2020

Grant Guidance

EPISCOPAL HEALTH FOUNDATION

Improving Health,
Not Just Healthcare in Texas

"We are focused...

on a systems approach to improving community health."

In 2020, the Episcopal Health Foundation (EHF) will continue work aligned with our five-year Strategic Plan, which you are encouraged to read before applying for a grant. This document expresses EHF's core beliefs and explains the commitment of our philanthropic giving to outcomes-focused approaches. The following guidance is organized according to the Goals, Outcomes, and Strategies listed in the Strategic Plan.

Successful applicants will demonstrate bold commitment and creative action, aligned with our plan, that emphasizes working upstream to identify and prevent causes of illness and injury and, considers multisectoral action to engage and coordinate stakeholders from various sectors in the planning, implementation, and governance of proposed interventions. Multisectoral partnerships are key processes by which changes in the social and environmental determinants of health can happen and move us closer to our goal of increased community prevention.

We know that this work will take innovation and require risks, and we intend to take those risks alongside you, our potential partners in this process. Please contact a Program Officer should you have any questions about this guidance at **grants@episcopalhealth.org**. Thank you for your interest in EHF and our goals for community health. We look forward to working with you as you consider the role your organization can play in improving the health of Texans.

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What's New for 2020: The Clinics Pathway Approach Building Clinics' Capacity for Financial Sustainability and Community Prevention

A Continued Commitment to Community-Based Clinics. In the five years since its inception, EHF has invested considerable resources in community-based clinics because of their unique role in providing comprehensive care in urban and rural medically underserved areas, creating access to healthcare, and addressing the social determinants of health (SDOH). A significant portion of our previous grantmaking has helped clinics improve and expand care, integrate behavioral health models, and engage community partners to collaboratively address community health issues. These grants were designed to help clinics build infrastructure which supported comprehensive and integrated service delivery systems for patient care. Now, against the backdrop of a rapidly changing healthcare environment, we find that health centers are being challenged to provide patient care that results in improved outcomes upon which reimbursement will be based.

Value-based Care. Recent reforms in healthcare are moving payment mechanisms toward population-based models that focus on prevention and the long-term value of care delivered to patients rather than the volume of services provided[1]. In the past, where payments and incentives have rewarded the quantity of services delivered, they will now reflect the quality of care received by patients, health outcomes achieved, and will reward providers for both efficiency and effectiveness in the care delivered. This form of reimbursement has emerged as a potential replacement for the current fee-for-service model and demands that clinics transform their practices in order to thrive and remain financially viable under this system of payment[2].

Supporting Strong Clinics. EHF is committed to helping clinics implement features of high-quality, high-performing comprehensive primary care which is foundational to thriving in a value-based payment system. We also will support clinics to implement and maintain equally robust business models that sustain operations beyond the current fee-for-service payment system and allow for reinvestment of financial returns in infrastructure, innovation, new models of delivery, and partnership development. We believe that clinics with strong primary care and business infrastructures will be able to participate in alternative payment models that support population health management strategies and pay for community prevention efforts.

Our 'bet' is that if clinics provide comprehensive services, address patients' social determinants of health, use population health approaches, and engage in community prevention, then resources currently used for medical services could be redeployed to upstream work and better health outcomes at the patient and community levels.

[1] NACHC's Value Transformation Framework from: http://nachc.org/wp-content/uploads/2019/08/Value-Framework-Factsheet-Aug-2019.pdf.
[2] Ibid.
[3] "The 10 Building Blocks of High-Performing Primary Care", Bodenheimer, Thomas, MD, et. al., Annals of Family Medicine, www.annfammed.org, Vol. 12, No. 2, March/April 2014.
[4] "Partnering to Succeed: How Small Health Centers Can Improve Care and Thrive Under Value-Based Payment", MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute, Coleman, Katie, et.al.; JSI Research & Training Institute, Inc., Tobey, Rachel, et. al., Shepherd, Carolyn, Shepherd, Leibig, LLC; Hummel, Jeff, Qualis Health

Over the course of the last year, we have thoughtfully considered what it takes to achieve this 'bet.' In consultation with clinics, local and national experts, and through observing the work that we've supported for the past five years, we've learned that to achieve this 'bet', clinics must have both internal capacity and infrastructure to address upstream solutions in a financially sustainable manner.

Beginning in 2020, we will offer community-based clinics the opportunity to apply for enhanced multi-level funding through the new **Clinics Pathway Approach (the "Approach")**. The Approach will build clinics' fundamental capacities for population health work and value-based payment system design and will expand to include additional stakeholder partners and health system engagement based on three levels of development as part of a pathway to clinical transformation.

This is designed as a significant funding opportunity over a multi-year period. Not all clinics may decide that investing organizational resources in these efforts aligns with current strategic priorities, however, for those who do, please know that EHF intends to see participants through multiple levels of participation beyond a single grant investment.

Over time, participating clinics are expected to progressively build their capacities to become fiscally and programmatically sustainable agents for community prevention. As part of this new Approach, EHF will facilitate cohort-based technical assistance, convenings, and other learning activities to support grantees' progress. Clinics will also be part of a formal evaluation described in more detail below.

Clinics that choose to apply for this support will first be required to complete a self-reported Readiness Assessment Tool.[5] This tool will identify the clinic's appropriate level of participation based on specific competency domains. Descriptions of the levels within the Approach follow. We also invite you to review the logic models that underpin the Approach as you consider whether to apply for funding.

[5] Readiness Assessment Tool is based on the NACHC Assessment Domains and the UC Berkeley Assessment Domains and accessed respectively at: http://www.nachc.org/wp-content/uploads/2015/11/NACHC_PR_ReadinessAssessmentTool_Final_CORRECTED_8.5.2014-2.pdf and https://www.law.berkeley.edu/files/bclbe/Mar6_FINAL_combined.pdf. While designed for Federally Qualified Health Centers, the tool is well-suited to assessing all comprehensive community-based primary clinics for purposes of the Approach.

Clinics Pathway Approach

LEVEL 1:

Strengthening clinics' capacity and infrastructure to begin engaging in population health management activities

Clinic grantees will strengthen their capacity to engage in population health management and build the operational and financial capacity necessary to progress to Levels 2 and 3. At this level, clinics will work to address any organizational gaps identified in the Readiness Assessment that will help conduct population health management activities and develop an infrastructure that systematically captures patient health and social determinant of health data, and specifies quality outcomes.

Clinics interested in participating under this level should have a high degree of willingness to engage in population health management activities and should articulate a vision for progressing to Levels 2 and 3 as part of their application.

LEVEL 2:

Supporting clinics to undertake population health management activities – including addressing unmet social needs – with their patient population

Clinic grantees will refine and enhance their population health efforts by developing care protocols and partnerships that address patient needs based on patient risk scores and social needs assessments. These needs may be addressed by working with partners that enable patients to access various social services. Clinics, and their respective partners, will use shared data to inform population health improvements. At this level, clinics will work on quantifying the impact of addressing patients' unmet social needs so that they can articulate how they will leverage their population health management success(es) to work with payors to draw down available funding for pay-for-performance and alternative payment models (APM) . This work will make it possible for clinics to begin reinvesting any financial returns in clinic infrastructure. Ultimately, a long-term outcome of this work is that clinics will be successful in identifying and obtaining non-philanthropic funding sources to support ongoing population health management activities.

Clinics Pathway Approach

LEVEL 3: Supporting clinics to work with payors, hospitals, and other stakeholders to develop strategies to sustainably finance community prevention work

Clinic grantees should have the necessary infrastructure in place that positions the organization to be an active partner in addressing broader social determinants. Clinics participating in Level 3 will have high adaptive capacity for changing their culture and well-developed internal capacity and infrastructure for population health management. Grant funding will be used to catalyze experimentation with community prevention efforts , rather than focusing exclusively on building internal capacity. Clinics will be expected to partner with a diverse array of multi-sectoral stakeholders on community health prevention work and incorporate community-level metrics in their planning and evaluation.

Clinics engaging in the strategies above will be able to test innovative models for community prevention, implement an integrated referral and follow-up system to address social determinants of health, and expand their financial capacity to implement value-based and risk-based arrangements. As a result of this work, in the short-term, clinic culture will be committed to community prevention, clinic infrastructure will be established to position clinics to be active partners in addressing broader social determinants of health, and clinics will be able to articulate the public health impact of unmet health and social needs as well as a value proposition for addressing those needs to payors and partners. Ultimately, the clinic's value proposition will shift from reducing cost and utilization of health care resources to improving community health. Similarly, clinics will successfully develop partnerships with hospitals, MCOs, and local governments to sustainably fund community prevention.

EHF will facilitate and broker collaborations and key stakeholders, contribute system mapping of resources, and conduct research on the development of strong multi-sectoral collaboratives and innovative models to sustainably finance community prevention.

Summary of Requirements for Participation in the Clinics Pathway Approach

Evaluation

Clinics participating in the Clinics Pathway Approach will be expected to participate in an evaluation that will be developed in partnership with EHF. This learning process will look at participants' work and answer the questions, "What has changed?" and "What works for whom and why?" EHF will use the grantees' self-reported Readiness Assessment Tool to identify baseline clinic capacity conditions and to track changes and improvements over time. Clinics will also be expected to report on evaluation measures specific to their level of participation and in alignment with the logic models presented in this document.

Applicants who choose to participate in the Clinics Pathway Approach are expected to meet the following requirements:

1. **Operate as a Comprehensive Community-based Clinic According to EHF Criteria**

   EHF supports comprehensive clinics that provide a full complement of services, including preventive care, primary care, oral health services, and behavioral health services. These clinics offer the full array of services including immunization and women's reproductive health services, charge patients according to a sliding scale, participate in reimbursement systems, and seek out a variety of sources of funding for sustainability. Please see "**Expectations of Primary Care Providers**" for more information

2. **Attend a Required Applicant Workshop**

   Clinics interested in participating in this multi-level Approach must send leadership at the CEO, CFO, and/or CMO level to a workshop (either in person or via video conference) on November 13, from 10:30 a.m. to 3:30 p.m. at The Council on Recovery, 303 Jackson Hill St., Houston, TX 77007. **RSVP here**. Other staff from the clinic team are welcome to attend. The workshop will further explain the Approach and provide resources for successful completion of the Readiness Assessment. Applicants will have an opportunity to ask questions and meet the consultants who will be providing technical assistance (TA) for this effort. If you are interested in the Approach and your leadership is unable to participate in the workshop, please contact EHF as soon as possible. For additional information, including the link to RSVP for the workshop, visit the grantmaking page on our website.

3. **Complete a Readiness Assessment Tool**

   All applicants are required to complete a **Readiness Assessment Tool** in advance of submitting a Letter of Inquiry (LOI). Click here to access the Readiness Assessment Tool to be submitted by November 22. Your results and a link to the LOI will be sent to you by December 4. The LOI deadline is December 16. We suggest that clinics involve a multi-disciplinary team in completing this Assessment in order to generate a more representative, meaningful response overall. EHF anticipates that applicants will find this assessment of value, independent of whether they apply for funding under the Clinics Pathway Approach. Ultimately, applicants will use results from the Readiness Assessment to guide their proposal responses and identify how EHF funding will support building capacity within specific domain(s) highlighted as gaps in their assessment results.

Clinics Pathway Approach

Additional Support

In addition to direct funding, clinics who participate in the Clinics Pathway Approach will benefit from the following:

1. **Receive Technical Assistance**

   TA is offered through consultants and other content specialists funded by EHF and will be tailored to each clinic's specific needs.

2. **Participate in a Peer Learning Cohort**

   To undertake this depth of work, we expect clinic grantees to participate in peer learning opportunities. EHF will work with grantees to develop cohorts based on specific results from the Readiness Assessment so that opportunities exist to learn from others that have similar needs and interests. Travel and expenses related to this peer learning should be included as part of the grant request.

Clinics Pathways Approach

Important Dates

NOV 13
Workshop

NOV 22
Deadline to Submit Readiness Assessment Tool

DEC 4
Clinics Receive Assessment Results and Link to LOI

DEC 16
Deadline to Submit LOI

Staying the Course in 2020

Funding Opportunities Continue in Support of EHF's Current Goals, Outcomes, and Strategies. While we are excited about the new Clinics Pathway Approach to strengthen community-based clinics, we remain committed to and will continue to review and fund work proposed in fulfillment of our current Strategic Plan as in previous years.

GOAL 1:	Strengthen systems of health by catalyzing health systems to be accessible, equitable and deliver health, not just healthcare
OUTCOME 1:	Resource allocation and system reform in the health sector reflect the goal of health, not just healthcare
STRATEGY 1:	Dollars & Sense: Support change in healthcare financing to incent investment in improving community health

This Strategy is designed to achieve transformation of the health system that is currently structured to prioritize the delivery of medical services over the attainment of improved health outcomes for our communities. We know from decades of research that 80% of the factors that drive health outcomes lie outside of the healthcare delivery system. Yet more than 95% of our national health expenditures are devoted to healthcare services, primarily funding hospitals and providers. Americans are questioning the value of a system that consumes almost 20% of GDP but produces poorer health outcomes than other developed countries who spend substantially less on healthcare. Transformation to a value-based system that rewards quality and volume is slowly taking hold in the US. EHF is part of this movement and desires to work with institutions that are willing to look at new ways of paying for improved health outcomes. We invite proposals that address innovative programs to pilot, transition, and scale approaches that change the way in which positive health outcomes are financially rewarded.

For community-based clinics wishing to apply under this Goal and Strategy, we direct you to the Clinics Pathway Approach, which describes EHF's work to support clinics in this space. In addition to the Clinics Pathway Approach, this work may include, but is not limited to the following:

- **Pay for Success initiatives:** piloting models that incent spending on prevention by inviting private sector investors to bear up-front costs as well as risk of failure
- **Incenting investment in social determinants of health:** working with Texas Medicaid, local governments, managed care organizations, and other payors to align value-based payment program incentives and other payment structures with interventions that address social determinants of health
- **Multi-sector, health-focused community collaboratives:** ssupporting the development of collaboratives focused on improvements to health, not just healthcare; this may include work to incorporate a shared understanding of social needs as well as efforts to employ creative funding mechanisms to sustainably finance multi-sector investments in the social determinants of health

STRATEGY 2:

Working Upstream: Support community-based clinics in addressing the social determinants of health

Social determinants of health are broadly defined as "the conditions in which people are born, grow, live work and age" and may include economic stability, neighborhood and physical environment, education, food, community and social context, and the healthcare system. Although it is known that the social determinants of health have a larger influence on health outcomes than healthcare alone, community-based clinics are actively evolving their approaches to s ystematically and sustainably identify and address non-medical social needs experienced by patients seen in a clinic setting.

EHF is interested in incenting clinics to target these upstream factors that influence population health, beyond what the healthcare system has historically been able to address on its own. In the spirit of population health management, we envision grant investments that focus on equipping clinics to serve as the trusted community partner capable of connecting and addressing both medical and non-medical needs.

In service of this goal and strategy, we will continue our **Community Centered Health Home (CCHH) initiative** which provides participating clinics with coaching, technical assistance, a learning community, and grant funding to enable them to build leadership in the space of community prevention. In consultation with EHF, we invite current CCHH grantees to apply for continued support of this work. We also encourage those clinics positioned to go deeper in addressing the social determinants of health with a focus on financial sustainability to consider application to the Clinic Pathway Approach Level 2 or 3.

For those not already participating in the CCHH initiative or who do not wish to pursue the Clinic Pathways Approach at this time, we encourage applications aligned with this strategy to identify and address the social determinants of health within a clinic's patient population and/or in the community at-large. This may include work to:

- Develop practices to reduce rates of preventable illness and injury
- Better align resources to address SDOH
- Screen for SDOH within the clinical setting and use the data to improve patient care and health outcomes
- Provide and/or develop navigation services and service linkage, including follow up on referrals to external resources to create closed-loop referrals and meaningful connection to support
- Analyze SDOH data to identify broader community needs

In proposing work that addresses SDOH, special attention should be paid to attaining organizational buy-in and internal culture change conducive for this work's long-term success. This focus includes ensuring that funding mechanisms are in place to support the financial sustainability of social determinant efforts. We also encourage that this work begins with meaningful involvement of the community in the planning, development and/or implementation of programs and strategies.

OUTCOME 2:

Low-income and vulnerable populations access comprehensive care in communities

STRATEGY 3:

Comprehensive Clinics: Support community-based clinics to provide comprehensive services, continuity of care, inclusivity, and efficiency in delivery of care

EHF prioritizes *building the capacity of community-based clinics* to provide comprehensive care. Much of this foundational work is reflected in Level 1 within our new Clinics Pathway Approach, but for clinic applicants not prepared to participate in the Approach at this time, EHF will continue to devote resources to support clinics providing the full spectrum of comprehensive primary care as a foundational step in moving toward a healthcare system more focused on the upstream causes of poor health outcomes. This includes capacity building in key infrastructure and care processes that will develop and/or enhance their delivery systems, embed care coordination and management, and provide access to specialty care services. We consider these elements necessary to sustainably address population health and community prevention:

- **Access and continuity:** increasing access to the primary care team through expanded hours or other alternatives to traditional office visits that help patients get the right care, at the right time, and in the right place; this includes ensuring access to a full range of contraceptive options for women across their reproductive years as well as timely prenatal care
- **Care management:** improving individualized care, most often for high-risk, high-need patients, by practicing risk stratification, empanelment, and transition from acute to preventive care and by doing intensive case management for chronic disease management and serious mental illness
- **Comprehensiveness and coordination:** focusing on the depth and breadth of services offered including specialty care referral systems and networks to lower overall utilization and costs, reduce fragmented care, and achieve better health outcomes
- **Patient and family engagement:** increasing patient engagement in the design and improvement of their own care and incorporating patient input to structure responsive services and collaboratively set patient goals; this includes providing client-centered reproductive health counseling

- **Clinical care team transformation strategies:** evolving the practice setting in order to implement new clinical management strategies, including high risk case management, emergency department/ inpatient follow-up and/or creating and using disease/preventive care registries
- **Comprehensive women's services:** increasing access to, expanding accountability for, and improving quality of preconception, prenatal, postpartum, inter-conception and comprehensive women's healthcare through and beyond a woman's reproductive years
- **Integrated behavioral health services:** bringing behavioral health services into a primary care setting, bringing primary care services into a behavioral health setting, or bringing substance use disorder (SUD) services into either a primary care or a behavioral health setting. The SAMHSA (Substance Abuse and Mental Health Services Administration) Center for Integrated Health Solutions has developed a framework to help primary and behavioral healthcare provider organizations improve outcomes by helping them understand where they are on the integration continuum. Applicants interested in applying for this priority should review this website when developing their proposals, as they will be asked to rank their current level of integration according to SAMHSA's framework in their application.

Rural Health

STRATEGY 4: Rural Health: Expand and strengthen community-based clinics in rural areas

EHF understands that rural areas may lack basic preventive, primary, behavioral, and oral health services. This strategy is aimed at increasing the availability of these basic services to those living in smaller towns and rural areas. We seek to work with communities to help them optimize healthcare infrastructure, including communities that have depended on rural hospitals whose futures may be in jeopardy. EHF is particularly interested in work that leverages and is connected to the broader community and health system.

Examples of this work include but are not limited to:

- Offering technical assistance or operating support for rural health clinics to provide outpatient primary care services
- Developing approaches to recruit and/or retain provider staff including nurse practitioners and other mid-level providers
- Enhancing use of information technology and data analytics
- Supporting other practices that improve the sustainability and function of rural health clinics

Our priority in the area of behavioral health is integrated behavioral health services, however in smaller towns and rural areas, EHF will support grants for behavioral health services in non-integrated settings because we recognize the relative lack of behavioral health services in these locations.

STRATEGY 5:

Health Coverage and Benefits: Improve health coverage for low income and vulnerable populations

EHF recognizes that true access to health services requires a system of coverage, ideally through a comprehensive health insurance plan. Access to comprehensive, quality healthcare services is essential for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Texans. Moving the needle on this strategy will require a dual approach to both expand coverage and improve enrollment of eligible beneficiaries. In funding this strategy, we will continue our research and support of advocacy efforts to increase health insurance coverage in Texas.

EHF's support for this approach also includes funding clinics or community-based organizations to help low-income and vulnerable populations gain access to care through enrollment in insurance and other health-related programs, including those offered by federal, state, and local governments. EHF is particularly interested in proposals that use innovative approaches to track newly enrolled beneficiaries through their first use of those benefits, most commonly through a visit with a medical provider.

GOAL 2:	Activate communities by strengthening organizations and congregations to build health-promoting communities
OUTCOME 3:	Community and congregation members actively shape healthy communities and influence health systems to improve health equity
STRATEGY 6:	Community Voice: Support organizations to raise the voices of community members to influence community health

This goal and outcome articulate how EHF envisions activating communities to address health-related opportunities and challenges affecting their neighborhoods. Our grantmaking supports community-based organizations that are capable of engaging community members, particularly low-income and vulnerable populations, to become advocates for health and to support communities in adopting new ways of problem solving. All efforts should have a goal of developing positive influence on the health of community members.

Examples of this kind of work include but are not limited to:

- Building the capacity of community-based organizations by helping them assess their strengths and opportunities and to undertake organizational development activities that address those health-related factors
- Increasing the number and reach of grassroots community organizing groups that advocate for community health
- Supporting the development of new leaders within communities
- Ensuring that client-facing community partners have the skills and resources needed to actively engage those they serve as influential beneficiaries
- Strengthening existing health coalitions
- Supporting community-based organizations to use hospital community benefit data to encourage investment in the social determinants of health

STRATEGY 7:	Support congregations to address community health

We recognize the important role that the faith community can play in creating conditions to promote community health. EHF supports our congregations in this work through the efforts of our congregational engagement team, however, we do not provide funding opportunities for congregations through this application process. To learn how congregations may access financial support, please visit the "For Congregations" section of our website.

GOAL 3:

Build the foundation for a healthy life by investing in early childhood brain development

A child's first three years offer an optimal chance to build a healthy brain and lay a strong foundation for lifelong mental and physical health. The quality of the relationship and the number of responsive interactions between a child and at least one caring adult are the greatest influencing factors during this critical developmental stage.

Outcomes of work that supports this relationship include but are not limited to:

- Increased caregiver knowledge of early childhood brain development needs
- Increased caregiver understanding of the brain development impacts of their interaction with their children and self-efficacy to change behavior accordingly
- Consistent serve and return[8] practices that characterize a responsive caregiver/child relationship
- Caregiver behavioral health (specifically related to screening for and effective treatment of parental depression)
- Caregiver's increased social capital including strong peer and family networks, coaching, and cohort support
- Strong attachment between child and caregiver

As we focus our work in this space, we are mindful of the many systems that impact families and their young children. While there is excellent and essential work taking place in pre-K, formal and informal group childcare, and child protection settings, we are not investing in those systems currently.

Through its grantmaking, EHF supports community-based clinics and community-based organizations that embrace the importance of early childhood brain development and prioritize primary prevention work with vulnerable families beginning before or at the birth of their children. When we consider programmatic approaches to build these key elements of the caregiver/child relationship, we are interested in those that:

- Lead with brain building science and share that knowledge with caregiver
- Include maternal health and timely prenatal care, especially as it relates to building a foundation for optimal infant brain development
- Offer and/or support opportunities for caregivers to practice new brain-building skills with the child or children in their care
- Are consistently informed by and influenced by clients of the programs;
- Take an asset-based approach when supporting and sharing learning with parents and caregivers
- Have evidence of or attempt to measure change in caregiver/child relationship and/or interaction

OUTCOME 4:

Health systems and families implement best practices for early childhood brain development during pregnancy and the first 1,000 days of life

[8] https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

STRATEGY 8:

Building Brain Development-Providers: Providers support early childhood brain development

The trusting relationship between healthcare providers and their patients sets the stage for important early childhood screenings, recommendations, and services. While a low-income family's interaction with other formal systems may be limited prior to a child's entry into pre-K or Kindergarten, pediatric well-child visits in the first three years of life and other encounters within healthcare settings offer multiple opportunities for evaluation and meaningful interaction. Clinicians at all levels, as well as support staff, are an essential part of the community that can provide low-income parents with the latest information, effective techniques, and respectful encouragement to optimize development for their infants and toddlers.

EHF will prioritize funding:

- Practices and tools designed to help healthcare providers implement effective physical, social, and emotional developmental screening, referral to services, and follow-up as indicated
- Identifying and addressing instances of parental depression or other behavioral health issues
- Educating pregnant women and parents about early childhood brain development and connecting parents to programs and resources that build skill for and support "serve and return" practice within the parent/child relationship from infancy

STRATEGY 9:

Building Brain Development-Community Organizations: Community-based organizations provide training to families for early childhood brain development beginning at or before birth

Trusted community organizations are uniquely positioned to build the capacity of low-income families to strengthen the relationship to their children and optimize brain development from infancy through the third year of life. Persuaded by data that most low-income infants and toddlers are primarily cared for by their parents[9], we are interested in strategies that optimize brain development in the context of that relationship.

Programs in alignment with our funding priorities in this strategy will:

- Impact the relationship between adult and child from the first days of infancy forward
- Emphasize the importance of the caregiver-child relationship and serve and return interactions
- Use evidence-based or promising screening or evaluation tools to measure critical factors in adult/child attachment, relational health, and/or bonding

We recognize that measuring impact at this critical developmental age is difficult, and we welcome input from applicants identifying the best indicators of success in this work.

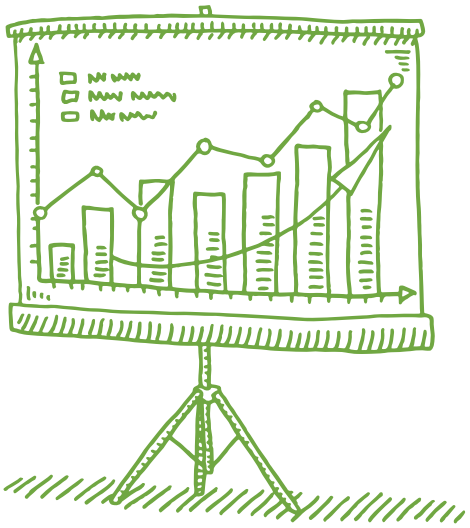
[9] Nationally, approximately 60% of low-income 9 month-olds and 2 year-olds receive the majority of their care from their parents outside a formal system of child care.. (J.B. Pritzker, Jeffrey L. Bradach, Katherine Kaufman, "Achieving Kindergarten Readiness for All Our Children: A Funder's Guide to Early Childhood Development from Birth to Five", 2015, p. 23.)

Organizational Effectiveness (OE)

EHF supports the organizational effectiveness of its grantees to strengthen the internal systems that enable them to do their work better and enhance their impact. Areas of capacity building include but are not limited to strategic planning, leadership transitions, board development and governance, communications planning, community engagement, diversity, equity, inclusion, and financial planning. During the Letter of Inquiry process, an applicant may identify its organizational effectiveness needs, if any; however, funding of OE needs will be by invitation only.

Use of Funds

We support the flexible and creative use of EHF dollars to seed, pilot, and scale innovative ideas. We also understand that to create sustainable systems change, funding may be required for intensive planning, engagement of subject matter expertise, and in many instances, thorough external evaluation of program outcomes in order to attract and secure long-term sustainable funding mechanisms. To that end, EHF grants can include support for technical assistance, planning, demonstration, program evaluation, and general operations. EHF dollars can also be used as matching funds, provided the purpose of the match aligns with EHF's goals and strategies. For specifics on what types of investments we do NOT make, please click here. All grants funded by EHF must be implemented within the 57-county service area of the Episcopal Diocese of Texas.



Application Process

The Episcopal Health Foundation's (EHF) strategic plan is based on three goals, four outcomes, and nine strategies, shown in the graphic below.

STRATEGIC FRAMEWORK 2018-2022

VISION: HEALTHY COMMUNITIES FOR ALL

GOALS

Strengthen Systems of Health
by catalyzing health systems to be accessible, equitable and deliver health, not just healthcare

Activate Communities
by strengthening organizations and congregations to build health-promoting communities

Build the Foundation For a Healthy Life
by investing in early childhood brain development

TARGETED OUTCOMES

Resource allocation and system reform in the health sector reflect the goal of improving health, not just healthcare

Low-income and vulnerable populations access comprehensive care in their communities

Community and congregation members actively shape healthy communities and influence health systems to improve health equity

Health systems and families implement best practices for early childhood brain development during pregnancy and the first 1,000 days of life

STRATEGIES

Support
change in healthcare financing

Work
upstream

Support
comprehensive clinics

Strengthen
rural health

Expand
health coverage and benefits

Raise
community voices

Support
congregations in action

Build
brain development - providers

Build
brain development - community organizations

2020 Submission Deadlines

The grant cycles for 2020 correspond to our three goals according to the following schedule:

	LOI DUE	APPLICATION DUE	BOARD DECISION
CYCLE 1/GOAL 1 Strengthen Systems of Health	12/16/2019	02/20/2020	05/21/2020
CYCLE 2/GOAL 2 Activate Communities	04/22/2020	06/22/2020	09/10/2020
CYCLE 3/GOAL 3 Build the Foundation for a Healthy Life	07/24/2020	09/25/2020	12/17/2020

Please note – LOIs and Applications are due by noon (12:00 p.m.) CST on the dates indicated above.

EHF has a two-step grant application process:

STEP 1 – Letter of Inquiry (LOI)

Access and review the LOI form from the **EHF website: http://www.episcopalhealth.org/en/grant-making/letter-inquiry-form/**. Choose the EHF goal and strategy to which your proposed work applies. Then complete and submit your LOI by the appropriate deadline. Please note that for clinics applying under the Clinics Pathway Approach, a separate Readiness Assessment tool will need to be completed in conjunction with the LOI; please refer to the "Summary of Requirements" under the Approach section above. We encourage potential applicants to contact an EHF program officer before completing this stage of the process. Please send inquiries to **grants@episcopalhealth.org**.

STEP 2 – Application

We will notify you via email whether your LOI has been approved. If your LOI is approved, you will receive a link to our online application form in that approval notification email. Please complete and submit your application by the appropriate deadline. You will be notified of the Board of Directors' decision regarding your request via a phone call and email shortly after the Board Decision dates listed above. Depending on grant contract finalization and electronic payment enrollment, EHF is usually able to distribute funds no later than four weeks following the Board Decision date.

If you see alignment with your work and would like to discuss any of your ideas with a member of our staff, or have questions about the application process, please email us at **grants@episcopalhealth.org**.

If you are interested in applying for more than one goal or more than one strategy, you MUST email us in advance for consultation at grants@episcopalhealth.org. In your email, please include a written description (no more than 250 words) summarizing your ideas for potential funding. A Program Officer will follow-up with you to discuss your proposal and the application process.

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