



THE RAPIDES FOUNDATION

Healthcare Access Initiative Integrated Behavioral Health Program Assessment and Planning Grant Request for Proposals

**Online Proposal Submission Deadline:
April 11, 2022; August 15, 2022; or October 17, 2022 at 1:00 p.m. CT**

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). Organizations participating in the Assessment & Planning opportunity will receive consultation and technical assistance to complete a Foundation provided 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 March 2022.

II. Background

Access to quality healthcare is important to reduce health disparities and improve health status for people in The Rapides Foundation Service Area (TRFSA). 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 (TRFSA), 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:

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.

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. Organizations may be at different levels of implementation within individual health centers. The two-part funding opportunity is designed to meet health organizations 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.

I. 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. FQHCs should identify sites within The Rapides Foundation Service Area (TRFSA) that would like to learn more and assess opportunities to increase access to behavioral health services through integration with their existing primary care practice. To that end, the Assessment & Planning Grant will support an assessment of the organization’s current level of integration and the identification of areas for improvement at sites within TRFSA. A separate Request for Proposals (RFP) will be released for an IBH Implementation Grant starting March 2022 with various opportunities to apply throughout the year. The IBH Implementation Grant RFP can be viewed to gain understanding of next steps after completing the Assessment and Planning Grant.

II. How it Works

FQHCs interested in increasing the level of behavioral health integration within their health centers located in TRFSA can apply for a two-part funding opportunity. Part One is an assessment and planning grant designed to assist awarded organizations with the development of a fundamental understanding of IBH, assess their current level of integration within health centers in TRFSA, and

identify areas for improvement. FQHCs are only eligible to participate in the Assessment and Planning process one time. Part Two is an implementation grant to support the improvement efforts toward addressing gaps identified in the assessment and planning process. The Part Two-IBH Implementation Grant can only be applied for after successful completion of the Part One-IBH Assessment and Planning Grant.

Part One - Integrated Behavioral Health Assessment & Planning Grant- In order to identify and describe the baseline integration levels, awarded FQHCs must complete a Foundation-approved assessment identifying the current level of integration. Organizations 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 health centers will complete the same assessment and evaluation tools. The Foundation will also provide, at no cost to organizations, consultation services from The National Council for Mental Wellbeing to help facilitate the completion of the assessment and identify strengths and areas for improvement. Health organizations are required to regularly meet virtually with the consultant to complete the assessment/evaluation tools and identify areas of focus for developing an improvement plan. Activities are expected to take 4-6 months. \$8,000 will be awarded for participation of at least one community health center or school-based health center. If multiple centers within an organization are participating, there is an additional award of \$2,000 per each additional community health center that participates and/or an additional award of \$1,000 per each school-based health center that participates. **Participation in the Assessment & Planning Grant is a prerequisite for the opportunity to apply for the Implementation Grant.**

Part Two - Integrated Behavioral Health (IBH) Implementation Grant - At the completion of Part One, FQHCs 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 \$100,000 per year per organization for up to a three-year period. Funds must be used to support improving behavioral health integration within sites that participated in the Assessment and Planning process. The IBH Implementation Grant will have a separate Request for Proposals (RFP) to be *released in March 2022*. *The RFP will provide details on funding and proposal requirements. FQHCs must participate in the Assessment & Planning Grant to be eligible for the Implementation Grant.*

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 organization, a Foundation-selected independent consultant with expertise in the nine core elements of behavioral health integration (Intentional Choice of Level of Integration, Team-Based Care, Evidence Based Clinical Models, Data Driven Systems, Leadership, Defined Continuum of Care, Care Coordination, Psychiatric Consultation, and Finance/Value Proposition). The consultant services will include monthly one-on-one coaching calls, webinars, group discussions, initial and periodic assessments and recommendations for modifications. Further information about this opportunity can be found in the Integrated Behavioral Health Program Implementation Grant Request for Proposals (RFP).

III. 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 (TRFSA) or seeking fundingsupport for projects restricted to the Foundation’s nine parishes.
- Must be a new applicant for this opportunity. Organizations are only able to complete the Assessment and Planning Process one time.

IV. Funding Guidelines and Grant Terms

Each FQHC organization operating health centers in the Foundation’s service area will receive \$8,000 for participation of at least one community health center or school-based health center. If multiple centers within an organization are participating, there is an additional award of \$2000 per each additional community health center that participates and/or an additional award of \$1,000 per each school-based health center that participates. Funds are to defray the cost of participating in the assessment and planning activities and to cover convening and facilitation expenses. Organizations will receive half of the funding once a consultant-approved work plan and timeline is submitted to the Foundation along with completion of Foundation-provided assessment tools. The remaining funds are disbursed upon completion of all coaching calls and submission of the final report to the Foundation.

Grant funds can be spent at the discretion of the grantee, but funds must be used to support the Assessment and Planning process at health center sites within The Rapides Foundation Service Area 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.

V. 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

	Cohort III	Cohort IV	Cohort V
Part One Proposal Due	April 11, 2022	August 15, 2022	October 17, 2022
Notification of Selection	June 3, 2022	October 5, 2022	December 14, 2022
Assessment Start Date	July 6, 2022	November 1, 2022	February 1, 2023
Completed Assessments & Plan	Not later than December 9, 2022	Not later than May 1, 2023	Not later than August 1, 2023

PART TWO – Integrated Behavioral Health Implementation Grant Tentative Timeline for Submission (A separate RFP will be released in March 2022 with further details and final timeline. Assessment & Planning Grant is a prerequisite for eligibility.)

Assessments must be submitted at least one month before proposals are due.			
Proposals due	April 4, 2022	August 8, 2022	January 9, 2023
Notification of Selection	June 3, 2022	October 5, 2022	March 1, 2023
Grant Start Date	July 6, 2022	November 1, 2022	April 3, 2023

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 Kiydra Harris, Program Officer, at kiydra@rapidesfoundation.org or 318.443.3394 to request a meeting. Please schedule the meeting at least two weeks before the proposal is due.

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 1:00 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 1:00 p.m. on the day of the deadline. We suggest you allow a minimum of three hours for the upload process.*

VI. 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). **One proposal per organization must be submitted with separate data for each health center within TRFSA that will participate in the process.**

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 TRFSA participating in activities)
 - d. Funding Amount Requested. Please fill in \$8,000 for participation of at least one community health center or school-based health center. If multiple centers within an organization are participating, there is an additional award of \$2000 per each additional community health center that participates and/or an additional award of \$1,000 per each school-based health center that participates.
 - e. Brief program description

2. Background (up to 2 pages)-information should include separate data for each health center site within TRFSA that will participate.
 - 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) provide separate description for each health center site(s) within TRFSA that will participate.
 - 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 each site?
 - c. Describe any challenges each site 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 organization'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 organization'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 assessment and planning activities. List the project director for the organization and any other Team members dedicated to this project from each participating site.

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

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).

VII. 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 Kiydra Harris, Program Officer, at kiydra@rapidesfoundation.org or 318.443.3394.

Resources:

A Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers, SAMHSA- HRSA Center for Integrated Health Solutions. <https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Website-Resources.pdf?daf=375ateTbd56>

Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration, SAMHSA- HRSA Center for Integrated Health Solutions. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/OATI_Overview_FINAL.pdf?daf=375ateTbd56

Standard Framework for Levels of Integration. SAMHSA-HRSA Center for Integrated Health Solutions. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?daf=375ateTbd56

Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001- EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at: <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>.

<https://archive.ahrq.gov/research/findings/evidence-based-reports/mhsapc.pdf>

<https://pubmed.ncbi.nlm.nih.gov/19640579/>

<https://www.nimh.nih.gov/health/statistics/index.shtml>

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>