LHMC Radiation Oncology Project Determination of Need (DoN) Mental Health and Substance Use Request for Proposals (RFP)

Background

Lahey Hospital & Medical Center (LHMC) is a member of Beth Israel Lahey Health (BILH). 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.

At LHMC our mission guides us toward success. LHMC is committed to providing superior health care leading to the best possible outcomes for every patient, exceeding our patients' high expectations for service each day, advancing medicine through research and the education of tomorrow's health care leaders, and promoting health and wellness in partnership with the diverse communities it serves.

Between 2024 and 2027, LHMC is investing a total of approximately $988,105.06 through its Community-based Health Initiative (CHI) for its Determination of Need (DoN) for the Radiation Oncology DoN in Burlington. Of that total investment, approximately $494,052 will be allocated through this Request for Proposals (RFP) process, with the remaining funds to be allocated through a direct investment in a housing initiative.

After a robust and transparent community engagement effort that drew upon information collected from secondary data and community surveys, interviews, focus groups and listening sessions as part of the 2022 LHMC Community Health Needs Assessment and FY 23-FY25 Implementation Strategy (IS), the LHMC Community Benefits Advisory Committee (CBAC) identified Mental Health/Substance Use as its priority area for investment through this RFP process. LHMC recommends applicants review the 2022 CHNA and IS before submitting a response to this RFP.

Request for Proposals (RFP) Process Overview and Timeline

Date	Deliverable
January 12th, 2023	RFP release date
January 24th 1:00 – 2:00 PM	Virtual information session (optional). LHMC staff will describe the RFP and address questions about the application process.
January 12th - January 29th	Q&A period*
February 2nd , 2024	FAQ's posted to website
February 16th , 2024	Proposals due 5:00 PM EST

March 15th, 2024	Final notification of decision to full proposal applicants
May 1st, 2024	3-year grant term begins
April 30th, 2027	Grant Term ends
December 31st, 2027	Community-based Health Initiative Ends

*Applicants may contact michelle.snyder@bilh.org if they have questions. Questions will be posted at https://www.lahey.org/lhmc/lahey-promise/in-the-community/community-grants/ on February 2nd, 2024. No questions will be accepted after January 29th, 2024.

How to Apply

All applications must be submitted online through BILH's Community Benefits Database ("CBD"). To request a login/user id to access the database, please complete this form: https://forms.office.com/r/jZyD5F8dAD. Applications missing materials and not submitted in the CBD will be considered incomplete and will not be considered for review.

Appendix A contains the application questions and **Appendix B** contains the scoring criteria. For questions specific to the application process or Community Benefits Database, please contact michelle.snyder@bilh.org. Applications are due no later than 5:00 PM EST on **February 16th, 2024.**

RFP Core Principles

The core principles guiding this RFP are:

➢ IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations that face the greatest health inequities.

➢ COMMUNITY: Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.

➢ HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

➢ SUSTAINABILITY: Encourage sustained 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.

➢ <u>MOVING UPSTREAM</u>: Address the fundamental causes, or upstream factors, of poor health and racial inequities. To learn more about the term "upstream," click here.

RFP Priority Areas for Funding

This RFP will award **up to $494,052** over **3 years** to 1-2 organizations that will implement evidence-based and/or evidence-informed strategies in the areas of **Mental Health and Substance Use.**

Organizations should apply for the maximum amount of funding they will need to fully and completely implement the program over the full three years of funding.

Strategic Focus Area	Strategy name	Strategy Description
Mental Health and Substance Use Access to Services and Navigation	Prevention, screening, monitoring, counseling, navigation and treatment through upstream initiatives	Improve access to community mental health and substance use services through partnerships with community-based organizations. These services are expected to impact the social determinants of health, including housing, employment, education, social environment*, and the built environment**

* The social environment consists of a community's social conditions and cultural dynamics. Elements of the social environment include social networks, social participation, social cohesion, social capital, social support, social inclusion, social integration, discrimination, trust, and norms (Department of Public Health DoN Health Priorities https://www.mass.gov/doc/health-priority/download)

**The built environment encompasses the physical parts of where we live, work, travel and play, including transportation, buildings, streets, and open spaces (Department of Public Health DoN Health Priorities https://www.mass.gov/doc/health-priority/download)

Evidence-based/Evidence-informed Strategies

LHMC is committed to funding programs that have evidence demonstrating their 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.

This RFP focuses on addressing upstream social determinants of health, such as prevention of violence and trauma and the ability to maintain housing, employment or education by funding programs and initiatives that lead to more equitable and healthy communities. Preference will

be given to applicants whose mental health/substance use programs address these areas. LHMC recognizes the need for intentional policy and systems change aimed at increasing health and racial equity and will apply this lens when evaluating proposals.

Examples of evidence-based or evidence-informed programs include:

- Coalitions and partnerships that increase evidence-informed behavioral health training and education programs
- Behavioral health navigator programs that address social determinants of health needs of individuals in community clinical and non-clinical settings
- School-based health initiatives that prevent mental health and substance use needs of youth/young people
- Youth-led initiatives that address mental health and substance use among peers

Eligibility

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

1. Billerica
2. Lowell
3. Peabody

Priority Cohorts

The priority cohorts for this RFP, determined based on LHMC's most recent 2022 LHMC Community Health Needs Assessment and discussions with the Community Benefits Advisory Committee, are:

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

Funding Availability

Up to **$494,052** is available in grant funding and will be awarded to up to two organizations over a 3-year period, with all funds fully disbursed before December 31st, 2027.

Evaluation and Reporting

Grant recipients will be required to submit reports twice a year via BILH's Community Benefits Database that includes updates, evaluation data and a financial update.

Grant recipients will be expected to work with the BILH Director of Evaluation and Data and an external evaluator to define and determine impact of the funded proposal. In general, the evaluation will answer:

- To what extent have the priority cohorts been reached?
- To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change? (e.g., How will we know we are successful)?

Grant recipients will be required to develop and implement an individual learning and evaluation plan and report on program-specific evaluation measures to LHMC. The BILH Director of Evaluation and Data and the external evaluator will provide support and technical assistance, according to the needs and capacity of the organization(s) funded.

Overview of Evaluation Expectations

Grant recipients will work closely with the evaluator. The evaluator will:

- Collaborate with each grant recipient to support the development of their learning and evaluation plan. This learning and evaluation plan will include program-specific evaluation elements that grant recipients will report to LHMC. Depending on the funded project(s), the learning and evaluation plan may include elements for an overarching evaluation conducted by the evaluators.
- Provide technical assistance to grant recipients implementing their individual evaluation plans.
- Facilitate evaluation webinars.

During a three-month planning process (May 1st – July 30th, 2024), the grant recipients(s) will:

- Work with evaluator to understand evaluation needs and capacity.
- Collaborate with the evaluator to create/revise a theory of change or logic model and develop a learning and evaluation plan.
- Participate in webinars and monthly technical assistance calls and be in regular communication with the evaluator.
- If appropriate, participate in identifying common measures all grant recipients can collect.
- NOTE: Program implementation and data collection cannot begin prior to the conclusion of the overarching evaluation planning process (July 2024).

During grant implementation (August 1st, 2024 – April 30th , 2027), grant recipients will:

- Begin program implementation and data collection as defined in the learning and evaluation plan in July 2024. Data collection should continue for the duration of program implementation through and including April 30th, 2027
- Participate in technical assistance calls with evaluator as needed.
- Engage in regular communication with evaluator and LHMC Community Benefits Manager to discuss any changes to the program implementation or evaluation plans.

Grant recipients will report on progress toward answering the above evaluation questions and fulfilling the individual learning and evaluation plan on a semi-annual basis. These reports will be a mixture of meeting/site visits and written materials. This will be determined during the planning phase.

During the information session on January 24th, the BILH Director of Evaluation and Data will review RFP evaluation requirements and be available to respond to questions.

Funding Guidelines and Budget

Grant funds may be used for planning, reporting, project staff salaries, data collection and analysis, meetings, supplies, related travel, and other direct project-related expenses. Indirect expenses (i.e. items that are associated with running the organization as a whole, 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 or 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. LHMC recommends that evaluation expenses total approximately 10% of an applicant's budget.

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

After the initial planning period/funding, funding will be awarded twice a year, in August and February.

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Funding Disbursement Timeline

Approximate Award Distribution Schedule
May 2024*
August 2024
February 2025
August 2025
February 2026
August 2026

*Initial funding/planning period

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

Contact Information

If you have any questions, contact the LHMC Community Benefits team at michelle.snyder@bilh.org. LHMC will respond to emails within two business days.

Appendix A: Application Questions

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

1. **Organization Overview**
   a. Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)
   b. Please specifically address how your organization's leadership (Board of Directors, senior management) reflects the demographic and lived experience of the communities it serves. This may include but is not limited to: race, culture, ethnicity, disability status, religious and spiritual beliefs, gender identity, sexual orientation, and generational identity. (150 words maximum).
   c. Upload the following documents:
      - Organizational budget for the current year.
      - Internal Revenue Service Form 990 for the last **two** fiscal years.

2. **Project Lead**
   a. Primary contact person for this application (Name, pronouns, and contact information)
   b. Secondary contact person (Name, pronouns, and contact information)

3. **Project Overview**
   a. *Title*: Please provide a one sentence title that reflects the nature of the proposed project.
   b. Please provide a brief description of the project(s) the organization is seeking to fund (300 words maximum).
   c. *Project Context*:
      - Describe the need the organization is addressing. (50 words maximum)
      - Describe the specific priority cohort(s) on which the project will focus. (50 words maximum)
      - Describe how the project will address key challenges facing these cohorts. (100 words maximum)
   d. *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)
   e. *Project Staffing:* List the key people who will be involved in project implementation and briefly describe their roles.

    f. *Anticipated Reach*: Please provide an expected range for the number of individuals the organization will reach or impact through the project beyond the number currently served.

    g. How does the organization plan to ensure that project resources are deployed towards those that need them the most? (100 words maximum)

4. **Project Goals**

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

5. **Cohorts Served:** Identify which of the cohorts(s) below the project will serve (check all that apply):

    a. Youth

    b. Older adults

    c. Low resourced populations

    d. Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQIA+) populations

    e. Racially, ethnically and linguistically diverse populations (Note: there will be space to add additional descriptions/details for each of the below options).

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

6. **Priority community(ies)**: Identify the communities the project will serve (check all that apply):

    a. Billerica

    b. Lowell

    c. Peabody

Briefly describe examples of the work the organization has done in the selected communities including any current partnerships with organizations located in Billerica, Lowell or Peabody. (100 words maximum)

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

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

9. **Partners (if applicable)**: 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. Describe how the collaboration(s) will increase the impact of the project. (250 words maximum)

10. **Evaluation Capacity and Experience**

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

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

    ii.   Description of current evaluation responsibilities (if any)

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

11. Sustainability

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

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

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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 Boston that face the greatest health inequities.

➢ COMMUNITY: Build community cohesion and capacity through actively engaging with community residents and other stakeholders, including under represented populations.

➢ HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

➢ SUSTAINABILITY: Encourage sustained impact of programming through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, forming innovative partnerships, and/or cross-sector collaboration.

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

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

Scoring Criteria:

1. Organizational mission aligns with core principles
2. History of working in priority city/town/neighborhood(s)
3. Proposed project is feasible
4. Proposed project meets a demonstrated community need
5. Proposed project addresses health inequities
6. Proposed project is evidence-based or evidence-informed
7. Goals are reasonable and aligned with core principles
8. Requested funding is reasonable for proposed activities
9. Partners and/or collaborators listed would increase the impact of the project (if applicable)
10. Proposed project will address upstream social determinants of health

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

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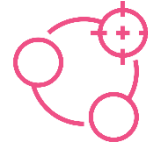**Lahey Hospital & Medical Center**

Appendix C: SMART Goals
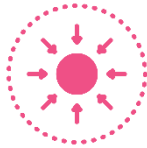
| Specific | Measurable | Achievable | Relevant | Timely |

Creating Program SMART Goals

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

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

Overarching Goal:

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

SMART Goal (sometimes called SMART Objective):

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

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SMART Goals:

Specific	Goals that are specific have a significantly greater chance of being accomplished. To make a goal specific, the three "W" questions must be considered: 1. Who: Who is the intended population for this goal? 2. What: What does the program want to accomplish? 3. Where: Where is this goal to be achieved?
Measurable	A SMART goal must have criteria for measuring progress. If there are no criteria, you will not be able to determine the program's progress and if you are on track to reach your goal. To make a goal measurable, ask yourself: 1. How many/much? 2. How do I know if the program has reached my goal? 3. What is my indicator of progress?
Achievable	Your goals should be achievable and attainable given your program resources and planned implementation. 1. Do I have the resources and capabilities to achieve the goal? If not, what am I missing? 2. Have others done it successfully before?
Relevant	Your goal, even after meeting all the prior criteria, must now align with other relevant goals because success requires the support and assistance from everyone on the project team. 1. Does it match other program or agency needs? 2. Is it aligned with current economic or social trends? 3. Does it align with the participants' needs and strengths?
Timely or Time-bound	Your goals should be defined within a timeframe. Here the focus is on "when" the goal will be met. Specifying a timeframe in the goal will help you in both planning and evaluating your program. 1. Does my goal have a deadline? 2. By when do you want to achieve your goal?

SMART Goals can be Process or Outcome focused

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

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

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

> ## Example of a Process SMART Goal:
> By (timeframe), (# /%) participants will have had (#) workshops on money management.

> ## Example of an Outcome SMART Goal:
> By (year), credit scores of participants will increase by (%).

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

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

SMART Goal Examples

Sample Goal 1: Collaborate with 11 community partners.

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

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

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

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

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

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

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

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