

EPISCOPAL HEALTH
FOUNDATION

20
22

Grant
Guidance



In 2022, Episcopal Health Foundation (EHF) will continue work aligned with our **Strategic Plan**, which you are encouraged to read before applying for a grant. The following grant guidance is organized according to the Goals, Outcomes, and Strategies listed in the Strategic Plan. New funding opportunities are noted with a .

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

EHF 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.

Examples of the types of investments EHF has considered under this strategy include, but are 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
- **Multi-sector, health-focused community collaboratives:** supporting collaboratives that are testing innovative sustainable funding models such as [CAPGI](#) and [Wellness Funds](#)
- **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



STRATEGY 2

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

Social determinants of health (SDOH) 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 health care system. EHF is interested in incenting clinics to target these upstream factors that influence population health, beyond what the health care system has historically been able to address on its own.

EHF will continue to support the Community-Centered Health Home (CCHH) practice. EHF’s Texas CCHH Initiative worked with a group of clinics to develop specific ways for them to go beyond clinic walls and take community action to prevent illness and poor health. We encourage participating clinics to continue their CCHH work and consider ways in which that work can advance policy, systems, and environmental changes where appropriate.

For clinics interested in adopting the CCHH practice, multi-year funding will be used to create a glidepath to assist clinics in learning and adopting its principles and practices. We anticipate that during the first year, clinics will learn to recruit and engage clinic leadership including physicians, staff, and board members, identify and outreach to community service agencies with whom to partner, analyze data based on research of population/community health issues and the social determinants that impact them, to form the basis for developing a plan that moves the community to action. Clinics will have access to the following online resources and tools:

- CCHH Logic Model
- CCHH Principles and Practices
- *Healthy Places Toolkit: A Practical Guide to Improving Community Health*
- Access to academic and foundation articles relating to community health models and community resource referral platforms
- Access to community engagement facilitation tools and resources
- Connection with current CCHH participating clinics who can support new clinics with their learning and serve as trusted resource to answer questions

Clinics interested in adopting the CCHH practice must speak with a Program Officer in advance of submitting a Letter of Inquiry.



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 will continue to prioritize the Clinics' Pathway Approach (CPA) that builds clinics' fundamental capacities for population health work and value-based payment system design (please see [CPA Logic Model](#)). *Please note, clinics currently participating in the CPA learning cohort do not need to reapply for continued CPA funding.* Your Program Officer will reach out to assist with any necessary modifications to your existing application prior to consideration by the EHF board. At this time, we will not be accepting LOIs or applications from additional clinics. If your clinic is not currently in the CPA initiative and you are interested in joining, please contact grants@episcopalhealth.org.

EHF will continue to devote resources to support clinics to provide the full spectrum of comprehensive primary care though priority will be given to support:

- ★ • **Comprehensive reproductive health services:** guided by the [World Health Organization's definition of reproductive health](#), increasing access to, expanding accountability, and improving quality of reproductive health care including, but not limited to:
 - Breast and cervical cancer screening (including mammography)
 - Family planning/contraception
 - Sexually Transmitted Infection screening and treatment
 - Transgender care
 - Adolescent reproductive care (including that offered in the pediatric practice)
 - Perinatal care (including preconception, prenatal, postpartum, and pediatric care)

We refer applicants to the Centers for Disease Control and Prevention [Providing Quality Family Planning Services \(QFP\) guidelines](#) for evidence-based reproductive health resources to inform this work. We also call particular attention to the critical importance of culturally respectful, client-centered, and client-driven approaches to reproductive health service.

- **Integrated behavioral health services (IBH):** bringing behavioral health services into a primary care setting, bringing primary care services into a behavioral health setting, or bringing substance use disorder 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 health care 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.

- ★ We are particularly interested in IBH approaches that attend to the unique needs of expectant people and primary caregivers of children in the first three years of life.

- **Organizational partnerships:** for clinics interested in partnering with other clinics to optimize service delivery, operational strength or improve financial stability, proposals should outline the partnership and path towards service consolidation. Before such a grant is approved, a Memorandum of Understanding between/among the clinics must be executed.



STRATEGY 4

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

This strategy is aimed at those living in smaller towns and rural areas. EHF is interested in work that increases the availability of basic preventive, primary, behavioral, and oral health services that are 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
- Enhancing use of information technology and data analytics
- Developing approaches to recruit and/or retain provider staff including nurse practitioners and other mid-level providers
- Supporting other practices that improve the sustainability and function of rural health clinics



A new priority in this Strategy is support for **Health Resource Centers (HRCs)**—organizations that facilitate access to health care by coordinating social service agencies that address various social determinants of health. HRCs may also provide technical assistance, information, tools, and resources for the improvement of rural health.

EHF will continue 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 will fund clinics and community-based organizations to help low-income populations gain access to care through enrollment in insurance and other health-related programs, including those offered by federal, state, and local governments. Funds will support dual approaches that expand coverage and improve enrollment of eligible beneficiaries, and advocacy efforts to increase health insurance coverage in Texas including the expansion of Medicaid. 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 or utilization of closed loop referral processes.
- **Strategic partnerships that expand the enrollment ecosystem with key community partners** such as schools, to find children and family members who could be eligible for health insurance coverage and other community benefits.
- **Community engagement strategies** to enhance consumer understanding of health benefits, identify health issues, develop local priorities and expand enrollment to new service areas such as rural communities.
- ★ **Innovative uses of strategic outreach, field navigators and partnership engagement specialists** as part of the enrollment team to increase the ability to perform field enrollments and expand engagement to uninsured eligible individuals.
- ★ Organizations may also consider efforts that strengthen the enrollment eco-system by including **advocacy supports** that increase health insurance coverage in Texas, technical assistance supports that **build the capacity of enrollment assisters**, and efforts that maximize the impact and strengthen the work of **enrollment-based coalitions**.

	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

EHF's grant-making supports community-based organizations to develop the capacity to engage community members, particularly low-income 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 health-related factors
- Supporting organizations to develop/strengthen business models for financial and programmatic sustainability
- Increasing the number and reach of grassroots community organizing groups that advocate for community health
- Expansion of work to new service areas
- 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
- Strengthening ability to advocate in furtherance of community health and advancing Medicaid expansion

	STRATEGY 7	Support congregations to address community health
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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



OUTCOME
4

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



STRATEGY
8

Building Brain Development-Providers: Support early childhood brain development



STRATEGY
9

Building Brain Development-Community Organizations: Community-based organizations

As detailed in Strategies 8 and 9 listed above, EHF supports community-based clinics and community-based organizations to embrace the importance of early childhood brain development and to prioritize primary prevention work with low-income families beginning before or at the birth of their children. Whether in the clinic or community setting, we prioritize work that:

- Provides or connects expectant people and primary caregivers of children in the first three years of life to programs and resources that build knowledge of skill for, and support “serve and return” practice and other aspects of a safe, stable, nurturing, and responsive caregiver/child relationship
- Identifies instances of perinatal mood disorder or other behavioral health issues in expectant people and primary caregivers of infants and toddlers and provides effective referrals to or direct support that equitably addresses these issues
- Uses evidence-based or promising screening and/or evaluation tools to measure the clinical and/or social impact on the caregiver, child, or on the caregiver/child dyad

★ In addition to the outcomes mentioned, emerging research and learnings from our program partners reinforce the importance of these facilitating factors:

- **Sharing brain building science** – including the strength-based aspects of relational health with expectant parents and caregivers of infants and toddlers
- **Including parental behavioral health and equitable perinatal care**, especially as it relates to building a foundation for optimal relational health
- Offering and/or supporting opportunities for caregivers to **practice new brain-building skills** with the child or children in their care
- **Addressing parents’ feelings of isolation** through group-based approaches that build community, knowledge, and skill
- Being consistently **informed by and influenced by clients** of the programs
- **Taking an asset-based approach** when supporting and sharing learning with parents and caregivers
- **Having evidence of or attempting to measure change** in caregiver/child relationship and/or interaction

As we continue 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 the pre-K, formal and informal group childcare/early education, and child protection settings, **we are not investing in those systems currently**.

★ Organizational Effectiveness

Within any goal or strategy, an applicant may request funds for organizational effectiveness to strengthen the internal systems that enable them to do their work better and enhance their impact. EHF has defined four types of organizational capacity:

1. **Leadership Capacity**—the ability to create and sustain a vision, inspire, model, prioritize, make decisions, provide direction, and innovate, all in an effort to achieve the organizational mission,
2. **Adapted Capacity**--the need to monitor, assess, respond to and create internal and external changes,
3. **Management Capacity**—the need to implement key organizational and programmatic functions, and
4. **Accountability**--building an environment where individuals and teams deliver on commitments.

Examples include:

Leadership Capacity	Adaptive Capacity
<ul style="list-style-type: none"> • Strategic planning • Leadership transition • Board development and governance 	<ul style="list-style-type: none"> • Mergers and acquisitions • Communications planning • Community engagement
Management Capacity	Accountability
<ul style="list-style-type: none"> • Financial planning • Measurement and evaluation • Program/Project development 	<ul style="list-style-type: none"> • Diversity, equity and inclusion as defined by the applicant organization and • Staff development

Application Process

Episcopal Health Foundation now uses the Fluxx online platform to manage our grant-making process. **To get started, you must register through the new Fluxx EHF Portal at <https://ehf.fluxx.io>.**

First-time Applicants	Returning Applicants and Grantees
Look under New to the Portal and click on First-Time Grant Applicants to determine your eligibility and register your organization.	Go to Login Now and enter your previous email login and click to reset or create your password.

Episcopal Health Foundation conducts three grant-making cycles each year. Grant applications first require submission of a **Letter of Inquiry (LOI)** through our new Fluxx online Grant Portal. To learn more, go to **[How to Apply at Online Grant Application Training - Episcopal Health Foundation](#)**.

Letter of Inquiry (LOI)

Access, review and submit the LOI form from the EHF Grantee Portal: Choose the EHF goal, strategy and type of project to which your proposed work applies. Then complete and submit your LOI by the appropriate deadline. We encourage potential applicants to contact an EHF program officer before completing this stage of the process. Please send inquiries to grants@episcopalhealth.org.

Application

We will notify applicants via email whether the LOI has been approved and if so, the applicant will find the application in their secure grantee portal. Please review 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 below. 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.

You are encouraged to discuss any of your ideas with a member of our staff, or if you 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 EHF 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.

Submission Deadlines

20
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GRANT CYCLE	LOI DUE	APPLICATION DUE	BOARD DECISION
CYCLE 1/GOAL 1 Strengthen Systems of Health	01/24/2022	03/03/2022	05/25/2022
CYCLE 2/GOAL 2 Activate Communities	05/02/2022	06/06/2022	09/22/2022
CYCLE 3/GOAL 3 Build the Foundation for a Healthy Life	07/11/2022	09/05/2022	12/15/2022

LOIs and Applications are due by **noon (12:00 p.m.) CST** on the dates listed above.

For more information or to ask questions, please email grants@episcopalhealth.org