

Grant Initiatives

The MetroWest Health Foundation is in the process of implementing its 2013-2017 strategic plan. Through a comprehensive process that included data analysis and community stakeholder interviews, the foundation gathered input on the health needs of the region's most vulnerable residents. In keeping with the recommendations of the plan, we are pleased to solicit proposals from eligible nonprofit and government organizations for the following targeted and responsive initiatives:

- Access to Care
- Adolescent Mental Health
- Healthy Aging
- Addressing the Opioid Epidemic
- Responsive Grants
- Continuation Grants

Application Information

Proposals must be submitted online and be received by the foundation by **4:00 p.m. on Friday, March 31, 2017**. Instructions for the online application are available on the foundation's website at www.mwhealth.org.

The application process consists of easy-to-follow steps, including completion of Word and Excel narrative and budget forms, entry of information directly into the online system, and uploading of required documents. The system allows users to save an unfinished application and return to it later for completion. Incomplete or late proposals will not be considered for review.

Bidders Conference

The foundation will host a bidders conference with information on funding initiatives and the application process on Thursday, February 16, from 2:00-3:30 p.m. at the foundation's offices, located at 161 Worcester Road, Suite 202, in Framingham. Attendance is not required but is strongly encouraged. Please RVSP to rdonham@mwhealth.org by February 13.

Logic Model Class

The foundation will host a class on creating a program logic model on **Monday, February 27**, from 9:00-11:00 a.m. at the foundation. This session will be geared towards helping applicants complete the logic

model to be submitted with a proposal to the foundation. Attendance is limited to two individuals per organization. Please RVSP to rgallo@mwhealth.org by February 16.

Concept Papers

The foundation requires applicants to submit concept papers prior to a full proposal. Concept papers help the foundation assess whether or not the proposed project is aligned with its funding priorities. One-page concept papers must be accompanied by a cover sheet and a draft logic model and be submitted by **Friday, March 17**. Please send concept papers to Rebecca Donham at rondonham@mwhealth.org. Organizations submitting continuation grant requests do not need to submit a concept paper.

Foundation Support

Once a grant is made, foundation staff work with grantees to ensure that project outcomes are achievable and measurable, that grant activities are connected to larger community efforts to address area health needs, and that grantees have access to technical assistance and training to help them achieve success. The foundation also seeks to learn from each grant, using site visits and grantee reports to record lessons learned that can inform our work and that of future grantees. We encourage grantees to consider the foundation as a resource throughout the duration of the grant.

General Restrictions

The foundation supports programs that directly benefit the health of those who live and work in one of the 25 communities served by the foundation. Such support is limited to organizations that qualify as tax-exempt under Section 501(c)(3) of the IRS Code, or organizations that are recognized as instrumentalities of state or local government.

The foundation does not provide grants to individuals, nor does it provide funds for endowments, fundraising drives and events, retirement of debt, operating deficits, projects that directly influence legislation, political activities or candidates for public office or programs that are customarily operated by hospitals in Massachusetts.

The foundation does not award grants to organizations that discriminate in the provision of services on the basis of race, color, religion, gender, age, ethnicity, marital status, disability, citizenship, sexual orientation or veteran status.

About the Foundation

The MetroWest Health Foundation's mission is to improve the health status of the community, its individuals and families through informed and innovative leadership. The foundation serves the health needs of the following communities: Ashland, Bellingham, Dover, Framingham, Franklin, Holliston, Hopedale, Hopkinton, Hudson, Marlborough, Medfield, Medway, Mendon, Milford, Millis, Natick, Needham, Norfolk, Northborough, Sherborn, Southborough, Sudbury, Wayland, Wellesley and Westborough.

Access to Care Grants

Introduction

While Massachusetts has made great strides in helping residents increase their access to health insurance, there remain barriers to receiving care. According to the Massachusetts Medical Society, there exists a shortage of primary care providers, resulting in long wait times for new patient appointments and more than half of primary care practices in the state being closed to new patients.¹ Exacerbating the issue is that primary care practices are the least likely to accept MassHealth, further reducing access for low-income residents.²

For behavioral health, the shortage is even more severe. Only 4% of US medical students applied for one of the 1,097 post-graduate year one training positions in psychiatry, and the number of psychiatry training programs and graduates has been on the decline³. And even in well-served areas such as Massachusetts, demand for mental health clinicians is so high that practitioners frequently decline to take new patients or private insurance.⁴

In addition to expanding access to primary care and behavioral health care, providing case management and community outreach for high-need, low-income families and older adults can improve health outcomes for these populations. Studies show that vulnerable populations experience health gains when their care is coordinated across primary, specialty, behavioral and social services.⁵

By expanding the pool of primary care and behavioral health providers and increasing coordination of care, the foundation expects to increase residents' health status and decrease costly and inappropriate use of emergency rooms.

Outcomes and Activities

The Foundation is seeking grant proposals from qualified organizations that address the following objectives:

1. Increase access to primary care and behavioral health clinicians, especially bilingual and bicultural providers. Examples could include new fellowships and other incentive programs; loan forgiveness programs; new staffing models, including those that use support staff to enhance direct clinical time with patients; and other strategies that create greater access to clinical practitioners in the MetroWest region.

¹ Massachusetts Medical Society, 2013 Patient Access to Care Survey.

² Ibid

³ AMA Physician Masterfile, January 2008

⁴ Wall Street Journal, "For the Mentally Ill, Finding Treatment Grows Harder", January 16, 2014

⁵ Blue Cross Blue Shield of Massachusetts Foundation, "Leveraging the Social Determinants of Health: What Works," June 2015

2. Increase case management for low-income single adults, families and older adults. The foundation will pay for new and/or expanded care management services, especially from bilingual and/or culturally competent staff. Applicants must include the direct health outcomes to be achieved through additional care management.

Funding

Organizations applying under objective #1 above are eligible to apply for up to \$75,000 per year and grants may be for one, two or three years in duration. Organizations applying under objective #2 above are eligible to apply for up to \$50,000 per year and grants may be for one, two or three years in duration.

Adolescent Mental Health Grants

Introduction

According to the 2014 MetroWest Adolescent Health Survey, 22% of high school youth reported depressive symptoms and nearly one in 20 attempted suicide in the past year. For vulnerable populations, the rates are even higher. For example, 45% of LGBT youth reported depressive symptoms and nearly one in seven attempted suicide in the past year.

Mental health problems may lead to substance abuse, poor school performance, school dropout, strained family relationships, involvement with the child welfare or juvenile justice systems and engaging in risky sexual behaviors⁶. Furthermore, only 45 percent of adolescents with a mental health diagnosis receive treatment⁷.

Outcomes and Activities

To help MetroWest communities address adolescent mental health problems, the foundation will provide grants to schools and nonprofit organizations for universal and targeted prevention and intervention strategies. Specifically, the foundation will fund:

- 1. Evidence-based or research-based programs and services for intervening with at-risk adolescents.** Examples include staff training in Dialectic Behavior Therapy (DBT), replication of the Bridge to Resilient Youth in Transition (BRYT), recovery support groups, innovative uses of technology and programs for vulnerable populations, including LGBT students, homeless youth and students with intellectual and developmental disabilities.
- 2. Evidence-based universal mental health curricula and programs in local middle and high schools.** Examples include suicide prevention and depression screening programs like Signs of Suicide (SOS), mental health promotion and bullying prevention programs such as the Michigan Model for Health, and school climate change programs such as Positive Behavior Interventions and Supports (PBIS).

Applicants are encouraged to review SAMHSA's National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov).

Applicants must be prepared to cite community-specific 2014 MetroWest Adolescent Health Survey baseline mental health data (e.g. depressive symptoms, self-injury, suicidal ideation and attempted suicide) and to collect and report on progress towards reducing these behaviors.

⁶ Kapphahn, C.; Morreale, M.; Rickert, V.; Walker, L. 2006. Financing Mental Health Services for Adolescents: A Position Paper of the Society for Adolescent Medicine. *Journal of Adolescent Health* 39: 456-458

⁷ Costello EJ, He JP, Sampson NA, et al: Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey–Adolescent. *Psychiatric Services* 65:359–366.

Funding

Organizations and schools applying under objective #1 above are eligible to apply for up to \$75,000 per year and grants may be for one, two or three years in duration. Organizations applying under objective #2 above are eligible to apply for up to \$30,000 and grants are for one year.

Funds cannot be used to supplant ongoing government operations or support. Applications involving schools must submit a letter signed by the superintendent indicating support for the request. Proposals without such letter will be deemed incomplete.

Healthy Aging Grants

Introduction

The foundation's MetroWest Commission on Healthy Aging developed a vision of what healthy aging should look like in the MetroWest area in the coming years and how to achieve that vision. The commission looked at a variety of issues related to physical and behavioral health, community building and social well-being, and transportation and mobility.

In its final report, the commission concluded that there is much that can be done to improve services and care for older adults. The report calls on public and private agencies to join together to encourage greater use of evidence-based disease prevention and chronic disease management practices; improve the support and education that is available to caregivers; decrease the chance of falls in and out of the home; and reach those who are socially isolated, among other recommendations. The full report of the commission, along with a comprehensive data book on demographic and health indicators on older adults in MetroWest, is available for download from our website: www.mwhealth.org.

Outcomes and Activities

The Foundation is seeking grant proposals from qualified organizations that address the following objectives:

1. **Improve the physical and/or mental health of older adults in MetroWest.** The foundation is seeking proposals that use evidence-based programs or innovative approaches to directly improve the health of older adults. A registry of evidence-based programs can be found at: <https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotion-disease-prevention-programs/>. This may include, but is not limited to, chronic disease management and falls prevention programs; eliminating barriers to accessing healthcare; improving transportation options; caregiver support; supporting those suffering from dementia or Alzheimer's Disease; increasing vaccination rates; creating programming targeting underserved vulnerable populations, including LGBT older adults; and improving health literacy.
2. **Support grandparents raising grandchildren.** There are over 76,000 children living in households headed by grandparents in Massachusetts-this is over 5% of all children in the state.⁸ Grandparents raising grandchildren are more likely to live in poverty, work, be disabled, and are twice as likely to face hunger.⁹ The numbers of grandparents taking on the role of caregiver to their grandchildren is rising, due in part, to the increasing opioid epidemic.¹⁰ Given this reality, the foundation is seeking proposals from agencies to support grandparents raising their grandchildren. Interventions can include, but are not limited to: case management, social supports, and mental health services.

⁸ Grandfacts: Massachusetts. AARP; The Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund, Generations United. www.grandfactsheets.org.

⁹ State of Grandfamilies in America (2014). Generations United.

¹⁰ Raising the Children of the Opioid Epidemic (2016). Generations United.

3. **Create community-wide efforts to respond to the needs of older adults.** The foundation is seeking proposals for planning grants to bring together a wide range of community partners to address the issues of aging in place and social isolation among older adults. Proposals must include the engagement of multiple community stakeholders, including, but not limited to, residents over age 65; community-based agencies serving older adults; local councils on aging; and non-traditional partners such as local businesses who serve older adults. Attention should be paid to those at critical life transitions that make them more susceptible to isolation (i.e. loss of spouse; moving to a new area; retirement; disability or illness; serving as a caregiver, etc.).

Successful proposals will use a collaborative approach to create a detailed implementation plan to make communities more conducive to the active engagement of older adults. For the purposes of this initiative, grantees can define the parameters of a community in any way they wish (i.e. one town; multiple towns; neighborhood within a larger town or city).

Below are resources on Age Friendly Communities:

AARP Network of Age-Friendly Communities: <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>

World Health Organization's essential features of age-friendly communities:
http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Funding

The maximum grant amount for grants addressing the physical and mental health needs of older adults and grandparents raising grandchildren (#1 and #2 above) is \$40,000. Grants are made for one year with the possibility of two additional years of continuation funding. Planning grants (#3 above) are for a maximum of \$25,000 and are for one year only. Implementation grants may be made available in subsequent years based on the quality of the plans presented.

Grants to Address the Opioid Epidemic

Introduction

According to the Massachusetts Department of Public Health, there were 61 confirmed opioid-related overdose deaths in MetroWest in 2015, a 24% increase over 2014. In addition, the Massachusetts Health Policy Commission reports there were 1,892 opioid-related hospital visits by MetroWest residents in 2014. According to the 2014 MetroWest Adolescent Health Survey, one in fourteen high school students have misused prescription drugs in their lifetime, including opioids such as Oxycontin, Percocet, and Vicodin. Opioids can be a gateway to heroin use, which has risen over the last decade as it has become more attainable and affordable¹¹.

Outcomes and Activities

Through this initiative, the foundation is seeking to assist communities in addressing the opioid epidemic by achieving the following outcomes:

1. **Offer community drug prevention and education strategies.** The foundation will support the creation of community coalitions that will identify effective strategies and solutions to addressing opioid misuse at the local level. Funding will be provided to municipalities for the creation of these coalitions and their prevention and education programs. Efforts should align with best practices on substance abuse coalitions from the Community Anti-Drug Coalitions of America (CADCA).
2. **Expand screening for substance abuse using Screening, Brief Intervention, and Referral to Treatment (SBIRT).** The foundation will support implementation of SBIRT screening programs within local schools and other organizations. Funding will be provided for training and related start-up costs. Programs should have strong linkages to identified behavioral health providers in order to ensure that youth who screen in have timely access to treatment.
3. **Increase the availability of naloxone.** The foundation will support expanded availability of naloxone to first responders, public health departments, schools and organizations that work with high-risk individuals and their families. Funding will be provided to municipal agencies and community-based substance abuse treatment programs for the purchase of naloxone and training in its use.
4. **Increase knowledge of and adherence to best clinical practices in the prescribing of pain medication.** The foundation will support efforts to improve safety of prescriber practices in the use of opioids. Funding will be provided to nonprofit medical providers to offer accredited training programs, such as Boston University School of Medicine's SCOPE of Pain program for physicians and nurse practitioners, and the development and implementation of best practice guidelines in the use of opioids.

¹¹ National Institute on Drug Abuse. Drug Facts: Heroin. Available at <http://www.drugabuse.gov/publications/drugfacts/heroin>. Retrieved July 27, 2015.

5. **Increase access to substance abuse treatment/recovery services.** The foundation will support new models that connect individuals who have experienced an opiate overdose event to follow-on services, including substance abuse treatment and rehabilitation services. Such programs should demonstrate coordination between first responders, hospital emergency rooms and substance abuse treatment providers. Examples include Rhode Island's Peer Recovery Coach Program and Gloucester Police Department's ANGEL program. Note: Foundation funds are limited to referral/coordination of care and cannot be used to fund individual treatment services.

Funding

Agencies interested in funding to create and/or expand local coalitions (#1 above) are eligible to apply for amounts as follows: up to \$10,000 per community for communities with populations of fewer than 30,000; up to \$25,000 for communities of 30,000 or greater. Municipalities that currently receive Drug-Free Communities funding are not eligible. Grants may be for up to two years in duration.

Municipal entities and nonprofit organizations interested in SBIRT (#2 above), naloxone (#3 above) or prescriber education (#4 above) grants are eligible to apply for up to \$10,000. Grants are for one year and are not renewable.

Municipal entities and nonprofit organizations interested in access to treatment grants (#5 above) are eligible to apply for up to \$75,000 per year and grants may be for one, two or three years in duration.

Responsive Grants

Introduction

The foundation's strategic plan calls for us to continue to offer limited responsive grants, defined as health projects that fall outside of the foundation's defined targeted initiatives. These grants will focus on providing limited and short-term funding for approaches to address documented unmet health needs or to strengthen the capacity of local organizations to address community health issues.

Outcomes and Activities

Because responsive grants are short term, the foundation encourages submission of applications for which ongoing support and sustainability are not required. In this round of funding, the foundation will provide funding through three specific responsive grant categories:

1. Capacity building and other one-time funding efforts. This could include one-time consultation, replication of national models that do not require future funding (e.g. train-the-trainer models), new technology, limited health promotion activities and campaigns not already occurring in the region, equipment and/or materials, and pilot or start-up programs with identified funding sources beyond the pilot year.
2. Projects that focus on the social determinants of health as defined by Healthy People 2020 (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>). Proposals must include direct health outcomes to be achieved by the project.
3. Activities that respond to specific strategies identified in the Community Health Improvement Plans (CHIP) for the CHNA-6 (Milford) and CHNA-7 (Framingham) regions. A CHIP is a long-term, systematic effort to address public health problems in a community. The plan is based on the results of a collaborative Community Health Assessment (CHA) process. Programs must serve residents from the foundation's region.

The CHIP for CHNA-6 can be found here: <http://foundation.milfordregional.org/resources/CHNA.pdf>

The CHIP for CHNA-7 can be found here:

<https://www.mwhealth.org/Portals/0/Uploads/Documents/Public/Final%20CHIP%20-%20July%202015.pdf>

Applicants must be prepared to collect and report on short-term outcomes by the end of the grant period.

Funding

The maximum grant amount is \$20,000 and grants are for one year only and are not eligible for continuation funding.

Continuation Grants

Introduction

The foundation will accept proposals from existing grantees to provide additional years of support for their “active” projects. The foundation will not accept proposals for continuation requests for grants deemed closed by the foundation, projects not eligible for continuation funding such as prior responsive grants or continuation requests for projects that are already in their third and final year of funding, as in most cases the foundation will only provide up to three years of funding.

Organizations seeking renewal grants must clearly demonstrate in their proposal that:

- there is a continued need for the project
- the project’s original goals and objectives are being achieved
- the project is producing positive outcomes for those participating in the project
- progress has been made toward sustaining the project after the grant period ends
- additional support is critical to the maintenance of the project and those who benefit from its work

Applicants must be up to date on narrative and financial reports in order to be considered.

Funding

Organizations submitting proposals for continuation support are required to request funding at levels below their current grants.