Pediatric Integration of Behavioral Health Grant Opportunity
2015 Request for Proposal

Introduction
Community First Foundation is pleased to announce a grant opportunity to build strong community by promoting mental wellness.

In 2015, the Foundation will award grants through an open, competitive process to eligible nonprofit organizations headquartered in the seven county Denver metropolitan area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties). The focus of this funding opportunity is to facilitate early identification and treatment of mental health and behavioral issues within a primary pediatric care setting. Within pediatric settings, the Foundation hopes to increase access to mental health services in an underserved population and train health professionals in meeting the mental and behavioral health needs of children in the early years of life.

The Foundation is committed to three years of funding for planning and implementation of this grant opportunity.

Background and Overview

After birth, newborns and their caregivers are seen routinely and frequently in pediatric primary care settings. Capitalizing on the close succession of visits in the first few months of life, pediatric primary care professionals are in a unique position to enhance infant mental health by developing strong relationships with caregivers, supporting babies and their families, and providing critical information about development and well-being.

Community First Foundation is partnering with Project CLIMB (Consultation Liaison in Mental Health and Behavior) at Children’s Hospital Colorado and the Colorado Children’s Health Access Program (CCHAP) to expand the number of pediatric practices promoting mental health and well-being in an integrated care model.

Project CLIMB, Children’s Hospital Colorado

Project CLIMB is an integrated behavioral health services program with a 10-year history of developing and implementing high quality mental health, behavioral and developmental services in pediatric primary care medical home settings and training health professionals to meet the needs of children, adolescents, and families seen in primary care settings. Project CLIMB provides direct access to behavioral health resources in a high-volume pediatric primary
care training clinic and in community-based pediatric primary care settings. The program is unique in that it jointly trains both pediatric and mental health providers in an integrated care model, where children receive comprehensive services that include timely mental health care ‘right here, right now’. Integrated practices increase trainees’ knowledge base, facilitate their competence in providing comprehensive and coordinated services to underserved populations, and model interprofessional interaction and community coordination. Project CLIMB trains more than 120 primary care health professionals annually.

Project CLIMB is a paradigm of practice-based learning and system-based practice. It is multidisciplinary in terms of both interprofessional education and collaborative practice. Trainees and participants include pediatric and family medicine residents, medical students, psychology and allied health trainees, and both academic and community-based mental health professionals working with children and families.

Training innovations involve utilization and follow-up of mental health and behavioral screening tools, the interface of electronic medical record templates, billing and documentation strategies, workflow and operations, and guidance around program development and implementation. These combine with clinical informatics strategies to advance the quality of care and communication among providers. Specific examples of this include pregnancy-related depression screening, follow-up for referrals made regarding delays found on developmental screening, group-based well-child care models, and implementation of the Healthy Steps for Young Children Program, an evidence-based home visiting program based out of pediatric primary care.

Over the past decade, Project CLIMB’s accomplishments include the following:

- Providing access to high quality integrated behavioral health services in the context of pediatric medical homes through more than 14,500 visits to more than 7,500 patients in the Child Health Clinic at Children’s Hospital Colorado
- Designing, implementing and evaluating a comprehensive integrated behavioral health program inclusive of screening processes, mental health consultation, pregnancy-related depression services, developmental consultations, and psychopharmacology
- Extensive training and professional development efforts to more than 50 behavioral health trainees and to more than 120 pediatric health professional trainees annually
- Developing and implementing pilot efforts in six community-based pediatric settings
- Evaluating and disseminating program and research findings
- Cultivating capacity to provide integrated behavioral health services through consultation with local and national programs
- Expanding the Healthy Steps for Young Children Program at Children’s Hospital Colorado and across the State through the Maternal Infant Early Childhood Home Visiting Program
- Engaging in advocacy and policy efforts at the systems level both locally and nationally to ensure that integrating behavioral health is a sustainable component of the health care system
Colorado Children’s Healthcare Access Program (CCHAP)

CCHAP is devoted to advancing health equity and improving outcomes by promoting comprehensive, cost-effective, coordinated, quality health care for all children in Colorado. Behavioral health is a major focus area for CCHAP and the organization’s vision is that all children in Colorado will have early access to comprehensive, preventive behavioral health care in their medical home. The CCHAP goals for comprehensive preventive behavioral health care of children parallel the goals of the Colorado State Health Innovation Plan.

- By 2019, 80% of medical homes for children will have an integrated behavioral health care provider
- By the end of 2016, 76% of medical homes for children will have incorporated evidence-based methods for providing preventive behavioral health care including early screening, early intervention, appropriate care coordination and attention to socioeconomic barriers

CCHAP provides education, technical assistance and coaching for medical homes that care for children on Medicaid and CHP+ to implement comprehensive preventive behavioral health services to address behavioral health disparities.

Grant Opportunity and Requirements
The 2015 grant opportunity will support qualified pediatric practices in community clinics or other healthcare settings located in the seven county Denver metropolitan area.

Community First Foundation will provide up to three years of funding to support work in the following two phases:

- Phase I: Planning and pre-implementation lasting approximately 6 months and leading into a proposal and implementation of Phase II. Planning and pre-implementation will include development of the training program for integrated early childhood behavioral health services in primary care settings, development and implementation of the RFP and application process, delivery of the training program, practice cultivation, and practice selection for participation in the program. Each practice will undergo a readiness assessment and engage in action plan development to prepare the practice for implementation in Phase II. Practices will receive monthly, individualized technical assistance and participate in learning collaborative trainings every other month during the six-month period
- Phase II: Project implementation: Practices will begin implementing integrated early childhood behavioral health services with technical assistance from the Practice Transformation Team. Practices will participate in quarterly learning collaborative trainings and receive monthly technical assistance for their practices. The Practice Transformation Team will provide guidance on establishing workflows, procedures, and
practice guidelines in addition to developing and implementing a data collection strategy.

Both Phase I and II involve ongoing technical assistance, training, consultation, and support provided by the Practice Transformation Team from Project CLIMB/CCHAP throughout the duration of the project. In addition to working with the Practice Transformation Team, grantees will be required to commit to quarterly convening for 1/2 or full-day work sessions, individualized consultation, and quarterly site visits at the practices.

Number of Grantees for Phase I and Phase II:
Funding is competitive – five pediatric practices will be selected for planning and pre-implementation in Phase I and only those practices who can demonstrate a strong plan and readiness for implementation in Phase II will receive additional funding support.

Qualified Pediatric Practice Requirements:
To be eligible for this grant opportunity, applicants must be able to demonstrate the following:

1. Adequate numbers of pregnant women and young children served
2. Significant percentage of pediatric population is publicly insured
3. Desire to expand existing early childhood services to focus on screening, early identification, prevention and health promotion at the child and family level
4. Self-assessment of practice on the integration continuum that indicates a readiness to benefit from the supports and resources being provided
5. Existing implementation of screening processes for the early childhood population (preferred that the practice is already screening for development and pregnancy-related depression)
6. MOU/Letter of Agreement from practice leadership to engage in all aspects of the project and dedicate staff time/effort to meet the deliverables
7. Ability to send at least two members of the practice to participate in the preliminary planning phase and throughout the duration of the project
8. Evidence of established connections/collaborations with community resources/services that benefit patients and families who seek care in the practice
9. Ability to provide/share data related to services, billing practices, provider pre and post measures, processes, and other project-related evaluation needs
10. Evidence of desire for or existing capacity to integrate early childhood behavioral health services into the practice
11. Eligible practices must have a 501(c)(3) non-profit status, government equivalent, or be fiscally sponsored by a 501(c)(3) non-profit entity

Available Funds
In addition to funding the Practice Transformation Team from Project CLIMB/CCHAP to provide ongoing technical assistance, training, consultation, and support throughout the duration of the project, the Foundation projects an investment up to $155,000 per practice to support proposed activities over the two-and-a-half year grant period as follows:
• **Phase I** – planning and pre-implementation  
  o Six months - $5,000 per practice  
• **Phase II (subject to review of plan)** – Implementation per practice will include:  
  o Year one implementation - $75,000  
  o Year two implementation - $75,000

**Application Procedures**
Qualified applicants are encouraged to submit a cover letter, narrative, and required attachments to [grants@CommunityFirstFoundation.org](mailto:grants@CommunityFirstFoundation.org) no later than 5:00pm on Thursday, August 27, 2015. Applicants are strongly encouraged to register for an informational webinar on Tuesday, August 4, 2015 at 9:00 a.m. To RSVP for the webinar, please send an email to Kelly Degering at [kdegering@CommunityFirstFoundation.org](mailto:kdegering@CommunityFirstFoundation.org) by Friday, July 31, 2015.

**Cover Letter:**
Cover letter must provide evidence from practice leadership of support for engaging in all aspects of the project and providing dedicated staff time to meet the requirements.

**Narrative (4 page limit):**
Responses must address the following (please include questions in narrative response):

1. What was the number of pregnant women and young children served in each of the previous two fiscal years? If there is a noticeable trend year-to-date that differs from previous two years, please describe.
2. What percentage of your pediatric population is publicly insured?
3. Please describe existing services (screening, consultation, and intervention) for the early childhood population and/or parents/caregivers you serve.
4. Please explain why your practice desires to expand existing early childhood services to focus on screening, early identification, prevention and health promotion at the child and family level.
5. Using the categories below, please select the level of integration that best fits the current operations of your pediatric practice and explain why you selected that level.
   - **Exclusive Referral:** mental health/behavioral care is referred out to local resources
   - **Traditional Care:** mental health/behavioral care is provided by the pediatrician based on the provider’s comfort level and available resources; i.e., some conditions treated and more complex conditions referred to local resources
   - **Phone Consultation Model:** pediatric behavioral/mental health specialist is available for phone consultation during the visit, which provides guidance in evaluation and triage of these issues
   - **Enhanced Care:** pediatric behavioral/mental health specialist has an office in the pediatric clinic setting that allows for easy referral, but requires a return visit to see the specialist
- **Integrated / Collaborative Care**: Co-location of developmental, behavioral, and mental health consultants, or direct service providers available for consultation at the time of identification by the pediatric provider without the need for a return visit.

6. **Evidence of Commitment:**
   a) **Statement of Commitment:**
      Our organization is committed to sending at least two members of the practice to participate in the preliminary planning phase and throughout the duration of the project.
      □ Yes
      □ No
   b) Please describe the established connections/collaborations with community resources/services that benefit patients and families who seek care in your practice.
   c) Please describe your desire for or existing capacity to integrate early childhood behavioral health services into the practice.

7. Does your practice have the ability to provide/share data related to services, billing practices, provider pre and post measures, processes, and other project-related evaluation needs?

**Attachments:**
1. MOU/Letter of Agreement from practice leadership to engage in all aspects of the project and dedicate staff time/effort to meet the deliverables
2. Does your organization currently have a Colorado Gives Profile?
   □ Yes
   □ No
   If yes, you may skip attachments 3 through 6.
3. Audited Financial statements or IRS Tax form 990 for most recent two fiscal years
4. Year-to-date financial statements (current fiscal year, budget vs. actual)
5. Board of Directors
6. Key Staff

**Eligibility**
Organizations wishing to apply should be headquartered or providing services in the seven county Denver metropolitan area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties).

Governmental entities, including counties and municipalities, and organizations that are currently recognized by the IRS as tax exempt under Section 501(c)(3) of the Internal Revenue Code are eligible to apply. Additionally, eligible practices must have a 501(c)(3) non-profit status, government equivalent, or be fiscally sponsored by a 501(c)(3) non-profit entity.
The Foundation will consider proposals that have the ability to deliver the activities described above. Typically, we give priority to projects or programs where one or more of the following factors are present:

- Evidence of Impact – programs or services are evidence-based or promising practices
- Population-Based – employing population-based or public-health approaches to improve outcomes
- Scale – providing a niche opportunity where our limited resources can make a difference
- Innovation and Leverage – creating economies of scale where none exist, making smart use of technology, or opportunities that impact multiple strategies of the Foundation
- Community Engagement – tapping into the community to engage, inform, and improve your work
- Collaboration – demonstrating a willingness and expertise at working with others to achieve your goals and objectives

The following are not eligible for grants from Community First Foundation:

- Individuals
- For profit organizations
- Fundraising events
- Private foundations
- Other foundations or nonprofits that distribute money to recipients of its own selection
- Endowments
- Organizations that practice discrimination of any kind
- Organizations that do not have fiscal responsibility for the proposed project

**Deadline to Apply**
Organizations who meet requirements may submit applications no later than: **5:00 p.m. MDT on Thursday, August 27, 2015.**