Expanding Access to Primary Health Care
Integrated Health Care Program

Request for Proposals

Pre-Application Webinar
October 18, 2010 (2:00-3:00 p.m.)
www.regonline.com/HGF_IntegratedHealthCareRFP

Evaluation Technical Assistance Webinar
November 2, 2010 (1:00-2:00 p.m.)
http://www.regonline.com/HGF_RFPEvaluation

Online Proposal Deadline
December 9, 2010

The Hurt Building ▪ 50 Hurt Plaza, Suite 1100 ▪ Atlanta, GA 30303
404-653-0990 ph ▪ 404-577-8386 fax ▪ www.healthcaregeorgia.org
Request for Proposals (RFP)

Expanding Access to Primary Health Care: Integrated Health Care Program

Purpose/Goal Statement

Healthcare Georgia Foundation’s mission is to advance the health of all Georgians and to expand access to affordable, quality health care for underserved individuals and communities. The purpose of the Expanding Access to Primary Health Care: Integrated Health Care Program is to provide funding to support integrating primary health care and mental health services for children and adolescents in Georgia. The program will provide grant support to eligible applicant organizations in Georgia to implement a two-year demonstration project with the goals of: 1) increasing access to primary health care and community-based mental health services to underserved populations; 2) provide culturally competent integrated health care services; and 3) reduce the stigma associated with mental illness. The intended outcomes for the project include:

1. Identifying best practice models for integrating primary health care and mental health care;
2. Decreasing barriers to implementing an integrated model;
3. Increasing capacity to evaluate outcomes associated with an integrated delivery system model; and
4. Promoting the “health home/medical home” construct.

Healthcare Georgia Foundation aspires to support the collaborative care model, which has been proven to be an effective strategy for integrating primary care and mental health services. This model collocates services (joins services) by having primary care providers and mental health providers’ partner to manage the treatment of mental health problems in a primary care setting and to address the barriers to implementation as they arise. It is the intention of this demonstration project to document the successes and challenges of implementing this model in a “real world” setting. Lessons learned will be used to guide future grant making and serve to inform the replication of this model across Georgia.

What is collaborative care?
Collaborative care is an integrated health care model in which physical health and mental health provider’s partner to manage the treatment of mild to moderate psychiatric disorders and to stable severe psychiatric disorders in the primary care setting. Collaborative care can be implemented in a number of ways, including brief psychotherapy or medication management and patient education.

What is the collocation model?
In a collocation model, physical health care providers and mental health providers are located in the same building or on the same premises. The idea is that the proximity of these services will make it easier for people to access care for both physical and mental health problems.
**Rationale/Background**

In 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Georgia Department of Human Resources estimated that 180,000 youth ages 9-17 were living with a serious emotional disturbance in Georgia. Currently, Georgia ranks 44th nationally in per capita expenditures for mental health services. In 2007, the Georgia Department of Juvenile Justice reported that 46 percent of the youth in its system who received mental health services were classified as “emotionally disordered,” and 10 percent were considered “severely emotionally disturbed.”

The recent restructuring of the Georgia Department of Human Resources and the creation of a new Department of Behavioral Health and Developmental Disabilities potentially can help to establish a new state mental health system that adequately protects those in need. However, significant challenges could have a direct impact on the system overhaul. For example: 1) the current Department of Justice lawsuit with the state of Georgia is focused on the adult population, not children; 2) the availability of accurate demographic data and outcome measurements is limited and hinders tracking progress; and 3) workforce shortages of mental health professionals and the limited capacity of the community-based health care system leaves the state without the resources to respond to the current level of need.

Healthcare Georgia Foundation has engaged in an extensive review of literature on best practice models for integrating primary health care and mental health services. The Foundation also worked with consultants to conduct key informant interviews, assessment of the status of the mental health system in Georgia and polling Georgia voters on perceptions of availability of mental health services. This RFP is intended to complement the Foundation’s work in supporting the safety net, and is intended to address the core objectives of the Foundation. These objectives include:

- Protecting and promoting the health of individuals, families and communities.
- Improving the availability, quality, appropriateness and financing of health care services.
- Integrating and coordinating efforts to improve health and health care services.

Healthcare Georgia Foundation has three funding priority areas that reflect prevalent health problems and the disproportionate burden of morbidity, mortality and disability among underserved individuals. These funding priorities are Addressing Health Disparities, Increasing Access to Primary Health Care and Strengthening Nonprofit Health Organizations. **This grant program will focus on Expanding Access to Primary Health Care by seeking to identify and support promising approaches to the integration of primary health care and mental health services.**

**Program Scope**

This grant program provides funding for two-year demonstration projects intended to support the implementation of integrating primary health care and mental health services, by using the collaborative care service delivery model. The target population is adolescents and children (and their families) ages 5-18. Partnerships are encouraged among community-based health centers,
nonprofit health care organizations, community service boards, nonprofit primary care health centers and community-based mental health centers serving low-income populations. Eligible applicants include organizations identified within the Foundation’s guidelines and nonprofit health care organizations that can demonstrate at the time of application a history of providing primary health care services. Applicants must demonstrate expertise in providing mental health and/or primary care services to children and adolescents and in delivering culturally appropriate health care services. Proposed projects should identify a specific local community in which services will be provided and demonstrate prior successful partnerships with the identified community.

Healthcare Georgia Foundation will provide up to $150,000 over two years to support 2-3 demonstration projects in Georgia. Grants will be awarded to organizations that demonstrate resource capacity and readiness to implement a collaborative care/collocation model at the start of the grant. The program targets eligible organizations serving the state of Georgia.

Proposals responsive to the Integrated Health Care Demonstration project should include the following elements:

1. Strategies to implement an integrated primary health care and mental health care service delivery model that incorporates collaborative care by collocating services.
2. Organizational capacity and readiness to implement an integrated model. This includes identifying additional financial resources to support the project. In-kind contributions will not be considered acceptable in lieu of cash. Planning proposals will not be accepted.
3. Strategies to establish guidelines for delivering culturally competent integrated services.
4. Program delivery model that addresses improving the structure, delivery and financing of integrated primary health care and mental health services.
5. An evaluation plan that includes indicators of progress and success, and a data collection/analysis plan to track primary care and mental health service delivery outcomes.

Applicants are expected to submit proposals that include specific and measurable outcomes for their programs. Applicants must demonstrate the capacity to collect baseline and interval data for process and outcome measures specific to the proposed interventions related to their program design and outcomes. Grantees are expected to meet reporting requirements for the duration of the grant period. This includes submission of periodic narrative reports, financial reports and a final report; participation in Foundation evaluation activities; and participation in Foundation site visits.

**Evaluation**

The Foundation is dedicated to strengthening its grantees’ organizational and evaluation capacity in order to assist them in evaluating outcomes and in developing plans to sustain their program, and to help them demonstrate the programs’ value to the community. To accomplish this, the Foundation has engaged the Center for Community Health and Evaluation (CCHE) to provide pre-award evaluation technical assistance. This technical assistance will consist of an evaluation Webinar for potential applicants and assistance for applicants in developing their evaluation
plans prior to submitting proposals. The Webinar is available to all interested applicants. Participation is not required but is highly encouraged. Applicants are expected to allocate up to 10 percent of the subtotal of direct expenses for evaluation within their project budget and budget narrative.

Each grantee will be expected to measure, at a minimum the following outcomes:

1. A reduction in barriers to (e.g. clinical, financial, policy and or organizational) implementing an integrated primary health care and mental health care model;
2. An increase in patients compliance with treatment plans;
3. Improvements in primary care patients’ psychosocial functioning; and
4. An increased number of children and adolescents (and their families) that utilize the primary care setting as their “health home/medical home” and report satisfaction with services provided.

Applicants should incorporate an evaluation plan into their proposals that includes the above outcomes and that describes the organization’s overall approach to evaluation. This includes completing a logic model for the program for which funding is being requested. The proposal should also provide a detailed plan for implementing an integrated primary health care and mental health care service delivery model that clearly identifies a target population, intervention strategies, community partnerships and staffing plan.

**Timetable**

- **October 18, 2010**
  - Pre-Application Webinar: (2:00 p.m. – 3:00 p.m.)
  - Please register at:
    - www.regonline.com/HGF_IntegratedHealthCareRFP

- **November 2, 2010**
  - Evaluation Technical Assistance Webinar: (1:00 p.m.-2:00 p.m.)
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- **December 9, 2010**
  - Online Proposals Due

- **April 2011**
  - Grant Awards Announced

- **June 2011**
  - Grant Period Begins