I. Introduction
The mission of The Rapides Foundation is to improve the health status of Central Louisiana. The Rapides Foundation focuses its work in three strategic areas:
- Healthy People, to improve access to quality healthcare and promote healthy behaviors;
- Education, to increase the level of educational attainment and achievement as the primary path to improved economic, social, and health status; and
- Healthy Communities, to improve economic opportunity and family income, and enhance civic and community opportunities for more effective leaders and organizations.

The goal of the Integrated Behavioral Health (IBH) Program is to increase access to, and improve the quality of, behavioral health services and improve health outcomes. The Assessment & Planning Grant is the first of a two-part funding opportunity to support the implementation of evidence-based models of integrated behavioral health services, including mental health and/or substance abuse services within the primary care settings of Federally Qualified Health Centers (FQHCs). Centers participating in the Assessment & Planning opportunity will receive consultation and technical assistance to complete an assessment and develop an IBH improvement plan. Completion of the Assessment and Planning Grant is a prerequisite to the second funding opportunity, an Implementation grant. A separate IBH Implementation Grant Request for Proposals will be released in December 2020.

II. Background
Access to quality healthcare is important to reduce health disparities and improve health status for people in The Rapides Foundation service area. Factors limiting care include financial barriers; personal and cultural barriers; not knowing what to do or where to go for care; physical or geographic barriers; and shortages in healthcare professionals and facilities.

Chronic diseases such as diabetes, asthma, COPD, congestive heart failure, and hypertension are serious health problems in The Rapides Foundation service area, and are disproportionately present in communities served by FQHCs. The Foundation’s Healthcare Access Initiative aims to reduce the cycle of poor health outcomes by addressing barriers to accessing quality healthcare services. To that end, four FQHCs and seven school-based health centers are newly established since 2016, and in 2019, the Foundation awarded Healthcare Quality Improvement Grants to improve health outcomes and disparities for patients with chronic diseases and to support consistent preventive care within our nine-parish region.
Despite this progress, significant improvements in health status are not achieved without addressing physical and behavioral health. According to The Rapides Foundation’s 2018 Community Health Assessment, 38% of adults experienced symptoms of chronic depression at some point in their life and 33% of adults report three or more poor mental health days in the past month. The service area is also seeing an upward trend in the suicide mortality rates from 9.3 per 100,000 people during the 2007-09 reporting period to 17.7 for 2014-16. Furthermore, individuals reporting mental health concerns are more likely to struggle with substance abuse, and vice versa. It is not surprising the unintentional drug-related deaths in the service area are also increasing.

According to the National Institute for Mental Health, adults are more likely to go to a primary care setting instead of a specialized mental health setting. Primary care providers deliver half of the mental health care for common conditions such as anxiety, ADHD, depression, behavioral problems, and substance use. However, people with mental illnesses treated in a traditional primary care setting are less likely to receive the care they need because of limitations such as lack of specialty training and limited time in clinic schedules. Also, when a referral is made to a mental health provider, only half of patients follow through with an appointment. Nationally, 67% of patients with behavioral health disorders do not receive the care they need. Factors contributing to the lack of utilization of behavioral health services include lack of providers, stigma, cultural beliefs, transportation, not knowing where to go or when to seek help and cost.

However, a growing body of research shows integrating behavioral health (IBH) into primary care settings increases access to care, improves mental and behavioral health outcomes, increases adherence to treatment and improves quality of life for patients. Integrated care creates a team-based approach by combining the expertise of mental health, substance use, and primary care clinicians, with feedback from patients and their caregivers all within the same setting. The Agency for Healthcare Research and Quality (AHRQ) defines IBH as:

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\text{The care resulting from a practice team of primary care and behavioral health clinicians and other staff working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.}
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Additional benefits of IBH include:

- Patients with chronic health conditions find it easier to improve when related behavioral health concerns are also addressed such as stress, healthy lifestyles, mental health or substance use disorders.
- Patients like the convenience of “one-stop shopping”.
- It may be more socially acceptable and easier to access behavioral health care treatment in a setting patients are familiar with, rather than going to a behavioral health setting.
- Medical providers appreciate having behavioral health partners available to help with complications the medical team does not have enough time or training to address.
- May improve provider satisfaction and retention.

Interestingly, 76% of adults in the Foundation’s service area have an ongoing source of care that
is not the emergency room. Furthermore, the Foundation’s previous work with FQHCs helped expand quality primary care access to low income and uninsured populations in rural communities and schools. Primary care access points already exist and the majority of adults are utilizing services. Integrating behavioral health services into settings the population is already using helps reduce stigma and transportation barriers and supporting expansion or improvement of integration in FQHCs allows all populations to have access regardless of their ability to pay.

Full integration involves a single health system’s medical and mental health care providers working simultaneously to treat a patient’s behavioral and medical needs with shared medical record access. Reaching full integration is a gradual process and requires organizational restructuring and a substantial cultural shift. The Foundation recognizes integration may look different at each organization and individual health centers within those organizations may be at different levels of implementation within those models. The two-part funding opportunity is designed to meet health centers where they are in integrating behavioral health care and provide support for identifying and implementing the best next steps to move forward. Implementing evidence-based integrated behavioral health models in primary care settings can increase access to behavioral health services and improve outcomes for all patients.

III. Purpose for Request for Proposals (RFP)
The goal of the Integrated Behavioral Health (IBH) Program is to increase access to, and improve the quality of, behavioral health services and improve health outcomes for patients presenting with behavioral health conditions whether as a singular condition or comorbid physical and behavioral health condition. To that end, the Assessment & Planning Grant will support an assessment of the current level of integration at each awarded health center and the development of a center-level improvement plan. A separate Request for Proposals will be released for an IBH Implementation Grant in December 2020.

IV. How it Works
FQHCs interested in increasing the level of behavioral health integration within their centers can apply for a two-part funding opportunity. Part One is an assessment and planning grant designed to assist awarded centers better understand IBH, assess their current level of integration, and identify areas for improvement. Part Two is an implementation grant to support the improvement efforts toward addressing gaps identified in the assessment and planning process.

Part One - Integrated Behavioral Health Assessment & Planning Grant- In order to identify and describe the baseline integration levels, awarded health centers must complete a Foundation-approved assessment identifying the current level of integration. Centers should use the assessment to determine where they would like to be within two years on the continuum of integration, identify the gaps between levels and determine what resources and supports are needed to reach and sustain the higher level of integration. All participating clinics will complete the same assessment and the Foundation will provide, at no cost to clinics, a consultant to help facilitate the completion of the assessment and improvement plan. Health centers are required to meet with the consultant regularly and to establish a work plan and timeline for completing the assessment, identifying areas of focus and developing an improvement plan. Activities are expected to take 3-6 months. Approved community-based centers will receive $10,000 and approved school-based clinics will receive $5,000. Participation in the Assessment & Planning Grant is a prerequisite for the implementation grant.
Part Two - Integrated Behavioral Health (IBH) Implementation Grant - At the completion of Part One, health centers can choose to continue their efforts by submitting a full proposal to support the implementation of their integrated behavioral health improvement plan. The IBH Implementation Grant is for up to $250,000 per awarded health center for a two-year period. Funds must be used to support improving behavioral health integration within the awarded health center. The IBH Implementation Grant will have a separate Request for Proposals (RFP) to be released in December 2020. The RFP will provide details on funding and proposal requirements. Sites must participate in the Assessment & Planning Grant to be eligible for the Implementation Grant.

Additional Support during the Implementation Grant – In an effort to build capacity to sustain IBH beyond the grant term, the Foundation will provide, at no additional cost to the awarded health center, a Foundation-selected independent consultant with expertise in billing and coding practices in Louisiana. The consultant services will include an initial assessment, recommendations for modifications, and if needed, regularly scheduled visits and calls to improve the billing and coding protocols for integrated services.

V. Eligibility Requirements
The primary applicant (grant fiscal agent) must meet the following requirements:
- Grant-supported Federally Qualified Health Centers – public and private nonprofit healthcare organizations meeting criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act, and receive funds under Section 330, Health Center Program of the Public Health Service Act).
- Must be an organization within The Rapides Foundation Service Area or seeking funding support for projects restricted to the Foundation’s nine parishes.

VI. Funding Guidelines and Grant Terms
Each FQHC organization operating health centers in the Foundation’s service area will receive $10,000 for each awarded community-based health center and $5,000 for each school-based health center. Funds are to defray the cost of participating in the assessment and planning activities and to cover convening and facilitation expenses. Health centers will receive half of the funding once a consultant-approved work plan and timeline is submitted to the Foundation. The remaining funds are disbursed at the submission of the health center-level assessment with identified areas of improvement. A separate application is required for each health center site wishing to participate in the integrated behavioral health assessment and planning process.

Grant funds can be spent at the discretion of the grantee, but funds must be used to support the applicant health center only.

Grant funds may not be used for:
- Lobbying or political programs or events
- Activities, projects, or programs exclusively benefitting members of sectarian or religious organizations
- Biomedical, clinical or educational research
- Direct support to individuals or endowments
- Funding supplanting existing sources of support
• Individuals, including patient assistance funds
• Social events or similar fundraising efforts or telethons
• Projects outside of the Foundation’s service area
• Direct funding for medical or social services already funded through existing third-party reimbursement sources
• Operating expenses not used for significantly expanding the services of ongoing organizations
• Vans or other vehicles
• Building purchase or renovation
• Technology and software supporting the whole organization, if the majority of the organization’s sites are outside of the Foundation’s service area

These funding opportunities are limited and offered on a competitive basis; therefore, it is possible not all applicants will receive funding.

VII. Timeline for Submission
This Request for Proposals will be available for multiple funding cycles. Applicants should become familiar with the dates associated with the cycle for which they are seeking funding. Applicants whose proposals are not funded may submit a revised application for consideration in a subsequent cycle. In such cases, repeat applicants are advised to seek a consultation with program staff prior to submitting another proposal.

PART ONE – Assessment & Planning Grant Timeline for Submission

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<th>Cohort II</th>
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<td>Part One Proposal Due</td>
<td>January 15, 2021</td>
<td>April 1, 2021</td>
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<td>Notification of Selection</td>
<td>March 1, 2021</td>
<td>June 1, 2021</td>
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<tr>
<td>Assessment Start Date</td>
<td>April 1, 2021</td>
<td>July 1, 2021</td>
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<tr>
<td>Completed Assessments &amp; Plan Due</td>
<td>Not later than October 1, 2021</td>
<td>Not later than January 5, 2022</td>
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PART TWO – Integrated Behavioral Health Implementation Grant Tentative Timeline for Submission
(A separate RFP will be released in December 2020 with further details and final timeline. Assessment & Planning Grant is a prerequisite for eligibility.)

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<td>Proposals due</td>
<td>Aug. 1, 2021</td>
<td>Jan. 4, 2022</td>
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<tr>
<td>Notification of Selection</td>
<td>Oct. 1, 2021</td>
<td>Mar. 1, 2022</td>
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<tr>
<td>Grant Start Date</td>
<td>Nov. 1, 2021</td>
<td>April 1, 2022</td>
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Pre-submission Consultation
Prospective applicants are encouraged to schedule a call or a meeting with the Healthcare Access Initiative Program Officer to discuss alignment and feasibility of their proposal before submitting a proposal. Contact
Proposal Deadline
Proposals are only accepted using the Foundation’s online application process. The application is located on the Foundation’s website at www.rapidesfoundation.org under the “Grants” tab. Online deadline submission is no later than 4:00 p.m. CT, on the dates listed above. In fairness to all applicants, late or incomplete submissions will not be considered. Please note, the grant proposal must be fully submitted by the deadline, therefore, you must begin uploading documents prior to 4:00 p.m. on the day of the deadline. We suggest you allow a minimum of three hours for the upload process.

VIII. Proposal Requirements
ALL applicants must submit the following information in 11-point Calibri font with 1.5 line spacing, page numbers in the bottom right corner, and using templates provided (when referenced). All clinics must submit a separate proposal.

1. Cover page – completed online, a separate sheet is not required
   a. Application organization information (name, address, phone number, email, etc.)
   b. Name, title, phone number and email address of the proposed project coordinator, or key contact person from the applicant organization
   c. Project title (Name of applicant health center in Foundation service area participating in activities)
   d. Funding Amount Requested. Please fill in $10,000 if the proposal is for a community-based health center and $5,000 if the proposal is for a school-based health center.
   e. Brief program description

2. Background (up to 2 pages)-information should include data for only the applicant health center.
   a. Describe the size and location of the population impacted by the target health center, include:
      i Name and location of target health center
      ii Size of the health center’s population
      iii Demographics of the health center’s population
         ▪ Age: young adults (18-34), middle aged (35-64), elderly (65-74), aged (75+)
         ▪ Sex: male, female
         ▪ Ethnicity: African American, Hispanic/Latino, Caucasian (non-Hispanic)
         ▪ Community Type: rural, urban
      iv Describe the size of the health center’s behavioral health population
      v Demographics of the health center’s behavioral health population, include:
         ▪ Age: young adults (18-34), middle aged (35-64), elderly (65-74), aged (75+)
         ▪ Sex: male, female
         ▪ Ethnicity: African American, Hispanic/Latino, Caucasian (non-Hispanic)
   b. What behavioral health services does this health center provide, including mental health services and substance abuse services?
   c. What behavioral health staff does this health center have on-site?
      i What are their credentials?
      ii How much time do they spend on-site? Are they full-time or part-time?
iii. What services do they provide?
iv. What are the desired number of visits per day per provider? Is the goal being met?

d. What primary care staff do you have on-site?
   i. What are their credentials?
   ii. How many are full-time and how many are part-time?
   iii. Do they provide behavioral health services? If so, what services?
   iv. What are the desired number of visits per day per provider? Is the goal being met?

3. **Description of Integrated Behavioral Health (up to 2 pages)**
   a. Describe the health center’s current understanding and philosophy of integrated behavioral health.
   b. Describe how the behavioral health specialists are supporting the primary care providers at this site?
   c. Describe any challenges this clinic is experiencing with integrating behavioral health services. What have you tried to address the challenges?
   d. Explain why you would like to participate in this funding opportunity.

4. **Applicant Qualifications (up to 2 pages)**
   a. Explain how the project is consistent with the mission of your organization.
   b. Describe the institutional commitment of the applicant organization to behavioral health integration.
   c. On a scale of 1 to 5, with 5 being fully supportive, how supportive is the clinic’s medical staff of integrating behavioral health services?
   d. On a scale of 1 to 5, with 5 being fully supportive, how supportive is the clinic’s behavioral health staff of integrating behavioral health services?
   e. Describe the skills, expertise and experience your organization will contribute to the assessment and planning activities. There must be a Project Implementation Team responsible for carrying out the activities at each clinic. List the project director for the clinic and any other Team members dedicated to this project.

5. **Budget Narrative (up to 1 pages)**
   a. A line item budget is not required for the Assessment & Planning Grant, but please provide a budget narrative describing your intended use of the funds.

6. **Required Attachments**
   a. Audited financial statements, most recent internal financial statement and current operating budget. If audited financial statements are not available, a prior year financial statement certified by a governing board officer should be provided. Include the information for each fiscal agent or project partner.
   b. A list of applicant organization’s board members. Include member name and address, professional/community affiliations and board tenure. This information should be included for each applicant organization, fiscal agent or project partner.
   c. Resumes and job descriptions of human resources listed in 4(e).
IX. Additional Considerations

The Foundation reserves the right to:

• Request additional information from any or all applicants
• Meet with applicants to ensure full understanding of, and responsiveness to, the application requirements
• Request modifications to a respondent's application prior to final award to ensure alignment of project elements with the core values, mission, and operating standards of the Foundation
• Reject any or all applications submitted

Funded organizations are required to execute a Foundation-generated grant agreement (contract) and submit a board resolution affirming commitment to the grant-funded project by the board of directors.

For questions, please contact the Programs Assistant, at brooke@rapidesfoundation.org or 318.443.3394.

Resources:


http://jmcmpub.org/pdf/12-3/?pdf_page=32

https://www.ncbi.nlm.nih.gov/books/NBK22857/

The Rapides Foundation, 2018 Community Health Assessment, Available from https://www.rapidesfoundation.org/Newsroom/CommunityHealthAssessments.aspx