



Rural Covid-19: Challenges and Opportunities for Funders

June 4, 2020

The Montana Healthcare Foundation Overview

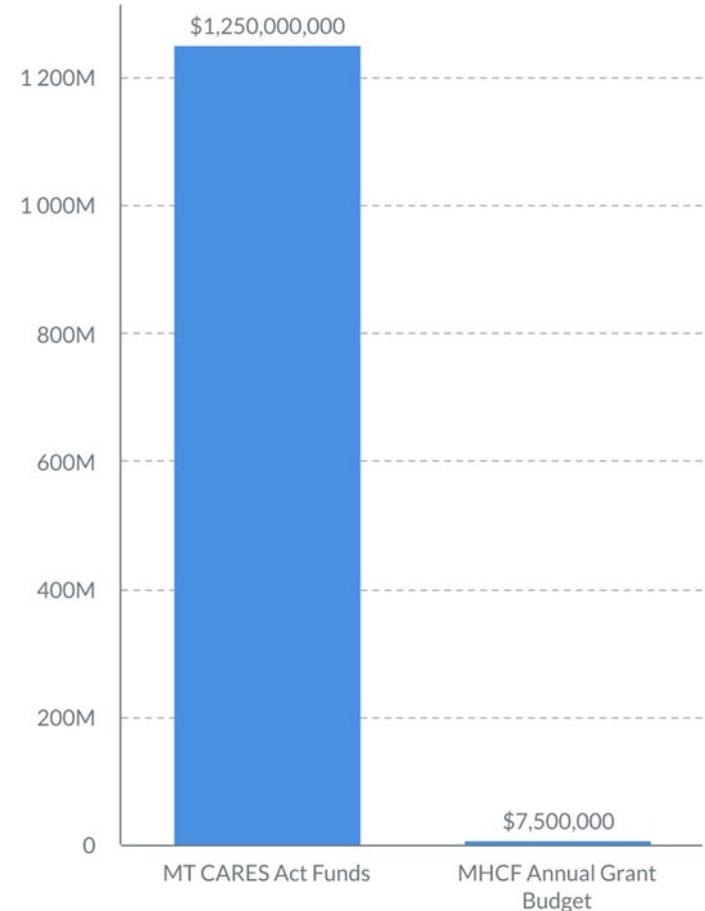
- » Independent 501(c)3 private foundation.
- » Montana's largest health-focused foundation.
- » We are a permanent resource for the state:
 - We manage our trust investments sustainably, making grants and grant-related investments of roughly 5% of the value of our trust each year.
- » 6 focus areas:
 - **American Indian Health**
 - **Behavioral Health**
 - **Partnerships for Better Health**
 - **Public Health**
 - **Capacity**
 - **Medicaid and Health Policy**

MHCF COVID-19 Response

FRAMING THE CHALLENGE

MHCF's annual philanthropic budget: ~\$7.5 million.
How does that compare with COVID-related need?

- \$7.5 million is ~0.6% of Montana's \$1.25 billion CARES Act allocation.
- Doesn't account for other federal funding available to our partners through FEMA, cost recovery, federal grant programs, small business loans, and so on.)
- Even with all those programs, the CARES Act only met a fraction of immediate needs. The recovery needs over the next several years may higher still.
- *In short, even if we doubled our budget this year to make COVID-related grants, our funds would be a small drop in a large bucket, and we would have less to give next year.*



MHCF COVID-19 Response

GIVEN THOSE CHALLENGES, HOW CAN MHCF PROVIDE EFFECTIVE HELP WITH THE PANDEMIC?

- Core strategies:
 - Provide technical assistance to help partners adapt quickly and successfully;
 - Leverage our funds to help partners bring in state and federal dollars.
- We aren't making many COVID "emergency" grants.
- We are offering current grantees lots of flexibility in timeline and use of funds: most are continuing their work on their grant projects (with some delays), not repurposing for COVID-related needs.
- Most of our response work is within our major focus areas: American Indian health, Behavioral Health, and Public Health.

CHALLENGES AND RESPONSE

Challenges:

- Complex web of federal funding opportunities (many 1-2 week application deadlines!)
- Longstanding workforce shortages: hard to ramp up COVID response and keep pace with federal funding opportunities
- Fragmented public health and health care system: tribal, federal (IHS), county public health, state public health, and local private hospitals

MHCF Response:

- With Empire Health Foundation, hired consultant to track federal COVID 19 legislation and continuously update tribes on relevant provisions, and to provide direct TA at request of Tribes or Urban Health Centers. <https://reichardandassociates.com/covid-19/#montana>
- Webinar for tribal SUD and BH providers on implementing new telehealth regs
- With Governor's office, convened calls with tribal DES coordinators to identify needs
- Regular convening of tribal health directors to develop and update strategy
- Direct technical assistance on public health response
- Identifying grant opportunities and helping with grant applications



Behavioral Health

Challenges and Response

Challenges:

- Many community mental health centers and SUD providers operate with minimal reserves and stopped providing services at the start of the Shelter in Place order. They are at risk of going out of business.
- At the same time, COVID-19 is creating immense behavioral health needs.

Our Response:

- Webinars (with MT Medicaid) and direct TA on telehealth: majority of participants were not implementing telehealth previously, and most are now starting services (such as evaluations, counseling, peer support).
- Webinars and direct TA on cost recovery through FEMA and Stafford Act.
- Help applying for emergency COVID-related behavioral health funding.
- Collaborating with State DPHHS Medicaid and Public Health divisions on strategy for using CARES Act and SAMHSA behavioral health funding that will support county and tribal health depts and behavioral health providers.



Behavioral Health

A few examples of early outcomes

- Partnered with Montana DPHHS on \$2 million HRSA COVID Emergency Behavioral Health grant application—designed a long-term strategy that focuses on building a sustainable behavioral health crisis framework for MT communities, provides technical assistance, and leverages MHCF and state general fund dollars.
- Through the Behavioral Health Association of Montana, we have provided technical assistance to their 30+ community behavioral health center and SUD treatment provider members on the Payroll Protection Program: all members that were eligible received funding.
- State issued new telehealth rules to align private payers with Medicaid changes: MHCF consultant drafted the rules.



Challenges and Response

Challenges:

- Montana has a “decentralized” public health system in which counties have responsibility and authority for most public health functions, including COVID response.
- Many county health departments are tiny—sometimes only one FTE

Response:

- Just prior to COVID: renewed longstanding partnership with state DPHHS to provide minigrants to county and tribal health depts for planning and accreditation activities. Now repurposing some of those funds for COVID response.
- Grant to Association of Montana Public Health Officials (AMPHO) to create curated website to share resources, eg Stay at Home and reopening orders, press releases, contact tracing protocols, and so on.
- MHCF was just wrapping up a 2-year planning process to create a public health institute (PHI): we are now accelerating creation of the PHI to aid in COVID response and recovery, with a 5-year, \$1.85 million grant.



Grant Application Assistance

Helping partners apply for federal COVID-19 funds

- 14 applications submitted
- \$5,225,000 total dollars requested
 - » \$3,225,000 in requests for tribes/urban Indian health centers (CDC, FCC, and HRSA)
 - » \$2,000,000 in requests for Behavioral Health response
- \$2,860,916 million awarded to date (most applications still pending)
 - » \$860,916 awarded to tribes/urban Indian health centers
 - » \$2,000,000 in Behavioral Health (HRSA)

Thank You.

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