**ABOUT THIS FUNDING**

- This funding is available per the Massachusetts Department of Public Health (DPH) Determination of Need (DoN) Regulation, in association with DoN Application #18060613-AS, for the Medford Surgery Center, LCC (a joint venture of MelroseWakefield Healthcare).
- The DoN funding will provide DoN project funding ($474,937.80) to a Community Health Initiative (CHI).
- The CHI aligns with DPH’s goals of identifying, understanding, and addressing the underlying root causes of health disparities and by promoting health equity through policy, system, and/or environmental change. The CHI will focus on addressing behavioral health issues, specifically mental illness/mental health, and the social determinations of health (SDoH) impacting at-risk individuals and the community.
- The funding, which will be distributed over four years, is to support policy, system, and/or environmental change that will impact behavioral health and isolation and build awareness and improved access to care in three at risk populations:
  1. school-aged children
  2. older adults (aged 60+)
  3. community residents at large by addressing stigma-related to behavioral health

Not-for-profit or public agencies in Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and Wakefield are eligible to apply.

**BACKGROUND**

The MelroseWakefield Healthcare Community Benefits Advisory Council serves as the Medford Surgery Center, LLC Community Health Initiative Committee. The Council identified mental illness/mental health as the DoN health priority for this CHI. The specific focus is to increase access to and use of behavioral health services for at-risk populations. This decision was based on MelroseWakefield Healthcare’s 2019 Community Health Needs Assessment (CHNA). The CHNA identified the following priority areas: behavioral health, mental Illness, mental health (collectively, “behavioral health”), and substance use disorders (SUD). An additional assessment was completed for Everett and Malden to delve deeper into the impacts of SDoH in collaboration with Cambridge Health Alliance and Massachusetts General Hospital. The assessment findings also supported choosing behavioral health as the priority for this CHI.

Following this determination, MelroseWakefield Healthcare held three listening sessions. The purpose was to engage the community and determine how to impact the underlying root causes of behavioral health and advance health equity through policy, system, and/or
environmental change. Information from the listening sessions was shared with the CHI Committee to help select strategies for this CHI. As a result, the CHI Committee approved three: (1) promoting strategies for improved behavioral health and wellness for at risk school-age children; (2) reducing social isolation for older at-risk adults; and (3) addressing behavioral health stigma by building community awareness and addressing access to care issues for community residents. In all of the strategies, applicants will be asked to focus on impacting the root causes of behavioral health through advancing health equity and policy, system, and/or environmental change.

SPECIFIC FUNDING OPPORTUNITIES

Opportunity 1: Promoting Strategies for Improved Behavioral Health and Wellness for School-Age Children
The grant will fund $240,000 over four (4) years. The estimated disbursements will be up to $60,000 per year. Funding will be split among three schools. Districts may apply under the same funding guidelines as a school (up to $20,000 per year). Applicants will apply for one year of funding. Additional years may be awarded upon successful completion of the first year of the project.


Funding criteria: Applicant proposals must:
• Promote health equity through school and/or municipality policy and environmental change. This is to address the Social Determinants of Health (SDoH) that lead to increased stress and anxiety in children, particularly in at-risk populations.
• In addition, proposals must also address at least one of the following strategies:
  o Improve the classroom/school environment to support students’ mental well-being, in and out of the school.
  o Identify and implement policy changes that provide opportunities to reduce stress and anxiety for students.
  o Implement system change to promote wellness and well-being within the school environment.

Target population: This opportunity will:
• Fund three elementary or middle schools in area of Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and/or Wakefield. Chosen schools must impact a minimum of 200 students annually.
• Focus on at-risk students in grades kindergarten through eighth grade.
• Prioritize schools that meet at least one at-risk criteria below:
  o Have higher student drop-out rates in the associated high school.
  o Have higher incidence of free/reduced lunch program use than the Massachusetts’ average.
• Support children of color, undocumented immigrants; children living in families below the poverty level; those living in situations where there is little family support; families who have mental illness, SUD or domestic violence in the home; grandparents raising grandchildren and other high-risk populations.
Opportunity 2: Reducing Social Isolation for Older Adults in the North Suburbs of Boston

The grant will fund $160,000 over four years. The estimated annual disbursements will be up to $40,000, split among one to three chosen applications. Applicants will apply for one year of funding. Additional years may be awarded upon successful completion of the first year of the project.

Goal: Improve overall emotional well-being for older adults experiencing isolation and/or loneliness.

Funding criteria: Applicant proposals must:
• Promote health equity through policy and/or environmental change. This is to address the Social Determinants of Health (SDoH) that lead to increased stress and anxiety in older adults. Particularly for elders living in poverty, LGBTQ elders, elders that lack resources such as transportation, have little to no social connections, and/or other root causes of isolation.
• In addition, proposals must also address at least one of the following strategies:
  o Create environmental change to allow for older adults to engage socially with similarly aged adults.
  o Promote policy change to provide individuals with resources to connect with other adults.
  o Advocate for and/or implement system strategies around living and environmental design to address social isolation.

Target population: This opportunity will fund programming that impacts at least 300 participants annually. The population served will be low to moderate income older adults (over age 65). They must be living alone or experiencing social isolation in Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and/or Wakefield.

Opportunity 3: Building Community Awareness and Reducing Behavioral Health Stigma in High-Risk Populations

The grant will fund $74,938 over four years. Estimated annual disbursements of about $20,000 are for the first three years. The fourth year disbursement will be $14,938. The $74,938 will be split among one to three chosen applicants. Applicants will apply for one year of funding. Additional years may be awarded upon successful completion of the first year of the project.

Goal: Increase use of behavioral services in underserved populations through addressing: 1) behavioral health stigma by building community awareness of the need for enhanced behavioral health services and normalizing those needs, 2) access to care issues for community residents and 3) health equity through policy, system, and/or environmental change.

Funding criteria: Applicant proposals must:
• Promote health equity through policy and/or environmental change to improve access to behavioral health services. This is to address the Social Determinants of Health (SDoH) that lead to stigma around the issue of behavioral health.
• In addition, proposals must also address at least one of the following strategies:
  o Promote policy change to reduce stigma associated with behavioral health issues such as stress management, anxiety, depression, phobias, Substance Use Disorders (SUD) and
normalizing these conditions to improve access to care for those seeking behavioral health treatment.

- Develop systems to use community outreach and media to reach targeted audiences to define and address the misconceptions around behavioral health and the treatment modalities available for care.
- Create environmental change to improve access to behavioral health care for the community at large or a targeted high risk group.
  - Include translation into other languages and with consideration of literacy level.
  - Serve the targeted population defined below.

Applicants who partner with community organizations serving the populations most at-risk for having or developing behavioral health issues will be prioritized during the selection process.

**Targeted population**: This opportunity will focus on addressing behavioral health stigma. It is to build community awareness and address access to care issues for community residents.

- Strategies should include exploring behavioral health inequities overall and especially in at-risk populations. That is, residents of color, ethnic minorities with young children, immigrants, residents living in poverty, and individuals with substance use disorders.
- The program should be designed to reach community members and agency leaders in the MWHC service area of Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and/or Wakefield.

**FUNDING AMOUNT AND LENGTH**
The Medford Surgery Center, LLC has allocated $474,938 over four years to support this CHI. Applicants will apply for one year of funding. Each grant may be renewed for additional years upon successful completion of the first year of the project and having met reporting requirements.

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Total Funding</th>
<th># of Years</th>
<th>Total Funding/Year</th>
<th>Approx. # of Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity 1: Promoting Strategies for Improved Behavioral Health and Wellness for School-Age Children</td>
<td>$240,000</td>
<td>4</td>
<td>$60,000</td>
<td>3</td>
</tr>
<tr>
<td>Opportunity 2: Reducing Social Isolation for Older Adults in the North Suburbs of Boston</td>
<td>$160,000</td>
<td>4</td>
<td>$40,000</td>
<td>1-3</td>
</tr>
<tr>
<td>Opportunity 3: Building Community Awareness and Reducing Behavioral Health Stigma in High-Risk Populations</td>
<td>$74,938</td>
<td>4</td>
<td>$20,000 in years 1-3 $14,938 in year 4</td>
<td>1-3</td>
</tr>
</tbody>
</table>

**AWARD CRITERIA**
Completed applications will be reviewed and scored by the CHI Committee on the following criteria:

- Demonstration of clear community need or gap in services.
- Clearly defined population to be served that aligns with focus population from RFP.
• Demonstration of clear, measurable and attainable outcomes.
• Demonstration of the impact the project will have on increasing and/or improving mental health/mental illness services provided to the target population leading to sustained improvements in community health outcomes.
• Project approach addresses root causes of community need (i.e. upstream movement).
• Organization’s mission and structure aligns with the grant’s principles/vision.
• Budget and justification is clear and defined.
• Budget is reasonable to complete proposed activities.

GUIDELINES AND ELIBILITY
• Non-profit organizations or public entities (such as municipalities, schools, health institutions and services) are eligible to apply.
• Initiatives must be based within Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and/or Wakefield.
• Requirements for each funding opportunity must be met.
• Proposed projects should include focus on policy, environmental and/or system changes to promote health equity. This will address the SDoH leading to the root causes of the behavioral health challenges.
• Grant funds may be used to support program activities including but not limited to: purchase technology equipment; marketing; health education; program materials; and consultants.
• Grant funds may not be used for the following: political campaign causes or events; to build endowments; capital campaigns; capital expenses; debt reduction or retroactive funding; fundraising events, grant or scholarships to individuals.
• At the end of six months, and every six months thereafter, all grantees are to submit a brief report documenting: 1) how funds were used and 2) the impact of the grant-funded program to address the social determinant of health.

Failure to adhere to the above will impact future funding.

HOW TO APPLY
Please upload all submission files to bit.ly/3iMzlE2 by 5 p.m. on November 30, 2020. Click here to download the provided templates and include the following documents:
1) Attachment A: Cover letter identifying the amount requested, funding opportunity you are applying for, description of your organization’s structure and a brief overview of the proposed project’s plan.
2) Attachment B: Program description describing the target population, current need, and how you plan on using the funds to meet this need.
   Applicants may submit their application in one of two ways:
   a. Video application with written program description.
      o If submitting a video, written program descriptions must be two pages or less, not including the cover page (Attachment A).
      o The video should not exceed 10 minutes in length.
   b. Written program descriptions without video should not exceed four pages, not including the cover page (Attachment A).
3) Attachment C: Detailed budget for the first year of funding and a budget justification narrative. Budgets should include salaries, fringe/benefits, program expenses, indirect costs and total amount requested. This information is not included in the page count.

4) The following supporting documents (where appropriate):
   - Updated list of Board of Directors
   - Federal tax-exempt letter including tax identification number
   - Most recent IRS 990 filing

**KEY DATES**
- September 30, 2020: RFP release date.
- October 1 – 31, 2020: Bidders conferences held.
- November 30, 2020, 5pm: RFP due date.
- February 1, 2021: Notification of awards.
- February 28, 2021: Disbursement of the initial CHI funding.
- March 1, 2021: Expected project start date.
- December 31, 2022: Application renewal due.
- February 28, 2022: Next year of funding released.
- March 15, 2022: Annual report due.
- March 31, 2025: Funding program ends.

**Questions:** Please contact Barbara Kaufman, MPH, Manager of Community Benefits and Operations, Community Services, MelroseWakefield Healthcare at BKaufman@melrosewakefield.org.

**Questions will be answered in a Q/A format to all interested parties after the Bidders Conference.**