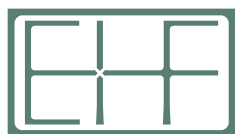



2023



Grant Guidance



EPISCOPAL HEALTH
FOUNDATION

In 2023, Episcopal Health Foundation (EHF) will continue work with our **Strategic Plan**, which you are encouraged to read before applying for a grant. The following guidance is organized according to the Goals, Outcomes, and Strategies listed in the Strategic Plan, and denotes new funding opportunities with a .



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

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 Collaborative Approach to Public Good Investments [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 healthcare system. EHF is interested in incenting clinics to target these upstream factors that influence population health and promote health equity beyond what the healthcare system has historically been able to address on its own.

EHF will continue to support the [Community Centered Health Home \(CCHH\)](#) practice. 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 learning about and adopting the CCHH practice, multi-year funding may 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 and finally,
- 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. 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 developing activities that mirror the CPA initiative, please contact grants@episcopalhealth.org.

EHF will continue 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 healthcare including, but not limited to:

- o Breast and cervical cancer screening (including mammography)
- o Family planning/contraception
- o Sexually Transmitted Infection screening and treatment
- o Transgender care
- o Adolescent reproductive care (including that offered in the pediatric practice)
- o 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. Additionally, the Robert Wood Johnson Foundation convened national health leaders to launch the [Raising the Bar](#) project—a framework for advancing health equity and reproductive health justice.

EHF prioritizes work that addresses equity within reproductive health services by being responsive to the individualized needs of clients and addressing bias and discrimination within the healthcare system. Hence, 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: EHF's focus is 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. 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
- 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

EHF continues to support **Health Resource Centers (HRCs)**, organizations that facilitate access to healthcare by coordinating social service agencies that address social determinants of health. HRCs may also provide technical assistance, information, tools, and resources for the improvement of rural health.

- ★ Similarly, **Family Resource Centers** are community centers that provide access to comprehensive and direct services to support families. Each center is unique in that it is designed to reflect the specific needs of the community, its culture, and interests. Research and planning grants to develop such a community center would be a potential opportunity for funding.

EHF will continue to 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 health insurance and other health-related programs, including those offered by federal, state, and local governments. We are also interested in efforts that expand this work to rural areas. Funds will support dual approaches that expand health insurance 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, and 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 grantmaking 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 for community health and advancing Medicaid expansion

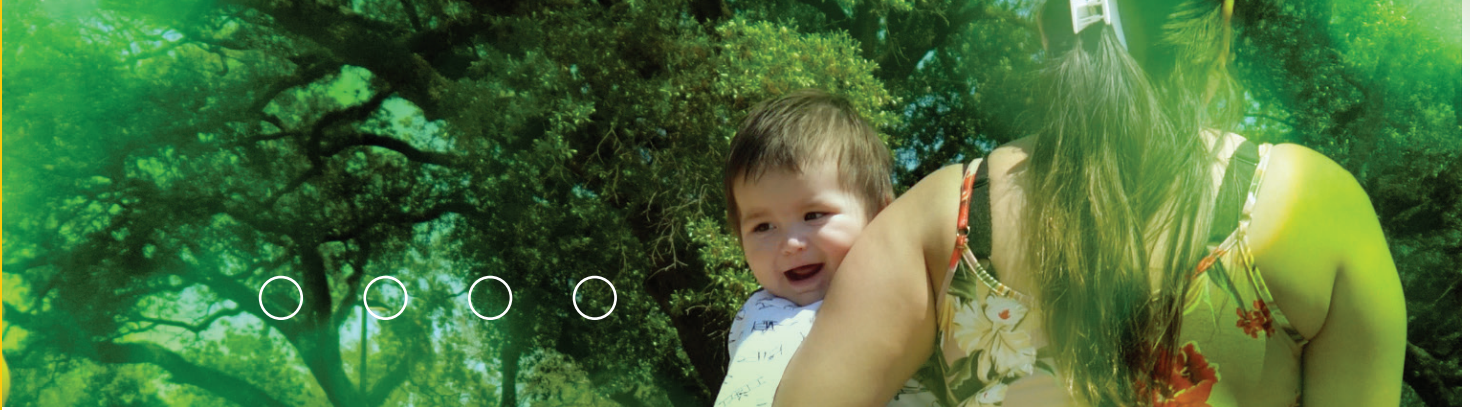


STRATEGY 7

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 grant 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: 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 support “serve and return” knowledge and skills and other practices that lead to safe, stable, and nurturing relationships between caregiver and child
- Identifies instances of perinatal mood disorder or other behavioral health concerns such as substance use disorders in expectant people and primary caregivers of infants and toddlers and provides direct support or effective referrals to equitably address these concerns
- Uses evidence-based or promising screening and/or evaluation tools to observe or measure the health of the caregiver and child relationship
- Advances policy or other systems-change efforts that seek to scale and sustain early brain development interventions or supports, including public health programs for families who are pregnant or parenting infants and toddlers, to ultimately achieve greater health equity across generations

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 effectiveness: 1) *Leadership*—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) *Adaptive Capacity*—the need to monitor, assess, respond to and create internal and external changes, 3) *Management*—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	Adaptive Capacity
<ul style="list-style-type: none">• Strategic Planning• Leadership Transition• Board Development and Governance	<ul style="list-style-type: none">• Mergers & Acquisitions• Communications Planning• Community Engagement
Management	Accountability
<ul style="list-style-type: none">• Financial Planning• Measurement and Evaluation• Program/Project Development	<ul style="list-style-type: none">• Staff and Board Development

Health Equity

“**Health Equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

EHF uses this definition as crafted by the Robert Wood Johnson Foundation to support work that advances equitable practices and approaches, research and development, evaluation and programs.

EHF will provide funding support for grantees interested in developing its capacity and competency related to health equity, and diversity, equity, and inclusion as defined by the applicant organization.

Application Process

Episcopal Health Foundation now uses the Fluxx online Grant Portal to manage our grantmaking process.

To get started, you must register through EHF's Fluxx Grant Portal at <https://ehf.fluxx.io/>

First-time Applicants	Returning Applicants and Grantees
Look under New to the Portal and click on Grants Portal 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 grantmaking cycles each year. Grant applications first require submission of a **Letter of Inquiry (LOI)** through the 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 using EHF's online Grant Portal. Choose the EHF goal and strategy 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 online Grant Portal. Please review and submit your application by the appropriate deadline.

You are encouraged to discuss any of your ideas with a program officer, and/or also ask questions about the application process. Please send inquiries to grants@episcopalhealth.org.

You will be notified of the Board of Directors' decision regarding your application 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.

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.

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Submission Deadlines

GRANT CYCLE	LOI OPEN	LOI DUE	APPLICATION DUE	BOARD DECISION
CYCLE 1/GOAL 1 Strengthen Systems of Health	12/27/2022	01/27/2023	03/14/2023	05/18/2023
CYCLE 2/GOAL 2 Activate Communities	04/03/2023	05/02/2023	06/26/2023	09/14/2023
CYCLE 3/GOAL 3 Build the Foundation for a Healthy Life	06/20/2023	07/20/2023	09/05/2023	12/14/2023

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

