NOTE: This Request for Proposals is for the 2nd Cycle of the Sí Texas project, originally posted on October 31, 2014. There are important differences between the 2014 and 2015 RFPs.

Methodist Healthcare Ministries of South Texas, Inc.

In partnership with the Social Innovation Fund Community

Request for Proposals

Sí Texas: Social Innovation for a Healthy South Texas

Short Title: MHM Sí Texas 2015

Improving physical and behavioral health co-morbidities through integrated behavioral health (IBH) interventions

RFP Available: April 1, 2015

Online Application Open: April 1, 2015

Application Deadline: Friday May 29, 2015 at 5 p.m. CDT

Link to Information: www.MHM.org/SiTexas

Pre-Application Assistance: MHM pre-application conference calls and webinars provide an overview of this RFP and offer an opportunity for organizations to ask questions. FAQs are posted online.
For information, visit www.MHM.org/SiTexas

Social Innovation Fund CFDA 94.019

EXECUTIVE SUMMARY

Methodist Healthcare Ministries of South Texas, Inc. (MHM) is accepting applications for *Sí Texas: Social Innovation for a Healthy South Texas* from organizations that provide services in certain South Texas counties. The purpose of this grant opportunity is to improve and expand the delivery of integrated behavioral health (IBH) services through the funding of tested, replicable IBH models that address physical and behavioral co-morbidities and transform treatment. Selected projects will build collaborative, cross-sector partnerships, ensuring community ownership and sustainability.

The Sí Texas grant competition originally ran October 31, 2014 to February 6, 2015. This Request for Proposals represents the second cycle of the Sí Texas grant competition.

Sí Texas is a proud partner of the Social Innovation Fund of the Corporation for National and Community Service. More information about the Social Innovation Fund can be found at http://www.nationalservice.gov/programs/social-innovation-fund.

Funding Opportunity Title:	Sí Texas: Social Innovation for a Healthy South Texas Short Title: MHM Sí Texas 2015
Application Due Date/Time:	Friday, May 29, 2015 by 5:00 p.m. CDT Applications must be submitted online, using MHM's Internet Grant Application Module (IGAM)
Anticipated Total Annual Available Funding:	Methodist Healthcare Ministries will deploy approximately $6.5 million per year through the Sí Texas project (includes grant cycle 1 and 2)
Estimated Number of Awards:	Estimate 10 to 12 total awards for Cycle 1 and 2
Estimated Award Range:	Approximately $100,000 to $2,000,000 per year. Sí Texas grant request may not total more than 15% to 25% of an organization's annual operating budget. See RFP for details.
Match Required:	Yes – 1:1 annual match First year match secured within one year of the award date.
Length of Project Period:	Three to five years
Project Start Date:	August 1, 2015

Eligible Applicants: See Section III of this RFP for additional information.	• Organizations described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a); or any entity or organization described in sections 170(c)(1) or (2) of the Internal Revenue Code. • Eligible organizations include most charitable organizations, states, local governments (and other political subdivisions), public schools, tribes, as well as certain faith-based organizations and other educational institutions • Applicants **must** demonstrate they will serve low income communities, as defined by the Social Innovation Fund • Project must provide services in one or more of the following Texas counties: *Cameron, Hidalgo, Starr, Willacy, Kenedy, Brooks, Jim Hogg, Zapata, Duval, Jim Wells, Kleberg, Webb*. • Applicants **must** propose a plan for <u>replicating, supporting or enhancing</u> an evidence-based, integrated primary care and behavioral health model. • Proposed solutions should be innovative with the potential to be transformative.

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I. Funding Opportunity Description

A. Purpose

Methodist Healthcare Ministries (MHM) will distribute approximately $6.5 million per year to South Texas communities to support *evidence-based, integrated behavioral health (IBH) models that address physical and behavioral comorbidities and transform treatment*. Selected programs will be part of collaborative projects that build cross-sector partnerships, ensuring community ownership and sustainability. For the purpose of this funding opportunity, behavioral health includes both substance use and mental health disorders.

The MHM theory of change is that IBH models, used with collaborative strategies, will lead to region-wide improvements in behavioral health and chronic disease. *Improvement in physical and mental health* will be achieved over *three to five years* in *measurable outcomes*, such as reductions in the proportion of adults who experience major depressive episodes and in the proportion of persons with diabetes with HbA1c levels greater than 9%.

MHM's strategy will build a portfolio of IBH solutions that will be replicable nationwide, by means of: 1) investing in innovative solutions; 2) building evidence through evaluation; 3) supporting programs ready to scale their services; and 4) building cross-sector partnerships to ensure program sustainability.

To that end, MHM will select 10 to 12 high-performing applicants that are aligned with MHM's theory of change, are capable of rigorous evaluation and have high potential for program growth. Our multi-tiered evaluation strategy will build evidence regarding the effectiveness of each grantee's program, and the combined impact of all interventions. We will support grantees' growth through capacity building in evaluation, fund development, IBH systems & management and strategic planning and by brokering cross-sector relationships. All growth strategies will expand the selected solutions so that more people in low-income communities derive substantial, measurable benefit.

B. Behavioral Health Integration

IBH improves identification and treatment of behavioral health problems and chronic disease. The National Comorbidity Survey Replication found that 68% of adults with mental disorders also had medical disorders and 29% of adults with medical disorders also had mental disorders (Druss et al. 2011). Research has shown that more than 70 percent of primary care visits stem from behavioral health issues (Robinson & Reiter, 2007). Behavioral and physical health problems are often interwoven. Delivery of behavioral health services in primary care settings can reduce stigma and discrimination, and the majority of people with behavioral health disorders treated in integrated primary care experience improved outcomes.

Integrating behavioral health care with primary care services produces improved health outcomes and provides a cost-effective approach to caring for people with multiple health care needs by closely coordinating their behavioral health and primary care services. Primary and behavioral health care delivery models range from minimal collaboration to fully integrated. New models of integration are evolving, yet most include the following points (or their equivalents) along an integration continuum. MHM aligns with the SAMSHA-HRSA Center for Integrated Health Solutions' "Six Levels of Collaboration/Integration" (see next page).

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
▸▸ Have separate systems ▸▸ Communicate about cases only rarely and under compelling circumstances ▸▸ Communicate, driven by provider need ▸▸ May never meet in person ▸▸ Have limited understanding of each other's roles	▸▸ Have separate systems ▸▸ Communicate periodically about shared patients ▸▸ Communicate, driven by specific patient issues ▸▸ May meet as part of larger community ▸▸ Appreciate each other's roles as resources	▸▸ Have separate systems ▸▸ Communicate regularly about shared patients, by phone or e-mail ▸▸ Collaborate, driven by need for each other's services and more reliable referral ▸▸ Meet occasionally to discuss cases due to close proximity ▸▸ Feel part of a larger yet ill-defined team	▸▸ Share some systems, like scheduling or medical records ▸▸ Communicate in person as needed ▸▸ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▸▸ Have regular face-to-face interactions about some patients ▸▸ Have a basic understanding of roles and culture	▸▸ Actively seek system solutions together or develop work-a-rounds ▸▸ Communicate frequently in person ▸▸ Collaborate, driven by desire to be a member of the care team ▸▸ Have regular team meetings to discuss overall patient care and specific patient issues ▸▸ Have an in-depth understanding of roles and culture	▸▸ Have resolved most or all system issues, functioning as one integrated system ▸▸ Communicate consistently at the system, team and individual levels ▸▸ Collaborate, driven by shared concept of team care ▸▸ Have formal and informal meetings to support integrated model of care ▸▸ Have roles and cultures that blur or blend

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

C. Evidence Based Interventions

A preliminary level of evidence is an eligibility requirement. The maximum budget request is dependent upon the proposed intervention's level of evidence. Projects with a *moderate* or *strong* level of evidence may request up to 25% of the organization's annual operating budget. Projects with a *preliminary* level of evidence may request up to 15% of the organization's annual operating budget.

Please review the Levels of Evidence Orientation video at www.mhm.org/sitexas. The person submitting the application will be asked to certify that they have viewed and understand the information presented in the webinar. Please contact Sí Texas staff if you have questions.

In order to meet the level of evidence requirement, an applicant must justify in the narrative the proposed intervention's level of evidence, and provide supporting documentation. If available, samples of past evaluations may be uploaded in the Evaluation Sample field in the online application.

When discussing levels of evidence, please use these definitions:

Preliminary evidence means the model has evidence based on a reasonable hypothesis and supported by credible research findings. Examples of research that meet the standards include: 1) outcome studies that track participants through a program and measure participants' responses at the end of the program; and 2) third-party pre- and post-test research that determines whether participants have improved on an intended outcome.

Moderate evidence means evidence from previous studies on the program, the designs of which can support causal conclusions (i.e., studies with high internal validity) but have limited generalizability (i.e., moderate external validity) or vice versa - studies that only support moderate causal conclusions but have broad general applicability. Examples of studies that would constitute moderate evidence include: (1) at least one well-designed and well-implemented experimental or quasi-experimental study supporting the effectiveness of the practice strategy, or program, with small sample sizes or other conditions of implementation or analysis that limit generalizability; or (2) correlational research with strong statistical controls for selection bias and for discerning the influence of internal factors. Moderate evidence requires third-party or external and impartial evaluators.

Strong evidence means evidence from previous studies on the program, the designs of which can support causal conclusions (i.e., studies with high internal validity), and that, in total, include enough of the range of participants and settings to support scaling up to the state, regional, or national level (i.e., studies with high external validity). The following are examples of strong evidence: (1) more than one well-designed and well-implemented experimental study or well-designed and well-implemented quasi-experimental study that supports the effectiveness of the practice, strategy, or program; or (2) one large, well-designed and well-implemented randomized controlled, multisite trial that supports the effectiveness of the practice, strategy, or program. Strong evidence requires third-party or external and impartial evaluators.

An applicant may find that their evidence does not fall within the above. In which case, it may be deemed insufficient. **"Insufficient** evidence means that the available studies do not provide sufficient evidence to determine if the model or intervention is, or is not, effective. This

does NOT mean that the intervention does not work. . . additional research is needed to determine whether or not the intervention is effective" (Reference: www.thecommunityguide.org/about/methods.html).

Programs with preliminary or moderate levels of evidence are expected to carry out evaluations intended to move them to the next level of evidence, as defined below, over the multi-year period of the Sí Texas grant. Evaluations of grantees will be rigorously designed and carried out by the qualified, independent evaluators contracted by MHM.

D. Evaluation

As part of their application, the applicant will upload a logic model that aligns with the applicant's theory of change. The theory of change should be in alignment with MHM's theory of change described in section I.A. Purpose of this RFP.

In addition, as part of the assessment of an applicant's evaluation capacity, applicants must complete and upload the Completed Monitoring & Evaluation Capacity Assessment Tool (MECAT). **Please begin this tool early. While the MECAT can be completed relatively quickly, it may take time to convene the right stakeholders.** http://library.capacity4health.org/sites/default/files/Evaluation%20Capacity%20Assessment%20Tool.pdf

All Sí Texas grantees will work closely with the external evaluator contracted by MHM. The external evaluator will be conducting an overarching evaluation of the entire Sí Texas initiative, will work closely with each of the grantee sites to develop a rigorous evaluation plan per SIF standards, and provide intensive evaluation capacity building (via an empowerment evaluation approach) via direct technical assistance and a larger evaluation learning collaborative.

It is expected that:

- Grantees will work closely with the external evaluator in both the process and outcome evaluation of their own site and the larger overarching evaluation.
- Grantees will incorporate a core set of shared evaluation measures that will be established by the first cohort of Si Texas grantees in June 2015. Grantees selected in the second cycle of Sí Texas will be expected to align with measurements agreed upon by first cycle grantees.
- Grantee will appropriate sufficient staff time for data management and tracking
- Grantees will identify a day-to-day contact who will serve as the key liaison with the external evaluator.
- The grantee evaluation contact will participate virtually in monthly or bi-monthly 1-2 hour evaluation learning collaborative conference calls or webinars.
- The grantee evaluation contact will travel to in-person to half or full day learning collaborative sessions quarterly in the Sí Texas service area.

Grantees are encouraged to include evaluation resources in the proposed budget, such as data collection tools, electronic medical records design and maintenance and data entry/data management personnel. However, it is not necessary to budget for a senior (PhD-level) evaluator. Please see instructions under the Budget Narrative section of the Project Narrative (Section IV, D).

External evaluators will use the Empowerment Evaluation approach, building the evaluation capacity of organizations so evaluation is integrated into day-to-day management processes,

ultimately equipping grantees to conduct their own evaluations at the end of the grant period. For more information on Empowerment Evaluation, here are two resources (and there are many more online):

- http://betterevaluation.org/plan/approach/empowerment_evaluation (includes a video)
- http://people.ucsc.edu/~ktellez/266Readings/Empowerment%20Evaluation.PDF

The evaluation will follow an experimental or **Quasi-Experimental Design (QED)**. QED is an evaluation design that includes a comparison group formed using a method other than random assignment, or a design that controls for threats to validity using other counterfactual situations, such as groups that serve as their own control group based on trends created by multiple pre/post measures. Quasi-experimental design, therefore, controls for fewer threats to validity than an experimental design. The implication of this is that such designs normally include sampling, and in some sampling methods, there will be patients who do not receive the same intervention as others. This can be accomplished in a number of ways, and the grantee will be involved in determining the evaluation design. Pre- and post-tests may also be required. Submission of this grant request indicates the applicant organization's willingness to participate in QED studies.

E. Program Requirements

Applicants **must** propose a plan for replicating, supporting or enhancing an integrated primary care and behavioral health services model (IBH) that results in health improvements by the end of a three to five year period.

Applicants must demonstrate:

- A realistic and achievable plan to move toward a fully-integrated primary care/behavioral health care system.
- A description of the intervention the community organization plans to replicate or expand. Interventions should be evidence based and the applicant must demonstrate how the evidence is strong, moderate or preliminary.
- A description of how the community organization uses data to analyze and improve its initiatives.
- Responsiveness to the community health care environment through coordinated provision of behavioral health care to the underserved via partnerships and collaborative activities with other organizations/programs addressing the behavioral health care needs of the target population.
- Data collected shows that measurable outcomes have improved, and can be used to help the organization scale its programs.
- Articulate clearly the population served including demographics and county location. Eligible Texas counties include: Cameron, Hidalgo, Starr, Willacy, Kenedy, Brooks, Jim Hogg, Zapata, Duval, Jim Wells, Kleberg and/or Webb.
- Demonstration that the population served is predominately low-income defined as either:
    - A population of individuals or households being served on the basis of having a household income that is 200% or less of the federal poverty level (FPL), *or*
    - A population of individuals or households, or a specific local geographic area, with specific measurable indicators that correlate to low-income status (such as, but not

exclusive to, K-12 students qualifying for free or reduced cost lunch, long-term unemployment, risk of homelessness, low school achievement, persistent hunger or serious mental illness).

- A two-year budget. Funds requested annually may not exceed 25% of the organization's annual operating budget for projects with a moderate or strong level of evidence, and up to 15% of the organization's budget for projects with a preliminary level of evidence.
- A description of how the organization will sustain the program.
- Specific evidence of how the organization will meet the requirements for providing non-federal matching funds.

II. Award Summary

Type of Award: Funding will be provided in the form of a grant subaward with Methodist Healthcare Ministries. The primary source of funding is the Social Innovation Fund of the Corporation for National and Community Service. All grantees must comply with federal grant requirements.

Summary of Funding: This program will provide funding during years 2015-2020. Approximately $6.5 million per year is expected to be available to fund 10 to 12 grantees.

The deadline to apply is 5 p.m. Central on Friday, May 29, 2015. Be sure your application is fully completed with all attachments by the deadline, or it will be deemed non-responsive. Applicant technical assistance will be offered through conference calls and webinars. Only those applications deemed technically complete and submitted by the deadline may have the opportunity to provide clarification as requested by the Si Texas project team. Application withdrawal for technically complete applications submitted by the deadline must be requested in writing to sitexas@mhm.org by 5 p.m. on Monday, June 8, 2015.

Applicants may apply for a ceiling amount of up to 25% of the organization's annual operating budget for projects with a moderate or strong level of evidence, and up to 15% of the organization's annual operating budget for projects with a preliminary level of evidence. Average award size will be $100,000 to $2 million per year. The proposed project goals are to be achieved within three to five years.

The initial budget period is for two years. Funding beyond this period is dependent on the availability of appropriated funds in subsequent years, grantee satisfactory performance, and a determination that continued funding is in the best interest of the Sí Texas project and MHM Strategic Plan.

III. Eligibility Information

A. Eligible Applicants

Applicants must meet the following eligibility requirements. Applications that do not demonstrate compliance with all eligibility and technical requirements will be deemed non-responsive and will not be considered for funding.

1. Applicant is a nonprofit organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a); or any public entity or organization described in sections 170(c)(1) or (2) of the Internal Revenue Code.

2. Applicant demonstrates it will serve low income communities, as defined in this document.

3. Applicant has identified the community in which it proposes to operate the program, and the community is within these South Texas counties: Cameron, Hidalgo, Starr, Willacy, Kenedy, Brooks, Jim Hogg, Zapata, Duval, Jim Wells, Kleberg and/or Webb.

4. Project proposes an evidence-based integrated behavioral health intervention.

5. Level of evidence is at least preliminary, with the ability to move to moderate or strong by the end of three to five years.

6. Applicant submits on-time, complete application.

7. Agency is not under investigation by a government agency, and search in SAM.gov results in an active status.

8. Agency is able to adhere to Certifications & Assurances and Terms & Conditions (found at www.mhm.org/sitexas) and has basic financial controls and conflict of interest standards in place.

9. Agency agrees to seek a match (or has already secured a match).

10. Agency has submitted all applicable attachments.

IV. Application and Submission Information

A. Application Materials and Required Electronic Submission Information

MHM *requires* applicants for this funding opportunity announcement to apply electronically through the MHM on-line application portal (IGAM). Applicants must download the forms associated with this funding opportunity and follow the directions provided at www.MHM.org/SiTexas. This website includes a downloadable copy of the RFP, the forms, a template of the application and **a link to the on-line application portal** (IGAM). When accessing IGAM, the applicant will be directed to an eligibility quiz prior to accessing the application.

B. Content and Form of Application Submission

Applicants are responsible for following the detailed application and submission instructions in this RFP. The Narrative should be **12 point font, double spaced, 1 inch margins and no more than 15 pages in length**. Tables, charts and graphs may be single spaced. Narratives do **not** have to be 15 pages in length if the answers can be provided succinctly.

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered. Incomplete applications, and applications submitted after the deadline, will be

deemed non-responsive. There will be NO exceptions. **The Application deadline is 5:00 p.m. Central Time on May 29, 2015.** Applicants are encouraged to submit early to avoid technical problems.

Eligible Applicants will have the opportunity to respond to clarifying questions during a limited portion of the application review period. **If the application contact is out of the office during the review period, please consider designating another contact to respond to clarifying questions during the time allotted.**

For assistance with IGAM registration as well as submitting an application in IGAM, see contact information in Section VII.

C. Application Format and Completeness/Review

Attachments: **Failure to upload any required item will result in the application being nonresponsive.**

Required:

- Organizational Budget: Submit most recent board-approved version. Format: PDF.
- Proof of Tax Exempt Status: Evidence of public or nonprofit status. Format: PDF preferred.
- W-9 Form: Completed and **signed**. Format: PDF.
- Financial Statement (Fiscal Year End): Submit the **most recent** Board approved internal financials for fiscal year end. Include statement of cash flows. Format: PDF preferred.
- Financial Statement (Monthly): Submit the **most recent** monthly financials at time of submission. Include statement of cash flows. Format: PDF preferred.
- Audited Financial Statements: Submit the previous two years of audited financial statements. Include auditors' reports and findings for each year. Format: PDF preferred.
- ***If applicable:*** A-133, Audits of States, Local Governments, and Non-Profit Organizations: If your organization is required to have an OMB Circular A-133 single audit as a result of receiving governmental grant dollars, attach the most recent single audit performed. Format: PDF preferred.
- ***If applicable:*** Government Grant Audit Reports: If you have had any audits from a governmental agency (federal, state, or local) within the past 12 months, you are required to submit the report(s), including a statement of any adverse findings and agency response. Format: PDF preferred.
- Application Cover Letter: **Signed** one-page letter on your letterhead. See Program Specific Instructions for information required in the letter (Section IV, E.). Not included in Narrative page limit. Format: PDF.

- Narrative: Be sure to answer all narrative questions in the RFP. Includes Budget Narrative. Limited to 15 pages. Format: PDF.

- Logic Model: Upload your logic model and include a summary of your theory of change. Not included in Narrative page limit. Format: PDF. See sample logic model MHM.org/SiTexas.

- Work Plan: Upload a comprehensive three- to five-year work plan. Not included in Narrative page limit. Refer to Appendix A for detailed instructions. Format: PDF.

- Budget (Two Year): Use the form provided at MHM.org/SiTexas. Format: Excel

- Completed Monitoring & Evaluation Capacity Assessment Tool: Access the tool here (no cost):http://library.capacity4health.org/sites/default/files/Evaluation%20Capacity%20Assessment%20Tool.pdf. Format: PDF.

- Evaluation Supporting Documents: Upload Evaluation supporting documents. See Narrative, Evaluative Measures. Format: PDF.

- ***If Applicable:*** Evaluation Samples: See Narrative, Evaluative Measures. Format: PDF.

Remember: MHM's strategy will build a portfolio of IBH solutions that will be replicable nationwide, by means of: 1) investing in innovative solutions; 2) building evidence through evaluation; 3) supporting programs ready to scale their services; and 4) building cross-sector partnerships to ensure program sustainability.

D. Program-Specific Instructions

1. Cover Letter

The applicant's governing body (i.e. Board of Directors) must approve the applicant's budget and grant application. The applicant's authorized representative (most often the Executive Director, Program Director, or Board Chair), must sign a cover letter which certifies that:

- The application has been reviewed and authorized by the governing body;
- All application content, including the budget, accurately reflects the proposed project;
- The applicant agrees to seek a 1:1 match or has already secured a match;
- The applicant agrees to participate in evaluation, capacity building, technical assistance, and peer knowledge network activities;
- The applicant will comply with the required assurances, certifications and terms if an MHM Sí Texas grant is awarded; and
- Any grant funded positions will NOT engage in lobbying or advocacy activities; nor will any MHM Sí Texas funds support those activities.

2. Project Narrative

Narrative: The narrative should provide a comprehensive description of all aspects of the proposed project. The Narrative must be succinct, consistent with other application components, and well organized so that reviewers can fully understand the proposed project. It should:

- Address the Review Criteria (see Section V).

- Reference attachments and forms as needed to clarify information. Referenced items must be part of the submission.
- Discuss required activities and any additional activities that will be included in the project.
- The Narrative must be organized ***using the following section headers and in this order***: Need, Project Description, Evaluative Measures, Collaboration, Resources/Capabilities, Sustainability and Budget Narrative.

Need

Information provided in the need section must serve as the basis for, and align with, the proposed activities and goals described throughout the application.

a. Describe the service area/target population. Provide prevalence data as appropriate. Prevalence data must be provided, at a minimum, on depression, obesity, and diabetes. Be sure to reference your data sources.

b. Describe the unique characteristics of the service area/target population that impact access to or utilization of behavioral health care. Include counties to be served under this funding and description of low-income population. Low-income is defined as either:
    - A population of individuals or households being served on the basis of having a household income that is 200% or less of the federal poverty level (FPL), *or*
    - A population of individuals or households, or a specific local geographic area, with specific measurable indicators that correlate to low-income status (such as, but not exclusive to, K-12 students qualifying for free or reduced cost lunch, long-term unemployment, risk of homelessness, low school achievement, persistent hunger or serious mental illness).

c. Describe the training needs of current staff in preparation for providing integrated care.

Please note that the service area proposed may not be outside the following 12 counties: Cameron, Hidalgo, Starr, Willacy, Kenedy, Brooks, Jim Hogg, Zapata, Duval, Jim Wells, Kleberg and/or Webb.

Project Description

a. Describe the applicant's current and proposed stages of behavioral health integration along the collaboration continuum (refer to the Levels of Integration diagram on Page 6) and how that was determined. Include a discussion of how you intend to expand, enhance or replicate, and how your interventions or approach is realistic, attainable, innovative and likely to make an impact.

b. Describe the integrated care model including:
    - ***i.*** Integration of primary medical and behavioral health care;
    - ***ii.*** Use of an evidence-based model of care that incorporates behavioral health services and primary care; and
    - ***iii.*** Any innovative components.

c. Describe the evidence-based IBH interventions. Be sure to include the level of evidence (preliminary, moderate or strong as defined in RFP) and how the level was determined.

Note: Level of evidence determines the maximum possible budget request, explained in Appendix D.

d. Describe how you are tracking outcomes and their results.

e. Describe how the organization will achieve the outcomes. Provide a timeline.

f. Describe how the following core competencies of behavioral health integration will be achieved by the end of the three- to five-year period: shared patient scheduling, shared treatment planning, shared service provision, and shared record keeping. Refer to Work Plan as appropriate.

g. Describe any current or future scalability possibilities. Include information about support from key program stakeholders for expansion of services to more clients, replication of the program in additional sites and/or increasing the level of integration of their services.

Evaluative Measures

a. Please describe your organization's existing evaluation capacity. You may include a past evaluation as an example of evaluation experience. Samples might include recent program evaluations, statistical reports with recommendations on how to address the findings in program operations, etc. What were the key elements of the evaluation? Did it include process measures? Outcome measures? How were data collected and validated?

b. Please describe your experience in working with an external evaluator.

c. Upload your logic model and summary of your theory of change. Provide a brief description in the narrative. Reference the logic model you have uploaded when appropriate. Provide a minimum of one physical health goal and one mental health goal. The goals must be written in a SMART format (see Appendix C on writing SMART goals). Note that additional metrics may be agreed upon in collaboration with external evaluation team.

d. Provide description of lead evaluation personnel, including: position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience.

e. Describe the process by which progress toward enhancement, replication or expansion of the IBH project will be tracked and any measures that will be utilized in these assessments. Refer to your logic model as needed.

f. Describe your current process of data collection and use. Describe what types of data are currently collected and how that informs the objective, outcomes and improves programming.

g. Describe the data capture system(s) you currently use. If you use or propose to use an electronic medical record (EMR), and/or if you participate in a Health Information Exchange (HIE), please indicate the name of the system.

h. Projects that will reach a moderate level of evidence within the three- to five-year work plan will include a comparison group through an experimental or quasi-experimental evaluation design. The exact design will be designed with the MHM external evaluator. Describe your preliminary ideas for identifying an appropriate comparison group who will not be receiving the intervention but is similar in characteristics to the intervention group?

Note: The Monitoring & Evaluation Capacity Assessment Tool will be part of the review. Be sure to upload the results.

Collaboration

a. Describe formal and informal collaborations with community organizations/providers and how these collaborations support the proposed project and increase the overall behavioral health of the target population. Describe how the collaborations will be strengthened, if needed, in support of the proposed project.

b. Describe any past, current or proposed work the organization has engaged in whereby you were working with other organizations on a shared goal, shared measurements where continuous communication and reinforcing activities were evident. Include name of organization, timeframe, project and impact as applicable. If you have not had any past work of this nature, briefly describe your readiness to work in this fashion with others.

Resources/Capabilities

a. Describe the experience and expertise that qualify the organization to carry out the proposed three- to five-year plan, including readiness to implement integrated care. Do not describe the work plan in this section, just your organization's ability to carry it out. See Work Plan, Appendix A for more information.

b. Describe how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the operational and oversight needs necessary to implement onsite integrated services.

c. Describe the make-up of the governing board including number of members, number of meetings, diversity, and willingness and ability to support program expansion.

d. Describe current or proposed systems and how they support program expansion, replication or enhancement, as applicable. How do your systems:
    - ***i.*** Ensure a single integrated medical and behavioral health care record through use of electronic medical records (EMR);
    - ***ii.*** Engage in a local or regional health information exchange (HIE);
    - ***iii.*** Track patients referred for complex/specialty behavioral health care to ensure continuity of care; and/or
    - ***iv.*** If applicable, utilize telehealth?

Note: If any of the systems described here are proposed, ensure that appropriate funding is provided in the budget.

Sustainability

a) Describe how the proposed project will be sustained after the grant period. For example:

    a. Describe the recruitment and retention plan for staff, including any new professional or paraprofessional staff proposed to support the IBH project. Ensure that appropriate funding is allocated in the budget, if applicable.

    b. Describe the health care reimbursement environment in your service area. Is payment available or likely to be available for the proposed services?

    c. Highlight plans for how the applicant proposes to maximize collections and reimbursement for providing integrated health care services consistent with its billings and collections policies and procedures.

Budget Narrative

a) Provide a budget narrative for the first year. Should be consistent with the Budget, Project Description and Work Plan.

b) Describe the organization's capability to obtain a match or if you have already secured a match. Commitment to obtain a match is a requirement of the Sí Texas project.

c) Please identify who will be responsible for data management. Please ensure that there is appropriate time in the budget allotted to regular meetings/calls with the external evaluator and participation in the evaluation learning collaborative in-person and virtually. Please include travel expenses for quarterly in-person evaluation collaborative meetings.

d) Describe current internal controls and financial systems. Discuss your ability to comply with Federal and MHM reporting requirements. Include any organizational experience working with Federal grants. Will an award received by MHM put you over the threshold requiring a first time A-133 audit? Briefly describe any current or past funding from MHM.

e) Provide brief description of key personnel, include: position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience. Indicate which personnel are existing staff and which will be hired upon award.

f) State the degree to which the organization has basic financial controls in place. Basic financial controls include:

    a. Cash management of grant funds is monitored for appropriate timing of receipts and disbursements of grant funds. (Cash Management)
    b. Procedures and controls exist to provide reasonable assurance that only eligible individuals receive assistance under Federal award programs. (Eligibility)
    c. Controls exist to provide reasonable assurance that Federal funds are used only during the authorized period of availability. (Period of Availability of Federal Funds)

d. Controls exist to ensure that costs charged to grants are in compliance with grant agreements. (Allowable Costs/Costs Principles)
e. All contracts that are charged to grants are properly authorized and competitively bidded when required. (Procurement and Suspension and Debarment)
f. All staff involved with grants are knowledgeable about compliance requirements. (General Control)
g. Complex operations, programs, or projects within grant funding are identified and appropriately monitored. (General Control)
h. Procedures are in place to implement changes in laws, regulations, guidance, and funding agreements affecting Federal awards, as well as changes to grant program operations and procedures. (Activities Allowed or Unallowed)
i. Procedures are in place to account for all equipment and real property acquired with Federal awards. (Equipment and Real Property Management)
j. Procedures are in place to ensure that program income is correctly earned, recorded, and used in accordance with program requirements. (Program Income)

3. Information/Instructions in Appendices

See Appendix A for Work Plan instructions.
See Appendix B for Integrated Behavioral Health Model information
See Appendix C for S.M.A.R.T. Goal instructions.
See Appendix D for Budget instructions.

4. Attachments

Attachments must be clearly labeled and uploaded in the appropriate place within IGAM. See Section III, D. for a complete listing of required attachments.

F. Submission Dates and Times

Application Due Dates: The deadline for applications to be submitted including all attachments and required information is 5:00 p.m. Central Time on **May 29, 2015**.

Late Applications: Applications that do not meet the deadline criteria above are considered late applications and will not be considered for funding.

V. Application Review Information

A. Review Criteria

Procedures for assessing the merit of grant applications have been instituted to provide an objective review of applications and assist applicants in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information and provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review criteria are used to review and rank applications. Applicants must ensure that the review criteria are fully addressed within the Narrative, except where indicated, and supported by

supplementary information in the other sections of the application.

Successful applicants will:

- Have proven initiatives and a demonstrated track record of achieving IBH outcomes;
- Provide a well-defined plan for replicating, expanding or supporting the initiatives funded;
- Have a sufficient plan to sustain the initiatives after the grant period concludes;
- Have strong leadership and financial and management systems;
- Implement and evaluate evidence-based, innovative initiatives;
- Demonstrate capacity to meet the requirements for matching funds;
- Be able to communicate and cooperate with other Sí Texas grantees and participate in collective impact activities;
- Be well-run and financially healthy with capable leadership, clear goals and clear objectives;
- Diligently collect quality data that is used to understand effectiveness; and
- Make adjustments to continuously improve.

Each application will be evaluated on the following review criteria:

CRITERION 1: NEED (5 POINTS)

1. The degree to which the applicant's description of the service area/target population, demonstrates a clear need for integrated primary health care/behavioral health services.

2. How well the applicant describes the unique characteristics of the service area/target population that impact access to or utilization of behavioral health care. Evidence that the applicant will provide services in the eligible target counties to a low-income population, as defined in the RFP (section I.E).

3. How organizational capacity needs (i.e. training needs of current staff) are thoughtfully examined and documented.

CRITERION 2: PROJECT DESCRIPTION (40 POINTS)

1. How well the applicant's intervention is realistic, attainable, innovative, and likely to make an impact; the soundness of the plan and the intervention's position on the IBH continuum.

2. How well the applicant describes the integrated care model, including:
   a. Integration of primary medical and behavioral health care.
   b. Use of evidence-based practices to support the interventions.
   c. Any innovative components.

3. The extent to which the applicant demonstrates the level of evidence of their interventions and how the level was determined. *Note: Level of evidence determines the maximum possible budget request, explained in Appendix D.*

4. How well the applicant is tracking outcomes and results.

5. The projected speed to impact for the proposed intervention.

6. How well the applicant describes a realistic process for ensuring that the following core competencies of primary health care/behavioral health integration will be achieved through the two-year project: i.e. shared patient scheduling, shared treatment planning, shared service provision, and shared record keeping.

7. Evidence of potential for scalability including support from key program stakeholders for expansion of their services to more clients, replication of their program in additional sites and/or increasing the level of integration of their services.

8. How well the Work Plan provides a detailed, realistic and logical three- to five-year work plan that is responsive to the needs of the target population, as identified in the ***Need*** section. The work plan must include timeframes for the accomplishment of key tasks.

CRITERION 3: EVALUATIVE MEASURES (15 POINTS)

Based on review of the Monitoring & Evaluation Capacity Assessment, Logic Model, Past Evaluation Samples, and Narrative:

1. Evidence that the organization has the capacity and/or ability to participate in evaluation and work with an external evaluator and assessment including the strength of staff identified.

2. The strength of the applicant's theory of change (TOC) and how well the applicant's TOC aligned with MHM's proposed TOC including program inputs, activities and outcomes.

3. The soundness of the proposed outcome measures and how well they conform to the SMART goal criteria.

4. The applicant's capability for tracking progress including listing any process measures that will be utilized in these assessments (separate from the outcome measures that are required).

5. Evidence that data collection, data use and analysis informs the objective and outcomes, and improves programming and that adequate data capture systems are in use.

6. Description of preliminary ideas for constructing a comparison group suggest feasibility of experimental or quasi-experimental evaluation design.

CRITERION 4: COLLABORATION (10 POINTS)

1. The degree to which the proposed formal and informal collaborations with community behavioral health organizations/providers will support the proposed project and increase the overall behavioral health of the target population. How well the applicant describes how collaborations will be strengthened, if needed, in support of the proposed project.

2. The degree to which any past, current or proposed work the organization has engaged in included work with other organizations on a shared goal, shared measurements where continuous communication and reinforcing activities were evident. The organization's experience/readiness to work collectively with other organizations/stakeholders.

Note: MHM expects regular communication and cooperation between the grantees and regular participation between the grantees and other Collective Impact efforts in the region.

CRITERION 5: RESOURCES/CAPABILITIES (10 POINTS)

1. How well the described experience and expertise qualify the organization to carry out the proposed three- to five-year plan, including readiness to replicate, support or enhance integrated care. See Work Plan for more information.

2. The extent to which the applicant's organizational structure, including the capability and commitment of administration, management, and the governing board, is appropriate for the operational and oversight needs necessary to implement the project.

3. The extent to which there is evidence of effective board governance as well as a diverse qualified board that will help to support program expansion.

4. How well the applicant demonstrates that current or proposed systems will support program expansion, replication or enhancement, in particular:
   a. Ensure a single integrated medical and behavioral health care record through use of electronic medical records (EMR);
   b. Engage in a local or regional health information exchange (HIE);
   c. Track patients referred for complex/specialty behavioral health care to ensure continuity of care; and/or
   d. If applicable, make behavioral health services available through telehealth.

CRITERION 6: SUSTAINABILITY (5 POINTS)

1. The appropriateness of the applicant's recruitment and retention plan.

2. The extent to which the health care reimbursement environment will help sustain the program after funding has ended. If payment is not currently available for the proposed services, the likelihood of it being available at a reasonable percent of cost.

3. How well the applicant demonstrates a plan for maximizing collections and reimbursement for providing integrated health care services consistent with billings and collections policies and procedures.

4. How well the applicant demonstrates their ability to sustain the project after the grant period.

CRITERION 7: COST EFFECTIVENESS AND BUDGET ADEQUACY (15 POINTS)

1. How well the applicant demonstrates, with consistent and complete information, a detailed and appropriate Budget with justification that is supported by the Budget Narrative and is consistent with the Project Description and Work Plan.

2. How well the applicant demonstrates the ability to seek a match or has secured a match.

3. The extent to which the applicant's financial systems and internal controls are sufficient and strengthen their capacity to carry out the project including their ability to comply with Federal and MHM reporting requirements.

4. The extent to which the applicant has a strong financial team in place enabling potential growth.

B. Review and Selection Process

The Sí Texas Project Manager, in collaboration with the Sí Texas team, community grants department, the accounting department, and a team of carefully selected external reviewers, is responsible for managing objective reviews.

All applications will be reviewed initially by MHM staff for eligibility completeness and responsiveness. **Applications determined to be ineligible, incomplete, or non-responsive will not be considered for funding.**

The applications will then be reviewed and rated by a panel of experts based on the program elements and review criteria presented in this RFP. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Applicants competing for MHM Sí Texas funds receive an objective independent review performed by a team of experts qualified by training and experience in particular fields or disciplines related to the program being reviewedEach reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria. The committee provides expert advice on the merits of each application to MHM staff responsible for final award selections.

Reviewer Team Composition: Teams of three reviewers per team will include at least one person from each of categories A, B, and C below.

A. **Represents Evaluation Skills**: At least one reviewer on each team must have evaluation experience and credentials.
B. **Represents Other Funders**: At least one funder should serve on each review team. This should include at least one **local funder** from the Sí Texas region and at least one other funder from another region in MHM's service area, and/or outside MHM's service area, such as a national funder. Funders with expertise in IBH and/or ability to support this project are preferred.
C. **Represents IBH Providers**: At least one reviewer on each team should be a provider of integrated behavioral health, but they may *not* be from within the Sí Texas service area, to avoid conflict of interest.

MHM reserves the right to review fundable applicants for compliance with MHM program requirements through reviews of site visits, audit data, UDS reports, Medicare/Medicaid cost

reports, external accreditation, or other performance reports, as applicable. The results of such reviews may impact final funding decisions.

Remember: MHM's strategy will build a portfolio of IBH solutions that will be replicable nationwide, by means of: 1) investing in innovative solutions; 2) building evidence through evaluation; 3) supporting programs ready to scale their services; and 4) building cross-sector partnerships to ensure program sustainability.

C. Value of Award

The value of the award, or total amount funded, will be determined by the applicant's: level of evidence, degree of IBH integration, potential to scale, financial maturity and capacity, and ability to match the award. Each grant review team of three persons will include at least one person who has professional evaluation experience and credentials, so every application will be reviewed by at least one qualified evaluator. Levels of evidence will be confirmed by Social Innovation Fund staff before award sizes are determined. Final determination of the level of evidence has a direct impact on the maximum allowable budget, see Appendix D for details.

If the value of the award allowed by MHM is less than the proposed grant budget, MHM will request a revised budget for the final amount, and as applicable, a revised narrative and/or work plan. These documents must be submitted within the required timeframe to be considered responsive.

D. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2015.

VI. Award Information

A. Award Notices

Each applicant, whether successful or not in obtaining a grant, will receive written notification of the outcome of the objective review process, including a summary of the objective review committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. **The full application of each successful applicant will be posted on the MHM website and available to the public.**

The Notice of Grant Award (NOGA) and Subaward Agreement will set forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, and the total project period for which support is considered. Funding beyond the first two years is dependent on the availability of appropriated funds in subsequent years, grantee satisfactory performance, and a determination that continued funding is in the best interest of the Sí Texas project and MHM Strategic Plan**.** Signed by CEO and Board Chair of MHM, it is sent to the applicant's Authorized Organization Representative and reflects the only authorizing document. It will be sent prior to the project period start date.

Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their award before funding can proceed. *Letters of notification do not provide authorization to begin performance.* A fully executed contract must be in place to authorize the beginning of the project period.

B. Expectations of Grantees

MHM expects Sí Texas grantees to comply with the following:

- Obtain, or have in hand, a 1:1 match for all grant award funds distributed, within one year of the award date.
- Obtain criminal history checks on all grant-funded employees (paid for by MHM).
- Track the shared metrics for the project. Have, or put in place during the project, the infrastructure to measure and track outcomes, i.e. electronic health records (EHR/EMR) with strong reporting capabilities.
- Collaborate with MHM, the external evaluator, and other Sí Texas grantees to achieve shared goals and metrics. Report metrics to MHM and authorize sharing of metrics in an online scorecard.
- Participate in a quasi-experimental (or experimental) design (see Evaluation section, above) for the evaluation.
- Continuously improve and build the strength of evidence for the selected intervention throughout the grant project. Increase the strength of evidence by at least one level.
- Improve and grow the organization's evaluation capacity throughout the grant project, with support from the external evaluator(s) and peer learning networks.
- Improve and grow the organization's overall capacity throughout the grant project, with support from MHM, SIF, and other Sí Texas grantees in the form of technical assistance, capacity building, peer learning networks and other opportunities.
- Participate in learning community activities with Sí Texas, Social Innovation Fund and MHM. There will be two required Sí Texas Learning Community Conferences per year and other optional learning and training opportunities.
- Participate in Collective Impact initiatives in your region.
- Use IGAM (Web-based portal) and iNexx (referral network) for programmatic and evaluative reporting to MHM. No license costs.
- Work toward participation in local/regional electronic records-sharing system (also known as HIE or Health Information Exchange).
- Agree to the MHM terms & conditions and certifications & assurances.
- Develop and share strategies for scaling and sustaining the intervention.

C. Administrative and National Policy Requirements

If awarded funding, as a Sí Texas grantee you are subject to the MHM Terms & Conditions and Certifications & Assurances, as applicable and governed by the Corporation for National and Community Service, Social Innovation Fund Cooperative Agreement Terms and Conditions which are available at www.mhm.org/sitexas.

D. Reporting

Successful applicants must comply with the following reporting and review activities in addition to any activities required of subgrantees by the Corporation for National and Community Service, Social Innovation Fund.

1. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB). Information on the scope, frequency, and other aspects of the audits can be found at http://www.whitehouse.gov/omb/circulars_default.

2. Disbursement Requirements

Disbursement requests will be submitted monthly. Cash expenditures are identified against the authorized grant funds. The request must be filed within 15 days of the end of each month. Failure to submit may result in the inability to access award funds.

3. Financial Reports

A financial report must be submitted to MHM on a monthly basis. This will include detailed expenditure reports and all back up including itemized receipts, invoices, payment information (such as check copies) time sheets, certified time and effort reports, payroll registers and any other information that provides proof of payment.

4. Program Reports

Grantees will be required to report on project progress regularly through multiple avenues, such as in-person site visits, scheduled phone calls, and brief IGAM reports. MHM, the external evaluator and Sí Texas grantees will determine shared goals, metrics and reporting timelines. Second Cycle grantees may be asked to accommodate goals set at the onset of the First Cycle of Grantees.

E. Transparency

MHM is committed to transparency in grant-making. This *RFP* includes a description of the application review and selection process. In addition, the following information for new and recompeting applications will be published on the Sí Texas website within 90 business days after all grants are awarded:

- A list and the full applications of awarded Sí Texas grantees
- A list and executive summaries of all compliant applications
- Summaries of external reviewer comments on successful applications
- A blank template of the external review form
- A description of the grantee selection process

Publication of this *RFP* does not obligate MHM to award any specific number of grant agreements or to obligate the entire amount of funding available.

VIII. Contact Information

For assistance with IGAM registration as well as submitting an application in IGAM, contact MHM at: SiTexas@MHM.org or call 210-581-2286.

All other inquiries must be submitted via email to SiTexas@MHM.org. Questions and responses will be posted online in the FAQ section at www.MHM.org/SiTexas.

Appendix A: Work Plan

Applicants are required to develop a comprehensive three- to five-year work plan for the proposed project. The work plan should be detailed and logical, and describe how integrated behavioral health services will be responsive to the needs of the target population, including timeframes for the accomplishment of key tasks. The Work Plan is scored as part of the Project Description, but does not count against the 15-page limit. It should be uploaded as a separate PDF file.

Work Plan Guidance
In the work plan, outline goals, objectives, action steps, and additional required information related to the accomplishment of IBH. **The work plan should span the proposed three- to five-year project.** When completing the work plan, utilize the following definitions.

Key Elements of the Project Work Plan

1) **Focus Area:** Applicants must organize their work plans under the following focus areas:
    a. Enhancement, replication or increasing the level/effectiveness of current primary and behavioral health care integration
    b. Close collaboration in a fully integrated system (refer to the Integration Model and Appendix B: Integrated Behavioral Health Model)

2) **Goal:** For each focus area, provide at least one goal. Goals should describe measureable results. These should be process goals since they are goals for each activity or step in the work plan. They differ from the outcome goals in your logic model. They should also be S.M.A.R.T. See Appendix C for information on S.M.A.R.T. goals.

3) **Key Action Steps:** Identify the action steps that must occur to accomplish each goal. For each goal, provide at least one action step. For each action step, identify at least one person/area responsible and time frame.

4) **Person/Area Responsible:** Identify who will be responsible and accountable for carrying out each action step.

5) **Time Frame:** Identify the expected time frame for carrying out each action step.

6) **Comments:** Provide supplementary information as desired.

When defining goals and action steps, applicants should ensure that the work plan review criteria are fully addressed. For information that cannot be adequately explained in the work plan, **provide detail in the Narrative** in the Project Description section.

Appendix B: Integrated Behavioral Health Model

New models of Primary Health Care/Behavioral Health Integration are evolving as the unique needs of each care setting impacts the needs for that population. Historically, models of full integration include the below characteristics - adapted from Doherty, McDaniel, & Baird (1996). *Five levels of primary care/behavioral healthcare collaboration*. Behavioral Healthcare Tomorrow.

	Fully Integrated
Access to Care	One reception area One health record Typically one visit to address all needs Integrated provider model
Clinical Service Provision	One treatment plan All services provided onsite Ongoing consultation and involvement in services One provider prescribing or close collaboration among prescribing providers One set of lab work
Funding	Maximization of billing and support staff
Use of Evidence Based Practices (EBPs)	EBPs are standard services (e.g., motivational interviewing, depression screening, diabetes management)
Data/Information Technology	Fully integrated, electronic health record with information available to all providers Data collection from one source

Listed below are descriptions of several sample IBH models. This list is not comprehensive; you may propose other evidence-based IBH models for your project. All proposed models must be supported in the application by evidence including peer reviewed journal articles. Please view the pre-recorded Levels of Evidence webinar available at mhm.org/sitexas. For technical assistance please contact the Sí Texas team. Samples of and information about models include, but are not limited to:

Improving Mental Health and Addressing Mental Illness: Collaborative Care for the Management of Depressive Disorders
http://www.thecommunityguide.org/mentalhealth/SET-collab-care.pdf

Integration of Mental Health/Substance Abuse and Primary Care.
http://www.ncbi.nlm.nih.gov/books/NBK38625/

Evolving Models of Behavioral Health Integration in Primary Care
http://www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf

The Medical-Provided Behavioral Health Care Model is a delivery model in which only the medical providers are directly involved in service delivery. Primary care providers follow guidelines for screening and brief intervention, often with consultation-liaison from a psychiatrist or behavioral health professional.

The Co-location Model uses specialty mental health clinicians who provide services at the same site as primary care providers. Patients are referred for services between the two providers as needed, often resulting in earlier identification, greater acceptance of referral, improved communication and care coordination.

The Disease Management Model, also known as the Chronic Care Model, uses co-location to facilitate integration and modifies clinical interventions for the primary care setting. Hallmarks of this model are the use of a patient registry, the use of an organized approach to assisting lifestyle modification, and a care manager. Care managers monitor patient response, patient adherence to treatment, provide education, and provide psychotherapy as needed.

The IMPACT Model includes a primary care physician and a care manager who work together to develop and implement treatment plans. If patients do not improve, the primary care physician and the care manager will consult with a psychiatrist to change the treatment plan.

The Reverse Co-location Model out-stations a part- or full-time primary care provider into a psychiatric setting to monitor the physical health of the patients. One variation of this model gives psychiatrists additional training to monitor or treat common physical conditions.

The Primary Care Behavioral Health Model is a fully integrated model where behavioral health is a routine part of medical care. The behavioral health clinician is part of the primary care team, and the primary care physician is the principal care provider. The primary care behavioral health model uses a "wide-net" approach aimed at serving the entire primary care population with emphasis on brief, focused interventions. Key features of this model include "warm handoffs" which involve the physician directly introducing the patient to the behavioral health clinician, and "curbside" consultations where the physician and the behavioral health clinician have frequent informal meetings to discuss patients.

Appendix C: S.M.A.R.T. Goals

Specific
- How many (what percentage of) patients or clients will meet the goal?
- Or: What is the average level of attainment you expect?

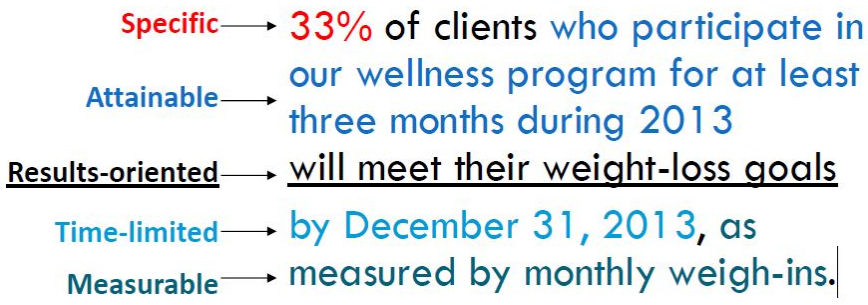
Measurable (can be quantified)
- Is it something you can count?
- Include it in your goal using the phrase, "as measured by…"

Attainable
- Under what conditions would you expect this outcome?
- Your goal should be at least partially within your control.

Results-oriented (about change)
- What benefit will the patients or clients experience?

Time-limited (accomplished within a specific time period)
- By when do you expect to see these results?
- Might be "by the next follow-up visit," or maybe "by December 31, 2016."

Diagram of a Smart Goal



Finished Example:
At least 33% of clients who participate in our wellness program for at least three months during 2014 will meet their weight-loss goals by December 31, 2014, as measured by monthly weigh-ins. [We will work with 300 clients, and at least 33%, or 100 clients, will achieve their goals.]

Outcome Goal Template:
At least xx% of clients will [achieve a type of change] [in a certain time frame] [under certain conditions] [as measured by]. We will work with ____ clients to achieve this change, and we expect ____ of those clients (or __%) to be successful.

Appendix D: Budget Instructions

There are two components to the Budget information:

- Budget Worksheet
- Budget Narrative (included in Project Narrative)

The Budget Worksheet must be completed in Microsoft Excel and uploaded to IGAM. Use only the forms provided by MHM and available at www.MHM.org/SiTexas. Portions of the forms that are blocked/grayed-out are fixed and should not be completed.

The budget must clearly indicate the cost for each line item and must provide detailed justification. At least $100,000 must be requested each year. The maximum amount that may be requested in each year cannot exceed 25% of the applicant's annual operating budget for projects with a moderate or strong level of evidence, and up to 15% of the organization's annual operating budget for projects with a preliminary level of evidence. (i.e. request + match may equal up to 50% of an organization's current total operating budget for a project with a moderate level of evidence).

A. Budget Requirements

Applicants must submit a proposed two-year budget. Include requested Sí Texas funding and 1:1 match funding (e.g. $250,000 from Sí Texas and $250,000 match). List match sources and other federal sources of funding where indicated.

If an application is selected for award, MHM will determine the final amount of the award of federal funds, and will determine a final budget at that time. Upon award, compliance with the approved budget will be a material term and condition of the cooperative agreement.

Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative and provide an explanation of costs and the basis of your calculations for both years. The purpose and justification should be described fully in the Budget Narrative.

Reviewers will consider the information you provide in your Budget and Budget Narrative, as part of their assessment of the Cost Effectiveness and Budget Adequacy criteria.

As you prepare your budget:

- All the amounts you request must be for a particular purpose. Do not include miscellaneous, contingency or other undefined budget amounts.

- Sí Texas is a non-construction award under the Social Innovation Fund. Construction costs are not allowable.

- Itemize each cost and present the basis for all calculations in the form of an equation, identifying the number of persons involved with the event, the cost per person or unit, and/or the annual salary cost.

- Do not include fractional amounts (cents).

- The value of any in-kind goods or services provided to the applicant are not allowable.

- Because of the required one-to-one match for this grant award, the budget must reflect total costs distributed equally between grant award and match, but individual budget categories do not have to be equally distributed. See Section B, "Matching Funds," below, for additional details.

- Grantees are encouraged to include evaluation resources in the proposed budget, such as data collection tools, electronic medical records design and maintenance and data entry/data management personnel. Please identify who will be responsible for data management in the Budget Narrative. It is not necessary to budget for a senior (PhD-level) evaluator. MHM has contracted with an outside evaluator to provide evaluation services for the entire Sí Texas project.

- Please ensure that there is appropriate time in the budget allotted to regular meetings/calls with the external evaluator and participation in the evaluation learning collaborative in-person and virtually. Please include travel expenses for quarterly in-person evaluation collaborative meetings.

Programs must comply with all applicable federal laws, regulations, and OMB circulars for grant management, allowable costs, and audits, including providing audits to the A-133 clearinghouse if expending over $500,000 in federal funds, as required in OMB Circular A-133. Please refer to the relevant OMB Circulars for a detailed process and further guidance on allowable costs. The OMB Circulars are online at www.whitehouse.gov/OMB/circulars.

It is important to understand that the term "allowable costs" under this award does not necessarily include all costs that the organization will incur in order to perform their program or project. For example, the cost of raising funds in order to meet the non-grant award share of the budget ("matching funds") is not allowable under the OMB cost principles. This cost is considered a cost that an organization would incur with or without the grant award. The cost principles reflect government-wide requirements that organizations must be aware of when developing a budget.

B. Matching Funds

Grantees must obtain, or have in hand, a 1:1 match for all grant award funds distributed, within one year of the project start date; that is, July 31, 2016.

Matching is a requirement for this funding opportunity. MHM will take into consideration whether and to what extent an applicant plans to secure and maximize local, private and other resources to support the proposed project. Match must be in the form of cash match; **in-kind match is not allowable**. In addition, match funds must be new funding or from cash reserves. Federal funds may not be used towards the match requirement. Match cannot be previously-obligated funding that is redirected for purposes of meeting the match requirement.

Any organization that receives a MHM Sí Texas award is responsible for securing the necessary matching funds, and cannot include any cost to secure match funds in their MHM Sí Texas grant budget. Matching funds may come from state, local, or private sources, which may include state or local government agencies, businesses, private philanthropic organizations, or individuals. State and local government agencies are permissible for

matching funds as long as these are not Federal pass through funds. **Federal funds may not be used towards the match requirement.**

The non-grant award share of the budget must equal or exceed the MHM Sí Texas grant award share of the budget (this implements the dollar-for-dollar cash match requirement). There is no requirement that the non-grant share of the budget "mirror" or be allocated on the same basis as the grant award share of the budget. For example, if $50,000 in grant award funds is allocated to salaries, the non-grant match need not be allocated to salaries, as long as the total amounts match.

C. Budget Line Items

Allowable Costs: Budgets must adhere to the appropriate cost principles (allowable costs) available at http://www.whitehouse.gov/omb/circulars_default. Construction is not allowable. As a subrecipient of Methodist Healthcare Ministries' grant with the Social Innovation Fund, subawards are not allowable by Sí Texas grantees. NOTE: A single legal entity must be the applicant and must accept responsibility for meeting the terms and conditions of the agreement.

1. Project Personnel Expenses: List each staff position separately. Show salary calculations and percentage of staff time that will apply to the grant. Note which staff are current and which will be hired upon award. *Example of a budget detail: Evaluation Specialist will have at least 5 years' experience in research or evaluation and college degree that includes background in research and evaluation, outcome measurement or statistics 0.5 FTE x at 50,000/year = $25,000.*

   Be sure to plan staff time for monthly hour-long evaluation conference calls and/or webinars, as well as the quarterly evaluation meetings mentioned above. Budget adequate staff resources for: (a) Data entry; (b) Data pulls (pulling reports, data files, etc.) needed for evaluation Do not budget for a senior (PhD-level) evaluator, as MHM has contracted with an outside evaluator to provide evaluation services for the entire Si Texas program.

   Subawards are not allowable. All personnel listed in the personnel section must be new or existing employees of the applicant organization.

   Because in-kind is not allowable, staff time paid by partner organizations cannot be counted as match.

2. Personnel Fringe Benefits: Include costs of benefits(s) for the grant staff. Identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. List each benefit as a separate item. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item. *Example of a budget detail: FICA = $100,000 * 7.65% = $7,650; Health Insurance = $20,000*

3. Travel: Use current rates posted at www.gsa.gov. Describe the purpose for which staff will travel. Allowable costs are transportation, lodging, meals, and other related expenses.

Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the federal rates. Only domestic travel is allowable. *Example of a budget detail: 2 trips to San Antonio for a regional meeting x 2 people @ $1,169/trip/person = $4,676; (Airfare and ground transportation $525; Lodging 4 nights @ $91 = $364; M&IE 5 days @ $56 = $280).*

Be sure to budget for travel to quarterly half-day in-person evaluation Learning Collaborative sessions (probably to be held in the RGV), peer support meetings, and other technical assistance/capacity building opportunities. MHM will cover travel costs for twice annual Sí Texas Convenings.

4. Equipment: Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of $5,000 or more per unit (including accessories, attachments, and modifications). If applicable, show the unit cost and number of units you are requesting. Provide justification for the purchase of the equipment. Any items that do not meet this definition should be entered under supplies. Note: some software, such as EMR may count as equipment. *All purchases for equipment or software greater or equal to $5,000 require prior approval from SIF.*

5. Supplies: Include the funds for the purchase of consumable supplies and materials that do not fit the equipment definition above. Applicants must individually list any single item costing $1,000 (one thousand) or more. Applicants should provide the calculation for cost determinations. *Example of a budget detail: Computers for new employees 3 @ $1,000 = $3,000.*

6. Contractual and Consultant Services: Include costs for consultants related to the project's operations. Where applicable, indicate the hourly rate for consultants. *Example of a budget detail: ABC consulting group will provide resources and consultation on logistical and programmatic issues. This is estimated at 100 hours @ $100/hour = $10,000.*

    a. Training: Include the costs associated with training of staff working directly on the project, especially training that specifically enhances staff project implementation and professional skills. If using a consultant(s) for training, indicate the estimated daily rate. *Example of a budget detail: On-site training for ABC software @ $4,000.*

    b. Evaluation: While MHM will pay for an external evaluator, grantees are encouraged to include additional evaluation expenses in the proposed budget to accommodate on-site evaluation activities, such as systems implementation for data collection. Include costs for project evaluation activities, such as use of evaluation consultants, purchase of instrumentation and other costs specifically for this activity. Indicate hourly rates of consultants. In addition, it is recommended that evaluation expenses total at least 10-15% of your budget (in addition to evaluation services provided by MHM). *Example of a budget detail: ABC evaluation group*

will provide evaluation resources. This is estimated at 100 hours @ $100/hour = $10,000.

7. Other Costs: Please enter all costs that are not included in the line items described above and are necessary to perform the duties involved in this grant.

   Criminal History Checks - Please include a line titled "Criminal History Checks" and enter costs for criminal history background checks for all employees or other individuals who receive a salary, stipend or similar payment from this grant. Please budget $50 per background check.

   Other allowable costs in this section may include office space rental, utilities, and telephone and Internet expenses that directly involve program staff and are not part of the organization's indirect cost/administrative cost. If shared with other projects or activities, you must prorate the costs equitably as detailed in the organizations cost allocation plan. List each item and provide a justification in the budget.

8. Indirect Costs: Indirect (administrative) costs are general or centralized expenses of the overall administration of an organization and do not include particular project costs. These costs may include administrative staff positions, rent, IT costs, etc.
   - Indirect costs may not exceed 10% of total direct expenses.
   - If you have a federally negotiated IDC rate, specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage).
   - If you do not have a federally approved IDC rate, administrative costs should be entered as direct expenses according to cost allocation plan.

9. Source of Matching Funds: Describe the grantee match contribution by entering a brief description, the amount, the match classification (Cash, or Not Available) and Match Source (State/Local, Private, Other, Not Available) for your entire match. Each source should be entered as a separate line item, e.g., if you receive support from two separate foundations, enter each one on a separate line. Remember, federal funds are not allowed as a match.

D. Budget Justification

Please include a detailed description of each budget line item in the Justification column of the Budget worksheet.