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.

BILH is committed to its WE CARE Values:

- *Wellbeing*. We provide a health-focused workplace and support a healthy work-life balance.
- *Empathy*. We do our best to understand others' feelings, needs and perspectives.
- *Collaboration*. We work together to achieve extraordinary results.
- *Accountability*. We hold ourselves and each other to behaviors necessary to achieve our collective goals.
- *Respect*. We value diversity and treat all members of our community with dignity and inclusiveness.
- *Equity.* Everyone has the opportunity to attain their full potential in our workplace and through the care we provide.

Based upon its 2022 and 2025 Community Health Needs Assessment (CHNA) processes, BILH identified community behavioral health access as the system priority across its Community Benefits Service Area (CBSA). 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. All strategies align with the BILH Community Benefits Guiding Principles of *accountability, community engagement, equity and impact*.

This Request for Proposals (RFP) seeks to award up to four (4) grants to organizations with the capacity to implement a community-based Behavioral Health Navigator program in the municipalities of Medford and/or Waltham. 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 12, 2026	RFP release date
March 12- 23, 2026	Question and Answer (Q & A) period*
March 18, 2026 @ 3:00 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 here.
March 25, 2026	FAQs posted to BILH Community Health Grants*
April 10, 2026 @ 5:00 pm ET	Applications due
By June 29, 2026	Final notification of decision to full Proposal Applicants
On or around August 3, 2026	3-year grant term begins
On or around August 2, 2029	3-year grant term ends

*Applicants should submit questions to Michelle Snyder at Michelle.Snyder@bilh.org. Questions and answers submitted via email or during the virtual information session will be posted on the BILH website here by March 25, 2026. No questions will be accepted after March 23, 2026.

How to Apply

Application documents can be found on the BILH website here. Completed materials, including the application and budget templates, must be submitted directly to Michelle Snyder at Michelle.Snyder@bilh.org by **5:00 PM on April 10, 2026.**

Questions within the application can be copied and pasted into a Word document, populated with your responses, and then saved as a PDF. In addition, please attach the following documents: (1) organizational budget for the current year; (2) Internal Revenue Service Form 990 for the last two fiscal years; (3) most recent audited financial statement; and (4) W9.

Email all application materials (Word document, budget, and four attachments) to Michelle.Snyder@bilh.org. Please include all materials, including the budget, as a single PDF file. Applications missing materials and/or not submitted 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, please contact Michelle Snyder at Michelle.Snyder@bilh.org**.**

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 those who face the greatest health inequities.
- EQUITY: Apply an equity lens to achieve fair and just treatment so that all communities and people can achieve their full health and overall potential.
- SUSTAINABILITY: Encourage sustained program impact through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity and forming innovative partnerships and/or cross-sector collaborations that lead to permanent community change.
- SOCIAL VALUE: Positively improve the wellbeing, stability, and long-term outcomes of communities.

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 for participants.

Definitions of evidence-based and evidence-informed programs

Evidence-based programs	Evidence-informed programs
Programs that have been informed by research findings and then systematically studied. Evaluation and research findings demonstrate they effectively produce results and improve outcomes when implemented as intended.	Programs are designed using research findings but may not have been formally studied in the setting, among the population, or as a whole.

This approach allows BILH to invest in strategies that not only work but can also be tailored to meet the unique needs of our communities. By supporting grantees in collecting meaningful data, setting benchmarks, and evaluating both outcomes and implementation quality, we gain deeper insight into what works, for whom, and under what conditions. This commitment enables us to make informed, equitable, and impactful funding decisions—maximizing the value of our resources and advancing long-term community health and well-being.

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, faith-based organizations, 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 municipalities that have been specifically identified as a high priority for this RFP:

1. Medford
2. Waltham

The priority populations for this RFP, based on BILH's most recent Community Health Needs Assessment (CHNA), are:

- Youth
- Older adults

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 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 expected to participate in a no-cost training(s) to identify and address stigma and help individuals navigate services and supports (including digital options) for mental health and well-being, provided by BILH and other contracted experts.

Funding Availability

BILH's goal for this funding is to have the greatest impact possible. To this end, BILH plans to award up to four (4) $300,000 grants to community organizations serving Medford and/or Waltham over a 3-year period. BILH anticipates that each grant will be awarded funds in six (6) installments, with all funds fully disbursed by April 2029.

BILH will review grants on an annual basis to determine continued funding for years 2 and 3 based upon availability of funds and fulfillment of grant requirements, including continued progress toward evaluation goals and semi-annual reporting.

Evaluation and Reporting

Funded grantees will develop an evaluation and learning plan that aligns with their program design in collaboration with the BILH Manager of Program Design and Evaluation (BILH Evaluator) and the Community Benefits and Community Relations Manager (Manager) during the first three months of the grant period (referred to below as 'three month planning process').

The evaluation and learning plan will be guided by process and outcome evaluation questions to understand the reach, effectiveness, and efficiency of the program:

- Process: To what extent have the focus populations been reached?
- Outcome:
    - 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 focus population(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?

The evaluation and learning plan will include the following elements:

Process Evaluation	Outcome Evaluation
Logic model, which ties together the program's theory of change and the implementation model, from inputs to impact	
• Process evaluation questions monitoring program activities • Process metrics, including BILH's standardized process metrics (refer to Appendix D*) • Qualitative data collection methods	• Outcome evaluation questions assessing program SMART goals • Outcome metrics, including BILH's standardized outcome metrics (refer to Appendix D*) • Qualitative data collection methods

*Please note: BILH standard process and outcome metrics that funded grantees will be required to select from are provided in Appendix D. Metric definitions will be provided to funded grantees to support data collection.

The evaluation and learning plan will serve as a roadmap for funded grantees to guide data collection, strengthen program improvement efforts, and fulfill reporting requirements to BILH. Funded grantees will be required to submit metric data on a quarterly basis and report on progress, evaluation data and financial updates twice a year in templates provided by BILH. Interviews or site visits and presentations to hospital or BILH stakeholders may also be required as part of the reporting process.

The BILH Evaluator will serve in two essential functions: (1) provide technical assistance to individual grantees according to the needs and capacity of the organization(s) funded, and (2) conduct specific evaluation and data analysis activities.

Technical Assistance to Grantees	Evaluation and Data Analysis
• Assess grantee evaluation capacity at systematic intervals; ask for grantee feedback on needed evaluation and reporting support • Design and conduct technical assistance activities to meet the needs of grantees.	• Aggregate and analyze grantee metric data across grantees and document in semi-annual summary reports/dashboards. • Measure evaluation capacity using BILH metrics (please refer to Appendix E) and report to BILH as part of yearly summary reports.

Specifically, during the three-month planning process, grant recipients will:

- Work with BILH Evaluator to understand evaluation needs and capacity.
- Collaborate with BILH Evaluator to create/revise a logic model and develop an evaluation and learning plan (as described above).
- Participate in monthly individual and group technical assistance and learning sessions, which will be a combination of both virtual and in-person.
- As applicable, participate in identifying common metrics all grant recipients can collect.

Please note: Program implementation and data collection cannot begin prior to completion and approval of the three-month planning period deliverables.

Throughout grant implementation, grant recipients are required to work with the BILH Evaluator and will fully engage and participate in the following:

- Begin program implementation and data collection as defined in the evaluation and learning plan.
- Submit complete mid-year and annual reports, which include quantitative data in calendar quarters, for the duration of the grant period.
- Participate in technical assistance (individual and group), training opportunities, cross-learning sessions, and dissemination opportunities.
- Engage in regular communication with BILH Evaluator and BILH Manager of Community Benefits and Community Relations to discuss any proposed changes and barriers/challenges to program implementation, data collection, and reporting.

During the RFP Information Session on March 18, 2026 BILH 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.

The table below summarizes deliverables for which the grant recipient is responsible for during the grant period. Deliverables are tied to payments.

Deliverable	Due Date	Payment
Year 1		
Signed agreement	Upon award	1 of 6
Evaluation and learning plan, with logic model	End of three-month planning period	
Mid-Year Report Due	2/15/2027	
Payment #2	3/15/2027	2 of 6
Annual Report Due	7/15/2027	
Payment #3	8/16/2027	3 of 6
Year 2		
Mid-Year Report Due	2/15/2028	
Payment #4	3/15/2028	4 of 6
Annual Report Due	7/15/2028	
Payment #5	8/16/2028	5 of 6
Year 3		
Mid-Year Report Due	2/15/2029	
Payment #6	3/15/2029	6 of 6
Final Report Due	8/31/2029	

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 michelle.snyder@bilh.org. BILH will respond to emails within two business days.

Appendix A: Application Questions

Questions within the application can be copied and pasted into a Word document, populated with your responses, and then saved as a PDF. In addition, please attach the following documents: (1) organizational budget for the current year; (2) Internal Revenue Service Form 990 for the last two fiscal years; (3) most recent audited financial statement; and (4) W9.

Email all application materials (Word document, budget, and four attachments) to Michelle.Snyder@bilh.org. Please include all materials, including the budget, as a single PDF file.

1. **Organization Overview**
   a. Organization overview and mission: Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (200 words maximum)
   b. Link to website: If available, please provide a link to your organization's website and/or social media platform.
   c. Primary contact person: Name, role, and contact information
   d. Secondary contact person: Name, role, and contact information

2. **Project Overview**
   a. Program name: Please provide a one sentence title that reflects the nature of the proposed project. (1 sentence maximum)
   b. Program description: Please provide a brief description of the project(s) the organization is seeking to fund. (300 words maximum)
   c. Program need: Why are you looking to implement this program? What gap does this program fill? (50 words maximum)
   d. Communities of focus: Include who you hope to reach with this program. How many people do you anticipate reaching? What are their key demographics? Why do they need this program? Please specify what community you will work in: Waltham or Medford. (150 words maximum)
   e. Key challenges: Why do they need this program? How will this program meet community needs? (150 words maximum)
   f. Maximizing resources: How does the organization plan to ensure that project resources are deployed towards those that need them the most? (100 words maximum)
   g. Upstream Efforts: Explain how the project addresses the social determinants of health, including housing, employment, education, social environment and the built environment. (150 words maximum)

h. Program history and community relevance: Briefly describe examples of the work the organization has done in the selected community, including any current partnerships with organizations located in that community. What success have you seen to date? (200 words maximum)
i. Project Staffing: List the key people who will be involved in project implementation and briefly describe their roles and their level of effort. (200 words maximum)

3. Project Goals

Please provide three outcome SMART goals for the project and supporting activities (please see Appendix C for guidance on developing outcome SMART goals and supporting activities). Propose process and outcome metrics for measuring activity completion and goal progress, respectively, using those outlined in Appendix D.

Please note: At least one outcome SMART goal should cover the entire grant period. If applicable, please include one outcome SMART goal for how the project will address upstream Social Determinants of Health (SDoH).

a. Outcome SMART goal 1 and timeline: What do you hope to achieve? Include start date to completion date.
    i. Activities: What will you do to achieve your goal? In bullet points, list and briefly describe the activities. Note who (role(s)/job title(s)) is responsible for the activity(ies).
    ii. Proposed Metrics: How will you track progress? Please refer to Appendix D for BILH's standard metrics. Please be sure to include both process and outcome metrics.
b. Outcome SMART goal 2 and timeline: What do you hope to achieve? Include start date to completion date.
    i. Activities: What will you do to achieve your goal? In bullet points, list and briefly describe the activities. Note who (role(s)/job title(s)) is responsible for the activity(ies).
    ii. Proposed Metrics: How will you track progress? Please refer to Appendix D for BILH's standard metrics. Please be sure to include both process and outcome metrics.
c. Outcome SMART goal 3 and timeline: What do you hope to achieve? Include start date to completion date.
    i. Activities: What will you do to achieve your goal? In bullet points, list and briefly

describe the activities. Note who (role(s)/job title(s)) is responsible for the activity(ies).

ii. Proposed Metrics: How will you track progress? Please refer to Appendix D for BILH's standard metrics. Please be sure to include both process and outcome metrics.

4. Health Equity and Community Engagement

a. Community engagement: Discuss how the organization plans to engage with the focus population(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. Community health improvements: How will the funds be used to improve health outcomes? (100 words maximum)

5. Budget

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

6. Partners (if applicable)

a. Partners: List all partner organizations that are key to the success of this project. Include the sector they represent (e.g. workforce development, behavioral health, housing, education, etc.) and a brief description of their involvement in the project. (150 words maximum)
b. Value of collaboration: Describe how the collaboration(s) will increase the impact of the project. (150 words maximum)

7. Evaluation Capacity/Experience

This section is about your organization's/partnership's existing evaluation capacity and experience with evaluation as well as how your organization optimizes both evaluation and funding to support learning and sustainability.

a. Evaluation capacity: Describe your organization's/partnership's current capacity to

conduct evaluation activities, including any internal staff FTEs and external contracts, as applicable. Do you have an evaluation and learning plan? How often is this updated? Does your evaluation and learning plan include a logic model? (200 words maximum)

b. Data collection methods: Describe your organization's current qualitative and quantitative data collection practices. How does your organization incorporate the client and community voice in its evaluation activities? (150 words maximum)
c. Process metrics: Please list your current process metrics. (150 words maximum)
d. Outcome metrics: Please list your current outcome metrics. (150 words maximum)
e. Data use and learning: How does your organization use data to improve programming/initiatives? Please provide an example. (150 words maximum)
f. References (optional): You may include references or links to past evaluations, such as recent program evaluations. (150 words maximum)
g. Organization evaluation lead and contact information: Name, position title, email address.

8. 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. Leveraging BILH funding to support project sustainability: Describe how the organization will leverage this funding to support the sustainability of the project(s). (100 words maximum)
b. Sustaining community health outcomes: How will this project contribute to improved community health after the initial funding period? (100 words maximum)
c. Actions to support sustainability: Describe what actions will be taken to overcome challenges related to sustainability at the beginning, middle, and end of the project. (250 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 those who face the greatest health inequities.
- EQUITY: Apply an equity lens to achieve fair and just treatment so that all communities and people can 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 and forming innovative partnerships, and/or cross-sector collaborations that lead to permanent community change.
- SOCIAL VALUE: Positively improve the wellbeing, stability, and long-term outcomes of communities.

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. Examples of previous work in priority city/town/neighborhood(s)
3. Proposed project is feasible
4. Proposed project meets a demonstrated community need
5. Proposed project improves health outcomes
6. Proposed project is evidence-based or evidence-informed
7. Goals and intended impact, as defined by process and outcome measures, are reasonable and aligned with guiding principles
8. Requested funding is reasonable for proposed activities
9. Partners and/or collaborators listed would increase the impact of the project (if applicable). Additional consideration given for leveraging outside resources (i.e.. Community Investment Tax Credits)
10. Proposed project will address upstream social determinants of health

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

Appendix C: SMART Goals

Outcome SMART goals describe the specific changes a program intends to achieve for participants or the community within a defined timeframe, focusing on measurable shifts in knowledge, behaviors, skills, health or social conditions, or stability (housing, employment). These goals clearly articulate what will change, for whom, and how success will be measured, ensuring that the expected results are both realistic and aligned with the program's purpose. By being Specific, Measurable, Achievable, Relevant, and Time-Bound, outcome SMART goals support demonstrating the intended impact of a program and providing a clear basis for evaluation and accountability. Outcome SMART Goals can be classified as short-term, intermediate, or long-term.

Outcome SMART Goal sentence structure: By [date/timeframe], [percentage or number] of [target population] will [achieve X change or outcome], as measured by [survey, data system, assessment tool].

Specific	• What exactly do you plan to accomplish? • Who is the intended population for this goal? • Where is this goal to be achieved?
Measurable	• How will you measure progress and/or success? • What metric(s) are important? • What data is important?
Achievable	• Why is this goal realistic with your resources and timeline? • Do I have the resources and capabilities to achieve the goal? If not, what am I missing? • Have others done it successfully before?
Relevant	How does this goal advance the program's focus? • Does this goal advance the identified community needs? • Does it match organizational needs? • Is it aligned with current economic or social trends? • Does it align with the participants' needs and strengths?
Timely/Time-bound	• When will you achieve this goal?

Examples of SMART goals include the following:

Short-term	Within 6 months, the Behavioral Health Navigator Program will develop and implement a standardized behavioral-health-referral workflow across all participating hospital service sites, ensuring that 95% of navigators use the standardized screening and referral tools (e.g., PHQ-9, GAD-7, SDOH screeners) for all eligible community members served.
Medium-term	By 18 months, the program will increase successful linkage to outpatient behavioral health services for community members from priority populations by 30%, measured by documented attendance at an initial appointment within 30 days of navigator referral.
Long-term	Over the next 3 years, the Behavioral Health Navigator Program will contribute to a 20% reduction in avoidable behavioral-health–related emergency department visits among enrolled clients from CHNA-identified high-need communities, by improving linkage to ongoing care, providing follow-up navigation, and connecting clients to social supports addressing SDOH barriers.

Program Activities

Program activities are intentionally designed to drive progress toward the proposed SMART goals by providing the structure, resources, and supports necessary to achieve the outlined SMART goals. Activities serve as the operational steps that make the goals achievable, while clear timelines, defined roles, and data collection processes ensure that progress can be measured and monitored. By linking activities to the desired outcomes, the program creates a coherent pathway from implementation to impact, increasing the likelihood of achieving meaningful, time-bound improvements for the populations served.

Appendix D: Process and Outcome Evaluation

By supporting grantees in collecting meaningful data, setting benchmarks, and evaluating both outcomes and implementation quality, we gain deeper insight into what works, for whom, and under what conditions. This commitment enables us to make informed, equitable, and impactful funding decisions—maximizing the value of our resources and advancing long-term community health and well-being.

Process and outcome evaluation are essential components of understanding the effectiveness and quality of community programs. Process evaluation helps us assess how a program is being implemented—whether activities are delivered as intended, who is participating, and what barriers or facilitators exist. Outcome evaluation, on the other hand, focuses on the results of the program, measuring changes in knowledge, behavior, health status, or other key indicators.

Together, these approaches provide a comprehensive picture: process evaluation ensures that the program is on track and responsive to real-world conditions, while outcome evaluation tells us whether the program is making a meaningful difference. This dual focus supports continuous improvement, accountability, and informed decision-making.

The sections below outline BILH's standardized process and outcome metrics for BILH Behavioral Health Navigator programs.

BILH Standardized Process Metrics

Process metrics help us understand how a program was carried out: what was actually delivered, to whom, and in what ways. The goal is to make sure the program is being implemented as intended and to identify what is working well and what might need adjustment. By gathering this information, process metrics support organizations improve their programs in real time, ensures resources are being used effectively, and provides context for understanding the program's outcomes.

All grant recipients will include process metrics as part of their evaluation and learning plans.

	Alignment with program design	Rationale
Process metrics	Activities	Shows implementation progress: • How is the program being implemented? • Under what conditions does the program work? • Is the intended population participating at expected levels? • Can the program be replicated?

Please refer to the table below for BILH's standardized process metrics for BILH Behavioral Health Navigator grants. These are required for use.

Full list of process metrics for BILH Behavioral Health Navigator grants

Process Metrics
• Number of individuals utilizing the behavioral health navigation services, disaggregated by zip code/municipality and other key demographics. • Number of follow-ups made by behavioral health navigator, disaggregated per individual case. • Number of individuals screened, disaggregated by behavioral health and social supports. • Number of individuals referred to services, disaggregated by behavioral health and social supports & percent of individuals referred to services among those screened, disaggregated by behavioral health and social supports. • Experience of care: Percent of individuals who report being satisfied with navigation services they received • Number of community education activities & qualitative description • Number of community members attending educational activities, disaggregated per activity.

BILH Standardized Outcome Metrics

Outcome metrics help us understand the results of a program—what changed for participants, organizations, or communities because the program existed. While process metrics at how the work was carried out, outcome metrics focus on whether the program is making the difference it set out to make.

	Alignment with program design	Rationale
Short-term outcomes	SMART goals	Immediate changes: what participants learn or how their attitudes shift early in a program. • Affective change – Changes in attitudes or feelings toward a behavior • Learning change – Acquisition of new knowledge or awareness
Medium-term outcomes	SMART goals	Intermediate changes: what participants do differently as a result of the program. • Behavior change – Adoption of new behaviors or practices
Long-term outcomes	SMART goals	Longer-term change: broader, more sustainable improvements that typically take longer to achieve. • Environmental conditions – Increased access to healthier choices (e.g., smoke-free policies, improved built environment) • Status change – Improved health outcomes or indicators • Sustainable partnerships

The table below organizes BILH's standardized outcome metrics for BILH Behavioral Health Navigator grants.

Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes/Impact
• **Connection to care:** Percent of individuals who use resources recommended by navigator, disaggregated by behavioral health and social supports • Number of days from **referral to access to services** (as indicated by appointment made) • Number/percent of participants that indicate increased **knowledge of available community resources**, disaggregated by behavioral health and social supports • Number/percent of participants that indicate increased **knowledge of behavioral health symptoms** • Number of new linkages made with community organizations and/or providers & qualitative description (business cards exchanged, introduced at community event, etc.) *Substance Use (if applicable)* • Number/percent of participants that indicate increased **knowledge of available community resources**, disaggregated by substance use, behavioral health, and social supports • Number/percent of participants that indicate increased **knowledge of substance disorder symptoms**	• Number of **new relationships with community organizations** established & qualitative description (MOU, contract, partnership agreement, joint activities, referrals etc.) • **Decreased time between referral and access to services**: Number of days from referral to appointment (comparison of quarterly averages) • Number/percent of participants that indicate increased confidence for managing behavioral health concerns • Number/percent of participants that indicate intention to continue help seeking behaviors *Substance Use (if applicable)* • Number/percent of participants that indicate increased confidence for managing substance use concerns	• **Improved mental health outcomes:** number/percent of individuals reporting mental health symptoms (baseline vs. endline) • **Established, sustainable linkages of care:** Number of relationships with community organizations sustained through end of grant *Substance Use (if applicable)* • **Improved substance use outcomes:** Number/percentage of individuals reporting abstinence from substances after treatment or intervention