurance), and through creating new partnerships between organizations that address behavioral health prevention and treatment needs by using existing resources more efficiently and effectively.

Please note that we are currently accepting two types of grant proposals: competitive grants submitted under this CFP and invited grants submitted under our specific Behavioral Health Initiatives, which include:

- [Integrated Behavioral Health](#)
- [Substance Use Disorder Prevention and Treatment](#)
- [Solving Perinatal Drug and Alcohol Use](#)

If you are interested in applying for funding in one of these initiatives, please contact MHC Senior Program Officer Scott Malloy at [scott.malloy@mthcf.org](mailto:scott.malloy@mthcf.org).

If your project does not fit into one of the above initiatives, and you would like to apply for Behavioral Health grant funding under the competitive CFP, [click here to start your application](#).

### [Project Examples](#)

Please note that these are only examples. We will gladly consider funding other types of projects, provided they meet our basic selection criteria.

- **Strategic and business planning:** One-year planning grants that will result in a viable plan to fund and implement programming to address an important health issue.
- **Strengthening crisis continuum of care for mental illness and substance use disorders:** 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.
- **Trauma-informed schools:** Proposals to improve educational, behavioral, and health outcomes for students through implementing trauma-informed educational practices and policies in schools, and programs to address childhood trauma in a self-sustaining way through, for example, implementing evidence-based programs such as the Good Behavior Game.
- **Partnerships with Criminal Justice:** Projects that will improve mental illness and SUD outcomes for justice-involved populations through, for example, addressing treatment needs and improving continuity of care for people during and after incarceration, and planning and implementing pre-trial diversion to treatment.

## FOCUS: PARTNERSHIPS FOR BETTER HEALTH

Under this CFP, we will support the planning and implementation of innovative projects that demonstrate how collaboration between hospitals, community health centers, public health departments, and other community-based organizations can yield synergistic improvements in health and more efficient use of resources. This portfolio supports collaborative, systems-based solutions that make measurable improvements in health outcomes and are replicable in other Montana communities. 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.

Please note that we are currently accepting two types of grant proposals in Partnerships for Better Health: competitive grants submitted under this CFP, and invited grants submitted under our [Housing and Healthcare Initiative](#).

If your project is suitable for the Housing and Healthcare Initiative, please contact MHCf Chief Operating Officer Ted Madden at [ted.madden@mthcf.org](mailto:ted.madden@mthcf.org).

If your project does not fit into the Housing and Healthcare Initiative, and you would like to apply for Partnerships for Better Health grant funding under the competitive CFP, [click here to start your application](#).

### [Project Examples](#)

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

- **Interventions that address upstream risk factors for health disparities/social determinants of health:** Projects that address health determinants—such as 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.
- **Public health and prevention planning:** Proposals from county public health departments or other eligible applicants for support for business planning for or implementation of well-planned and sustainable prevention programs that address high-priority community health issues. *(Note: because MHCf funds are limited, we do not provide long-term, sustaining support for programs.)*
- **Improving outcomes and costs of care for 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. You can read an example of how one of our grantees, [Partnership Health Center](#), is handling this issue.

- **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.
- **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.
- **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 here](#).