

Birth Center Request for Proposals (RFP)

Background:

Beth Israel Lahey Health ("BILH") is a healthcare system that brings together academic medical centers and teaching hospitals, community and specialty hospitals, and more than 37,000 employees in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education. On December 1, 2022, BILH and Beverly Hospital closed the outpatient birth center service ("North Shore Birth Center") available on Beverly Hospital's campus. As part of its Memorandum of Understanding ("MOU") with the Massachusetts Attorney General's Office ("AGO"), BILH has committed \$1.5 million in financial support to one or more community organizations to create, expand, or reopen birth centers licensed by the Massachusetts Department of Public Health ("DPH").

BILH will utilize a structured grant process (detailed below), that is similar to its established process for its community benefits investment grant awards. At a minimum, applicants must be able to demonstrate how the requested funds will be used to:

- i. Create, expand, or re-open an outpatient birth center licensed by DPH, and
- ii. Prioritize unmet needs for maternity care in underserved communities.

RFP Process Overview and Timeline:

| Date | Action | | | |
|-------------------|---|--|--|--|
| May 19, 2023 | Birth Center Community Grants RFP released | | | |
| June 9, 2023 | Deadline by which applicants may submit questions to BILH | | | |
| June 16, 2023 | BILH to release and post answers to FAQs | | | |
| July 7, 2023 | Grant applications due by 5:00 p.m. EST | | | |
| August 25, 2023 | Grant awardees notified | | | |
| September 1, 2023 | Grant program implementation begins | | | |
| December 29, 2025 | Deadline by which all grant funds will be fully disbursed | | | |

How to Apply:

Please apply through BILH's Community Benefits Database ("CBD"), using the provided instructions (Appendix E). To request a log-in / user id to access the BILH CBD, please complete this form https://forms.office.com/r/VK0PVvBfhp

Appendix A contains the Application Questions. For questions specific to the application process or the CBD, please contact Marylou Hardy at Marylou.Hardy@bilh.org. Applications are due no later than 5:00 p.m. on July 7, 2023.

RFP Core Principles:

- ➤ <u>IMPACT</u>: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations that face the greatest health inequities.
- ➤ <u>COMMUNITY</u>: Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.
- ➤ <u>HEALTH AND RACIAL EQUITY</u>: Use a health and racial equity lens to dismantle systems of oppression and work toward the systemic, fair, and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.
- ➤ <u>SUSTAINABILITY</u>: Encourage sustained program impact through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations that lead to sustained or expanded provision of birth center services.

Evidence-based/Evidence-informed Strategies:

BILH is committed to funding programs that have evidence demonstrating they work. To be considered evidence-based or evidence-informed, the program should be based on research evidence about effective practice in the area or current evaluations showing positive outcomes for participants.

Eligibility:

To be eligible to apply for the RFP, organizations must be tax-exempt (organization with 501 (c) 3 status) or a public agency. Eligible institutions may include community-based organizations, community health centers, birth centers and city agencies.

Funding Availability:

BILH's goal is for this funding to not only meet the objectives outlined in its MOU with the AGO and its agreement with the DPH, but for this funding to have the greatest impact possible. To this end, BILH plans to award this funding to a maximum of two community organizations. BILH anticipates that the grant will be awarded in three equal installments, with all funds fully disbursed before December 29, 2025. However, BILH remains open to negotiating a different payment schedule with the grant recipient(s).

Applicants may apply for grants for up to three years. Those applying for more than 1 year will only be required to apply once for their project. BILH will review all grants at the end of each year to determine continued funding for years 2 and 3 based on availability of funds and fulfillment of grant requirements, including evaluation and reporting.

Evaluation and Reporting:

The grant recipient(s) will be required to submit reports twice a year via BILH's CBD that includes program updates, evaluation data, and a financial update. Once awarded, BILH will work with the grant recipient(s) to select metrics for an evaluation plan. Below are example metric priority areas, informed by the FY 2022 BILH and BILH Hospitals Community Health Needs Assessments, and inclusive of a maternal and infant health lens.

| | Example Metric Priority Areas |
|-------------------------------|--|
| | • Serve patients of communities with identified higher rates of health disparities |
| Equitable Access to Care | • Employ a diverse workforce that reflects the community being served |
| | Connect high-risk pregnant women to Maternal Fetal Medicine providers and other specialists |
| Mental Health & Substance Use | Build capacity of providers to recognize and provide connection to services to mental health and substance use. |
| | • Implement telehealth, patient navigation, case management, and direct service expansion to improve access to maternity care, outcomes, and other support services |
| Social Determinants of Health | Provide connections to resources that can address food insecurity, economic insecurity, housing instability, transportation needs, educational opportunities, and childcare services |
| | Patients seeking maternal care |
| Focus Populations | Low-resourced individuals/families |
| | • Diverse populations (racially, ethnically, linguistically) |

Funding Guidelines and Budget:

Grant funds may be used for capital and infrastructure needs, project staff salaries, data collection and analysis, meetings, supplies, related travel, and other direct project-related expenses. Indirect expenses (i.e., items that are associated with running the organization as a whole, such as administrative staff salaries and benefits, rent, utilities, office supplies, etc.) may not exceed 15% of the total budget. Grant funds may not be used to support clinical trials, or as a substitute for funds currently being used to support similar activities.

Applicants will be asked to identify the staff member responsible for data management and evaluation-related activities. Applicants should specify evaluation expenses in the proposed budget to accommodate on-site evaluation activities, such as systems implementation for data collection. Applicants should include costs for project evaluation activities, such as use of evaluation consultants, data collection tools, and other costs for evaluation. BILH recommends that evaluation expenses total approximately 10% of an applicant's budget.

Upon notice of an award, recipient(s) would be required to submit an invoice(s) to BILH to receive the grant funds, identify BILH as a co-sponsor of the project in any media, community and/or public relations efforts, and submit semi-annual reports to BILH on agreed upon metrics and progress on the project.

Contact Information: If you have any questions, please contact Marylou. Hardy@bilh.org.

Appendix A: Application Questions

1. Organization Overview

- a. Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)
- b. Please specifically address how your organization's leadership (Board of Directors, senior management) reflects the demographic and lived experience of the communities it serves. This may include, but is not limited to, race, culture, ethnicity, disability status, religious and spiritual beliefs, gender identity, sexual orientation, and generational identity. (150 words maximum).
- c. Leadership: Please list the members of the Board of Directors and senior leadership team.
 - What diversity, equity, and inclusion initiatives has the organization recently and historically
 undertaken to ensure organizational leadership is reflective of the communities served? Please
 specify actions taken related to racial equity, cultural humility, and language access and the
 results of those actions to date, including quantitative (numerical) data about the diversity of
 your organization's leadership. (250 words maximum)
- d. Upload the Following Documents:
 - Organizational budget for the current year.
 - Most recent Internal Revenue Service Form 990.

2. Project Lead

- a. Primary contact person for this application. (Name, pronouns, and contact information)
- b. Secondary contact person. (Name, pronouns, and contact information)

3. Evidence-Based/Evidence-Informed Strategies

a. Please describe the evidence-based/evidence-informed strategies you plan to implement.

4. Project Overview

- a. *Title*: Please provide a one sentence title that reflects the nature of the proposed project.
- b. Please provide a brief description of the project(s) the organization is seeking to fund. (300 words maximum).
- c. Project Context:
 - Describe the need the organization is addressing. (50 words maximum)
 - Describe the specific population(s) on which the project will focus. (50 words maximum)
 - Describe how the project will address key challenges facing these populations. (100 words maximum)
 - Describe how the project will prioritize unmet needs for maternity care in underserved communities. (100 words maximum)
 - If Applicant intends to use funds to create or re-open an outpatient birth center to be licensed by DPH, please briefly describe the timeline and implementation plan for such licensure. (150 words maximum) Applicant must also upload a detailed implementation plan (no word limit).
- d. *Project Staffing:* List the key people who will be involved in project implementation and briefly describe their roles. (150 words maximum)
- e. *Anticipated Reach*: Please provide an expected range for the number of individuals the organization will reach or impact through the project beyond the number currently served. (100 words maximum)
- f. How does the organization plan to ensure project resources are deployed towards those that need them the most? (100 words maximum)

5. Project Goals

- a. Please provide up to three SMART (specific, measurable, attainable, relevant, and timely) goals for the project. (See Appendix C for guidance on developing SMART goals)
- **6. Populations Served:** Identify which of the population(s) below the project will serve (check all that apply):
 - a. Individuals seeking maternal care
 - b. Youth and Adolescents
 - c. Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Populations
 - d. Older Adults
 - e. Low Resource Individuals and Families
 - f. Racially and Ethnically Diverse Populations (Note: there will be space to add additional descriptions/details for each of the below options).
 - African
 - American Indian/Alaskan Native
 - Asian
 - Black
 - Caribbean Islander
 - European
 - g. English Language Learners
 - h. Individuals and Families Affected by Incarceration and/or Violence

- Hispanic/Latino
- Middle Eastern
- Native Hawaiian/Pacific Islander
- White
- Other (please list)
- 7. [Cities/Towns/Neighborhoods Served]: Identify the cities/towns/neighborhood(s) the project will serve:
 - a. Please list the cities, towns and neighborhoods that the project will serve.
 - b. Please briefly describe examples of the work the organization has done in the selected cities/towns/neighborhood(s), including any current partnerships with organizations located in the city/town/neighborhood(s). (100 words maximum)

8. Equity and Community Engagement

- a. Please discuss how the organization plans to engage with the population(s) with which it will be working. Please specify the level(s) of community engagement the project utilizes based on Table 1 on page 11 in the Massachusetts Department of Public Health Community Engagement Standards for Community Health Planning. (150 words maximum)
- b. How will the funds be used to address racial inequities? (100 words maximum)

9. Budget

- a. Please upload an itemized project budget and an accompanying budget narrative (up to a ½ page) using the template that will be provided. The budget should include direct costs and indirect costs, including staff time.
- **10. Partners** (**if applicable**): List all partner organizations that are key to the success of this project. Include the sector they represent (e.g., Workforce development, behavioral health, housing, education, etc.) and a brief description of their involvement in the project. Describe how the collaboration(s) will increase the impact of the project. (250 words maximum)

11. Evaluation

- a. Who will be the grantee evaluation contact and be responsible for report fulfillment for this project (150 words maximum)?
 - a. Position title
 - b. Description of current evaluation responsibilities (if any)
 - c. Any relevant evaluation skills, knowledge, and experience (if any)

12. Sustainability

BILH encourages applicants to think creatively about how the funds from this request can be leveraged to create permanent community change. Please be explicit as to how metrics and outcomes will lead to sustainability beyond the grant term, aside from applying for additional funds. Indicate whether your organization is committed to building programmatic costs into the operating budget and/or if this program will create future revenue.

- a. Describe how the organization will leverage this funding to support the sustainability of the project(s). (100 words maximum)
- b. How will this project contribute to improved community health past the initial funding period? (100 words maximum)
- c. Describe any challenges to sustainability the organization anticipates and how the challenges might be addressed. (150 words maximum)

Appendix B: Scoring Criteria

As applications are scored, reviewers will keep the core principles described above in mind. Applications will be scored on a scale of 1 to 4, where 1 = Disagree, 2 = Somewhat Disagree, 3= Somewhat Agree, and 4 = Agree, using the scoring criteria below.

Scoring Criteria:

- 1. Organizational mission aligns with core principles
- 2. History of working in priority city/town/neighborhood(s)
- 3. Proposed project is feasible, including timeline to create or re-open a DPH-licensed Birth Center, if applicable
- 4. Proposed project meets a demonstrated community need
- 5. Proposed project addresses health inequities
- 6. Proposed project is evidence-based or evidence-informed
- 7. Goals are reasonable and aligned with guiding principles
- 8. Requested funding is reasonable for proposed activities
- 9. Partners and/or collaborators listed would increase the impact of the project (if applicable)











Specific Measurable Achievable Relevant Timely

Creating Program SMART Goals

Program Goals provide a sense of direction, motivation, a clear focus, and clarify importance. By setting program goals, you are providing your organization, staff, and participants with a target to aim for. A SMART goal is used to help guide goal setting. SMART is an acronym that stands for Specific, Measurable, Achievable, Relevant, and Timely. Therefore, a SMART goal incorporates all of these criteria to help focus your program efforts and increase the chances of achieving your goal.

SMART Goals should be created with collaborators and revisited on a regular basis to ensure the program is on target to complete the goal. SMART goals should be updated as needed and new ones should be written once previous SMART goals have been met.

Overarching Goal:

A broad statement about the long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program SMART goals. Criteria: 1) specifies the social determinate of health or health-related social need; 2) Identifies the target population(s) for your program.

SMART Goal (sometimes called SMART Objective):

Statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple SMART goals to address the overarching goal. Criteria: SMART attributes are used to develop a clearly-defined goal.

SMART Goals:

| Specific | Goals that are specific have a significantly greater chance of being accomplished. To make a goal | | | | | | | | |
|------------|---|--|--|--|--|--|--|--|--|
| | specific, the three "W" questions must be considered: | | | | | | | | |
| | 1. Who: Who is the intended population for this goal? | | | | | | | | |
| | 2. What: What does the program want to accomplish? | | | | | | | | |
| | 3. Where: Where is this goal to be achieved? | | | | | | | | |
| Measurable | A SMART goal must have criteria for measuring progress. If there are no criteria, you will not be | | | | | | | | |
| | able to determine the program's progress and if you are on track to reach your goal. To make a goal | | | | | | | | |
| | measurable, ask yourself: | | | | | | | | |
| | 1. How many/much? | | | | | | | | |
| | 2. How do I know if the program has reached my goal? | | | | | | | | |
| | 3. What is my indicator of progress? | | | | | | | | |
| Achievable | Your goals should be achievable and attainable given your program resources and planned | | | | | | | | |
| | implementation. | | | | | | | | |
| | 1. Do I have the resources and capabilities to achieve the goal? If not, what am I missing? | | | | | | | | |
| | 2. Have others done it successfully before? | | | | | | | | |

Example of a Process SMART Goal:

By (timeframe), (#/%) participants will have had (#) workshops on money management.

| Relevant | Your goal, even after meeting all the prior criteria, must now align with other relevant goals | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|
| | because success requires the support and assistance from everyone on the project team. | | | | | | | |
| | 1. Does it match other program or agency needs? | | | | | | | |
| | 2. Is it aligned with current economic or social trends? | | | | | | | |
| | 3. Does it align with the participants' needs and strengths? | | | | | | | |
| Timely or | Your goals should be defined within a timeframe. Here the focus is on "when" the goal will be met. | | | | | | | |
| Time- | Specifying a timeframe in the goal will help you in both planning and evaluating your program. | | | | | | | |
| bound | 1. Does my goal have a deadline? | | | | | | | |
| | 2. By when do you want to achieve your goal? | | | | | | | |

SMART Goals can be Process or Outcome focused

Process SMART Goals describe the activities/services/strategies that will be delivered as part of implementing the program.

Outcome SMART Goals specify the intended effect of the program in the intended population or end result of a program.

Outcome SMART Goals can be classified as short-term, intermediate, or long-term.

Example of an Outcome SMART Goal: By (year), credit scores of participants will increase by (%).

Well-written and clearly defined SMART goals will help you monitor your progress toward achieving your overarching program goal.

- Short-term outcome goals are the initial expected changes in your intended population(s) after implementing certain activities or interventions (e.g., changes in knowledge, skills, and attitudes).
- Intermediate outcome goals are those interim results that provide a sense of progress toward reaching the long-term goals (e.g., changes in behavior, norms, and policy).
- Long-term goals are achieved only after the program has been in place for some time (e.g., changes in mortality, morbidity, quality of life).

SMART Goal Examples

Sample Goal 1: Collaborate with 11 community partners.

The list below shows how this goal is and is not a SMART goal.

- Is it Specific? It is clear but it could be more specific in terms of who will do it and what "collaboration" means.
- Is it Measurable? Yes, but how it will be measured needs to be stated.
- Is it Attainable? Yes, if you have the time and resources needed.
- Is it Relevant? Yes, collaborating with other agencies improves the chance that changes will be made and contributes to sustainability.
- Is it Time bound? No, it does not specify a timeframe for completing the goal.

Sample SMART Goal 1: Project director will obtain Memoranda of Understanding that spell out the terms of agency

collaboration with 11 community partners involved with youth by August 31, 2021.

Sample Goal 2: Continue to educate our community that suicide is a public health problem.

Sample SMART Goal 2: The project team will speak once a month at 9 community meetings from January-September 2021, to educate our community that suicide is a preventable public health problem.

Sample Goal 3: Increase consumption of fruits and vegetables among youth.

Sample SMART Goal 3: By September 1, 2022, 75% of Grade 6-8 classrooms in Boston will provide a fruit or vegetable to all students during snack time at least 3 school days a week. (Process)

Sample SMART Goal 3: By May, 2023, 60% of middle school youth in Boston will report consuming at least 5 servings of fruits and vegetables a day, as indicated on the Youth Risk Behavior Survey. (Outcome)

Appendix D: Budget Template

Budget template provided here as an example – applicants will fill out this information in the CBD as part of the application process.

| PILL Birth Contor Community Crant BEB Dudget Cover Sheet | |
|--|--|
| BILH Birth Center Community Grant RFP Budget Cover Sheet | |
| PROJECT INFORMATION | |
| Name of Organization: | |
| Project Title: | |
| Project Start Date to Project End Date: | |
| | |
| Total Budget for Proposed Project (Should be equal to cell J41 | |
| on the Budget Form tab): | |
| | |
| Total Amount of Request (Should be equal to cell I41 on the Budget Form tab): | |

| Instruc | tions: Please complete the following program budget informati be inclusive of "Total Budget Request" column <u>and</u> any addition | on by inse al funds vo | rting applica | able data in the no | n-highlig owards t | hted cells below. Ad he project. | ld add | ditional rows as nee | eded (and adjust sum | formulas accordingly). "Tota | al Project Bud | lget" Column |
|---------|--|---------------------------|----------------------------------|------------------------|-----------------------|-------------------------------------|--------|----------------------------|----------------------------|-------------------------------------|----------------|-------------------------------|
| | ET CATEGORIES | | | | | Budget Request | t E | Budget Request - Year 2 | Budget Request - Year 3 | Total Budget Request (Over 3 Years) | | roject Budget other funds) |
| A. | Personnel (including time spent on evaluation-related tas | ks) | | | | | | ' | | , | • | , |
| | Position | Effort (FTE) | Base Salary (w/ fringe) | Requested Sala fringe) | ry (w/ | | | | | | | |
| 1 | | | 9 / | \$ | - | | | | | \$ - | | |
| 2 | | | | \$ | - | | | | | \$ - | | |
| 3 | | | | \$ | - | | | | | \$ - | | |
| 4 | | | | \$ | - | | | | | \$ - | | |
| 5 | Cubterful Para annual Cont | | | \$ | - | • | 4 | | * | \$ - | C | |
| B. | Subtotal Personnel Cost Contractual/Consultant Services | | | | | - | \$ | - | \$ - | - | \$ | - |
| 1 | Contractual/Consultant Services | | | | | | | | | S - | | |
| 2 | | | | | | | | | | \$ - | | |
| 3 | | | | | | | | | | \$ - | | |
| | Subtotal Consultant Cost | | | | | \$ - | \$ | - | \$ - | \$ - | \$ | - |
| C. | Non-Personnel Direct Program Costs (e.g. Travel, Supplie | s, Equipm | nent, Stiper | nds, Etc.) | | | | T | | 1 | | |
| 1 | | | | | | _ | | | | \$ - | | |
| 2 | | | | | | | | | | \$ - | | |
| 3 | | | | | | | | | | \$ - | | |
| 4 | | | | | | | | | | \$ - | | |
| 5 | | | | | | | | | | \$ - | | |
| 6 | | | | | | | | | | \$ - | | |
| | Subtotal Non-Personnel Direct Program Cost | | | | | \$ - | \$ | - | \$ - | \$ - | \$ | = |
| D. | Sub-Grantee / Partner Costs (if applicable) | | | | | | | | | | | |
| | Name of Sub-Grantee organization, brief description of role | | | | | | | | | | | |
| 1 | | | | | | | | | | \$ - | | |
| 2 | | | | | | | | | | \$ - | | |
| | Subtotal Sub-Grantee Cost | | | | | \$ - | 9 | - | \$ - | \$ - | \$ | - |
| E. | Other Evaluation-Related Costs (recommend that total eval | uation cos | ts are 10% | of the budaet) | | | | | | | | |
| 1 | , | | | | | | | | | \$ - | | |
| 2 | | | | | | | | | | \$ - | | |
| | Subtotal Evaluation-Related Cost | | | | | \$ - | 9 | | \$ - | \$ - | \$ | _ |
| F. | Other Administrative and Overhead Costs (Up to 10% of T | otal) | | | | 1 | , 4 | r | <u> </u> | 1 | Ψ | |
| 1 | | | | | | | | | | \$ - | | |
| 2 | | | | | | | | | | \$ - | | |
| | Subtotal Admin and Overhead Cost | | | | | \$ - | \$ | | \$ - | \$ - | \$ | - |
| | TOTAL | | | | | \$ - | \$ | \$ - | \$ - | \$ (Cell I41) | \$ | (Cell J41) |

Appendix E: CBD Instructions / Guide

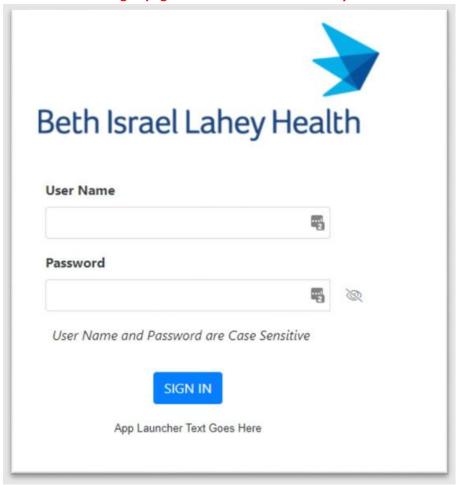
Beth Israel Lahey Health Community Benefits Database Guide for Grant Applications

This document is a guide to the BILH Community Benefit Database (CBD) to submit grant applications. Please use this as a reference as you navigate the database.

Navigate to this page and save it as a favorite: https://bilh.agsprime.net You can use Chrome, Safari, or Firefox.

Logging in

This is what the log in page looks like. You will receive your User Name and Password in a separate email.



When you sign in, you will see this page. Please click on the "Launch" button.



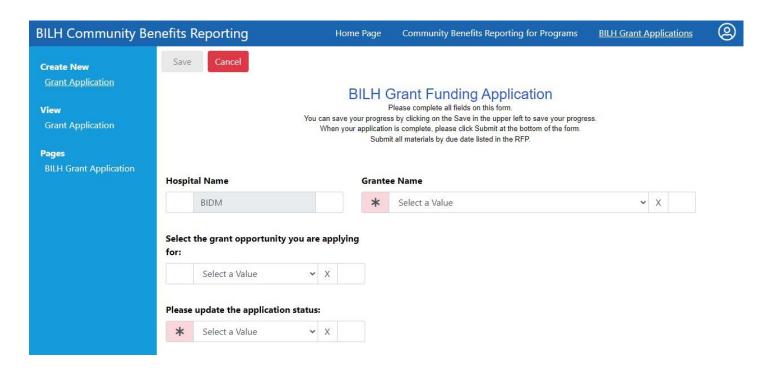
When you click on the launch button, you will see the page below. This entire page, called Home, is called a Module. To start and submit a grant application, you will navigate to the BILH Grant Applications module in the upper right.



When you click on the BILH Grant Application module, you will see this page. To start your application, click on Grant Application under Create New on the left menu.



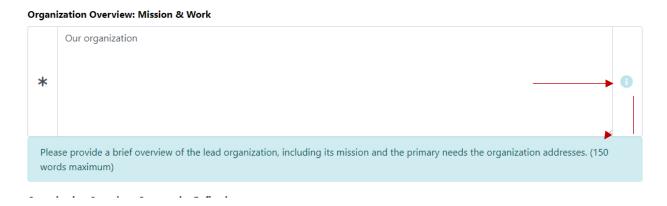
Once you are in the Grant Application, the hospital's name that you are applying to should be listed, but greyed out. You cannot change this. If this is wrong, please contact Danelle Marable. Select your Grantee Name in the drop down that has already been entered for you and the grant opportunity you are applying for. Then begin to complete all fields. Any field with a red * next to it is required to save the application.



We recommend saving your application frequently by clicking on the blue save button at the top of the form. After you click the save, you will stay on the form.



If at any time, you need to be reminded of the question you are completing, you can click on the "i" to the side of the field and help text will appear.



When complete, click on the Submit Application button at the bottom.

Submit Application

Tips on the Grant Application:

- 1. The fields are limited to the word maximum and you will not be able to save if the text exceeds that. It is suggested that you first type your response in a word processing program that counts words to ensure you are below the maximum, then copy and paste the text into the fields
- 2. Do not forget to upload documents asked. If you need the budget template, you can download it from the BILH Grant Application page.
- 3. You can go in and out of the application as many times as you need to. Just make sure you click on the Save button before exiting.

To view and retrieve your grant application: Click Grant Application under the View menu.



You will see your application listed in the table. To edit, click on the blue pencil. To delete, click on the red trash bin. Before deleting, make sure you really want to delete. This is final.



Once your application is complete and ready for full submission, change the status to Complete and click Submit Application at the bottom of the page. Then Sign Out in the upper right corner.

Please update the application status:

