



THE DENVER FOUNDATION

The Colorado Health Access Fund

**Request for Proposals: Increasing Access to Behavioral Health Care in Colorado
For Projects, Programs, General Operating Support, Capital Improvements and Collaboratives**

BACKGROUND

The mission of The Denver Foundation is to inspire people and mobilize resources to strengthen our community. Since 1925, The Denver Foundation has helped generous people to be catalysts for good by building charitable legacies. As Colorado's oldest and largest community foundation, we have three roles: stewarding an endowment to meet current and future needs for Metro Denver; working with community leaders to address the core challenges that face the community; and managing more than 1,000 charitable funds on behalf of individuals, families, and businesses that are distributed statewide, nationally and internationally. For more information, visit www.denverfoundation.org.

The Colorado Health Access Fund (Fund) was created in 2014 as a Field of Interest fund at The Denver Foundation. A Field of Interest fund has specific criteria designed for the use of its resources based upon the original intent of the fund's creators. The intent of the Colorado Health Access Fund is to support programs and activities that generally increase access to health care, and strive to improve health outcomes for populations in Colorado with high health care needs. The Fund will help to ensure health care services are equitably available to all Coloradans with high health needs by distributing the funds to organizations throughout the state. Over the course of eight years (2015 – 2022), the Fund is committed to allocating resources among rural, urban, and suburban areas.

The Fund includes four focus areas for funding of projects:

1. Education of those with high health needs, as well as their families and caregivers;
2. Transitions in care;
3. Innovation of care delivery; and
4. Improved access to care, particularly in rural communities.

In 2014, The Denver Foundation commissioned the Colorado Health Institute (CHI) to conduct an asset and gap analysis to glean a solid understanding of Colorado's current diverse health care landscape to guide the development of this Request for Proposals (RFP). As a result of the analysis, the Fund (1) learned about current projects, activities and investments in order to build upon the work already happening within community(ies); (2) engaged stakeholders statewide to understand local community health care needs; and (3) reviewed existing assessments of health care needs to understand both similarities and unique differences across communities. This report, "Flashpoints and Fixes: An Asset and Gap Analysis of Barriers to Care for Coloradans with High Health Needs," as well as the executive summary, can be found here: <http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund>.

The CHI report noted fifteen of the twenty-one Colorado Health Statistic Regions included mental/behavioral health care as a local public health priority. Furthermore, mental and behavioral health care was cited as a priority community need in every community dialogue conducted by CHI. Discussions with health and community foundations also identified access to mental health and

substance use disorder as the most pressing issues across the state. Thus, **the Colorado Health Access Fund will focus on increasing access to the treatment of behavioral health care.**

Overall, the Colorado Health Access Fund seeks to:

- Reduce and remove barriers for Coloradans with high behavioral health care needs in accessing behavioral health care treatment;
- Build on innovations and investments already in place around behavioral health care treatment and support strategies for sustainability within the communities;
- Support treatment solutions that will benefit and meet the needs of the local community, as well as explore how those solutions could be replicated and/or scaled to meet the needs of communities across the state; and
- Widely share solutions and approaches that improve access to behavioral health care treatment, as well as openly convey “lessons learned.”

WHAT WE HOPE TO ACHIEVE

The Colorado Health Access Fund RFP is soliciting proposals that have a wide potential reach and influence in the field of behavioral health. The Fund has adopted a broad definition of behavioral health, and any project that addresses the **treatment** of behavioral health in some manner will be considered. Each individual community can decide its focus for behavioral health. The focus should be on the treatment of behavioral health issues and not primary prevention of behavioral health. Proposals should include the following:

1. Engage community residents, programs, agencies and key stakeholders who can increase access to behavioral health care treatment and strive to improve outcomes for those with behavioral health challenges (diagnosed or undiagnosed) at the local level.
2. Demonstrate the behavioral health need(s) in their community via quantitative and qualitative data.
3. Provide evidence that they are collectively prepared to tackle their defined behavioral health problems.
4. Provide a mechanism to demonstrate measurable outcomes and an increase to accessing treatment.

OUR DEFINITIONS

Behavioral Health. The Colorado Health Access Fund defines behavioral health care as a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. Behavioral health, as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians,¹ as well as nurse practitioners and physician assistants. Behavioral health issues can also be addressed as part of comprehensive care. Often when people report poor mental health, they also report poor physical health (42.5%), per the Colorado Health Access Survey conducted by CHI in 2015. The co-occurrence of chronic conditions and behavioral health issues compound negative health outcomes, and neither should be treated in isolation. Treating a person’s physical and behavioral health needs will, ultimately, yield greater overall health outcomes.

¹ Definition taken from <http://www.businessgrouphealth.org/pub/f3139c4c-2354-d714-512d-355c09ddcbc4>.

Collaboratives. Collaboration and partnership are important parts of any work in the community. The issue of behavioral health is complex, and it will take a variety of partners working together to make lasting change. By working together in ways that make sense for their community, organizations have the potential to bring assets and resources together in unique ways to increase access to behavioral health care prevention and screening and strive to improve behavioral health outcomes.

Therefore, the CHA Fund will support organizations that are already formally working together to meet shared goals around behavioral health, and will provide grants to such collaboratives. **A collaborative is a formal partnership of three or more unrelated organizations and/or public entities (such as behavioral health organizations, including local public health agencies) working together to achieve greater impact than they could alone.** The CHA Fund is seeking to support *existing* collaboratives. *Unrelated organizations* refer to those entities that do not operate under the same 501(c)(3) umbrella.

Community. Applicants should define their own community – whether that is a town, county, region, or specific population, etc.

Target Population. The intent of the Fund is to increase access to behavioral health care to all Coloradans with high health care needs, which is defined as:

People who have an identified behavioral health issue and are a member of at least one of these populations that are known to be un/underserved:

- Have multiple chronic or acute health conditions;
- Lack health insurance coverage, have inadequate coverage, or have significant barriers to accessing coverage;
- Are low-income and/or homeless;
- Have a disability;
- Come from a culture different from the mainstream; and/or
- Do not speak English well.

TYPES OF SUPPORT

The Colorado Health Access Fund will support projects and programs that increase access to behavioral health care in the community. In addition, the Fund will provide general operating support to organizations already engaged in behavioral health work that is critical to increasing access in the community. Capital improvement applications will be considered as well. Applicants can submit one request for project/program, general operating, OR capital improvements support. **Applicants cannot combine requests.**

Project & Program Support

The Fund has adopted a broad definition of behavioral health, and any project that addresses access to treatment of behavioral health will be considered, as long as the project falls within one of the [four focus areas of funding](#). The onus is on the applicant to use both existing quantitative and qualitative data to demonstrate the behavioral health need(s) in their community that they wish to address.

Once a community identifies their behavioral health need(s) through data, they must demonstrate how they are **increasing and/or expanding access to treatment** for those with high health care needs in the target population. Furthermore, the community must ensure their project falls within one of the Fund’s four focus areas in relation to behavioral health.

Focus Area	Potential Project Examples	Examples that are NOT a good fit with the CHA Fund
Education of those with high health care needs, as well as their families and caregivers, about behavioral health	<ul style="list-style-type: none"> • Engage patients and their families/caregivers of the evidence-base and probable outcomes for different modes of care • Increase understanding of available resources and how to navigate them • Grants that support graduate students or those in licensure-seeking phase treating the Fund’s target population, if the work expands care not already provided via practicums or fellowships 	<ul style="list-style-type: none"> • Mental Health First Aid training to families of caregivers as it does not connect them directly to mental health treatment. • Grief counseling and end-of-life services. • Scholarships, stipends or other financial support for students in the behavioral health fields (such as MS, MSW, PhD, PsyD, PA or NP/APRN. • ACA tools and education on a website.
Transitions in Care	<ul style="list-style-type: none"> • Provide behavioral health care in settings outside of the hospital or other facility • Ensure provider referrals that provide continuity of services between care settings 	<ul style="list-style-type: none"> • Transitions in care to providers outside Colorado or for those living elsewhere who are temporarily being treated in Colorado.
Innovation of Care Delivery	<ul style="list-style-type: none"> • Integration of behavioral health services in primary care and other settings where there is a need • Provide support and train health care providers to integrate behavioral health services into practices 	<ul style="list-style-type: none"> • Stakeholder groups for health professionals. • Strategic planning and related activities to improve care delivery.
Improved Access to Care, Primarily in Rural Communities	<ul style="list-style-type: none"> • Implement Telehealth/Telepsych services • Ensure transportation to behavioral health services for those with limited access • Ensure enough behavioral health specialists to meet needs within community(ies) 	<ul style="list-style-type: none"> • Efforts to increase behavioral health screening • Providing a referral list and handbook to individuals with potential behavioral health needs

Please note that the purpose of the table on the previous page is only to provide examples of projects that might fall under each focus area (as well as what would not be considered). In no way will funded projects be limited to these examples. We encourage applicants to be creative and innovative in order to meet their community needs.

General Operating Support

The Colorado Health Access Fund will consider providing grants for general operating support to organizations when:

- The population(s) served by all of the organization's programs and services are a fit with the Fund's target population (i.e., Coloradans who have an identified behavioral health issue and are a member of at least one of these populations that are known to be un/underserved).
- There is a clear strategic agreement between the applicant and the Fund on outcome objectives that align with the intent of the Fund to increase access to behavioral health. **In other words, 80%-100% of the applicant's everyday work must be focused on behavioral health care treatment, and demonstrate how the organization's goal is to increase/expand access to treatment.**
- Applicants have devised their own solutions to the behavioral health problems in their communities and are already successfully offering a solution(s).
- Applicants are already doing exemplary behavioral health care work (i.e., organizations are well established) in their communities and can demonstrate their successes.
- Applicants are willing to develop a relationship with the Fund through which we learn together and mutually assess the organization's work, jointly determine that which is working and that which is not working, and discuss how to adjust strategies and tactics over time.

General operating support will be limited to approximately 30% (or roughly \$1.5M) of the total annual grants awarded by the Fund. **If all the applicant's programs and services are not a strong fit for both the target population and focus areas of the Fund, please consider applying for a program grant for those programs that are a strong fit.**

Nonprofit organizations are eligible to apply as a part of a collaborative AND for funding for their own organization or program in the same cycle.

Capital Improvements

Capital Improvements include requests for infrastructure, furniture, fixtures, technology, vehicles and equipment that would increase the capacity of a facility to serve those with high behavioral health needs. Applicants can submit proposals in which 100% of the requested funding is for capital improvements. Please remember: do not combine a capital and project/program request.

Collaboratives

Collaboration and partnership are important parts of any nonprofit organization's work. The issue of behavioral health is complex, and the Colorado Health Access Fund recognizes it will take a variety of partners working together to make lasting change. By working together in ways that make sense for their community, organizations have the potential to bring assets and resources together in unique ways to increase access to behavioral health care and strive to improve behavioral health outcomes.

Therefore, the Fund will support organizations that are **already formally working together** to meet shared goals around behavioral health, and will provide grants to such collaboratives. A collaborative is a formal partnership of three or more unrelated organizations, resident groups, and/or public entities (such as behavioral health organizations) working together to achieve greater impact than they could alone. The Fund is seeking to support *existing* collaboratives.

There is a separate application for collaboratives, which can be found on our webpage: <http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund>.

NOTES ON EVALUATION, LEARNING AND REPORTS

The Colorado Health Access Fund is committed to a rigorous evaluation. The Fund wants to understand the full impact of the work achieved by grantees through this funding, and to develop an evaluation model that can be used a number of ways. The Fund will implement a long-term plan to evaluate grantmaking throughout its eight-year existence.

If your organization receives a grant, you must submit a final report (or a progress report if it is a multi-year grant). More detailed information about reports will be included in grant award packets. You will also be invited to, and expected to:

- Participate in a one-day meeting in Denver to share experiences and learnings with other grantees;
- Provide stories of your project’s work and help the Fund communicate the stories to wider audiences.

GRANT AWARDS

Award Amounts

Grant awards for a 12-month period are expected to range in size from \$25,000 to \$250,000. Proposal requests should not exceed 25% of the organization’s total annual budget.

General operating support will be limited to approximately 30% (or roughly \$1.5M) of the total annual grants awarded by the Fund.

Learning and Evaluation

Grantees will be asked to participate in a one all-day meeting in Denver once during the grant year. The purpose of the meeting will be to bring grantees together to share experiences, learnings, etc. As such, applicants located outside of the Denver Metro Area should allocate travel expenses for at least one person in their submitted budget.

Funding Cycles

The CHA Fund is unable to provide ongoing, continuous funding. The CHA funding philosophy is to support one program for a maximum of three years and allow a gap of one year (“3 years on/1 Year off”).

There are many factors that impact ongoing funding. The rationale includes, but is not limited to: the CHA fund has limited available funds and will draw down assets in eight years. Second, it is not a “best practice” to rely on the same funder for your work. Diversified funding is strongly encouraged and speaks

to broader community support. Third, we anticipate that the annual grant application process will be exceptionally competitive. Finally, the CHA Fund wants to be open to community needs throughout the State. Keeping funding limited to three years allows greater flexibility to be responsive to the most pressing community needs and the most innovative work. Organizations are encouraged to apply for multi-year funding when appropriate.

As the CHA Fund moves to an annual RFP process, please keep in mind:

- *All Multi-Year Grantees/Awardees:* Those organizations that are awarded multi-year grants do not submit “renewal requests.” Rather, annual reports are submitted and reviewed by The Denver Foundation staff. Continued funding is contingent upon meeting the grantee agreement and progress on the proposed work.
- *Any applicants who chose to apply for one or two years will experience a gap in funding.* In this example, there is not an opportunity to apply for a “renewal.” Again, applicants are encouraged to apply for multi-year funding when appropriate. A maximum of three years of funding for the same program is allowable.

Fund Annual Allocation

The Fund will award approximately \$5 Million per year during its eight-year existence.

WHAT WE DON'T FUND

The Colorado Health Access Fund will not support the following projects or activities:

- Projects not focused on increasing access to, or the expansion of, treatment of behavioral health;
- Projects that focus on policy and/or advocacy, even if in the field of behavioral health;
- Projects that do not fall within one of the four focus areas (i.e., Education for those with high health needs, as well as their families and caregivers; Transition in care; Innovation of care delivery; and Improved access to care, primarily in rural communities);
- Projects that do not serve Coloradans with an identified behavioral health issues and the needs identified in the RFP;
- Projects that focus on prevention of behavioral health issues (rather than on treatment);
- Electronic medical records. The use of EMR/EHR does not increase access to treatment;
- Grief counseling and hospice;
- Professional and workforce development, including but not limited to: provider training, specialty licensure status, and training of graduate students, etc.;
- Support services for the developmentally disabled that are unrelated to treatment of mental health disorders;
- Social and emotional learning/development of children;
- Awareness and/or stigma reduction projects;
- Screening for mental health conditions;
- The formation of new collaboratives;
- Capital campaigns;
- For-profit hospitals or the foundation arm of a for-profit hospital;
- Planning grants, or grants that include planning as part of the request;
- Combined requests for general operating and program support, as applicants should submit a request for general operating support OR projects/programs OR capital improvements;
- Multiple applications from the same organization in the same grant cycle;

- Scholarships, stipends or related support for students studying behavioral health care; and,
- Individual insurance coverage or payments, including medications.

In addition, the Fund does not support:

- Organizations with fund balance deficits as indicated on the balance sheet for their most recently completed fiscal year (i.e., an organization cannot have a negative balance in any of the net asset line items on their balance sheet);
- Funding to an organization and/or program that discriminates on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, except to serve a historically disadvantaged group;
- Activities, projects, or programs that will have been completed before funding becomes available (no retroactive funding);
- Endowments or other reserve funds;
- Membership or affiliation campaigns, dinners, or special events;
- Conferences, symposia, and related travel;
- Grants that further political doctrine or religious activities;
- Grants to individuals;
- Scholarships or sponsorships, including special events or fund raisers;
- Grants to parochial or religious schools.

OTHER IMPORANT INFORMATION

- Grants will be awarded primarily to nonprofit organizations. Grants may be awarded to government agencies if they collaborate with a nonprofit and can demonstrate that the community outcomes in behavioral health care for those with high health care needs will be met via the collaboration. For-profit hospitals, by themselves, are not eligible to apply for funding but can apply only as a partner. The foundation arm of a for-profit hospital is also not eligible to apply for funding.
- Applicants that can combine funds from other sources toward a common behavioral health care outcome/issue are encouraged. This speaks to sustainability and the diversification of funding sources, which is a best practice.
- Applicants are encouraged to incorporate health care practices that are based upon scientific evidence and demonstrate effective health outcomes, or new practices that have the strong potential for effective behavioral health outcomes based upon current literature.
- Applicants can request no more than 25% of their organization's annual budget. Applicants should have a budget line items that puts aside 10-15% of their budget for evaluation purposes (which is a best practice).
- No less than twenty percent (20%) of the grant funds allocated annually will be distributed for the benefit of rural populations with high health care needs. Up to eighty percent (80%) of the grant funds allocated annually will be distributed for the benefit of urban/suburban populations with high health care needs. Your grant request does not need to have the split between rural and urban/suburban areas. It is the responsibility of the Fund to ensure the equitable distribution of monies.
 - Rural is defined as counties outside of Boulder, El Paso, Teller, Larimer, Mesa, Weld, Pueblo and the Denver Metro Area. The Denver Metro Area includes Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson and Park counties.

- When completing the grant application and indicating the areas in which your project is serving, identify yourself based upon the population served by the work for which you are requesting funding, regardless of where your headquarters might be located.
- No more than fifty percent (50%) of the rural grant awards will be used for capital improvements. No more than twenty-five percent (25%) of the urban/suburban grant funds will be used for capital improvements.

TARGET TIMELINE

February 1, 2016	Request for Proposals (RFP) released
February 9, 2016	RFP Q&A session (strongly encouraged) at 9:30 am MT – See details below.
March 3, 2016	Last day for questions to be submitted by 5:00 pm MT
March 11, 2016	Proposals due at 5:00 pm MT
July 29, 2016	All applicants will be notified of their status
September 1, 2016	Grant cycle begins for all awardees

INFORMATIONAL SESSION, FAQs and QUESTIONS

We will update the **FAQ document** on the Colorado Health Access Fund [webpage](http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund) (<http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund>) on a regular basis. Questions will be accepted until Thursday, March 3rd, 2016, and the final FAQ document will be posted on the website on Monday, March 7th. We suggest that you check that page frequently.

You are also strongly encouraged to attend a **Q&A session** that will be offered on Tuesday, February 9th at 9:30 am. Participation in the Q&A session is *optional, but strongly encouraged*. Attendees should RSVP to CHA@denverfoundation.org and indicate if you will attend in person or call in. The session will take place at the Community Room of the Denver Foundation, 55 Madison Street, Room 745, Denver, CO. To call in, dial 866-740-1260 and enter access code 1565286. PowerPoint slides can be viewed by visiting <http://www.readytalk.com/> and entering access code 1565286 on the aforementioned day/time of the Q&A session.

The **Q&A sessions will be recorded**. The recording will be accessible on the Fund's [webpage](http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund) (<http://www.denverfoundation.org/Community/Special-Projects-Funds/Colorado-Health-Access-Fund>).

Questions after you've attended the Q&A session and read the FAQ's?

- Please call or email Kristi Keolakai at (303) 951-9568 or CHA@denverfoundation.org.