BIDMC Community-based Health Initiative Request for Proposals Information Session

August 10, 2020

Nancy Kasen, VP of Community Benefits and Community Relations, BILH
Robert Torres, Director of Community Benefits, BIDMC
Anna Spier, Manager of Community Benefits, BIDMC
Jamie Goldfarb, Program Administrator of Community Benefits, BIDMC
Content

Community-based Health Initiative (CHI) Background

Request for Proposals (RFP) Content

- Core Principles
- Eligibility
- Funding Tracks
- Capacity Building and Evaluation
- Funding Guidelines and Budget
- LOI Scoring Criteria

RFP Timeline

Audience Q&A
### RFP At-a-Glance

<table>
<thead>
<tr>
<th><strong>Funding Available</strong></th>
<th>$6.55 million over three years to address upstream social determinants of health by funding programs and initiatives that lead to more equitable and healthy communities</th>
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</thead>
<tbody>
<tr>
<td><strong>Focus Neighborhoods</strong></td>
<td>Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, Roxbury</td>
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<tr>
<td><strong>Priority Areas</strong></td>
<td>Housing Affordability, Jobs and Financial Security, and Behavioral Health</td>
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| **Funding Tracks** | Track 1: Cross-sector partnerships for systems change; maximum funding per grantee is $1M (approx. 2 grantees)  
Track 2: Focused investment; maximum funding per grantee is $500K (approx. 8 grantees)  
Track 3: Capacity building seed funding; maximum funding per grantee is $100K (approx. 6 grantees) |
| **Important Dates** | Letter of Intent (LOI) Submission Deadline: August 28, 2020  
LOI applicants notified of invitation to submit full proposal: September 21, 2020 |
Community-based Health Initiative
Background
BIDMC New Inpatient Building
Community-based Health Initiative (CHI)

Determination of Need (DoN)
- Required by the MA Department of Public Health (DPH) for major projects
- Funds are distributed to the community to address social determinants of health

Community-based Health Initiative (CHI) Process
- Create a Community Advisory Committee to guide priority selection
- Community engagement throughout the process
- Form an Allocation Committee to guide fund awards (no conflicts of interest)
- Evaluate community engagement and impact
- Use an open and transparent process

Total available for granting over 6 years: ~$18.4M
Total available for first 3-year RFP cycle: ~$6.55M
BIDMC Community Benefits Advisory Committee

- Formed in 2018 to inform and guide BIDMC's Community-based Health Initiative process

- Made up of local leaders and residents
  Members represent:
  - Local public health departments
  - Municipalities
  - Education
  - Housing
  - Social services
  - Regional planning and transportation agencies
  - Community health centers
  - The private sector
  - Community-based organizations
Health Priority Selection Process
Regional Collaboration

- The prioritization process was informed by the work of the Boston CHNA-CHIP Collaborative, of which BIDMC is a founding member

- The Boston Collaborative conducted 13 focus groups, 45 key informant interviews, and collected 2,404 surveys from Boston residents

- BIDMC’s CBAC used findings from the Boston Collaborative CHNA to inform the selection of the CHI health priorities

- The selected priority areas intentionally align closely with the Boston CHNA-CHIP Collaborative’s CHIP
Health Priority Selection Process
Identifying Needs and Assets

Community Engagement

- To augment the robust community engagement done by the Boston Collaborative, BIDMC held public meetings in:
  - Allston/Brighton
  - Bowdoin/Geneva
  - Chinatown
  - Fenway/Kenmore
  - Roxbury/Mission Hill

- Residents had small group discussions led by an independent facilitator about community needs, assets, and priorities

- Oral and written public comments were accepted at CBAC meetings to allow community members to share their opinions on the direction of the CHI
Health Priorities and Focus Populations

Address a broad range of housing needs
- Homelessness
- Rental Assistance
- Home Ownership

Selection process will occur through a separate process.

Enhance economic security and address economic disparities in the community
- Education / Workforce Development
- Employment Opportunities
- Income / Financial Supports

Increase access to high-quality and culturally and linguistically appropriate mental health and substance use services.
- Mental Health
- Substance Use

Youth & adolescents
Low-resource individuals & families
LGBTQ individuals
Racially and ethnically diverse population
Older adults
Families and individuals affected by incarceration and/or violence
Request for Proposals (RFP) Details
Core Principles and Key Concepts

**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.

**IMPACT**: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in Boston 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.

**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.

**MOVING UPSTREAM**: Address the fundamental causes, or upstream factors, of poor health and and racial inequities.
Moving Upstream

• Moving upstream means addressing disparities that impact the social determinants of health – conditions in which people are born, grow, live, work, and play

• BIDMC aims to fund programs that are more upstream and are sustainable after the funding period ends

Source: Massachusetts Budget and Policy Center
RFP Eligibility

• To apply: must be tax-exempt (organization with 501 (C) 3 status) or a public agency

• Organizations must currently serve residents in or across one or more of the following neighborhoods in Boston:
  • Allston/Brighton
  • Bowdoin/Geneva
  • Chinatown
  • Fenway/Kenmore
  • Mission Hill
  • Roxbury

• Lead organizations must have a strong history of working in one or more of the neighborhoods listed above.
## Funding Tracks
### Guidelines and Funding Information

<table>
<thead>
<tr>
<th></th>
<th>Track 1</th>
<th>Track 2</th>
<th>Track 3</th>
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</thead>
<tbody>
<tr>
<td><strong>Max. Funding Amount Per Grantee</strong></td>
<td>$1M (over 3 years)</td>
<td>$500K (over 3 years)</td>
<td>$100K (over 3 years)</td>
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<tr>
<td><strong>Approx. # of Grants</strong></td>
<td>2</td>
<td>8</td>
<td>6</td>
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<tr>
<td><strong>Priority Areas</strong></td>
<td>Select <strong>two or more</strong></td>
<td>Select <strong>one primary</strong> (may indicate additional priority areas)</td>
<td>Select <strong>only one</strong></td>
</tr>
<tr>
<td><strong>Strategic Focus Areas</strong></td>
<td>Select <strong>up to three</strong> for each priority area</td>
<td>Select <strong>two or more</strong> for the primary priority area</td>
<td>Select <strong>only one</strong></td>
</tr>
<tr>
<td><strong>Partnerships</strong></td>
<td>Required</td>
<td>Encouraged but not required</td>
<td>Allowed but not required</td>
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## Strategic Focus Areas

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Strategic Focus Area</th>
<th>Evidence-Based / Evidence-Informed Strategies</th>
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</thead>
<tbody>
<tr>
<td><strong>Housing Affordability</strong></td>
<td>Homelessness</td>
<td>• There are evidence-based and/or evidence-informed strategies for each strategic focus area</td>
</tr>
<tr>
<td></td>
<td>Home Ownership</td>
<td>• Applicants <strong>must select</strong> one or more of the listed strategies</td>
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<tr>
<td></td>
<td>Rental Assistance</td>
<td>• Detailed descriptions provided in the full RFP</td>
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<tr>
<td><strong>Jobs and Financial Security</strong></td>
<td>Education/Workforce Development</td>
<td></td>
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<tr>
<td></td>
<td>Employment Opportunities</td>
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<tr>
<td></td>
<td>Income/Financial Supports</td>
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<tr>
<td><strong>Behavioral Health</strong></td>
<td>Mental Health and Substance Use</td>
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Evaluation

Process

Co-Design

- Evaluation (overarching and grantee-specific) will be co-designed with awardees

Build Capacity

- Activities will be aimed at meeting awardees where they are to support:
  - Data collection for evaluation
  - Future awardee evaluations

Enhance Data

- Strengthen data collection about the populations served through the CHI
- Create opportunities for stronger data to inform future efforts
# Capacity Building and Evaluation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Tracks 1 and 2</th>
<th>Track 3</th>
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<tbody>
<tr>
<td>Co-design individual and overarching evaluation plan</td>
<td>Participate in a six-month planning process</td>
<td>Participate in a year-long planning process</td>
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<tr>
<td>Assess evaluation capacity</td>
<td>Complete a monitoring and evaluation capacity assessment</td>
<td>Engage in conversation to assess monitoring and evaluation capacity</td>
</tr>
<tr>
<td>Check-in and build evaluation capacity</td>
<td>• Participate in individual evaluation check-in meetings&lt;br&gt;• Participate in bi-monthly one-hour learning collaborative conference calls or webinars&lt;br&gt;• Attend bi-annual half-day learning collaborative</td>
<td>• Participate in individual evaluation check-in meetings&lt;br&gt;• Optional: Participate in/attend learning collaboratives</td>
</tr>
</tbody>
</table>
Causal Pathway
Housing Affordability

Rental Assistance

Sub-Priority

Evidence-Based Strategy

Immediate Effect

Increased access to legal services and eviction prevention programs.

Intermediate Effect

Residents kept out of housing court and in their homes.

Funding Outcomes

Reduced displacement among individuals who receive funds and/or services.

Long-Term Effects

Reduced episodic homelessness

Eviction Prevention

RFP Information Session | August 2020
Increased placement in permanent housing.

Reduced homelessness among individuals who receive services.

Policy passed and implemented at city- and/or state-level.

Increased ability to afford housing.

Residents kept out of housing court and in their homes.

Sub-Priority | Evidence-Based Strategy
--- | ---
**Homelessness** | 
Housing First | Provision of housing and appropriate services to the chronically homeless.
Supportive Services for People Experiencing Homelessness | Homeless individuals engaged in trauma-informed services.
Drive Public Policies to Prevent or Reduce Homelessness | Financial support provided to coalitions driving city- and statewide policies that prevent homelessness.

**Intermediate Effect**

**Funding Outcomes**

Reduced homelessness among individuals who receive services.

Reduced displacement among individuals who receive funds and/or services.

Residents kept out of housing court and in their homes.

Reduced chronic homelessness.

Reduced recidivism for formally incarcerated individuals.

Reduced episodic homelessness.

**Long-Term Effects**

**Evidence-Based Strategy**

Housing First

Supportive Services for People Experiencing Homelessness

Drive Public Policies to Prevent or Reduce Homelessness

Flexible Funding

Eviction Prevention

Down Payment Assistance & Home Ownership Education

Zero and/or Low-Interest Home Loans

Foreclosure Prevention

**Immediate Effect**

The administration of funds to assist in maintaining housing stability and/or attain stable housing.

Increased access to legal services and eviction prevention programs.

Down payment assistance and home ownership education provided for low-income, first-time home buyers.

Financial support provided for organizations assisting low-income home buyers and non-profit housing developers.

Assistance provided to low-income homeowners (e.g., foreclosure prevention counseling, financial support).

**Intermediate Effect**

Increased access to homelessness services.

Increased ability to afford housing.

Residents kept out of foreclosure and in their homes.

Increased home ownership by low-income individuals and families.

**Long-Term Effects**

Reduced chronic homelessness.

Reduced recidivism for formally incarcerated individuals.

Reduced episodic homelessness.

Assumption: The evidence-based strategies listed above are intended to be structured to direct funding to the CHI neighborhoods (Allston/Brighton, Bowdoin/Geneva, Chelsea, Chinatown, Fenway/Kenmore, Mission Hill and Roxbury) and target populations. Examples provided are not meant to be exhaustive representation of the target populations.
Funding Guidelines and Budget

<table>
<thead>
<tr>
<th>Funds may be used for:</th>
<th>Funds may not be used to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Project staff salaries</td>
<td>• Provide medical services</td>
</tr>
<tr>
<td>• Data collection and analysis</td>
<td>• Support clinical trials</td>
</tr>
<tr>
<td>• Meetings</td>
<td>• Construct or renovate facilities or capital expenses, or as a substitute for funds</td>
</tr>
<tr>
<td>• Supplies</td>
<td>currently being used to support similar activities.</td>
</tr>
<tr>
<td>• Related travel</td>
<td></td>
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<tr>
<td>• Other direct project-related expenses</td>
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Please note:
- Indirect expenses may not exceed 10% of the total budget
- BIDMC recommends that evaluation expenses total approximately 10% of an applicant’s budget
LOI Scoring Criteria

- Organizational mission **aligns with core principles**
- History of working in **priority neighborhood(s)**
- Proposed project is **feasible**
- Proposed project meets a **demonstrated community need**
- Proposed project is **evidence-based or evidence-informed**
- **Goals are reasonable** and aligned with core principles
- Requested **funding is reasonable** for proposed activities
- Collaborators and/or partners listed would **increase the impact** of the project (if applicable)
RFP Timeline and Q&A
## RFP Timeline

<table>
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<tr>
<td>August 28, 2020</td>
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<td>September 21, 2020</td>
<td>LOI applicants notified of invitation to submit full proposal</td>
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| September 30, 2020 (Tracks 1 & 2)  
October 1, 2020 (Track 3)                     | Evaluation information session for LOI applicants invited to submit full proposal to review RFP evaluation requirements and address questions. |
| October 19, 2020                             | Full proposal due (invitation only)                                    |
| No later than December 4, 2020              | Full proposal applicants notified of grant decisions                   |
| Early December 2020                         | Grantee convening                                                     |
| January 1, 2021                              | Three-year grant term begins                                           |
| February 2021                                | Establish core set of shared evaluation measures for all grantees      |
Frequently Asked Questions

1. Can an organization apply in more than one track?

As a Lead Organization: Organizations can submit a maximum of two applications as a lead organization, though they must be for different funding tracks. Please note, an organization may only receive a maximum of one grant as a lead organization.

As a Partner on Other Organizations’ Application: An organization can be listed as a partner in multiple applications across different tracks, though organizations should consider their capacity to complete their responsibilities as partners should multiple projects receive funding.

2. Can an organization choose alternative evidence based/evidence informed strategies for a strategic focus area?

No, an organization must select an evidence based/evidence informed strategy/ies identified in the RFP guidelines. These strategies have been approved by the Massachusetts Department of Public Health.
Questions?

Please email any questions to the Community Benefits Team at nibchi@bidmc.harvard.edu by **August 17, 2020**

Responses will be posted on bidmc.org/chi on **August 19, 2020**

Thank you!