

## **Facilitating Behavioral Health Care Access through Behavioral Health Navigation Request for Proposals (RFP)**

### **Background**

Beth Israel Lahey Health (BILH) brings together an exceptional array of clinical organizations spanning the full continuum of health care delivery – academic and teaching hospitals, community hospitals, ambulatory and urgent care centers, behavioral health programs, and home care – in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

Based upon its 2022 Community Health Needs Assessment (CHNA) process, BILH identified community behavioral health access as the system priority across its Community Benefits Service Area (CBSA). In the spring of 2023, BILH undertook a process to identify opportunities to collaboratively work with community partners to address barriers faced by community residents when accessing behavioral health (mental health and substance use) care and services.

In response to the input from community residents and partners throughout this process, BILH is investing in strategies that elevate messaging, amplify mental health topics and foster and fund behavioral health navigation across its CBSA. These strategies are in addition to the efforts individual BILH hospitals are conducting in collaboration with community partners as part of the FY23 – FY25 Implementation Strategy (IS). All strategies align with the BILH Community Benefits Guiding Principles of accountability, community engagement, equity and impact.

This Request for Proposals (RFP) seeks to provide grants to three (3) organizations with a strong track record and the demonstrated capacity to implement a community-based Behavioral Health Navigator program in the Massachusetts Gateway Municipalities of Haverhill, Lynn and Quincy. Grant funding will be focused on creating and implementing a community-based Behavioral Health Navigator model to increase community residents' connections to behavioral health services and supports and provide education to the broader community about mental health and substance use resources.

## Request for Proposals (RFP) Process Overview and Timeline

Dates	Deliverable
March 22, 2024	RFP release date
March 22 – April 5, 2024	Question and Answer (Q & A) period*
April 1, 2024 @ 3:30 pm ET	Virtual information session (optional). BILH staff will provide an overview of the RFP and answer questions about the application process. Registration required. To register, click <a href="#">here</a> .
April 8, 2024	FAQs posted to websites*
April 22, 2024 @ 5:00 pm ET	Applications due
By June 7, 2024	Final notification of decision to full Proposal Applicants
June 17, 2024	3-year grant term begins, including planning period
June 16, 2027	Grant Term ends

\*Applicants may contact Michele Craig at [michele.craig@bilh.org](mailto:michele.craig@bilh.org) with any questions. Questions and answers will be posted on the BILH website [here](#) by April 8, 2024. No questions will be accepted after April 5, 2024.

### How to Apply

All applications must be submitted online through BILH’s Community Benefits Database (“CBD”). To request access to the database, please complete this form: <https://forms.office.com/r/jZyD5F8dAD>. Applications missing materials and not submitted in the CBD by the deadline will be considered incomplete and will not be reviewed.

**Appendix A** contains the application questions and **Appendix B** contains the scoring criteria. For questions specific to the application process or CBD, please contact [michele.craig@bilh.org](mailto:michele.craig@bilh.org). Applications are due no later than 5:00pm ET on **April 22, 2024**.

## RFP Core Principles

The core principles guiding this RFP are:

- **IMPACT:** Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations that face the greatest health inequities.
- **COMMUNITY:** Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.
- **HEALTH AND RACIAL EQUITY:** Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.
- **SUSTAINABILITY:** Encourage sustained impact of programming through strategies that may include leveraging funding to continue program activities, strengthening organizational and community capacity, forming innovative partnerships, and/or cross-sector collaboration.

## Evidence-based/Evidence-informed Strategies

BILH is committed to funding programs that have evidence of their efficacy or impact. To be considered evidence-based or evidence-informed, the program should be based on research about effective practice in the area or current evaluations showing positive outcomes.

## Eligibility

To be eligible to apply for the RFP, organizations must be tax-exempt (501 (c) (3) status) or a public agency. Eligible institutions may include community-based organizations, community health centers, schools, coalitions, and city agencies. In addition, organizations must currently serve individuals who live, learn, work or play in or across one or more of the following Massachusetts communities that have been specifically identified as high priority for this RFP:

1. Haverhill
2. Lynn
3. Quincy

The priority cohorts for this RFP, determined based on BILH's most recent [Community Health Needs Assessment \(CHNA\)](#), are:

- Youth
- Older adults
- Low-resourced populations
- Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQIA+) individuals
- Racially, ethnically and linguistically diverse populations.

Funded grantees will be expected to hire, train and support a community-based Behavioral Health Navigator who will identify, understand and effectively connect community residents from at least one of the cohorts above who are experiencing mental health and substance use issues to appropriate support and assistance. Grantees will also be expected to conduct educational activities with the broader community to increase knowledge and awareness of available mental health and substance use services and supports. Grantees are also encouraged to participate in a no-cost training on how to help people navigate digital options for mental health and well-being, provided by BILH experts.

### **Funding Availability**

BILH's goal for this funding is to have the greatest impact possible. To this end, BILH plans to award \$300,000 over a 3-year period to a maximum of 3 community organizations, one in each community listed above. BILH anticipates that the grant will be awarded in four installments, with all funds fully disbursed by June 2026.

BILH will review all grants at the end of each year to determine continued funding for years 2 and 3 based upon availability of funds and fulfillment of grant requirements, including evaluation and reporting.

### **Evaluation and Reporting**

Grant recipients will be required to submit reports twice a year via BILH's Community Benefits Database that includes program updates, evaluation data and a financial update. Once awarded, grant recipients will be expected to work with the BILH Community Benefits and Community Relations Director of Evaluation and Data ("evaluator") to define and determine the impact of the funded proposal. In general, the evaluation will answer:

- To what extent has the community-based Behavioral Health Navigator model shown success in connecting individuals experiencing mental health and/or substance use issues from the selected priority cohort(s) to appropriate behavioral health referral, screening, assessment and treatment services and supports?

- To what extent have educational activities conducted with the broader community increased knowledge and awareness of available behavioral health services and supports?

Grant recipients will be required to identify an evaluation lead at the organization and develop and implement an individual learning and evaluation plan and report on program-specific evaluation measures to BILH. The BILH evaluator will provide support and required templates to fulfill evaluation requirements outlined in this RFP. Metrics to be collected and tracked by each grantee could include, but are not limited to:

- Number and demographics of individuals utilizing the behavioral health navigation services.
- Number of individuals screened and referred to services.
- Successful access and utilization of the recommended resources by navigation participants.
- Number of community members attending educational activities.
- Increased knowledge about the resources available to participants through educational activities.

#### Overview of Evaluation Expectations

Grant recipients will work with the BILH evaluator to:

- Develop their learning and evaluation plan. This learning and evaluation plan will include program-specific evaluation elements that grant recipients will report to BILH.
- Ensure implementation of their individual learning and evaluation plans and make any necessary modifications, as applicable.

During the initial planning period (approximately June 17 – September 16, 2024), the grant recipients(s) will:

- Work with the BILH evaluator to understand grant recipient's evaluation needs and capacity.
- Create/revise a theory of change or logic model and develop a learning and evaluation plan.
- Participate in webinars and technical assistance calls and regular communication with the evaluator.
- If appropriate, participate in identifying common measures all grant recipients will collect.

During the grant implementation period (approximately September 17, 2024 – June 16, 2027), the grant recipients will:

- Implement program activities and collect and report on data as defined in the initial planning process. Data collection should continue for program implementation through and including June 16, 2027.
- Participate in technical assistance calls with evaluator as needed.
- Engage in regular communication with evaluator to discuss any changes to the program implementation or evaluation plans.
- Participate in evaluation webinars provided by BILH.

Grant recipients will report on progress toward answering the above evaluation questions and fulfilling the individual learning and evaluation plan semi-annually in October and May. These reports may be a mixture of meeting/site visits and written materials, as determined during the planning phase.

During the RFP Information Session on April 1st, the BILH Director of Evaluation and Data will review RFP evaluation requirements and be available to respond to questions.

## **Funding Guidelines and Budget**

Grant funds may be used for planning, reporting, project staff salaries, data collection and analysis, meetings, supplies, related travel, and other direct project-related expenses. Indirect expenses (i.e. items that are associated with running the organization, such as administrative staff salaries and benefits, rent, utilities, office supplies, etc.) may not exceed 15% of the total budget. Grant funds may not be used to provide medical services, to support clinical trials, to construct or renovate facilities, for capital expenses, or as a substitute for funds currently being used to support similar activities.

Applicants will be asked to identify the staff member responsible for data management and evaluation-related activities. Applicants should specify evaluation expenses in the proposed budget to accommodate on-site evaluation activities, such as systems implementation for data collection. Include costs for project evaluation activities, such as use of evaluation consultants, data collection tools, and other costs for evaluation. BILH recommends that evaluation expenses total approximately 10% of an applicant's budget.

Grants will be awarded for a 3-year period, inclusive of the initial planning period. The planning period will give the grant recipients(s) time to hire staff, if needed, engage partners and community residents and create an implementation plan. The planning period will also enable the evaluator to provide capacity building and technical assistance to grant recipients(s) to ensure readiness for implementation and evaluation.

After the initial funding/planning period, funding will be awarded once a year, in June.

*Funding Disbursement Timeline*

<b>Approximate Funding Distribution Schedule (subject to change)</b>	
June 17, 2024*	\$50,000
August 15, 2024	\$100,000
June 1, 2025	\$75,000
June 1, 2026	\$75,000

\*Initial funding/planning period

Upon notice of an award, grant recipients will be required to submit an invoice to BILH to receive the grant funds, identify BILH as a co-sponsor of the project in any media, community and/or public relations efforts, and submit semi-annual reports to BILH in the Community Benefits Database on agreed upon metrics and progress on the project.

**Contact Information**

If you have any questions, contact the BILH Community Benefits and Community Relations team at [michele.craig@bilh.org](mailto:michele.craig@bilh.org). BILH will respond to emails within two business days.

## Appendix A: Application Questions

Note: Responses to these questions will be submitted in the BILH Community Benefits Database (“CBD”).

### 1. Organization Overview

- a. Provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)
- b. Specifically address how your organization’s leadership (Board of Directors, senior management) reflects the demographic and lived experience of the communities it serves. This may include race, culture, ethnicity, immigration status, disability status, religious and spiritual beliefs, gender identity, sexual orientation, and generational identity. (150 words maximum).
- c. Upload the following documents:
  - Organizational budget for the current year.
  - Internal Revenue Service Form 990 for the last **two** fiscal years.
  - Most recent audited financial statement.

### 2. Project Lead and Staffing

- a. Primary contact person for this application (Name, pronouns, and contact information)
- b. Secondary contact person (Name, pronouns, and contact information)

### 3. Priority Community: Identify which priority community (below) the organization will focus its behavioral health navigation and community education activities in (select one):

- a. Haverhill
- b. Lynn
- c. Quincy

### 4. Cohorts Served: Identify which of the cohorts(s) below the organization will focus its behavioral health navigation and community education (check all that apply):

- a. Youth
- b. Older adults
- c. Low-resourced populations
- d. Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQIA+) populations
- e. Racially, ethnically and linguistically diverse populations (Note: there will be space to add additional descriptions/details for each of the below options).



- African
- American Indian/Alaskan Native
- Asian
- Black
- Caribbean Islander
- European
- Hispanic/Latino
- Middle Eastern
- Native Hawaiian/Pacific Islander
- White
- Other (please list)

## 5. Project Overview

- a. Project Context:
  - Describe how the organization will address key behavioral health navigation challenges facing the selected priority community and cohort(s). (100 words maximum)
  - Briefly describe examples of the work the organization has done in the selected priority community, including any current partnerships with organizations located in the community. (100 words maximum)
- b. Project Staffing: List the key people who will be involved in project implementation and briefly describe their roles.
- c. Anticipated Reach: Please provide an expected range for the number of individuals the organization will reach or impact through the project, beyond the number currently served. Please note: a minimum of 80% of individuals reached or impacted through the project should be from the selected priority community.
- d. How does the organization plan to ensure that project resources are deployed towards those that need them the most? (100 words maximum)

## 6. Project Goals

- a. Please provide up to three SMART (specific, measurable, attainable, relevant, and timely) goals for the project (See **Appendix C** for guidance on developing SMART goals). If applicable, please include a goal for how the project will address upstream Social Determinants of Health (SDoH).

## 7. Equity and Community Engagement

- a. Discuss how the organization plans to engage with the cohort(s) with which it will be working. Please specify the level(s) of community engagement the project utilizes based on Table 1 on page 11 of the [Massachusetts Department of Public Health Community Engagement Standards for Community Health Planning](#). (150 words maximum)
- b. How will the funds be used to address racial inequities? (100 words maximum)

## 8. Budget

- a. Upload an itemized project budget and an accompanying budget narrative (up to a ½ page) using the template provided in the Community Benefits Database. The budget should include direct and indirect costs, including staff time.

9. **Partners (if applicable):** List all partner organizations key to this project's success. Include the sector they represent (e.g. workforce development, behavioral health, housing, education, etc.) and a brief description of their involvement in the project. Describe how the collaboration(s) will increase the impact of the project. (250 words maximum)

## 10. Evaluation Capacity and Experience

This section is about your organization's/partnership's existing evaluation capacity and experience with evaluation (e.g., data collection, tracking, monitoring, reporting). You may include references to past evaluations, such as recent program evaluations.

- a. Please describe your organization's/partnership's current capacity to conduct evaluation activities, including any internal staff FTEs and external contracts, as applicable (300 words maximum)
  - i. What types of data are currently collected (if any)?
  - ii. How does your organization collect data (if applicable)?
  - iii. How does your organization use these data to inform outcomes and improve programming/initiatives? How does your organization currently measure success?
  - iv. How does your organization incorporate the client and community voice in its evaluation activities?
- b. Who will be the grant recipient's evaluation contact for this project? (150 words maximum)
  - i. Position title
  - ii. Description of current evaluation responsibilities (if any)

- iii. Any relevant evaluation skills, knowledge, and experience (if any)

### **11. Sustainability**

BILH encourages applicants to think creatively about how the funds from this request can be leveraged to create permanent community change. Please be explicit as to how metrics and outcomes will lead to sustainability beyond the grant term, aside from applying for additional funds. Indicate whether your organization is committed to building programmatic costs into the operating budget and/or if this program will create future revenue.

- a. Describe how the organization will leverage this funding to support the sustainability of the project(s). (100 words maximum)
- b. How will this project contribute to improved community health past the initial funding period? (100 words maximum)
- c. Describe any challenges to sustainability the organization anticipates and how the challenges might be addressed. (150 words maximum)

## Appendix B: Scoring Criteria

As applications are scored,\* reviewers will keep the following core principles in mind:

- **IMPACT:** Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in the focus community that face the greatest health inequities.
- **COMMUNITY:** Build community cohesion and capacity through actively engaging with community residents and other stakeholders, including underrepresented populations.
- **HEALTH AND RACIAL EQUITY:** Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.
- **SUSTAINABILITY:** Encourage sustained impact of programming through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, forming innovative partnerships, and/or cross-sector collaboration.

Applications will be scored on a scale of 1 to 4, where 1 = Disagree, 2 = Somewhat Disagree, 3 = Somewhat Agree, and 4 = Agree, using the scoring criteria below.

### **Scoring Criteria:**

1. Organizational mission aligns with core principles
2. History of working in priority municipality and selected priority cohort(s)
3. Proposed project plan is feasible
4. Proposed project meets a demonstrated community need
5. Goals are reasonable and aligned with core principles
6. Proposed project plan addresses health inequities
7. Requested funding is reasonable for proposed activities
8. Partners and/or collaborators listed would increase the impact of the project (if applicable)

*\*Please note: incomplete applications will not be reviewed by the committee.*

## Appendix C: SMART Goals

Program Goals provide a sense of direction, motivation, a clear focus, and clarify importance. By setting program goals, you are providing your organization, staff, and participants with a target to aim for. A SMART goal is used to help guide goal setting. SMART is an acronym that stands for **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**imely. Therefore, a SMART goal incorporates all of these criteria to help focus your program efforts and increase the chances of achieving your goal.

SMART Goals should be created with collaborators and revisited regularly to ensure the program is on target to complete the goal. SMART goals should be updated as needed and new ones should be written once previous SMART goals have been met.

### Overarching Goal:

A broad statement about the long-term expectation of what should happen as a result of your program (the desired result) serves as the foundation for developing your program's SMART goals. Criteria: 1) Specifies the social determinants of health or health-related social need; 2) Identifies the target population(s) for your program.

### SMART Goal (sometimes called SMART Objective):

SMART Goals are statements describing the results and the manner in which they will be achieved. You usually need multiple SMART goals to address the overarching goal. Criteria: SMART attributes are used to develop a clearly defined goal.

## SMART Goals

Specific	<p>Goals that are specific have a significantly greater chance of being accomplished. To make a goal specific, the three “W” questions must be considered:</p> <ol style="list-style-type: none"> <li>1. Who: Who is the intended population for this goal?</li> <li>2. What: What does the program want to accomplish?</li> <li>3. Where: Where is this goal to be achieved?</li> </ol>
Measurable	<p>A SMART goal must have criteria for measuring progress. If there are no criteria, you will not be able to determine the program's progress and if you are on track to reach your goal. To make a goal measurable, ask yourself:</p> <ol style="list-style-type: none"> <li>1. How many/much?</li> <li>2. How do I know if the program has reached my goal?</li> <li>3. What is my indicator of progress?</li> </ol>
Achievable	<p>Your goals should be achievable and attainable given your program resources and planned implementation.</p> <ol style="list-style-type: none"> <li>1. Do I have the resources and capabilities to achieve the goal? If not, what am I missing?</li> <li>2. Have others done it successfully before?</li> </ol>
Relevant	<p>Your goal, even after meeting all the prior criteria, must now align with other relevant goals because success requires the support and assistance from everyone on the project team.</p> <ol style="list-style-type: none"> <li>1. Does it match other program or agency needs?</li> <li>2. Is it aligned with current economic or social trends?</li> <li>3. Does it align with the participants’ needs and strengths?</li> </ol>
Timely or Time-bound	<p>Your goals should be defined within a timeframe. Here the focus is on “when” the goal will be met. Specifying a timeframe in the goal will help you in both planning and evaluating your program.</p> <ol style="list-style-type: none"> <li>1. Does my goal have a deadline?</li> <li>2. By when do you want to achieve your goal?</li> </ol>

## SMART Goals can be Process or Outcome focused

Process SMART Goals describe the activities/services/strategies that will be delivered as part of implementing the program.

Outcome SMART Goals specify the intended effect of the program in the intended population or end result of a program.

Outcome SMART Goals can be classified as short-term, intermediate, or long-term.

Well-written and clearly defined SMART goals will help you monitor your progress toward achieving your overarching program goal.

- Short-term outcome goals are the initial expected changes in your intended population(s) after implementing certain activities or interventions (e.g., changes in knowledge, skills, and attitudes).
- Intermediate outcome goals are those interim results that provide a sense of progress toward reaching the long-term goals (e.g., changes in behavior, norms, and policy).
- Long-term goals are achieved only after the program has been in place for some time (e.g., changes in mortality, morbidity, quality of life).

## SMART Goal Examples

*Sample Goal 1:* Collaborate with 11 community partners.

The list below shows how this goal is and is not a SMART goal.

- Is it Specific? It is clear but it could be more specific in terms of who will do it and what “collaboration” means.
- Is it Measurable? Yes, but how it will be measured needs to be stated.
- Is it Attainable? Yes, if you have the time and resources needed.
- Is it Relevant? Yes, collaborating with other agencies improves the chance that changes will be made and contributes to sustainability.
- Is it Time bound? No, it does not specify a timeframe for completing the goal.

*Sample SMART Goal 1:* Project director will obtain Memoranda of Understanding that spell out the terms of agency collaboration with 11 community partners involved with youth by August 31, 2021.

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*Sample Goal 2:* Continue to educate our community that suicide is a public health problem.

*Sample SMART Goal 2:* The project team will speak once a month at 9 community meetings from January-September 2021, to educate our community that suicide is a preventable public health problem.

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*Sample Goal 3:* Increase consumption of fruits and vegetables among youth.

*Sample SMART Goal 3:* By September 1, 2022, 75% of Grade 6-8 classrooms in Boston will provide a fruit or a vegetable to all students during snack time at least 3 school days a week. (Process)

*Sample SMART Goal 3:* By May 2023, 60% of middle school youth in Boston will report consuming at least 5 servings of fruits and vegetables a day, as indicated on the Youth Risk Behavior Survey. (Outcome)