St. Elizabeth's Medical Center
A STEWARD FAMILY HOSPITAL

Steward

SEMC DoN/Community Health
Request for Proposals

Issue Date: Sept. 29, 2021

Background

St. Elizabeth's Medical Center (SEMC), a Boston University teaching hospital, is home to a 308-bed campus in the heart of Boston's Brighton neighborhood. At SEMC, we reach beyond hospital walls, into the surrounding communities, to address the most prevalent health- and wellness-related needs of our community members. Guided by a careful analysis of community needs, St. Elizabeth's Community Health Program aims to help those most vulnerable to make life-changing improvements in health and address social and economic factors that impact overall well-being.

As part of the [determination of needs (DoN)](#) process, steered by the MA DPH and SEMC's commitment to investing in the community, this RFP will provide funding for groups in our community who are providing quantifiable, evidence-based and sustainable initiatives to our community with a focus on ensuring equitable care is accessible to all, particularly those of diverse backgrounds.

This DoN funding project aims to have a positive impact on some of the most prevalent health issues in our community today: **mental health** and **substance use disorders**. Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa. Both substance use disorders and other mental illnesses are caused by overlapping factors such as genetic and epigenetic vulnerabilities, issues with similar areas of the brain, and environmental influences.

Community-clinical linkages, rather than programmatic initiatives, are effective methods to preemptively address the root causes of these negative health outcomes and will be a focus of this funding. By community-clinical linkages, we mean that we are looking for organizations to address the root causes of the aforementioned issues: those social determinants of health, such as **employment**, **education**, and **social environment outcomes**, that play a role in creating structural barriers that lead to worse mental health and substance use disorder outcomes. Further detail and examples follow in this document.

At-a-Glance

Please review this high-level opportunity, as well as the full document, for relevant information regarding applying for this funding.

Available Funding: Funding will be allotted to 2-4 organizations, amounting to between approximately $43,000 - $86,000 annually (totaling just over $517,000 over the course of three years). This funding will support initiatives that address mental health/substance use disorder in the Greater Boston area, with a focus on addressing those who fall under at-risk/underserved populations.

Funding Period: 2022 – 2024

Eligible Applicants: Organizations serving SEMC's priority neighborhoods and towns will be given priority: Allston-Brighton, Back Bay and West Roxbury neighborhoods of Boston, Brookline, Newton, Waltham, Weston and Watertown.

Proposal Due Date: Please submit completed proposal via email to SEMCcommunitybenefits@steward.org by 5:00 p.m. sharp on Monday, November 8, 2021. *Late submissions are not eligible for funding.*

Bidder's Conference/Virtual Information Session: Questions? Join our virtual information session on October 13, 2021 to learn more. This will be a "drop in session," open from 12:00 – 1:30 p.m. During this time we will answer pre-submitted questions submitted by the deadline below, and take additional questions from attendees. Please register in advance for the link to session: https://semcrfpinfo.eventbrite.com.

This session will be recorded, and all questions and answers discussed will be posted to https://www.semc.org/don for future reference.

Contact SEMCcommunitybenefits@steward.org for additional questions.

Deadline for submitting questions: 5:00 p.m. on Wednesday, October 6, 2021.

Project Overview

SEMC is seeking grant applications for programs that serve the greater Boston community with services designed to address the root causes of mental health and substance use disorders, using a Community Health Worker (CHW)-Nurse Case Manager team model. Funding is prioritized towards addressing racial and cultural inequities that have been a result of systems and processes that negatively impact certain populations. Accordingly, while programs need not be limited to these populations, SEMC is particularly interested in programs that serve community members who identify as Black/African American, Hispanic/Latinx, youth/adolescents and/or low-income individuals and families.

We call upon grantees to demonstrate a CHW-Nurse Case Manager team *model* in which CHW and Nurse Care Managers services will work with the priority populations as part of a multi-disciplinary team that allows for maximum impact on affected community members. While we will fund programs that focus on directly providing services to people impacted by mental health and substance use disorders, priority will be given to programs that also address root causes and thus proactively reduce the number and proportion of people experiencing these challenges.

"Community health worker" is an umbrella term for a <u>number</u> of job titles that perform one or more of the functions listed in the [DPH definition](). Common to all of these functions and models of service delivery are four main strategies CHWs employ in their work, namely: client advocacy, health education, outreach, and health system navigation. We want to ensure that the person fulfilling the CHW-like role is not interchangeable with someone in an administrative role and will revert back to that role once the funding period is over. We use the term "model" to reinforce that while applicant organizations are not <u>required</u> to have a community health worker on staff in order to apply, they must be able to demonstrate how the organization plans to integrate a multidisciplinary approach that includes community health work as described here. Similarly, the reference to a model with a "nurse case manager" does not require that applicant organizations have a nurse on staff, but rather than their program involves a medical professional who will provide this input and perspective; applicant organizations should explain how these roles are accomplished in their model.

The CHW-Nurse Case Manager model is highlighted here as evidence shows that CHWs are effective at helping people change behavior to improve their health as well as to access a wide variety of preventive health services, including general education and referral for chronic and acute health conditions. Evidence increasingly demonstrates that they are now essential elements of population-based programs that improve health outcomes, and when CHWs are appropriately selected, trained, and supervised, they can improve key health-related behaviors, extend the accessibility of key services, and strengthen linkages between communities and health services.

In order to ensure people serving in the CHW role have the necessary skills to impact the priority population, applicants must include in their proposal plans to provide mental health intervention training and substance use treatment training – or proof of existing and up-to-date training for CHWs.

The specific trainings include:
- The [Mental Health First Aid program](), which will:
  - Inform CHWs about the signs and symptoms of mental health problems.
  - Teach CHWs how to appropriately respond to situations involving mental health issues.
  - Provide actionable steps to take using Mental Health First Aid (MHFA's) five-step action plan.

- [Screening, Brief Intervention, and Referral to Treatment](#) (SBIRT) training, which will:
  - ○ Teach CHWs how to identify individuals that will benefit from referral to treatment using evidence-based information.
  - ○ Equip CHWs with the tools to appropriately engage with community members in referrals to treatment.

Applicant organizations must apply a critical lens on their programming to identify whether the proposed CHW model can partake in a larger, "**upstream**" program that will address community conditions before they result in poor outcomes around mental health and/or substance use disorder, or highlight if they already have an upstream approach. Examples of upstream programming impact [social determinants of health](#) such as **employment**, **education**, and **social environment outcomes.**

Examples of how this works are available in this chart provided by Mass in Motion:
([PSE = policy, systems and environment](#))

A Programs Approach	VS.	A PSE Change Approach
Hosting a community bike ride		Implementing a Complete Streets policy to ensure community roads are designed to be safe and accessible for all users
Having an "open gym night" at a local school		Implementing a town-wide Joint Use Agreement enabling community members to have access to the school's gym and fields when school is not in session
Working with a corner store to become a designated Healthy Market		Creating a city-wide healthy retail program that supports food retailers to offer a variety of products and fresh, affordable healthy foods

Example for substance use disorders treatment:
- *Programmatic: embed a community health worker into a rehab facility*
- *PSE approach: develop a coalition to advocate for enhanced reimbursement models for CHWs and other non-medical providers as they navigate through the recovery process*

To further help guide applicant organizations, the MA Department of Public Health suggests asking yourself the following framing questions at every decision making point:
- *Can you identify the system(s) at play?*
- *Can you identify the system(s) challenges/failure?*
- *Does the proposed solution ask people to adjust to fit the system (fixing fish), or require changes to the systems in operation (groundwater)? Where is the burden of change falling?*
- *Can you name how systems are interacting to impact outcomes? And what are you doing about those interactions?*

- *[How] do you and other stakeholders and gatekeepers understand the role you play in dismantling the systems?*
  - *Note: these questions do not necessarily need to be answered directly in the RFP response, but are meant to be used as guidance when thinking through programming.*

Additionally, applicants must showcase how they plan to leverage pre-existing resources and groups, such as a 211 line, in the community to ensure awareness amongst the priority population.

Addressing Inequities

Negative health outcomes are not always at the fault of an individual, but part of larger, systemic structural barriers to maintaining good health. In order to address these community issues, this DoN funding is prioritized towards addressing racial and cultural inequities that have been a result of systems and processes that negatively impact certain populations. This proposed strategy will allow for the CHW-model to advocate for these underserved communities and provide recommended changes to ensure a more fair and equitable healthcare system.

Priority Population

These groups were identified in the SEMC CHNA (2018) and Boston CHNA-CHIP Collaborative CHNA (2019) as being at an increased risk of developing both mental health and substance use disorders compared to their counterparts:

- African American and Latino community members
- While not limited to this age group, increased emphasis will be placed on youth and adolescent populations
- Low-income individuals and families

Priority Community

The community defined by this document includes the neighborhoods of Allston-Brighton, Back Bay and West Roxbury neighborhoods of Boston, Brookline, Newton, Waltham, Weston and Watertown.

Project Goals

We recognize that these are long-term strategies. The goal of this funding follows; however, it is understood that not all will be achieved in the three-year funding period. We are looking for applicants to highlight the goals that they believe their programming can impact and showcase how they will sustain this impact beyond the three-year funding period. Applicants focusing on the "upstream" model should share how that focus will lead to any of these outcomes.

- Increase access to both SUD prevention/treatment services and culturally appropriate mental health education and services
- Address racial and cultural inequities by empowering CHWs to directly reach these community members, highlight where inequitable access to services issues are, and provide

recommended changes to care delivery systems so as to ensure a more fair and equitable healthcare system

- Strengthen the fabric of our social environment, by promoting and coordinating educational opportunities and promote social engagement for members of the priority population to be able to improve social conditions
- As another example, a project goal could be to reduce incarceration rates in the community by reducing SUD within priority populations.

Project Success and Evaluation

Applicants must demonstrate the ability to deliver on the funds awarded. Evaluation will be a required component of the initiative and your organization will be expected to work closely with a third-party evaluator to design an evaluation plan for your initiative that is:

- Practical, workable, decision-oriented, and informative
- Focused on the impact your initiative is having on positive systems change (not just on numbers of individuals who interact with your programs or services)
- Integrated with your planning and implementation, so changes can be made mid-course if you determine that your initiative isn't accomplishing what you planned
- Respectful of culture, history, and other social factors that can make it difficult to engage in program evaluation with vulnerable populations (especially true for communities of color, individuals grappling with mental health and substance use issues, and LGBTQ and transgender communities, if your program works in these areas)

The third-party evaluator will provide specific training and support to your organization throughout the grant period, including working with you to design an evaluation plan that is workable given your goals and the resources you plan to engage to meet those goals.

SEMC does not anticipate that all organizations will have evaluation expertise and we don't expect you to have a fully-designed evaluation plan at this point, but we do expect your staff to work with the evaluator on evaluation approach, program-specific goals, and measurement related to your specific initiative. You will be expected to:

- Participate in the initial evaluation training (anticipate 1 day)
- Work with the third-party evaluator to design a high-quality evaluation plan
- Implement the evaluation plan (and work with the evaluator to problem-solve as needed)
- Report at least twice a year to SEMC recapping use of funds and evaluation results

If at any point the funds are not demonstrated to be used for the purpose which they were granted, SEMC has the right to redistribute funding.

Eligibility and Submission Requirements

- Applicant must be from a current not-for-profit or governmental agency.*
- An applicant's funding request must serve one or more of the neighborhoods and towns that include the priority area, listed above (page 5).
  - Priority consideration will be given to organizations and community groups located in the impact area.
- An organization can only submit one application in response to this RFP
- Applicant must demonstrate sound financial condition, reporting and controls
- Applicant must demonstrate an understanding of expectations relating to evaluation (e.g., participation in initial training, development, and execution of evaluation plan)

Those who fall under the following criteria are ineligible to apply:
- Individuals
- For-profit entities, including any entity related to Steward Health Care
- Grants cannot be used to pay any costs associated with insurance or other funds that will cover or reimburse for services rendered.

If the Applicant proposes funding organizations that do not hold non-profit or governmental status, the Applicant shall submit to DPH for approval a written explanation detailing the reasons why other organization types should be considered.

Review Process and Notification of Funding Decisions

Applications will be evaluated on the basis of eligibility; ability to carry out the proposed work, community benefit and impact, particularly addressing inequities; commitment to participating in evaluation process; sustainability of programming beyond grant cycle; compliance with the purpose of the funding, and financial soundness.

All submissions will be considered confidential, and their contents will not be disclosed to, or discussed with, persons outside the Committee, except to the extent that the Committee deems necessary to adequately evaluate the submissions.

The SEMC DoN Committee reserves all rights to make any decision they deem necessary to accomplish the purpose of the Fund – including, without limitation, to reject any and all proposals for any reason; to seek additional information or a revised proposal, and to amend this RFP at any time and for any reason.

The Committee will notify all applicants and awardees of the final decision November 2021. Funds will be disbursed December 2021 and released annually 2023 – 2024.

Proposal Format

- Proposals should be electronically submitted to SEMCcommunitybenefits@steward.org.
- Cover sheet stating your organization's name, date submitted, contact information in case any follow up questions are needed.
- Proposals must be submitted via Word document, filled out in **this document**.
- Proposal must be submitted by 5:00 p.m. sharp on Monday, November 8, 2021 – late applications will not be accepted.

Funds Available

A total of $517,870.98 is available, to be disbursed over the course of three (3) years. The maximum grant amount is $86,311.

Bidder's Conference/Information Session

We strongly encourage you to submit questions by the Q&A deadline of Wednesday, October 6, and to attend the information session. It may prove valuable to hear questions that others pose. The information session will be held virtually on October 13, 2021 from 12:00 – 1:30 p.m.

For those who are unable to join, the session will be recorded and any Q&A discussed or send via email will be posted as a resource on semc.org/don.

To receive the link, please register in advance at https://semcrfpinfo.eventbrite.com.

Additional questions throughout the proposal period may be sent to SEMCcommunitybenefits@steward.org.