



Promoting wellness and recovery

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Request for Information

SAMHSA Funding Opportunity Announcement No. SM-17-008

Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

April 19, 2017

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is currently reviewing the requirements of the SAMHSA Funding Opportunity Announcement No. SM-17-008. In order to facilitate this process OhioMHAS is seeking information from qualified community partners. The information will be reviewed and used to help inform this potential grant process. This RFI includes only a brief overview of requirements from the SAMHSA Funding Announcement. Interested qualified community partner organizations are encouraged to read the full announcement at <https://www.samhsa.gov/grants/grant-announcements/sm-17-008>.

Interested qualified community partners are invited to submit a letter of interest and all required information detailed below. The information must be submitted no later than 11:00 a.m., Monday, April 24, 2017, by email to PIPBHC@mha.ohio.gov. RFI packets will be reviewed based on order of submission by date and time stamp of the email, completeness of required information and then by geographically diverse regions of the state.

This funding opportunity is for up to \$2,000,000 per year for a total of 5 years if federal funds continue to be allocated for this project. OhioMHAS may partner with up to four (4) qualified community partners. This could result in each qualified community partner receiving \$337,500 per year for proposed services.

By submitting a letter of interest, qualified community partners acknowledge that there is no guarantee of selection to participate in the grant application. Any and all funding that may result from a potential SAMHSA grant submission is dependent upon award, funding availability and compliance with grant requirements. Any qualified community partners that may be selected to participate in the formal grant application must have staff with grant experience. Due to the very short timeframe to submit the grant application, any qualified community partner that may be selected to participate in the grant application to SAMHSA must have grant staff dedicated and available to participate in grant development meetings and to provide necessary information and data starting immediately and running through Tuesday, May 16, 2017.

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Promoting

Integration of Primary and Behavioral Health Care (Short Title: PIPBHC) Cooperative Agreements. The purpose of this cooperative agreement is to: (1) promote full integration and collaboration in clinical practice between primary and behavioral healthcare; (2) support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED); and (3) promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. SAMHSA expects that a continuum of prevention, treatment and recovery support services will be offered to consumers within the PIPBHC grant program.

SAMHSA expects States or the appropriate State agency, in collaboration with one or more **qualified community programs as described in section 1913(b)(1) of the Public Health Service (PHS) Act, as amended; or, one or more community health centers as described in section 330 of the PHS Act, as amended**, to provide the following three core requirements:

- Promote full integration and collaboration in clinical practices between primary and behavioral health care.
- Support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness or children with a serious emotional disturbance.
- Promote integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

Applicants must select qualified community programs or community health centers that serve an area or population(s) of high need. Refer to [Appendix I](#) – SAMHSA’s Guidelines for Selecting Communities of High Need. Applicants must also identify the number of behavioral health or health provider organizations that will be involved and indicate which one or more of the four special populations will receive integrated care services¹.

The state or appropriate state agency receiving funding under this grant may not allocate more than 10 percent of the total grant award for administrative costs at the state level. The remaining 90 percent of funds must be allocated to a community program(s) or community health center(s) to provide direct integrated care. Of the remaining 90 percent of funding, no more than 10 percent may be allocated for evaluation/performance assessment/data collection (as referenced in [Section I.2.2](#) and [Section I.2.3](#) of this FOA), and no more than 15 percent may be allocated for infrastructure development, (as referenced in [Section I.2.4](#) of this FOA).

If a national evaluation is funded grantees will be expected to participate in the evaluation and may need to reallocate funds in their budget.

The target population OhioMHAS has chosen as the focus of this application will be individuals with substance use disorder.

Proposals must not exceed 3 pages and must at a minimum include the following:

- 1) **Provider Qualifications** - Demonstrate that your organization meets the following SAMHSA criteria to partner with the state. (This documentation may be provided as an additional attachment):

Eligibility for this program is statutorily limited to a State or appropriate State agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the State Medicaid agency, or the state health department) in collaboration with one or more qualified community health programs, as described in section 1913(b)(1) of the PHS Act as amended; or one or more community health centers as described in section 330 of the PHS Act, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers).

Federal designation by the Health Resources and Services Administration as a Health Professional Shortage Area.

Additional partner organization requirements:

Provider organizations are encouraged to be located in geographically diverse regions of the state in order to increase equitable access to treatment and recovery support services for the population(s) of focus.

-SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products.

-Partner provider organizations/sites are expected to remain the same throughout the life of the grant.

-Each mental health/substance use disorder treatment/primary care provider organization must have at least two years' experience providing relevant services and must comply with all applicable local and state licensing, accreditation and certification requirements, as of the due date of the application.

- 2) **Electronic Health Records** - Demonstrate that your qualified organization meets the Modified Stage 2 as required in the Funding Announcement and must have the functionality for data collection and reporting. See additional requirements below:

-Provider organizations must have an EHR system currently in use that has all health data fields to allow for collection of all reporting requirements.

-Must achieve Modified Stage 2 Program Requirements for Providers and Hospitals as defined by the Centers for Medicare and Medicaid Services (CMS), by the end of the grant.

-All service provider organization(s) involved with the grant must demonstrate that they have the appropriate consent regarding the sharing of information as defined by 42 CFR, PART 2.

-PIPBHC funded provider organizations must use EHR population management tools in order to support a robust continuous quality improvement process and must regularly generate reports by specific conditions to use for quality improvement.

3) **Proposal of Services** - Provide a description of the services being proposed for individuals with substance use disorder.

-No more than 15% of the community program(s) or community health center(s) funding may be used for infrastructure development.

-No more than 10% of the funding to the community program or community health center may be used for data collection, performance measurement and performance assessment.

-PIPBHC funded provider organizations must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for service to individual who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. PIPBHC funded organizations should also consider other systems for which a potential service recipient may be eligible for services (e.g., Veterans Health Administration, senior services). PIPBHC funded provider organizations are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

- Develop a plan to achieve fully collaborative agreements to provide services to special populations.

This plan must identify the selected provider organizations (i.e., behavioral health or health facilities) that will provide integrated care and a justification for the amount of funding requested for the services provided as related to selected special populations to be served. Differentiating the types of services that will use grant funds must also be indicated. For example, a community health center that already provides primary care services would likely use PIPBHC grant funds for behavioral health services. A community behavioral health center that already provides mental health and substance use services would likely use PIPBHC grant funds to provide primary care services.

Provider organizations shall be located among communities of high need, including federally recognized tribes; an Urban Indian organization; tribal organizations, tribally operated clinics, urban health clinics, or a HRSA-designated health professional shortage area (HPSA). Refer to [Appendix I](#) – SAMHSA's Guidelines for Selecting Communities of High Need for more information. It is encouraged that provider organizations be located in geographically diverse regions of the state in order to increase equitable access to treatment and recovery support services for the population(s) of focus. Partnering with non-profit, faith-based, adolescent and/or transitional aged youth, substance use treatment provider agencies, federally qualified health centers, school-based health centers, primary health care, education, or other agencies serving the population of focus is recommended.

- In order to promote full (or bi-directional) integration and collaboration in clinical practices between primary and behavioral health care, please note the following:
 - If the selected provider organization is a qualified, community health program as described in section 1913(b)(1) of the PHS Act, then a formal partnership with a community health center as described in section 330 of the PHS Act will be required to provide the *integration of primary care services into the behavioral health setting*.
 - If the selected provider organization is a community health center as described in section 330 of the PHS Act, then a formal partnership with a qualified, community health program as described in section 1913(b)(1) of the PHS Act will be required to provide *integration of behavioral health services into the primary care setting*.
- Applicants must identify those consumers most in need of integrated services (including those with HIV/AIDS and Hepatitis A, B, and C, as well as those with histories of trauma). Individuals who have or are at risk of developing chronic physical conditions are eligible to participate in the PIPBHC program. In order to support the goals of PIPBHC, it is important these services are long-term in nature and not time-limited.
- Develop a document that summarizes the policies, if any, that serve as barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers;
- Describe the partnerships or other arrangements with local health care providers (e.g., community behavioral health centers, health centers, school-based health centers, substance use treatment facilities) that will provide services to the selected special populations;
- Develop an agreement and plan to report to the Secretary of Health and Human Services (to be referred to as “the Secretary”) performance measures data necessary to evaluate outcomes and facilitate evaluations across participating projects;
- Develop a plan for sustainability beyond the grant or cooperative agreement period. One of the important goals of this cooperative agreement is to develop and implement the policy and financing policy changes required to sustain project activities when the grant ends. Grantees should develop, submit and receive approval of a sustainability plan from their Government Project Officer within 90 days of the beginning of the second and fourth years of the grant.
- Develop a continuous quality improvement (CQI) plan and oversight process. Grantees are required to engage with a coordination team or advisory council (that may already exist at the State level) among mental health, substance use, primary care, and children’s services). This coordination team or advisory council should also include family, youth, peers, and consumer organizations. The purpose is to obtain guidance and feedback for quality improvement, sustainability, and scalability of this grant program. Additionally, the CQI plan will assist in developing, reviewing, and improving required grant activities and evaluating the outcomes.

Selected Provider Organization Requirements – Note: If you are a qualified community health program, you are required to partner with a community health

center (as defined in section 330 of the PHS) to provide integrated primary care services. If you are a community health center (as defined in section 330 of the PHS), you are required to partner with a qualified community health program (under section 1913(b)(1) of the PHS) to provide integrated behavioral health services.

- Provide outreach and other engagement and retention strategies to increase participation in, and access to primary care and behavioral health treatment and prevention services for diverse populations. NOTE: If only outreach and other strategies to increase access are provided, the provider organization must identify that treatment services are available and that the organization has the ability to connect individuals with those services.
- Provide direct primary care and behavioral health treatment (including screening, assessment, and care management) and prevention services for diverse special populations at risk.
- Screen and assess clients for the presence of co-occurring chronic physical conditions; mental and substance use disorders for adults with serious mental illness; mental illness; children and adolescents with serious emotional disturbance; and individuals with a substance use disorder. The information obtained from the screening and assessment should be used to develop appropriate treatment approaches with the persons identified as having such co-occurring physical health conditions and chronic diseases.
- Identify the evidence-based or promising practices integrated care model(s) for primary care and behavioral health. This can include tele-health/behavioral health services and culturally appropriate or adapted models for disparate populations, such as rural/frontier communities, Alaskan Native/ American Indians, African Americans, Hispanic/Latino Americans, Asian Americans, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) populations,
- Develop a plan for the implementation of services for the identified special population. The plan must include descriptions of the integrated services that will be provided, the roles of the integrated care team and how they relate to the service provision, and the expected impact on the physical and behavioral health outcomes of the individuals served by the grant.
- Achieve Modified Stage 2 Program Requirements for Providers and Hospitals, as defined by the Centers for Medicare and Medicaid Services (CMS), by the end of the grant. To that end, organizations must develop and demonstrate the ability to meet the Modified Stage 2 Objectives and Measures for 2017 post award of the grant. Providers and hospitals will be required to attest to a single set of objectives and measures. More information can be found here https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_ModifiedStage2.pdf. Provider organizations should have an electronic health record (EHR) that meets Meaningful Use Stage 2 in order to ensure the capability of meeting the required reporting of the functional outcomes for this grant. Further, service provider organization(s) must demonstrate that they have the appropriate consent regarding the sharing of information as defined by 42 CFR, PART2.
- Provide all of the following components of person-centered, integrated care services:

- Care coordination including comprehensive care management and comprehensive transitional care from inpatient to other settings, including appropriate follow-up.
- Shared decision-making²
- Health promotion
- Individual and family support
- Referral to community and social support services, including appropriate follow-up

For guidance on person-centered, integrated care service categories that could inform the proposal, refer to [Appendix F](#) – Components of Person-centered, Integrated Care Services: Sample Definitions and roles.

For information on components of family centered care and peer support, refer to <https://www.samhsa.gov/section-223/carecoordination/person-family-centered>.

- Implement tobacco cessation, nutrition/exercise interventions, recovery and prevention of substance use disorders, in addition to other health and behavioral health promotion programs (e.g., wellness consultation, health education and literacy, independent living skills, sleep hygiene, prevention and recovery, and illness, stress, anger and self-management programs, etc.) for the special populations. These programs and the formulation of the integrated person-centered care plan for each individual receiving PIPBHC services need to include peer support, peer leaders and incorporate recovery principles. SAMHSA expects that grantees involve peers in the development and implementation of these services. For information on relevant service models, see <http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper>.

Allowable Activities:

Due to the breadth and scope of the project, it may be helpful to consider the following activities:

- Collaborate and partner with the State Community Mental Health and Substance Abuse Block Grant programs, State Medicaid offices, state health departments, and children and health agencies.
- Work with the State Medicaid office on the CMS-recognized Collaborative Care Codes to determine how they may align to support sustainability of integrated care services.
- If the service provider organization is a qualified community health program, then you must partner with a community health center as described in section 330 of the PHS Act. Consider utilizing the HRSA data warehouse and Universal Data System (UDS) on locating health centers and safety-net providers, as well as the health outcomes and requirements already collected in these programs. Although designated look-alike health centers do not qualify under section 330 of the PHS Act, as amended, they can still be a community partner to expand integration services.

- 4) **Evidence-Based Practices** - Proposals must incorporate evidence-based practices that will be utilized:
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SAMHSA's services grants are intended to fund services or practice that have a demonstrated evidence base and that are appropriate for the population(s) of focus.

-EBPs for the actual services. Proposed EBPs must support tobacco cessation, nutrition/exercise, chronic disease self-management, and appropriate mental health, substance use interventions, assessment and treatment of behavioral health and physical health conditions.

-EBP or promising practices for integrated care model(s) for primary care and behavioral health that will be used to improve overall wellness and physical health status of the population. Must address disparities in service access.

- 5) **Population Demographics** - Each proposal must include an overview of population demographics that both supports the need and describes the gap services being proposed. See below:

Provide a comprehensive demographic profile of people with SMI and SED in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

Identify your special population(s) of focus. Provide a comprehensive demographic profile in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

Discuss the differences in access, service use, and outcomes for the selected provider organization's population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.

Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the special population(s) identified in the response to question A.1. States or appropriate State agencies are expected to identify those consumers most in need of integrated services (including those with HIV/AIDS and Hepatitis A, B, and C, as well as those with histories of trauma). To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

State the unduplicated number of individual you propose to serve, annually and over the entire grant period, with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

6. **Budget Overview** – Provide the amount of grant funds being requested in the following categories (You must use SAMHSA's services grant fund primarily to support direct services):

-Total Amount Proposed (not to exceed \$337,500 per year)

-Infrastructure Development Amount (if any, not to exceed 15% of total)

-Data Collection/Performance Assessment Amount (not to exceed %10 of total)

7. **Organization Staffing/Grant Experience** – Provide the name(s) of staff that will be the primary grant person at the organization and their experience in grant writing and reporting. This may be a separate one page attachment.

OhioMHAS plans to partner with up to 4 qualified community partner organizations in diverse areas of the state for this grant opportunity. If multiple qualified community partner organizations submit complete proposals in response to this RFI proposals will be considered in the order they were submitted and then by geographically diverse areas of the state. Qualified community partner organizations chosen to participate must have the ability to submit any and all additional required information for the SAMHSA grant application as quickly as possible and all required information must be received no later than Tuesday, May 9, 2017.

Again, provider organizations interested in submitting a proposal are encouraged to read the full Funding Opportunity Announcement, No. SM-17-008. <https://www.samhsa.gov/grants/grant-announcements/sm-17-008>.

If Ohio is awarded these grant funds service delivery by the qualified community partner organizations should begin by the fourth month of the project at the latest.

No more than 6 pages will be accepted:

- One page documentation of meeting the requirements as a qualified organization.

- Three pages for the proposal.

- One page for the budget overview.

- One page to name the organization's grant person and overview of their grant experience.

Proposals will be accepted via email to: PIPBHC@mha.ohio.gov

Proposals will be accepted until 11:00 a.m., Monday, April 24, 2017.