Beth Israel Lahey Health
Anna Jaques Hospital

Anna Jaques Hospital CT Scanner
Determination of Need: Request for Proposals

Background

Anna Jaques Hospital (AJH), in partnership with the Beth Israel Lahey Health (BILH) system, is committed to providing the very best care and strives to improve the health of the people and families in its Community Benefits Service Area (CBSA). AJH's leadership and Community Benefits staff work closely with the hospital's Community Benefits Advisory Committee (CBAC) to plan, implement and support an array of programs and activities to improve the health and well-being of community residents. CBAC members represent a broad cross-section of institutions serving local residents and are committed to representing the community and its health priorities. Community Benefits is guided by the following principles: accountability, community engagement, equity, and impact.

Between 2024 and 2027, Anna Jaques Hospital is investing approximately $105,000 through its Community-Based Health Initiative (CHI) for a Determination of Need (DON) for a computed tomography ("CT") unit for operation at Anna Jaques Hospital in Newburyport. Of that total investment, approximately $82,000 will be allocated through this competitive Request for Proposals (RFP) process.

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 AJH 2022 Community Health Needs Assessment (CHNA) and the 2023-2025 Implementation Strategy (IS), the AJH Community Benefits Advisory Committee (CBAC) identified Mental Health and Substance Use as its priority area for investment through the RFP process. AJH recommends applicants review the 2022 CHNA and IS before submitting a response to this RFP.

Request for Proposals (RFP) Process Overview and Timeline

Date(s)	Action
November 28, 2023	RFP released online
November 28 - December 8, 2023	Q & A period*
December 6, 2023; 2-3PM	(Optional) Virtual information session: Anna Jaques Hospital staff will describe the RFP and address questions about the application process.
December 13, 2023	Post answers to FAQs
January 5, 2024	Proposals due by 5 pm EST
January 24, 2024	Proposal applicants notified of grant decisions
March 1, 2024	3-year grant term begins
March 1, 2027	End of 3-year grant period

**Applicants may contact janel.dagata-lynch@bilh.org if they have questions. Questions and answers will be posted by December 13, 2023. No questions will be accepted after December 8, 2023.

How to Apply

All applications must be submitted online through BILH's Community Benefits Database. To request a log-in/user ID to access the database, please complete this form.

The application questions are available: Appendix A contains the applications questions and Appendix B contains the scoring criteria. For questions specific to the application process or Community Benefits Database, please contact janel.dagata-lynch@bilh.org. Applications are due no later than 5PM EST on January 5, 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.

MOVING UPSTREAM: 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 $82,000 over three (3) years to up to two organizations that will implement evidence-based and/or evidence-informed strategies in the areas of Mental Health and Substance Use.

Strategic Focus Area	Strategy description
Mental Health and Substance Use Programs	Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.
Mental Health and Substance Use Programs	Provide access to high quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.

Evidence-based/Evidence-informed Strategies

Anna Jaques Hospital is committed to funding programs that have evidence demonstrating that they work. To be considered evidence-based or evidence-informed, the program should be based on research evidence about effective practice in the area or current evaluations showing positive outcomes for participants.

Proposals which focus on addressing upstream factors for mental health and substance are encouraged. Upstream factors include social determinants of health, such as prevention of violence and trauma and the ability to maintain housing, employment or education. Preference will be given to applicants whose mental health and substance abuse programs address these areas leading to more equitable and healthy communities. In addition, AJH 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:

- Community health navigators who have extensive knowledge of a community to connect individuals with behavioral health issues to care and resources.
- School-based mental health centers which bring behavioral health services to schools.
- Mental Health First Aid (MHFA), a program that increases community members' knowledge on behavioral health issues and how to address them in a crisis.
- Peer-to-peer programs which connect individuals with mentors from a similar background who previously faced a behavioral health issue.

• Community-based interventions that bring behavioral health conversations and care into community settings that people frequent (e.g. barbershops, faith-based organizations, libraries, etc.).
• Education and community dialogue on behavioral health to reduce stigma.
• Increasing education to reduce stigma related to use of Medication-Assisted Treatment (MAT).

Please note: AJH recognizes that due to the limited dollars available in this RFP, the example strategies listed above cannot be solely supported through this request for funding. Organizations are encouraged to seek funding for part of larger programs.

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 in or across one or more of the following cities/towns that have been specifically identified as high priority cities/towns for this RFP:

1. Haverhill*
2. Amesbury
3. Merrimac
4. Salisbury
5. Newburyport

Priority will be given to proposals that provide regional/multi-community reach.

*AJH recognizes that the size and needs of the city of Haverhill are more substantial. This will be taken into consideration when reviewing proposals.

Priority Cohorts

The focus populations for this RFP, determined based on Anna Jaques Hospital's 2022 Community Health Needs Assessment and discussions with the Community Benefits Advisory Committee, are:

- Youth
- Low-resource populations
- Older adults
- Racially, Ethnically, and Linguistically Diverse Populations
- Individuals with Disabilities

Funding Availability

Up to $82,000 is available in grant funding and will be awarded to 1-2 organizations over a three-year period, with all funds fully disbursed by March 1, 2027.

Evaluation and Reporting

The grantee(s) will be expected to work with the BILH Director of Evaluation and Data to define and determine the 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)?

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

Overview of Evaluation Expectations

The grantee(s) will work closely with the evaluator. The evaluator will:

- Collaborate with each grantee to support the development of their learning and evaluation plan. This learning and evaluation plan will include program-specific evaluation elements that grantees will report to AJH. 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 grantees implementing their individual evaluation plans.
- Facilitate evaluation webinars.
    - The grantee(s) 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 within the first month of funding.

During the information session on December 6th, 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 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 10% 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. AJH allows up to 10% of an applicant's budget to be used for evaluation expenses.

Grants will be awarded for a three-year period, which will include an optional planning phase of up to three months. The planning phase will give the grantee(s) time to hire staff, if needed, engage partners and community residents, and create an implementation plan. The planning phase will also enable the evaluator to provide capacity building and technical assistance to grantee(s) to ensure readiness for implementation and evaluation.

Award Timeline:

Approximate Award Distribution Schedule
March 2024
March 2025
March 2026

Contact Information

If you have any questions, contact the Anna Jaques Hospital Community Benefits manager at janel.dagata-lynch@bilh.org. Anna Jaques Hospital will respond to emails within two business days.

Appendix A: Application Questions

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).

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. RFP Priority Areas

    Please select the priority area(s) that your project will address from the list below:

    a. Mental Health
    b. Substance Abuse
    c. Both Mental Health and Substance Abuse

4. Evidence-Based/Evidence-Informed Strategies
    a. Please select the evidence-based/evidence-informed strategies you plan to implement (check all that apply):

        ☐ Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.
        ☐ Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.

5. 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. *Project Staffing:* List the key people who will be involved in project implementation and briefly describe their roles.

e. *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.

f. How does the organization plan to ensure that project resources are deployed towards those that need them the most? How will the project reach less visible communities? (100 words maximum)

6. 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):

7. Populations Served: Identify which of the population(s) below the project will serve (check all that apply):
   a. Youth
   b. Older Adults
   c. Low Resource Populations
   d. Individuals with Disabilities
   e. Racially, Ethnically, and Linguistically Diverse Populations:
      - African
      - American Indian/Alaskan Native
      - Asian
      - Black
      - Caribbean Islander
      - European
      - Hispanic/Latino
      - Middle Eastern
      - Native Hawaiian/Pacific Islander
      - White
      - Other (please list)

8. Priority Communities: Identify the cities/towns the project will serve (check all that apply):
    a. Haverhill
    b. Amesbury
    c. Merrimac
    d. Salisbury
    e. Newburyport

9. Please briefly describe examples of the work the organization has done in the selected cities/towns, including any current partnerships with organizations located in the cities/towns. (100 words maximum)

10. Equity and Community Engagement
    a. Please discuss how the organization plans to engage with the 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 in 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)
    c. How will the funds used to address upstream factors? (150 words maximum)

11. Budget
    a. Please 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.

12. 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)

13. 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. Who will be the grantee 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)

Appendix B: Scoring Criteria

As applications are scored, reviewers will keep the core principles described above in mind.

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 communities
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 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)
10. Proposed project is has a multi-community/regional focus and/or includes Haverhill

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 SMART goals. Criteria: 1) Specifies the social determinate 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.

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?

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

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.

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.

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

- 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)