GRANTWATCH

Foundation Funding For Behavioral Health Care

Grantmakers In Health (GIH) conducted a spring 2015 survey of its funding partners (members) about their work in behavioral health. Respondents could select more than one response for each question. Ninety percent of the thirty-eight respondents said that mental health was one of their primary focus areas; 76 percent said integration of behavioral health care and primary care; and 53 percent said substance use. Respondents could select more than one response for each question. Ninety percent of the respondents said that men- tioning behavioral health solutions, making connections to national experts, and providing resources to building connections among community leaders across Colorado, according to a press release. The aim is to develop “a model for how people who suffer from mental illness or substance abuse should be treated as part of the health care continuum,” Matt Vogl, the center’s executive director, explained in the release.

The nonpartisan Meadows Mental Health Policy Institute, in Dallas, Texas, which opened in 2014, received $10 million in start-up funding from the Meadows Foundation, a family foundation in Texas. (See GrantWatch, May 2014.) Subsequently, a number of other funders, including the Lyda Hill Foundation, the Houston Endowment, Methodist Healthcare Ministries, the St. David’s Foundation, and the Episcopal Health Foundation, awarded funding to the institute. The institute “analyzes and evaluates public policy through evidence-based research, data-driven assessment of outcomes, cost-effectiveness and innovation, and ongoing inquiry into best practices across Texas and nationally,” according to its website. The institute focuses on three populations: veterans, children, and people in the criminal justice system.

Among the panelists at a GIH 2016 annual meeting session was the institute’s president and CEO, Andrew Keller. In response to a question, Keller, a psychologist, agreed that it is often critical for providers to be able to coordinate care for a person’s mental illness with his or her family members. Thus, the institute is working with Parkland Hospital and other safety-net providers in Dallas to develop policies and procedures for sharing mental health information that balance patients’ privacy with the extreme needs of high-utilizing incarcerated patients, who repeatedly cycle through jails, emergency departments, and hospitals, for care coordination across providers and systems, Keller later explained in more detail to Health Affairs.

The Houston Endowment approved a $2.07 million grant in February 2016 to Mental Health America of Greater Houston to launch a Center for School Behavioral Health. The foundation’s website describes the center as “an innovative approach” aiming to “facilitate the implementation of effective policies and practices within school districts and child-serving agencies” in metropolitan Houston to improve prevention, early identification, and treatment of behavioral health conditions in children. Among the center’s activities will be a social media campaign to reduce stigma about children’s behavioral health issues.

In December 2015 the Blue Cross Blue Shield of Massachusetts Foundation’s program called Fostering Effective Integration of Behavioral Health and Primary Care awarded a total of $3.9 million over three years to eight grantees across the state. These are providers with “promising models” for integrating care for low-income and vulnerable populations, according to a press release. The foundation is not accepting further proposals at this time.

Also in December 2015 the Jewish Healthcare Foundation (JHF), in Pittsburgh, Pennsylvania, provided $150,000 in start-up funding to the Allegheny Health Network (AHN) for its program to identify and treat perinatal depression. According to the JHF newsletter, women can experience this condition during pregnancy and up to one year postpartum, but it “is often undetected, untreated and under-reported.” The grantee aims to create a new community service for such depression, including state-of-the-art screening tools; an “innovative treatment model” that keeps mothers and their babies together but also includes fathers and extended family members; and a campaign to increase public awareness of perinatal depression and involve providers. The JHF grant supplements an initial investment by the AHN and the Alexis Joy Foundation (a charity), as well as funding from the Staunton Farm Foundation and the Highmark Foundation “to build out and sustain the perinatal depression program,” the article noted.
The New York Community Trust awarded renewal funding in December 2015 to the EIS Housing Resource Center to help seniors with hoarding disorder who risk being evicted from their rental homes. The trust says that this mental disorder is “serious but treatable.” Grant activities include training social workers and other front-line staff about hoarding.

In October 2015 the Cone Health Foundation awarded $165,000 to the UNC (University of North Carolina at Greensboro) Partnership to Address Co-Occurring Disorders in Greater Greensboro. The grantee will use this funding to address co-occurring substance use and mental health disorders in people who are homeless or in transitional housing and those who are immigrants, including refugees. The foundation, which does not accept unsolicited proposals, funds in greater Greensboro and includes substance abuse and mental health as one of its four focus areas. According to its strategic plan, by 2020 the foundation seeks to expand availability of evidence-based services for adults with co-occurring disorders.

The Advancing a Healthier Wisconsin Endowment plans to award approximately $15 million over eight years to up to ten Wisconsin community partnerships to improve overall community behavioral health. Funding will be divided into three phases. Since 2004, the endowment has aimed to improve the health of state residents through community health improvement, research, and education. The Medical College of Wisconsin stewards the endowment.

In 2014 the Peter and Elizabeth C. Tower Foundation, which funds in certain counties in New York State and Massachusetts, awarded a two-year, $198,719 grant to the Community Health Center of Cape Cod. This FQHC, which serves as a medical home for some 16,000 people, will use the grant for training providers on how to integrate behavioral health services into primary care. The Blue Cross Blue Shield of Massachusetts Foundation, through its program described above, funds other costs of integration of care. One of the Tower Foundation’s five goals for its mental health funding area is eliminating the stigma of mental illness.

Publications

The Hogg Foundation for Mental Health publishes Mental Health Daily, which aims “to raise awareness and elevate the level of discourse about mental health and wellness in America by finding and highlighting the most important articles, the most thoughtful features, the best analyses, and the most incisive writers,” says the funder’s website. One can subscribe to the free digest daily (weekdays) or weekly. Topics range from the Affordable Care Act to philanthropy to the workforce.

In March 2016 the Blue Cross Blue Shield of Massachusetts Foundation released Sharing Behavioral Health Information in Massachusetts: Obstacles and Potential Solutions. Prepared by staffers at Manatt Phelps and Phillips, the report reviews the main federal and Massachusetts privacy laws related to physical and behavioral health providers exchanging information and assesses the “challenges faced by providers seeking to integrate care through enhanced data exchange,” according to an e-alert. The authors recommend how to amend or clarify laws to “better facilitate information exchange” and point out “strategies for minimizing the restrictive impact of existing privacy laws without compromising patient privacy.”

In February 2016 the Health Care Cost Institute and the National Academy for State Health Policy (NASHP) released a policy brief on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. In this analysis, funded by the Laura and John Arnold Foundation, Ben Miller of the University of Colorado School of Medicine and colleagues found that this law’s passage has “had little to no effect on access and utilization of mental health services for patients with depression, bipolar [disorder], or schizophrenia.” The intended effect of parity laws was to increase access to and use of services. In this national analysis using the institute’s huge repository of commercial health insurance claims data, the authors make recommendations, including to strengthen enforcement of full implementation of parity in all fifty states.

Health Affairs, with Robert Wood Johnson Foundation funding, published a Health Policy Brief titled “Enforcing Mental Health Parity,” in November 2015. Thanks to federal laws enacted, most insured Americans “are now entitled to receive their mental health and substance use benefits at the same level as their benefits for other medical care,” the brief says. However, “access to equal benefits and qualified providers remains elusive” for many people with insurance. Enforcement—that is, making sure health plans are in compliance with parity regulations—has been inconsistent.

The Henry J. Kaiser Family Foundation’s Kaiser Health News published “Mental Health Courts Are Popular but Effectiveness Is Still Unproven,” in December 2015. Instead of sending a mentally ill person “to an overcrowded jail that is poorly equipped to manage” his or her condition, such courts “offer treatment and help with housing and other social services,” the article explains. The locality saves on the cost of jailing the person, and the offender might even have the “charges expunged.” However, research is still spot-ty on these courts’ efficacy at addressing offenders’ mental health problems.

NASHP published a November 2015 issue brief, “Improving Behavioral Health Access and Integration Using Telehealth and Teleconsultation: A Health Care System for the 21st Century.” Funded by the Commonwealth Fund, the brief cites “emerging evidence” that “telehealth services and provider teleconsultation may be viable alternatives” for the cases of patients needing behavioral health care and willing to participate.

Key Personnel Change

JACQUELINE MARTINEZ GARCEL became CEO of the Latino Community Foundation in November 2015. She had been vice president of the New York State Health Foundation, where she worked for more than nine years.

Compiled and written by Lee L. Prina, senior editor