



THE RAPIDES FOUNDATION

Healthcare Access Initiative Integrated Behavioral Health Program Implementation Grant Request for Proposals

Online Proposal Submission Deadline:

April 4, 2022, August 8, 2022, or January 9, 2023 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
- 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 Implementation Grant is the second 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 and alcohol abuse services within the primary care settings of Federally Qualified Health Centers (FQHCs). Participation in the Integrated Behavioral Health Program's Assessment & Planning Grant is a prerequisite for application to the Implementation Grant.

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.

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 achievable 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 rate 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-stopshopping”.
- 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 funding opportunity 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 Implementation Grant will support FQHCs' efforts to address areas of opportunity identified in local centers during the Assessment & Planning Grant process. The health center(s) of focus must be located within The Rapides Foundation Service Area (TRFSA) and participated in the successful completion of the Assessment and Planning Grant.

IV. 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.
- Implementation activities must occur at a health center site(s) within TRFSA that has participated in the Assessment and Planning Grant.

V. Funding Guidelines and Grant Terms

Each FQHC organization operating health centers in the Foundation's service area may apply for up to \$100,000 per year for up to a three-year period. One comprehensive proposal is required for each organization wishing to improve implementation of IBH and address behavioral health access and health outcomes. Organizations applying for implementation activities within multiple health centers must look at ways to cost share expenses and must include individual health center project development/support information for each center (see section VII-2). *Funding requests should reflect the size of the population served by the participating center(s) and must align to the findings of the Assessment and Planning Grant. Grantees will be required to demonstrate improvement and trend outcomes at a population level and individual level over time and if necessary can use the funds to ensure the systems and processes are in place to comply.*

Continued consultant assistance from the National Council of Mental Wellbeing will be provided by the Foundation for the duration of the grant term. See Appendix A for a list of consultants providing technical assistance during the IBH Assessment & Planning Grant.

Funding may be used for: registration and fees for evidence-based training such as motivational interviewing, problem solving therapy, and behavioral activation; training in evidence-based integration; travel and lodging to participate in evidence-based trainings; behavioral health staffing, and partial staffing for billing, data analysis and project coordination. Funds may also be used for, but are not limited to:

- Developing care pathways and building them into the electronic health records (EHR).
- Integrating behavioral health providers into care processes.
- Establishing team-based care and utilizing huddles.
- EHR modifications and/or registry purchases.
- Developing and improving health center information technology and EHR systems and infrastructure to integrate primary and behavioral health services and enhance data analysis.
- Using virtual approaches in integrated care.

Please note: Technology and software costs must be reflective of the target health center only.

Additional funding requirements:

- Participation in an informational webinar.
- Clear commitment from the CEO of the organization for the development of a fully integrated care system. *This commitment includes: time for program development by providers and practice staff; support in removing barriers to full implementation and appointing a project manager with time to support the development of the project.*
- Kick-off meeting between Foundation and health center staff to review the project.
- Monthly calls with Foundation and health center staff for the duration of the grant term.
- Kick-off meeting between consultant team and health center staff.
- Work with the Foundation-funded consultants (monthly coaching calls, webinars, and group discussions).
- Timely submittal of assessments, reports, and data requested by the Foundation/National Council of Mental Wellbeing.
- Within six months of starting the grant, behavioral health staff needs to be present in the

- clinic either directly or available for same day appointments/warm handoffs by telehealth.
- Psychiatric (or psych NP) consultation must be available to Behavioral Health staff as soon as staff is hired.

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
- 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

These funding opportunities are limited and offered on a competitive basis; therefore, it is possible not all applicants will receive funding. We reserve the right to award less than the amount requested.

VI. 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 proposal is 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.

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, 2021 2021	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.*

VII. 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). Begin each section on a new page with section title on top center and new page numbers.

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
 - d. Name of the funding opportunity (Planning or Implementation Grant)
 - e. Requested funding amount
 - f. Proposed project period starting no sooner than the dates listed above
 - g. Brief program description
2. **Project Development and Support (up to 3 pages)-information should include separate data for each participating 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 **target** population
 - Age: pediatric, 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
 - Payor mix
 - iv. Demographics of the health center's **current** patient population
 - Age: pediatric, 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
 - Payor mix
3. **Project Description: a full description of your proposed project based on the findings from the Assessment & Planning Grant (up to 12 pages)**
 - a. Describe your **organization's current level** of integration based on knowledge learned via the Assessment and Planning Grant. Include strengths and areas of opportunity and clearly tie the description to the assessment findings.
 - b. Describe each participating **health center's current level** of integration based on knowledge

learned via the Assessment and Planning Grant. Include strengths and areas of opportunity and clearly tie the description to the assessment findings.

- c. Describe the level of integration desired by the end of the grant term. Use terminology and definitions from the assessment.
 - d. Describe the efforts to be taken to close the gap between the current level of integration and the desired level of integration. Base your descriptions and efforts on the information learned and developed during the IBH Assessment and Planning Grant.
 - i. What areas will the center target for improvement? (Ex. Universal screenings, workflows, clinical pathways, EHR modification, etc.)
 - ii. Why are these areas the target and what activities will take place to improve integration?
 - iii. Describe the evidence-based clinical model of IBH you will use and how it fits the health center's setting and educates staff in evidence-based interventions.
 - iv. Describe project timeline, project partners, and other factors necessary to improve current level of integration. Please use charts, spreadsheets, or other depictions.
 - e. How will each participating health center demonstrate improvement and trend population health outcomes and individual outcomes over time?
 - i. Define your organization's population level and each participating health center's population level and individual level outcomes and quality measures.
- 4. Resource Adequacy**
- a. List required resources, including funding, which are currently committed to the project and the source of those commitments.
 - b. List other funders who have or will be solicited to fund this project, the amounts and current status of the requests.
 - c. Describe how progress will be sustained financially and organizationally after Foundation funding concludes.
- 5. Applicant Qualifications (up to 2 pages)**
- a. Explain how the project is consistent with the mission of your organization and of any project partners.
 - b. Describe the institutional commitment of the applicant organization and any project partners. See funding guidelines.
 - c. Describe the skills, expertise and experience your organization, and each project partner, will contribute. There must be a Project Implementation Team responsible for carrying out the project activities. List the project director and other Implementation Team members; the CEO must be included.
- 6. Evaluation Plan (up to 2 pages)**
- a. Describe the evaluation methods to be used to indicate the project is on track. This must include an update to the Core Elements Tracker utilized in the Assessment & Planning Grant.
 - b. Describe the evaluation methods to be used to measure long-term impact on clinical quality measure(s); include the CQM(s) target for the end of project.
 - c. Name the evaluation resources and persons responsible for tracking the clinical quality measure(s). Include information on the data-driven systems you will use to track progress and how data will be collected and measured and how often.
- 7. Budget Spreadsheet and Narrative (up to 2 pages)**

- a. A line item budget (up to \$100,000/year for up to 3 years) using the downloadable template.
 - b. A budget narrative describing your intended use of funds in each line item. If multiple health centers are participating in the project, the budget narrative should explain how funding will be allocated at an organizational and at each individual health center level.
 - c. A list of in-kind resources and/or support (if any) to be contributed by the applicant and/or partner organizations.
- 8. Required Attachments**
- a. A copy of applicant organization's 501(c)(3) designation letter from the IRS (not included in page count).
 - b. A copy of applicant organization's most recent IRS 990 (nonprofit tax return) or most recent audit if governmental agency (not included in page count).
 - c. 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.
 - d. Letters of understanding/commitment between your organization and all partners, consultants or resource providers, if applicable.
 - e. Letter(s) of support from community members, clients and other interested community members – up to ONE page each; please upload all letters as a single document, if applicable.
 - f. 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.

VIII. 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 to request a meeting. Please schedule the meeting at least 2 weeks before the proposal is due.

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

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

<https://deltacenter.jsi.com/resource/the-building-blocks-of-high-performing-primary-care/>

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

<https://www.oregon.gov/oha/PH/ProviderPartnerResources/healthsystemtransformation/Pages/index.aspx>

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

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

<https://integrationacademy.ahrq.gov/products/literature-collection/literature/topic/medical-home>