

Eligible Organizational Type*

To be eligible for funding, organizations must be based in Montana and meet one of the following descriptions:

Tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code); tax-exempt educational institutions; state, tribal, or local government agencies.

Tax-exempt organizations

Tax-exempt educational institutions

State, tribal, or local government agencies

Use of Grant Funds*

The Montana Healthcare Foundation does NOT fund the following projects or activities:

Individuals

Capital campaigns

Operating deficits or retirement of debt

Construction projects, real estate acquisitions, or endowments unless part of a MHCF-invited proposal

Fundraising events

Organizations that discriminate by reason of race, religion, gender, national origin, sexual orientation, or political orientation

Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945(d)(1)

Activities supporting political candidates or voter registrations drives, as defined in IRC section 4945(d)(2)

Large equipment purchases (for example: medical equipment, vans)

Medical research or research lacking a direct, targeted, and practical benefit to Montanan's health

Organizations or foundations for redistribution of funds via sub-grants

Please confirm that funds will not be used for the listed activities by clicking here.

Grants May Not Be Used to Supplant Government Funds*

According to state law MHCF funds may not be used to supplant government funds or, per MHCF policy, other sources of funding. All applicants must read MHCF's guidelines on supplanting, and verify that the project proposed here will not supplant government or other sources of funding.

By checking this box, we verify that the proposed project will not supplant other sources of funding

Organization's Executive Director or Chief Executive Officer Contact*

Please list your organization's Executive Director or Chief Executive Officer's name.

Commissioner Jean Curtiss

Executive Director or Chief Executive Officer's Email*

Please list the email that is associated with the person listed above.

jcurtiss@missoulacounty.us

Primary Project Manager Contact*

Please list the name of the person responsible for project operations.

Erin Kautz

Project Manager Email*

Please list email associated with person listed above.

ekautz@missoulacounty.us

Alternative Project Manager Contact*

Please provide an alternative contact for the grant if we are unable to reach the primary project manager.

Jodi Daly

Alternative Project Manager Email*

Please list email associated with person listed above.

jdaly@wmmhc.org

Primary Fiscal Contact for Application*

Please list primary fiscal contact for application.

Erin Kautz

Fiscal Contact Email*

Please list email associated with person listed above.

ekautz@missoulacounty.us

Person Submitting Application Contact*

Please list the name of the person submitting this application.

Erin Kautz

Email for person submitting application*

Please list email associated with person listed above.

ekautz@missoulacounty.us

Social Media

If you are interested in having us follow you on social media, please check all of the platforms you currently use.

Facebook

Twitter

YouTube

Other

Social Media Address(s)

If you use social media, please list your web address(s) and/or twitter handle here. If you check the "Other" box above, please provide a brief description.

Organization Mission*

Briefly describe your organization's mission:

To be responsive and accountable to our residents by providing innovative and high quality government services in a transparent, cost effective, equitable, professional and courteous manner to enhance and protect the health, welfare, and safety of those who live, work, and visit Missoula County.

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Request to Share Application Information*

Please confirm if you are willing to let us share information about your project with other funders and/or applicants. There are a couple of situation in which sharing your project might help to advance the work you hope to do.

Foundations and other funders may be interested in contributing to your proposed project

Many applicants are working on similar topics and projects, and might benefit from collaboration. When MHCF becomes aware of such related interests, we would like to help by connecting organizations with similar interests, and at times convening discussions among them.

I give MHCF permission to:

Share my project topic and organization name with potential funders.

Share my entire application with potential funders.

Share my project topic and organization with organizations working on similar issues.

I do not give permission for MHCF to share any part of my application.

Demographic Information and Region to Be Served

Montana Geographic Regions Served*

Please select the areas that will be served with this program's funding.

Please use this map for geographic definitions.

Statewide

North Eastern

Eastern

North Central

South Central

Western

Will Your Project Focus on an American Indian Reservation(s) or Urban Indian Population?*

Please select any communities that will be served by this project.

Blackfeet

Crow

Flathead

Fort Belknap

Fort Peck

Little Shell

Northern Cheyenne

Rocky Boy

Urban

Not Applicable

Demographic Information for the Population(s) to Be Served*

Will any of the following at risk populations be a central focus of your project? In the FAQ page, please refer to the question "How does MHCF define an 'at risk' population under the Application Process section. (Please select all that apply)

Low income/economically disadvantaged

Children

American Indian/Alaska Native

Other racial and ethnic minorities

People with disabilities

Older adults

Other

Urban Indian Population

If you checked the "Urban" box above, please provide a brief description:

Although not a central focus, Missoula Urban Indian Center will be asked to partner in this activity

What County is Your Main Office Located?*

Please list the county in which your main office is located. If you service more than one county please list only the one that houses your headquarters.

Missoula

Project Title and Summary

Project Title*

Provide a name for your project that describes the main goal and region or community served:

Missoula County Collaborative Care Planning Summit

Project Summary*

Briefly summarize your project in 200 words or less. Include the goal, partner organizations, region or community served, and expected outcomes. Please refer to past examples of project descriptions to

assist you in developing a concise and informative description. (Note: Applicants may find it easier to return to this question after completing the questions under the "Project Description" section.)

The National Council for Behavioral Health (NCBH) will facilitate a two-day summit to engage Missoula's community leaders in the fields of primary health care, behavioral health care, post-secondary education, criminal justice, law enforcement, local government and advocates for the mentally ill, with the end goal of developing an integrated Collaborative Care Plan for Missoula County with a holistic approach to mental health and primary care. Coordinated efforts by community partners will result in improved health care for the mentally ill and disadvantaged populations, fewer instances of patients in crisis due to early intervention and using existing resources more effectively and efficiently.

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Project Description

Health Problem*

What is the health problem you seek to address, and its importance?

In a few paragraphs, please describe the population your project would serve, the health problem you seek to address, and why it is important. Are there any particular risk factors or challenges that make this a prominent issue in the population your project will serve?

The 2015 Community Health Improvement Plan for Missoula County calls for IMPROVED ACCESS TO MENTAL HEALTH SERVICES including suicide prevention training and education. Missoula has three state of the art medical facilities; Community Medical Center, St. Patrick Hospital and Partnership Health Center (a Federally Qualified Health Center) but lacks an effective community plan for the coordination of primary and behavioral healthcare to ensure a continuum of care.

Caring for persons with chronic mental illness is one of the most pervasive and neglected public health problems in the U.S. Data shows people with mental illness have problems accessing primary care, receive a lower quality of care, while posing high rates of physical illness and premature mortality. In the past 30 years, the mortality gap has progressively increased. (Lutteman, 2003) Suicide and injury account for about 30-40% of excess mortality. 60% of premature deaths in persons with schizophrenia, for example, are due to preventable chronic illnesses (Parks, 2006).

The “at risk” population in Missoula County includes those suffering from disparities and lacking access to health care services. The 2014 Missoula County Health Assessment reveals concerning trends such as a 78% increase in child abuse/neglect cases (2013), an increase of children being placed in foster homes, and high rates of substance abuse among Missoula County high school students. Underage drinking in Missoula is 36.6% above the national average of 34.9%. In Missoula County 18% of residents live in poverty, compared with 15% in Montana. Over one-third of students are economically disadvantaged, eligible for free and reduced lunches or qualify for Temporary Assistance for Needy Families Program or Medicaid. 81 people died by suicide in Missoula County, between 2011-2013.

Sources: Community Health Plan- Missoula County (2015); Community Health improvement Plan – Missoula County (2015-2018); Strategic Suicide Prevention Plan (2015)

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Project Activities*

Please describe your project. What activities will you undertake? How will these activities address the health problem that you identified in the previous question?

In addition, please respond to the following questions:

Describe the steps of your project, and a detailed description of the activities that you will carry out at each step using MHCF grant funds.

Describe the specific role of key staff members that will work on this project.

Missoula County’s request is to convene a two-day summit of community stakeholders with the goal of engaging them in developing a “Collaborative Care Process/Model” plan outlining an evidence-based and systematic approach in which primary care and behavioral health work together to provide effective community treatment. Missoula has never held a comprehensive community discussion focused on integrating mental health, substance abuse and primary care services. The hope is that this facilitated

meeting of community stakeholders will bring Missoula together in a way that allows for discussion about emerging models of integrated behavioral health care, payment issues/barriers and strengths, and the need for more coordination, communication and integration between agencies provided care.

Missoula has witnessed other community collaborative processes in Montana, using the National Council for Behavioral Health Services (NCBH) as facilitators. NCBH's subject matter expertise and skillful planning has proven to be very beneficial. NCBH supports the integration of behavioral health and primary care services and understands the "collaborate care model" which better addresses the needs of individuals that suffer from mental health and substance abuse disorders. The NCBH training and technical assistance will foster partnerships and planning to improve the health and wellness of the constituents of Missoula County.

Missoula County is proposing a two-day summit, facilitated by the National Council for Behavioral Health, to focus on the following objectives:

- Learning and identifying what Missoula currently has as resources in the community (who is doing what).
- Learning about national, state and local forces that are driving change in service delivery and new models that have an integrated approach.
- Identifying community resources that can meet local challenges (suicide rate, youth use of drugs).
- Developing a collaborative care plan that addresses integrated behavioral health and the continuity of care for those who suffer disparities.

NCBH will provide mentoring and coaching calls before and after convening this summit, to support our planning process. Missoula's goal is to develop a community plan that increases communication amongst stakeholders, leverages resources, and produces positive health outcomes for the community.

To be successful and develop an effective plan Missoula needs participation from ALL leaders for this two day event. The key stakeholders are identified as the Missoula County Commissioners, the CEO's, and the "leads" in their respective organizations.

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Partners*

What partners are essential to successfully implementing this project?

Identify the organizations you will partner with to complete this project. Clearly describe the role and contributions of each partner in your proposed project. Be sure to provide specifics, including a description of the time, expertise or assets that each partner will contribute. Refer to our selection criterion on Partnerships in the CFP to understand how MHCF evaluates the strength of an applicant's partnership.

Addiction/Mental Health Providers-Western Montana Mental Health Center, Winds of Change, 3 Rivers Mental Health Center, Providence Medical Group Urgent Mental Health Clinic, Western MT Addiction Services, Altacare

Advocates- NAMI-Missoula, LAC, Mountain Home Montana, Poverello Center Hot Team, Dan Gallagher-veterans advocate, Missoula Aging Services

Education- UM School of Social Work and Counseling Departments, Walla Walla School of Social Work, Missoula Youth Homes, Youth Dynamics, Youth Crisis Diversion Project, Partners for Reintegration, UM Family Practice Residency Program

Law Enforcement/ Criminal Justice - Missoula County Sheriff, Missoula County Detention Center, Missoula City Police, University of Montana Police, Missoula County Attorney, Missoula City Attorney, Public Defenders, Veterans Court, Co-occurring Court, Municipal, Justice and District Courts

Local Government- Missoula County Commissioners, City Council members, Missoula City- County Grants and Community Programs

Medical community- Community Medical Center, Providence St. Patrick Hospital and Health Sciences Center, Partnership Health Center, UM Curry Health Center, Missoula City-County Health Dept, Western Montana Clinic, Missoula Urban Indian Health Center, Blue Mountain Clinic

It is Missoula's goal for the Summit to provide an opportunity for the leaders in the community to develop a comprehensive continuity of care system in which physical health is recognized as a crucial dimension for individuals with behavioral health issues. Many people outside of the medical and mental health professions interact with people dealing with mental health issues. It is important for the community to understand the significant impact fragmented care can have on individuals, their families, the economy and society. The advocates will provide first-hand accounts of lived experience and suggestions related to system improvement. The Collaborative Care Plan would be designed with input from the advocates and the providers of physical and mental health services. The education community is needed to help change the community conversation related to the student population and the

importance of higher education in our community. Local government involvement in community solutions is always important as policy makers assist in guiding change. Law enforcement and the criminal justice community will benefit due to the nature of mental health crisis and the number of individuals with mental illness involved in the judicial system.

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Value and Impact*

Please provide a general discussion of the overall value and impact of the project to the communities you seek to serve.

Barriers to primary and behavioral health care, including challenges navigating these systems, are a major obstacle to care. Fortunately, emerging integrated behavioral health models of care have been shown to improve quality and outcomes of mental health and physical health care in primary care systems. Missoula County hopes to address the needs and challenges experienced by providing comprehensive behavioral health services through engaging key community stakeholders in a plan to integrate behavioral care and primary care.

The hope is that this two-day workshop will foster relationships, expand community resource knowledge and develop a community plan that facilitates solutions towards integration of services. This will lead to the overall well-being of our community members by implementing programs that allow access, evidence-based care and improved communication with consumers and between providers.

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Project Outcomes*

Please identify specific outcomes that you would measure to evaluate the effectiveness of this work over the course of the grant.

Funding for this project will help facilitate a long needed discussion between community stakeholders in Missoula to address continuity of care and gaps in behavioral services present in the local health care

delivery system. The discussion will allow area providers to develop relationships, consider other agencies' perspectives (expertise) and barriers, and begin to develop a plan to leverage resources in our community that better serves those with behavioral health issues by:

- Fostering collaboration among those that provide health care in Missoula.
- Helping focus and leverage resources to serve those in need (decrease duplication).
- Bringing community partners together to develop a common set of goals and objectives towards the implementation of a community integration plan, and collaborative care process.
- Increasing communication and understanding among stakeholders.

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Work Plan:*

The Work Plan will help you and Montana Healthcare Foundation track your progress during the grant. Please include a numbered list of project milestones and expected dates of completion.

Here are some examples of grant activities that would typically be included in a Work Plan: hiring project staff; delivery of trainings, conferences, or other public events; establishing MOUs or other agreements with key partners; start date for a new program or service; completion of a strategic plan or project objectives, report or other written project; completion of a sustainability plan for the project; any other key milestone in your project.

NOTE: if your proposal is funded, MHCF will work with you during the grantmaking process to finalize the Work Plan.

Missoula County Work Plan:

- Identified volunteers will work with and enter into an agreement with NCBH for a two-day facilitated event, tentatively scheduled for August/September 2016.

- During the two-day event, Missoula County will coordinate an agreement and commitment from the community partners to meet and monitor the completed plan.
- Complete and report project evaluation (June 2017).

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Evaluation Plan*

Evaluation will help the grantee, the Montana Healthcare Foundation, and other organizations working on similar projects learn from experience, and ultimately, design more effective projects. We ask all applicants to develop a plan for evaluating their work. Please describe your plans for evaluating this project. Specifically:

1. How will you evaluate the value and impact of this project?

2. What will you measure to determine if your project is achieving the outcomes that you hope to achieve? Describe the methods you will use to measure outcomes.

3. With regard to the activities and deliverables described above, how will you evaluate the process of implementing this work?

1. The value and impact of the project will be determined by the participation of the community stakeholders and subsequent follow through. Through pre- and post- workshop meetings with the facilitators, continued involvement by stakeholders will be evaluated and assessed.

2. The goal of the event is to bring stakeholders together, facilitate communication, and foster relationships resulting in a Collaborative Care Plan for Missoula. Success will be measured by the completion of the plan and the continued commitment of community partners.

3. Evaluation will be measured through successful coordination of the two-day event, active participation of a wide-range of stakeholders, the creation of a community-wide Collaborative Care Plan, and the commitment of local agencies to implement the plan's goals and objectives.

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Sustaining the Project*

Montana Healthcare Foundation grants are not intended to provide ongoing funding for programming beyond the term of the grant, and the Foundation rarely provides renewal grants.

Will this grant support activities and provide impact that you hope to continue beyond the term of the grant? If so, please describe how you intend to fund them.

Is there a potential for funding part of the program through billing insurance or other private parties?

Do you expect the project will generate savings for the health system through improving health outcomes and, if so, could hospitals, clinics, or insurance carriers be a potential source of ongoing funding through a shared savings agreement or other partnership?

If there are partners that stand to benefit from the project, are they willing to commit funding to sustain it after the startup phase?

Note: If this is a planning grant, you may answer "This is a planning grant; sustainability will be addressed during the planning phase."

Due to this request being for "planning", sustainability will be addressed during the planning process. That being said, once a Collaborative Care Plan is developed to address behavioral health integration, the hope is that community stakeholders will find focus, purpose and commitment while participating and remaining engaged. The overarching goal, beyond a collaborative care plan, is to develop relationships that will build bridges and facilitate on-going communication that outlasts the two-day event.

The National Council for Behavioral Health will provide follow-up coaching calls to support the process, as well as additional resources to assist in implementing the work plan developed during the summit.

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Challenges*

Please briefly describe any challenges, barriers, and risks that might make it hard for you to accomplish any of the project goals. How will you overcome these challenges?

The main barrier is that agencies are busy attempting to sustain their own separate systems and may not commit to a two-day event that takes them away from their busy schedules. Providing education and encouragement from the perspective that this two-day event WILL alleviate work and stress in the long run and will be the approach used to encourage participation. Once people are involved, the NCBH facilitator has the expertise to quickly and effectively engage people and gain their trust and interest.

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Letters of Support

Applicants May provide up to three letters of support.

Letters of support are not required, but we suggest that applicants include letters for key partners and others who are essential to the project's success.

Letters of support from partners should include a description of the work the partner will carry out during the project. If the partner is devoting any resources in-kind, the letter of support should describe that contribution.

Upload a file Choose File [2 MiB allowed]

Providence St Pats LoS.pdf[192.2KiB]

Upload Second Letter of Support Here

Upload a file Choose File [2 MiB allowed]

WMMHC LoS.docx[343.6KiB]

Upload Third Letter of Support Here

Upload a file Choose File [2 MiB allowed]

PHC LoS.pdf[724.0KiB]

Additional Information

Optional: Is there any additional information that is essential to helping MHCF understand the project you propose (such as a brochure, background research paper or other resources)? We encourage applicants to provide only materials that are directly related to your project and essential to a clear understanding of the work you propose to do.

3,000 characters left of 3,000

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Project Budget

Total Funding Request From MHCF*

The minimum grant request is \$10,000. The maximum grant award is expected to be between \$25,000 and \$50,000 for a 12-24 month period. The maximum request is \$25,000 for a one-year project, and \$50,000 for a two-year project. The Foundation expects to award only a small number of \$50,000. Please enter the total dollar amount of funding you are requesting from MHCF:

20,000.00

Project Term*

Projects must be completed between 12 and 24 months from the start date of the grant. Please enter the closest grant term in months:

12 months

18 months

24 months

How Will MHCF Funds Be Used in This Project*

Please provide a summary description of what personnel, contract labor or other expenses will be procured using MHCF funds. A detailed budget template will be required in a following question.

Two-day summit meeting	\$20,000
Onsite work and travel for NCBH staff	\$10,000
Travel expenses	\$ 5,000
Coaching calls	\$ 2,200

Project management	\$ 1,500	
Follow-up work group meetings	\$ 1,000	
Marketing		\$ 300

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Matching Funds and Other Financial Support Amount

Do you currently have or expect to receive other funding, including other grants, to support this project?
If so, enter the total dollar value of any matching funds or additional support you expect to receive:

2,000.00

Matching Funds and Other Support Description

Briefly describe the sources of matching funds or additional support you expect to receive here:

Missoula County	\$500
St. Patrick Hospital	\$500
Community Medical Center	\$500
Western Montana Mental Health Center	\$500

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In-Kind Support Amount

In-kind support includes non-financial contributions from organizations or partners, such as staff time, equipment, space for events, etc. Please enter the approximate dollar value of any in-kind support that you expect to receive for this project.

2,000.00

In-Kind Support Description

Briefly describe the types of in-kind support you expect to receive for this project:

Office supplies, donated staff hours (prep for summit, two-day summit, and work groups), donated meeting space, food and beverages

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Total Project Budget*

This number should equal the total from the amounts listed above, including the Total Funding From MHCF, Matching Funds and Other Support, and In-Kind Support.

24,000.00

Organizational Budget*

Please enter the dollar amount of your organization's total operational budget.

81,180,052.00

Budget Detail and Narrative Template*

Please download the Budget Template, complete, save to your computer, and upload below. Detailed instructions are included in the template.

Upload a file Choose File [10 MiB allowed]

MHCF-budget-template-2016.xlsx[43.0KiB]

If you don't receive an email confirming receipt of final submission of your application within 24 hours please contact info@mthcf.org