Blue Cross Blue Shield of Massachusetts Foundation

Fostering Effective Integration of Behavioral Health and Primary Care

2015-2018 Funding Request Overview

Summary
Access to behavioral health care services for patients across the full spectrum of severity remains one of the Commonwealth’s greatest health care challenges. In addition, many patients with mental health and substance use disorders lack access to and engagement in preventive and primary care services, including management of chronic conditions. The Foundation is focused on ensuring that low-income and vulnerable patients have access to integrated behavioral health and primary care services.

The Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation aims to advance the objectives of behavioral health and primary care integration, as well as the ACA, by supporting established and experienced provider partnerships engaged in collaborative planning, action, and evaluation to improve access to integrated care, patient engagement and experiences, and clinical outcomes. The Foundation will fund a grant initiative of at least three years for experienced programs to assess how integration of behavioral health and primary care services impacts these factors. Funded programs will participate in a quantitative evaluation of access to appropriate care that will be designed by the evaluator in cooperation with the grantees and the Foundation.

Essential Program Elements (page 3)
- Existing, experienced integrated care initiatives.
- Ability to expand integrated services to include a new patient population, service or condition.
- Ability to participate in data analytic tasks, and identify the success factors and the challenges to assessing the impact of behavioral health and primary care integration.

Foundation Activities and Evaluation (page 4)
- External evaluators will work with grantees to develop reporting requirements to measure the impact of integration.
- Grantees will participate in shared learning communities hosted by the Foundation and evaluation partners.
- Grantees will host site visits by the Foundation staff and the external evaluator.

Eligible Applicants and Selection Criteria (page 5)
- Community health centers, community mental health centers, nonprofit community or hospital affiliated primary care physician groups serving a significant proportion of low-income and vulnerable populations, other safety net providers and community-based organizations whose initiatives are based in Massachusetts.

Funding (page 7)
- Organizations may request up to $200,000 a year for at least three years for support of mature existing programs.

Deadlines and Submission Requirements (page 7)
- LOI Due: July 29, 2015, 5pm
- Invite Full Proposals: August 12, 2015
- Full Proposals Due: September 3, 2015, 5pm
- Grant Period: December 31, 2015 to December 31, 2018
Fostering Effective Integration of Behavioral Health and Primary Care in Massachusetts

2016-2018 Guidelines

Program Overview and Goal

While many practices across Massachusetts are engaged in delivering integrated behavioral health and primary care at various levels, most agree that more can be done. There are no standardized models for or measures of success available to practices. Many people with behavioral health needs still experience access challenges, people with serious behavioral health issues may not have access to regular primary or much-needed specialty care, and patients with co-morbid behavioral and medical disorders reflect some of the most vulnerable, challenging and high cost cases in the Commonwealth.

The BCBSMA Foundation funded one year of program support to integration programs, as well as for exploration, assessment and documentation to help reveal success factors, barriers and challenges, and opportunities for improvement. The year of assessment helped to determine how the Foundation can add value and advance the behavioral health and primary care integration agenda, and inform a longer-term investment intended to develop and promulgate promising practices.

The Foundation is now prepared to fund a grant initiative for at least three years for experienced programs that are poised to expand by broadening their focus on a specific patient population, co-morbidity, new screening, additional service or some other intervention component that creates the condition for pre- and post-measurement. Programs will engage in a quantitative evaluation that will be developed by the evaluator, in partnership with the grantee and Foundation. This grant program will assess how integration of behavioral health and primary care services improves access to care, engagement in care, patients’ experience, and care outcomes. These are the primary evaluation domains, though not the only areas for measurement of impact. Therefore, it is important for programs to define their expansion, which will serve as a baseline for the evaluation framework. For instance, grantees who are primarily serving patients with mild to moderate anxiety and depression may expand the program to screen for alcohol and substance use; programs may choose to broaden services to include depression screening for adolescents, etc.

While programs will not have to design their own evaluation, grantees will be required to identify one or more clinical quality measure that is relevant to their program, one or more indicator of access, as well as other characteristics that are described throughout this document.

The Foundation also seeks to understand the programmatic cost of implementing an effective integration model and will expect applicants to share this information, as well as the process by which costs are determined and regularly monitored. Grantees will be required to identify services critical to integration – regardless of whether or not they are covered by the grant funding – and document which ones are reimbursable.

Context

With full implementation of the Patient Protection and Affordable Care Act (ACA) now underway, the U.S. healthcare system is undergoing major changes aimed at improving access to high-quality care. In addition to expanding healthcare coverage, the ACA is encouraging innovation among providers, payers, and policymakers in order to achieve: more coordinated care-delivery models, particularly for complex populations; alternative payment
methodologies that reward quality and value instead of volume; and, a wide variety of collaborative, co-located, and integrated service models designed to treat the medical and behavioral health needs of patients and their families.

Access to behavioral health care services for patients across the full spectrum of severity remains one of the Commonwealth’s greatest health care challenges. In addition, many patients with mental health and substance use disorders lack access to and engagement in preventive and primary care services, including management of chronic conditions. The Foundation is focused on ensuring that low income and vulnerable patients have access to integrated behavioral health and primary care services. The BCBSMA Foundation aims to advance the objectives of the ACA, as well as those of behavioral health and primary care integration by supporting established and experienced provider partnerships engaged in collaborative planning, action and evaluation to improve access to care, engagement in care, patient experience, and care outcomes.

Redesigning a fractured and siloed health care system and eliminating gaps in shared information and communication that detract dramatically from quality care, patient engagement, and cost effectiveness are among the goals of integrated care. These are national challenges, but significant responsibility for identifying and implementing evidence-based models continues to fall to states, which have long served as laboratories for change. Massachusetts has an opportunity to lead by developing robust, effective, and efficient integrated behavioral health and primary care models that demonstrate:

- How integration expands access to and engagement in care, across the continuum of behavioral health and primary care services;
- How integration promotes improvements in the patient experience;
- How programs impact clinical and care outcomes;
- How programs can be sustained and replicated.

**Essential Program Elements**

The Foundation aims to support existing, experienced integrated care initiatives and to assess the impact of behavioral health and primary care integration on expanding access, patient engagement and satisfaction, and quality of care. We are also interested in knowing how organizations address challenges and barriers, what resources and/or structural changes are required to strengthen and sustain programs, and how programs are designed to achieve maximum communications and coordination among all parties involved with implementation.

The literature describes a spectrum of integrated care: Coordinated Care, Co-located Care, and Integrated Care. While patients with behavioral health needs can be served anywhere along the spectrum, each approach brings with it particular challenges, as well as potential for effectiveness. The Foundation is seeking a clear articulation of which patient population has been best served by a particular integration approach; how this has been measured/ascertained, and how the program will expand to include a new population, condition or service (e.g. expanding practice to include children and adolescents, patients with substance use disorders, adding SBIRT, screening for alcohol and substance use, etc.), which will enable programs to establish a baseline for evaluating impact.

Furthermore, the characteristics and commitment of the provider partners are essential for determining the efficacy and sustainability of the intervention model. The Foundation is interested in knowing about such components as the degree of integration, skills and training, the specific roles and functions, and utilization of non-clinical staff at this time and how it might be enhanced over the grant period.
Successful proposals will:

- Describe how their organizations have been delivering integrated behavioral health and primary care services, to whom, and for how long. This includes discussion of the collaboration partners (clinical and non-clinical), their respective roles and degree of engagement, and the current level of integration of their program model.
- Describe the patient population currently being served by their integration model, and clearly articulate how access to the integrated model of care will be expanded. For example, this can include a description of a completely different patient population (defined by age, gender or clinical condition), or a new screening/treatment being introduced (drug or alcohol use), or a new service (SBIRT); the intent is to establish conditions for pre- and post-measurement of both behavioral and physical health during the term of the grant.
- Explain how patients' needs and course of treatment will be identified.
- Describe their experience with measuring the impact of their integration program, including the metrics they use and how long they have been measuring impact.
- Describe how clinical outcomes are measured, for whom, and frequency.
- Describe how the patient experience is measured, and how it might also be used to elucidate barriers to integration.
- Describe experience with building and using a patient registry, and how the data are used.
- Express their willingness to participate in an evaluation protocol designed to help each grantee determine the degree of success in improving access to appropriate care.
- Describe their ability to participate in data analytic tasks such as chart review studies, patient registry analysis.
- Consider the financing required to sustain and grow an integrated program of care, and explain the process for determining the annual program cost.
- Provide detailed descriptions of the communication channels, protocols, systems and processes that exist to help ensure and enhance their level of integration, particularly those activities that specifically promote access to regular and appropriate care.
- Draw upon lessons learned from prior grant-funded programs and integration initiatives, and incorporate promising strategies for effectiveness, improvement and sustainability.

**Foundation Activities and Evaluation**

The Foundation’s external evaluation partner will design a process that entails working very closely with the grant recipients to measure the impact of behavioral health and primary care integration in a variety of domains. The evaluators will develop reporting requirements that examine such activities as:

- Ability to identify and assess the needs of the target population identified for the program expansion under this grant program, and the size;
- Ability to link those in need to appropriate services;
- Process for tracking the costs of programmatic implementation;
- Access to mental health, substance abuse and/or primary care supports, such as peer navigators, community health workers (CHWs), health coaches etc.

Grantees will be expected to collect and report four to five metrics on their program throughout the grant period. Grantees will work with evaluators to choose at least one measure of access, one measure of patient engagement, and one programmatic cost measure. Examples of these are below. To assess patient outcomes, grantees will be asked to track at least one common measure, such as a wellness measure or SF-12, as well as a self-selected clinical measure.
Examples of access measures:
- Access time to third next available behavioral or physical health appointment.
- The number assessed for needs and referred for services.
- Percent of patients who attend first appointment (behavioral health, primary care, or treatments of a chronic condition).

Examples of patient engagement and experience measures:
- CG-CAHPS
- Percent of patients who attend second appointment (behavioral health or physical health), if recommended.
- The amount and type of services received.
- General health status and health transition (e.g. self-rated health status and how it compares to the prior period).

Examples of clinical outcome measures:
- PHQ-9 Depression Scale
- Beck Anxiety Inventory
- GAD-7 (Generalized Anxiety Disorder 7-item scale)
- HbA1c, or preventive services adherence
- GAIN-SS-Substance use
- Patient Efficacy (SMI) - measured by Health Care Efficacy Scale adapted from the Mental Health Confidence Scale (Kelly et al.), Stanford Chronic Disease Self-Efficacy Scale (general medical illness) and the client and clinician rated psychiatric Illness Management and Recovery Scale (Bartels et al.).

Examples of program cost measures:
- Costs that are reimbursable.
- Clinical and non-clinical personnel costs.
- Costs of screening.
- Other intervention costs.

Shortly after grant awards are made, there will be an initial forum with the evaluation partner to establish a solid foundation for reporting requirements and consistency – to the extent possible – across all grantee programs. Grantees will be expected to provide this evaluator with access to non-confidential data and other information about their project as needed to perform the evaluation.

In addition, the Foundation will host a series of forums for the grantees to promote shared learning, best practice models from outside of Massachusetts, and trainings to facilitate program enhancement. These sessions will be in addition to the time grantees will spend with the evaluators, though the Foundation will be sensitive to the demands on grantees’ time. Grantees are expected to participate in all of these sessions, and will be encouraged to think strategically about the appropriate members of the integration team to include in the respective sessions, depending upon the content of the forum.
The Foundation’s experience has been that grantees benefit greatly by sharing lessons learned, collaborating to promote system change, and candid reflection throughout the course of the grant period. Accordingly, applicants should demonstrate a willingness to engage with the Foundation, other grantees, evaluators and other stakeholders. Grantees will also be expected to participate in site visits with Foundation and evaluation staff, as requested. Grantees will be expected to have a designated program manager who is primarily accountable for the deliverables under this grant program, but with the demonstrated participation and support of other members of the integration team.

**Eligible Applicants and Selection Criteria**

Eligible applicants include community health centers, community mental health centers, nonprofit community or hospital affiliated primary care physician groups **serving a significant proportion of low-income and vulnerable populations**, other safety net providers and community-based organizations whose initiatives are based in Massachusetts.

Foundational selection criteria for these grants include:

- The degree to which proposed efforts focus on low-income and vulnerable populations in Massachusetts.
- A minimum of three years’ experience delivering integrated behavioral health and primary care integration.
- Evidence of meaningful and effective engagement among both behavioral health and primary care partners, as well as other stakeholders essential to the efficacy of the model and those who are impacted by the program. Consumer and direct care provider engagement is essential.
- Demonstrated organizational leadership support and commitment to integrated care, including a specific program leader and clinical champion(s).
- Strong and dedicated project management capacity.
- Clear description of three-year goals for measuring the impact of integration on expanding access to care. What metrics? What resources are in place and required? How would collecting these data be helpful to sustainability? Demonstrated commitment to working with the evaluation partners to identify appropriate metrics, overall.
- Strength of the internal evaluation capacity and attention to performance management, including the logic model and data collection, management and analysis capacity to assess the program effectiveness, impact and improvements.
- Existence of or demonstrated capacity to create a patient registry for tracking the behavioral health integration population(s) of interest. A patient registry would support organizations’ ability to identify a cohort of patients to follow patients with behavioral health needs over time. The benefits of this are two-fold: 1) To track outcomes of patients over time 2) To enable population health management and reach out to a group of patients proactively with behavioral health needs to support them based on evidenced based practices. While both electronic health records (EHRs) and registries use clinical information at the patient level, registries are population focused, purpose driven, and designed to derive information on health outcomes defined before the data are collected and analyzed.
- The degree to which the proposed program, if successful, could be scalable to larger segments of the population, other health conditions, or to other providers and purchasers.
- Collective accountability for the success or failure of funded activities across all partners.
- Statement of how the program helps to advance the credibility and efficacy of behavioral health and primary care integration as a vehicle for achieving access to care for low-income and vulnerable patients.
- Quality and clarity of program objectives and budget.
- Capacity to measure annual program costs.
Funding

Organizations may request up to $200,000 a year for at least three years for support of existing programs that meet the above-mentioned criteria. This does not commit the Foundation to funding at this level, as decisions will be made based on individual program merit and alignment with the above-mentioned criteria.

Proposals can include such items as support of salaries for positions, augmenting data collection and management capacity, enhancements to technology that is essential to implementing an integration program, trainings and staff development pertinent to integration, and other essential program implementation materials and operations that are consistent with the objectives of this grant program. The program budget supported by this grant should be realistic, balanced, and include further explanations in assumptions, as necessary, on the Project Budget Worksheet included on the portal. The Foundation maintains discretion to make grants for shorter periods than the time requested and for amounts lower than the maximum. This grant period is December 31, 2015 to December 31, 2018.

Deadlines and Submission Requirements

The Foundation has a two-tiered proposal process beginning with Letters of Inquiry (LOI), followed by submission of full proposals, if invited. Programs that are currently funded under this grant program are not required to submit a LOI. Review of, and due diligence on, the proposals will be conducted from August through December 2015. This will include interviews or site visits for invited applicants only.

Both LOIs and full proposals (invited applicants only) must be submitted through the Foundation’s online portal according to the following schedule:

| LETTERS OF INQUIRY DUE JULY 29, 2015 | All new applicants are required to submit a Letter of Inquiry (LOI) via the portal available at http://bluecrossmafoundation.org/Grants/. Please do not submit attachments or supporting materials with the LOI. |
| AUGUST 12, 2015 | Invitation for a full proposal – Organizations being invited to submit a full proposal will be contacted. Current grantees of this program are invited to submit a full proposal. |
| PROPOSALS DUE SEPTEMBER 3, 2015 | Organizations that have been invited are required to submit a full proposal via the portal. The Foundation will acknowledge receipt of proposals within two business days. Only complete proposals, including all letters of support, logic models, and other attachments noted on the portal will be considered for funding. |
| INVITED PROPOSALS AND CURRENT GRANTEES ONLY: | Project Budget Worksheet – Utilizing the budget worksheet available on the portal, include an annual budget to be supported by this grant. Please add line items and budget assumptions, as needed. This budget is different than, and a sub-set of what will be required during the grant period. Organizational Budget – include your organization’s board or department-approved operating budget for the year in which funding is being requested. Hospitals must mail a copy of their most recent |
Community Benefits Report. Hospital-based programs must indicate financial support from the hospital beyond in-kind contributions.

Project Logic Model

Letters of Support and Commitment – Include a minimum of three letters of support that illustrate your organization’s capacity for making a measurable impact on the issue to be addressed by the program. Also include a statement from your organization’s senior leadership that demonstrates commitment to and knowledge of the program.

Questions

Applicants are strongly encouraged to participate in a webinar, and to email questions to Foundation staff as LOIs and proposals are being developed, as necessary. The Foundation will host two webinars on Friday, July 17 – 10:00 to 11:30 a.m. or 1:30 to 3:00 p.m. – and one on Monday, July 20 – 10:00 to 11:30 a.m. – to review the requirements of this grant program and answer questions of potential applicants. Please register in advance for one of these sessions by contacting grantinfo@bluecrossmafoundation.org.

- **Program related questions:**
  Celeste Lee, Senior Director of Grantmaking
  617.246.8406
  Celeste.Lee@bcbsma.com

- **Technical and logistical questions related to the online portal:**
  Evelyn Monteiro, Administrative and Grants Coordinator
  617.246.4850
  Evelyn.Monteiro@bcbsma.com

The Foundation will post answers to frequently asked questions (FAQ) at www.bluecrossmafoundation.org after the webinars. The Foundation will notify all full proposal applicants of funding decisions in mid-December 2015.