



Funding Announcement

FOR COMMUNITY PARTNERSHIP GRANTS

Behavioral Health Initiative

Release Date – April 21, 2023

This document provides detailed information about an invitation to participate in a new model to improve youth behavioral health. Featured in this document are the purpose, goals, outcomes and funding guidelines for the new model, along with selection criteria, application instructions, and deadlines

SECTION I: DESCRIPTION OF GRANTS PROGRAM

Introduction

The mission of Cottage Health is to provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion. The Community Partnership Grants program is one way Cottage Health strives to achieve this mission and invest in the community. This grants program is committed to funding efforts that will address community needs with evidence-based or evidenced-informed interventions.

For more than 30 years, Cottage Health has been providing grants totaling more than \$20 million in funding to improve the health of our community. In further effort towards deep collaboration with community organizations, we are pleased to announce the 2023-2025 Behavioral Health Initiative funding announcement, as a multi-year grant opportunity with a focus on adolescents (12-18 years old).

Behavioral Health Initiative (BHI)

Behavioral health was selected as the focus area for the 2017-2022 Community Partnership Grants program and will continue to be the focus for the 2023-2025 grant cycle. The term behavioral health includes mental health needs, such as depression and anxiety, and substance use needs, such as with alcohol or drugs. Behavioral health was identified as a health priority area in Cottage Health's Community Health Needs Assessment (CHNA) and Listening Tours in 2016, 2019, and 2022.

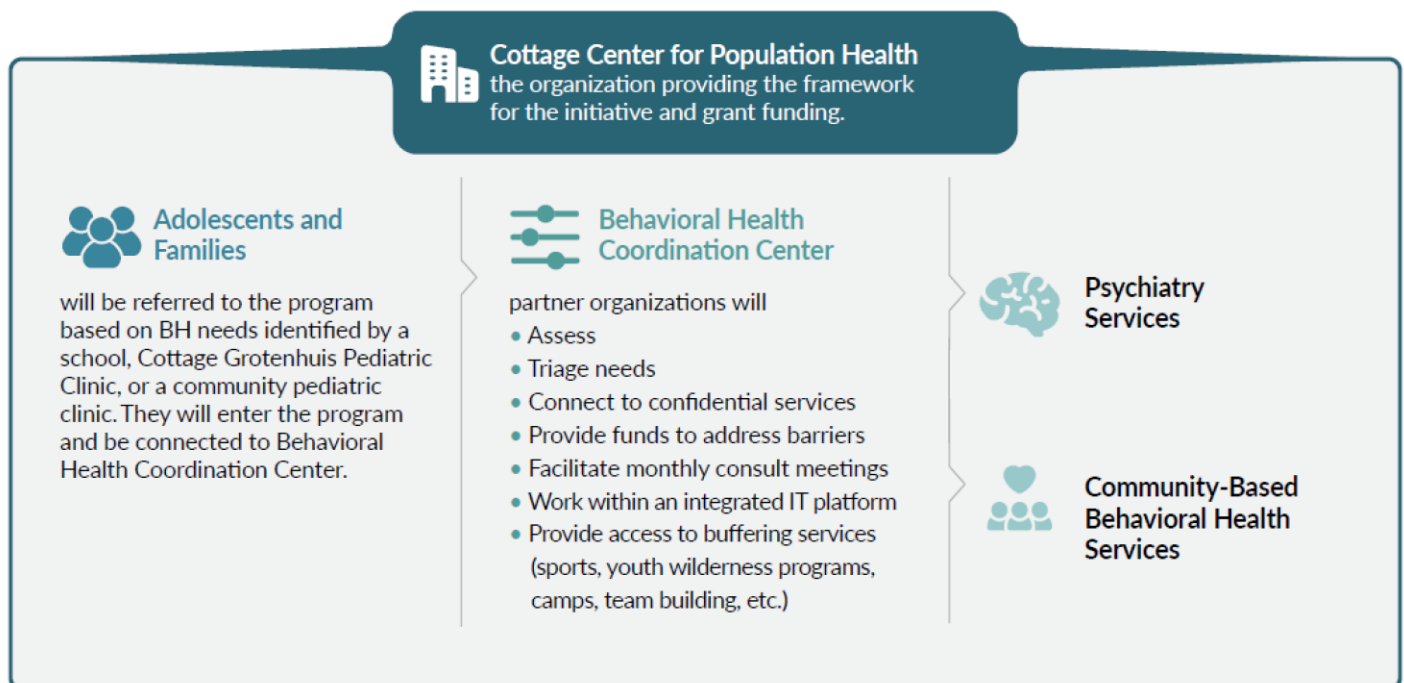
The 2021-2022 BHI grant focused on children and youth (0 to 24 years old). Based on stakeholder feedback, need, and a desire to focus in on a smaller target population, the 2023-2025 BHI grant will focus on adolescents (12-18 years old). Careful review of data from previous BHI grant cycles, stakeholder feedback, along with 2022 CHNA and Listening Tour data also illuminated the growing behavioral health needs among this population. Specifically, within the Listening Tour data, there were four key themes that emerged related to youth behavioral health:

- Structural: Youth are struggling to access counseling and therapy services.
- Seeking Care: Mental health stigma prevents youth from accessing the care they need, especially among Hispanic/Latino students who lack access to culturally relevant service providers.
- Providing Care: An increase in mental health needs and substance use, coupled with mental health stigma, makes providing care challenging.
- Recommendations: Increase linguistically and culturally competent service providers, centralize care, and provide preventative care.

Purpose and Framework

The purpose of the 2023-2025 BHI is to ensure adolescents, and their families, struggling with behavioral health needs have improved behavioral health outcomes and quality of life in south Santa Barbara County. This grant cycle proposes a model of a behavioral health system of care that seeks to increase access and utilization of behavioral health services in two ways: 1) by providing behavioral health navigation support to create ease of access and address barriers to access and 2) by providing direct access to psychiatry/psychology, buffering supports, and community based-behavioral health services (**see Model 1**). We hypothesize that by addressing the gaps/barriers through this new model, we will create a stronger system that addresses behavioral health needs for adolescents and their families.

Model 1: 2023-2025 Behavioral Health Initiative Model



In the proposed model, Cottage Center for Population Health will serve as the convener, funder, partner, data/evaluation manager, and content experts around medical, insurance, and credentialing practitioners. Staff will work collaboratively with grantees to facilitate communication across partners, implement evaluation activities, and provide resources and expertise as needed. Additionally, Cottage will serve as a thought partner, actively working through challenges and leading continuous quality improvement processes.

Referrals would originate from one school, one community clinic, and Grotenhuis Pediatric Clinic as referral sources. These entities will work with Cottage Center for Population Health and grantees to develop clear criteria for selecting adolescents and families that will be referred for services through this model.

The other roles in the model are opportunities for grant partnership. Funded proposals will work collaboratively with Cottage Health to support successful implementation of efforts in **three key areas (Behavioral Health Coordination Center, Psychiatry, and Community-Based Behavioral Health Services)**. Please note that Buffering Services will be funded through the Behavioral Health Coordination Center role and are not a grant opportunity in this Funding Announcement. Funding opportunities are described below. **Applicants can only apply to serve in one role.**

1. **Funding Opportunity: Behavioral Health Coordination Center** - Grantees who serve in this role will be responsible for having a minimum of one FTE (bilingual/bicultural preferred) behavioral health navigator who can skillfully support adolescents and their parents to identify appropriate services and address the presenting need. This funded partner would offer initial assessments, respond to referrals within 24-48 hours, coordinate with CenCal, connect adolescents and families to services utilizing the community's closed loop referral IT platform (ConnectSBC.org), facilitate monthly case consult meetings regarding referred clients, and provide access to a psychologist for conducting diagnostic assessments as needed. Additionally, this grantee would house the "Everything Fund," resources available to address barriers to accessing care (e.g., transportation, cost of care, lodging). These funds could also be used to support connections to other buffering services such as supportive relationships, quality sleep, balanced sleep, physical activity, mindfulness practices, access to nature, mental health care.
2. **Funding Opportunity: Psychiatry Services** - Grantees who serve in this role would have a minimum of one half-time psychiatrist and one half-time program manager. The psychiatrist must have availability to receive 2-3 new patient referrals per week and see them within three weeks. Case load capacity would be reassessed through the continuous quality improvement process. The role of the program manager will be to support with grant coordination, data reporting, and other grant requirements as needed.
3. **Funding Opportunities: Service Provider for Community-based Behavioral Health Services** - Grantees who serve in this role would have a minimum of one full-time mental health provider for at least one of the services listed below. Recommended case load would be 8-10 active patients at any given time, which would be reassessed through the continuous quality improvement process. This mental health provider would have capacity to see new referrals within two weeks.
 - Individual, family and group therapy
 - Behavioral health and mental health treatment
 - Substance abuse and substance use treatment

Key Principles

Foundational to this grant program are health equity, anti-racism, evidence-based strategies, sustainability, and collaboration. These principles are highlighted below:

- 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.* ([Robert Wood Johnson Foundation \(RWJF\)](#)) All funded programs should embed an equity lens to their work and have the capacity to be inclusive of marginalized communities (i.e., populations experiencing social exclusion, such as racial, gender/sexual orientation, and economic discrimination).
- Evidence-based or evidence informed: It is critical to achieving population-level change that programs be informed by lived experiences of community members, research and data demonstrating positive impact on behavioral health status.
- Collaboration: Collaboration is one of the most effective ways to address complex issues, such as behavioral health. All funded programs must demonstrate the capacity and track record of working well with other organizations.

Target Population and Outcomes

A. Target Population – All adolescents (12 – 18 years), and their families, who need assistance with mental health and/or substance use issues in south Santa Barbara County

B. Outcomes – the initiative is working toward the following outcomes. These will be measured collectively and no one organization is responsible for all outcomes:

Participant Changes (adolescents and families)

- Increased knowledge/ awareness of behavioral health, social, and buffering support needs and services
- Increased access to/utilization of behavioral health services
- Increased access to/utilization of buffering supports
- Increased access to/utilization of social services
- Improved self-navigation of services
- Reduced family challenges/hardships
- Increased health-seeking behaviors
- Improved behavioral health
- Improved quality of life for individuals suffering from behavioral health
- Improved overall health and wellbeing

Systems Change (policies, practices, resources, mental models, relationships)

- Increased collaboration/coordination of care, including the Behavioral Health Coordination Center processes
- Reduced barriers to accessing behavioral health, social and buffering support services
- Shifts in partners thinking (mental model) about the behavioral health system
- Improve policies and systems (e.g., reimbursement, collaboration on grants)
- Increased understanding among all healthcare and service providers of the interaction between social, physical, mental health needs
- Increased sustainability

Planning and Implementation Phase

During the first four months of the grant cycle, grantees will work with Cottage Center for Population Health to define selection criteria, workflows, and protocols and refine and finalize evaluation plans. Grantees are required to participate in planning meetings and provide feedback and input on planning documents. Following the planning phase, grantees will be required to execute specific activities outlined in planning documents, related to their respective roles. The implementation phase will last for 20 months, embedding an ongoing continuous quality improvement process.

Funding Amount and Duration

The maximum award amount that applicants may request varies by role:

- 1 Behavioral Health Coordination Center: \$250,000 per year for a two-year period (\$500,000 total; including 50,000 to start the “Everything Fund”)
- 1 Psychiatry: \$150,000 per year for a two-year period (\$300,000 total)
- 3 Community Based Behavioral Health Services: \$100,000 per year for a two-year period (\$200,000 total)

Funds should be aligned with proposed strategies outlined in the application. The Community Health Coordinating Committee (CHCC), an interdisciplinary group of Cottage Health staff, will review applications and may allocate grant dollars at its discretion. Indirect costs are allowed but must not exceed 10% of the project budget. Additionally, up to 20% of the grant may be spent on capital projects that support the purchase of equipment or creating new spaces for behavioral health services. The grant period is 24 months, beginning July 1, 2023 and ending June 30, 2025.

Evaluation and Technical Assistance

As a part of this grants program, Cottage Health will provide support with evaluating and providing technical assistance through ongoing data collection and management, peer learning opportunities and one-on-one technical assistance. Specifics around the frequency and content of these support activities will be determined in collaboration with grantees and customized to meet the needs of grantees during the grant cycle. Evaluation consultants will provide guidance to grantees in implementing their evaluation plan that can capture process milestones as well as the impacts of strategies implemented. Grantees will be responsible for data collection.

SECTION II: GENERAL GUIDELINES

Application Process

Please download the required application form at www.cottagehealth.org/populationhealth. Prospective applicants may also attend the Community Partnership Grant workshop on Wednesday, May 3, 2023 at 9:00am – 10:30am, for more information and support in the grant application process. Finalists may be invited to provide a brief virtual presentation. Additional evaluation technical assistance will be provided upon request by Population Health from April 24 – May 26, 2023. Applications are due May 26, 2023.

For any questions about the Funding Announcement and application, or to request evaluation technical assistance, please contact Ama Atiedu (aatiedu@sbch.org).

Timeline

Application Workshop	May 3, 2023
Evaluation Technical Assistance Available	April 24–May 26, 2023
Applications Due	May 26, 2023
Grantees Notified	June 16, 2023
Grants Begin	July 1, 2023
Grant Cycle	June 1, 2023–June 30, 2025

Eligibility

Funds can be awarded to community organizations within Santa Barbara County that have an existing behavioral health program. This includes:

- Nonprofit organizations, universities, hospitals, and government agencies
- Organizations that are not a 501(c)(3) entity can apply through partnership with a tax-exempt organization acting as the fiscal sponsor

Grant Requirements

Grantees approved for funding are required to:

- Participate in a four-month planning process with Cottage Center for Population Health to define selection criteria, workflows, and protocols and refine and finalize evaluation plans.
- Participate in planning meetings and provide feedback and input on planning documents.
- Execute specific activities outlined in planning documents, related to grantees' respective roles.
- Partner with other funded grantees and Cottage Health (Memorandum of Understanding [MOUs]) will be executed during the planning phase.
- Participate in monthly case management meetings and evaluation activities throughout the grant period that are tailored to the needs of the grantees. Technical assistance meetings will be offered as needed.
- Grantees will include at least one leadership representative and one front-line staff member in grant activities (e.g., planning process, technical assistance and evaluation activities).
- Submit six-month progress and expenditure reports on January 31, 2024, July 31, 2024, and January 31, 2025. A final report will also be required one month after the conclusion of the grant, on July 15, 2025.

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