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Request for Concept Papers

(By Solicitation Only)

**“People First”: Center of Excellence for the Integration of Care for
Individuals with Co-Occurring Mental Health &
Substance Use Disorders**

I. About the Foundation

The New York State Health Foundation (NYSHealth) is a private foundation dedicated to improving the health of all New Yorkers. NYSHealth has a three-part mission:

- **expanding health insurance coverage** to State residents who cannot afford to purchase their own coverage or whose coverage is inadequate;
- **increasing access to high-quality health care services** for underserved people; and
- **improving public and community health** by educating New Yorkers about health issues and empowering communities to address them.

To support this mission, NYSHealth established the following three priority areas: 1) reducing the number of uninsured; 2) improving health care for people with diabetes; 3) improving integrated care for individuals with co-occurring mental health and substance use disorders.

II. Background/Scope of the Problem

Approximately 5.2 million people in the United States had co-occurring mental health and addictive disorders in 2005. The social fabric of families and communities is being torn apart by the devastating effects of these two major public health concerns. According to health experts, homelessness, violence, social isolation, relapse and early death are among the worst outcomes of these conditions when they are left untreated. Yet, more than 50% of people with co-occurring substance use problems and serious mental illnesses do not get treatment, and less than 10% of the population with co-occurring disorders receive evidence-based treatment for both conditions.

KEY DATES:

Intent to Apply
April 4, 2008

Informational Meeting/Webinar:
April 14, 2008 at 10 a.m.

Application Deadline
May 15, 2008 by 5 p.m.

Outcome Notification
August 15, 2008

In New York State, approximately 1.4 million people suffer from co-occurring mental health and addictive disorders. Further, more than 60% of New Yorkers with a Medicaid claim for a substance use disorder also had a psychiatric disorder; and more than 50% of persons with schizophrenia also had a substance use disorder diagnosis. The interaction of these conditions—and the inability to provide integrated treatment—results in poor health outcomes for individuals, and high costs for publicly-funded treatment systems. According to the recent report, “Medicaid in 2007: Recent Research and Implications for Reform,” this population referred to as “high-need” patients (i.e., those with physical, mental and substance use disorders) account for nearly 70–80% of all Medicaid expenditures.

The barriers to more integrated mental health and substance use care are well-known; however, removing those barriers requires leadership, sustained effort, and the involvement of all stakeholders—consumers and providers, as well as local and State government—in implementing the needed reforms to current practice. NYSHealth, in partnership with the two State agencies responsible for mental health and substance use services—the New York State Office of Mental Health (OMH) and the New York State Office of Alcoholism and Substance Abuse Services (OASAS)—is committed to taking a leadership role in transforming this vital area of health care.

III. Foundation Goals

A chief barrier to integrated treatment is the inherently fragmented structure, and silos in our health and human services and criminal justice systems. Working closely with OMH and OASAS, the Foundation seeks to remove barriers to integrated mental health and substance use care using a two-tier effort:

1. making changes at clinical delivery sites to achieve integration; and
2. addressing systemic policy barriers to achieving and sustaining integrated services.

One of the primary reasons NYSHealth has made a financial commitment to this priority health area is because OMH and OASAS have made co-occurring disorders service integration a statewide reform priority. In July 2007, these two agencies jointly convened the New York State Task Force on Co-Occurring Disorders (hereafter the Task Force). The Task Force, made up of experts in both the mental health and substance abuse fields and stakeholders, issued a report (*see separate document*) with recommendations for system-level improvements in four targeted areas:

1. **Clinical Care:** The adoption in OASAS- and OMH-certified programs of: a) formal screening tools; b) domains for clinical assessment; and c) specific evidence and consensus-based principles and practices for providing optimal treatment of both substance use and mental health disorders.
2. **Regulatory Reform:** The greater use of co-location and satellite clinic capacities and the adoption of a “single certification” model to allow for the provision of integrated care in both OMH and OASAS programs.
3. **Fiscal Flexibility:** The capacity for reimbursement of integrated services based on single certification.

4. **Systemic Support:** State agency collaboration with county and provider representatives seeking to improve their service systems within existing resources.

The accompanying Addendum provides detailed information on the clinical and technical activities that will be sought from the 526 OMH- and 697 OASAS-certified clinic programs in New York State.

IV. Requests for Concept Papers

To advance these goals and recommendations, the Foundation has allocated \$5 million for funding over the next four years to establish a Center of Excellence for the Integration of Care for Individuals with Co-Occurring Disorders. The Foundation will allocate at least 60% (\$3 million) of these funds to support direct activities related to improving the integration of substance use and mental health care, and—at most—40% (\$2 million) of the funds to support the operation of the Center of Excellence. The Center will work to implement evidence-based practices, provide technical assistance and manage a grantmaking program that will move forward systemic changes with actual impact at both the provider and client levels. The Center will use the recommendations made by the Task Force, and the ongoing implementation work of both State agencies, as guiding principles to provide technical assistance for best practices throughout the State. The Foundation will expect the lead organization to devise and execute a strategic plan that will reach out to the 526 OMH- and 697 OASAS-certified clinic programs in New York and provide them with the necessary technical support to integrate the Task Force recommendations.

Capability

We seek proposals from organizations that will demonstrate the following capabilities:

- experience in working on issues related to co-occurring disorders;
- ability to constitute a statewide infrastructure—particularly the capacity to bring together multiple partners within the organizational structure of a “virtual” Center;
- expertise with technology transfer strategies (this includes the use of evidence-based technology strategies such as peer-based learning structures; Web-based and decision-support technologies; coaching and technical assistance through learning collaboratives; the provision of mini-grants to foster adoption; and the development of post-intervention sustainability strategies);
- experience working with community based organizations, providers, and other non-institutional stakeholders;
- experience with multi-system change processes;
- experience bringing about wide-scale change; and
- experience developing performance measures that monitor implementation and evaluate a statewide plan.

The Foundation intends to assess the impact of its investment in this area with an evaluation to be conducted by an independent group selected by the Foundation.

V. Instructions for Developing Concept Papers:

This request for concept papers (RFC) solicits proposed concept papers from selected institutions for the formation of this Center to work with NYSHealth and its State agency partners, OMH and OASAS, in improving the care and outcomes for persons with co-occurring mental health and substance use disorders in New York State.

Concept papers can be submitted by a single entity or a partnership of multiple entities; however in the case of a partnership, at least one entity should be located in New York State.

Concept Papers will need to include detailed information in the following four areas:

1. **Capability.** How your organization(s) embodies the capabilities listed under Section IV. Please include a brief narrative for partnering organizations that will work to implement the goals of this initiative.
2. **Knowledge and experience in the field.** Demonstrated understanding of the key systemic and clinical barriers to integrating care for mental illness.
3. **Implementation plan.** Using the four targeted areas for system-level improvements detailed in Section III, explain how you will seek to implement statewide changes. Please describe the key activities you will use and the processes by which your organization will provide technical assistance to providers on implementing system changes specific to the methods described in the Addendum. The implementation plan needs to include a clear description of the infrastructure and strategic activities that the applicant will use to reach out to the 526 OMH- and 697 OASAS-certified clinic programs in New York.
4. **Expected outcomes and target benchmarks.** Please provide a detailed description of your anticipated outcomes and concrete benchmarks you will use to assess your progress for each year.

Selection Criteria

Applicants will be assessed based on the following criteria:

- Feasibility of plan and timelines.
- Potential for success on a statewide scale.
- Experience and qualifications.
- Collaborating with a diverse set of experts and technical partners will be considered a positive attribute of a proposed project in light of the broad goals and geography of this initiative. We encourage applicants to develop an infrastructure that will allow for providers to be engaged in the planning, implementation, and evaluation process. This infrastructure should be delineated in detail in the “Implementation Plan” section of the application.
- Clarity in articulating how the activities will be carried out, disseminated and evaluated. Foundation staff, OASAS, and OMH will collaborate with a group of external reviewers to evaluate the concept papers. The NYSHealth Board of Directors will make final award decisions based on the recommendations of this review team.

VI. Application Timeline and Process

Timeline

- To help us assess the volume of potential submissions, we ask that you e-mail us your intent to apply to by **Friday, April 4, 2008** to IntegratedCareRFC@NYSHHealth.org. Please include your name, organization name, contact information, and a link to your organization's Web site.
- An informational meeting/Webinar will be held on **Thursday, April 14, 2008 at 10 a.m.** to provide potential applicants with further information on this RFC.
- Concept papers must be received no later than **5 p.m. on Thursday, May 15, 2008**.
- All applicants will be informed of the outcome of their proposals by **Friday, August 15, 2008**.

Guidelines and Submission Process

Concept papers should be submitted using NYSHealth's online application system. Once you notify the Foundation of your intent to apply, you will receive information and a link to our online application system. Applicants will be required to provide the following information:

- 1. Contact and Organizational Information:** Each application should include a description of the applicant organization's purpose and activities. If the applicant is working in a unit or department of a much larger organization, this information should describe your unit or department only (include information about the larger organization only if it is relevant to the project).
- 2. Project Information:**
 - **Project Title**
 - **Executive Summary** (250 words):
 - a) Provide a brief description of the issue the project will address and how the project will address the RFC's objectives.
 - b) Describe the principal objectives of the project.
 - c) Describe the expected outcomes including how the project will substantially impact the issue.
 - d) Describe the method of evaluating the project's success.
 - e) Describe the dissemination and replication plans.
 - **Capability** (500 words or fewer): Describe how your organization embodies the capabilities (listed under section IV of the RFC). If applicable, include a brief narrative of the partnering organization(s) that will work to implement the goals of this initiative.
 - **Partnering Organization Type:** If pertinent, applicants are asked to choose the type of organizations with which they will partner.

The remaining narrative should not exceed a maximum of five to seven pages, single-spaced. The applicant should determine how best to allocate this limit among the following areas:

- **Partnering Organization, Description:** If applicable, provide a brief narrative describing the partnering organization(s) that will work to implement the goals of this initiative.
- **Knowledge and Experience:** Demonstrate your understanding of the key systemic and clinical barriers to integrating care for mental illness. Describe your knowledge and understanding of the various players in the field and involvement in related initiatives.
- **Expected Outcomes and Targeted Benchmarks:** Describe in detail your anticipated outcomes and concrete benchmarks you will use to assess your progress each year.

The following are required materials that should be uploaded to the online application (referenced NYSHHealth templates are available on the online application):

- **Implementation Plan:** The plan is to be completed using NYSHHealth’s template. Using the four targeted areas for system-level improvements detailed in Section III, explain how you will seek to implement statewide changes. Please describe key activities and the processes by which your organization will provide technical assistance to providers on implementing system changes specific to the methods described in the RFC Addendum. The implementation plan should include a clear description of the infrastructure and strategic activities that the applicant will use to reach out to the 526 OMH- and 697 OASAS-certified clinic programs in New York.
- **Budget:** All concept papers should include a budget and budget narrative. While the budget narrative can be in a Microsoft Word document, the actual budget must be completed using the NYSHHealth budget worksheet; the 15% overhead allotted by NYSHHealth should be included in your budget. The proposed budget should add up to no more than **\$5 million** with at least **\$3 million (60%)** of the funds supporting direct activities related to improving the integration of substance use and mental health care, and at most **\$2 million (40%)** of the funds supporting the operation of the Center of Excellence.
- **Principal Investigator/Project Director Bibliography:** Please limit to a one-page, single-spaced document.
- **Team Bios:** Attach a brief description of each member of the project team including any outside consultants. Each description should clearly identify the team member’s role as it relates to the project. Please limit to a half-page, single-spaced document.
- **Grant Terms and Conditions:** Review, or have an appropriate officer at your organization review, these grants terms. Please sign, scan and upload one copy to your online application. In addition, mail one hard copy to NYSHHealth to the attention of George Suttles, Grants and Outreach Coordinator.
- **IRS Determination Letter:** If your organization does not have an IRS determination letter, please upload a document that explains your status.
- **Form 990:** Upload your most current 990. Please ensure it is from the same fiscal period as your audited financial statements and that it includes the Schedule A,

the electronic filing form (Form 8879-EO), and the extension filing (Form 8868), if applicable. If your organization does not file a 990, it should upload a document that explains your status.

- **Audited Financial Statements:** Include your two most recent years and ensure that they are from the same fiscal period as your 990, if applicable.

The narrative portion of the application should not exceed 10 single-spaced pages. We suggest that applicants complete their applications in a Microsoft Word document using one-inch margins in Times New Roman, 12-point font; then copy and paste the narrative into the corresponding fields in the online application.

Inquiries

Please send any inquiries about this RFC to: IntegratedCareRFC@NYSHHealth.org.

Project Management

Jacqueline Martinez, Senior Program Director, will oversee and provide direction for this project. Kavita Das, Program Officer, Mark Barreiro, Grants and Operations Manager, and George Suttles, Grants and Outreach Coordinator, will also contribute to the direction of this project.

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ADDENDUM

This addendum describes the kinds of clinical and technical activities that will be sought from the 526 Office of Mental Health certified clinic programs and the 697 OASAS-certified clinic programs in New York State. NYHealth will establish a statewide infrastructure to assist with the implementation of these recommendations and training plans.

- **A recommendation that all programs conduct mental health or substance use screening with all clients.**
 - Examples of screening tools to identify mental health problems in an alcohol and substance use clinic are the Modified Mini Screen, the Mental Health Short Form III, and the K-6.
 - Examples of screening tools to identify alcohol and substance use problems in a mental health clinic are the Modified Simple Screening Instrument for Substance Abuse, CAGE-AID, and ASSIST.

- **A recommendation that all programs conduct, as standard practice, an assessment that incorporates essential elements of evaluation for both mental health and substance use disorders. The assessment would also include:**
 - presenting problems, current symptoms and functioning, background and individual history, medical history;
 - a mental status examination;
 - cultural and linguistic considerations;
 - client perceptions of problems and goals, supports and strengths, as well as evidence of readiness for change; and
 - a full five-axis DSM diagnostic initial assessment.

- **Recommended evidence-based practices for implementation in each of the two service systems. These would include:**
 - evidence-based program components (e.g., Integrated Dual Diagnosis Treatment and adherence with Dual Diagnosis Capable/Dual Diagnosis Enhanced program elements);
 - evidence-based practices for people with serious mental illness and a co-occurring substance use disorder;
 - evidenced-based practices for people with substance use disorders and a co-occurring mental disorder (such as depressive and anxiety disorders)

- **Training of clinical and supervisory staff in evidence-based practices.**
 - Onsite as well as through Web-based and decision-support technologies

- **Training of administrative staff in the availability, intent, and processes related to providing co-occurring disorders services under a “single certification” approach, which will allow for a specified number of clinic visits to be provided as co-occurring disorder visits.**