



## ***2006B Grants Round***

MeHAF's Promoting Patient-Centered Care Initiative  
Request For Proposals (RFP):

### **Seeking Opinions from the Grassroots on Integrated Health Care**

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Maine Health Access Foundation

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**RFP ISSUE DATE - AUGUST 18, 2006**

OVERVIEW OF 2006B RFP PROCESS & TIMELINE	
<b>RFP Released</b>	August 18, 2006
<b>Teleconference Discussion</b> <i>(A review of the RFP and MeHAF's expectations, and questions and answers)</i>	August 24, 2006 - 10:30 am – Noon August 30, 2006 - 2 pm – 3:30 pm  Dial-in information: 1-866-779-0774 and enter the access code*9742612*
<b>Applications Due at the MeHAF Office</b>	September 15, 2006
	<ul style="list-style-type: none"> <li>➤ <i>Proposals should not exceed 5 pages maximum (exclusive of the cover sheet, budget page, budget justification, and additional required documents).</i></li> <li>➤ <i>Please note proposals must be received by MeHAF on or before September 15, 2006.</i></li> <li>➤ <i>Applicants may request up to \$10,000 (RFP funds available = approx. \$200,000).</i></li> </ul>
<b>Funding Decisions Made</b>	On or about September 22, 2006
<b>Online Training Provided</b>	September 26, 2006 – September 29, 2006
<b>Project Period</b>	September 29, 2006 – December 1, 2006
<b>Data/Written Reports Due</b>	December 8, 2006
<b>Financial Reports Due</b>	January 19, 2007

#### PROJECT FOCUS and FUNDING PRIORITY

The Maine Health Access Foundation (MeHAF) is issuing a new request for proposals (RFP) as part of the Foundation's long term strategy to improve "patient-centered care." (See page 3 for a definition of "patient-centered care")

This RFP, *Seeking Opinions from the Grassroots on Integrated Healthcare*, solicits proposals from organizations willing to host discussions or focus groups with Maine residents. Applicant organizations will work with the Foundation to gather information about patients' and families' experiences, beliefs, and preferences for receiving health care services, particularly how to better coordinate health services across primary care, mental health, and substance abuse treatment settings.

#### ORGANIZATIONAL ELIGIBILITY

501(c)(3) tax-exempt public charities, governmental or other public, non-profit entities. Individuals, fiscal sponsorships, organizations with pending 501(c)(3) status, and private foundations are ineligible.

#### QUESTIONS:

##### **BEFORE SEPTEMBER 15, 2006:**

- ***If possible, please attend one of our teleconferences (see above). All questions*** should be directed to David Steven Rappoport, Senior Program Officer, (207) 620-8266, ext. 102, [drappoport@mehaf.org](mailto:drappoport@mehaf.org)

##### **AFTER SEPTEMBER 15, 2006:**

- ***Technical and Logistical Questions:*** please contact Catherine Luce, Grants Associate, (207) 620-8266, ext. 104, [cluce@mehaf.org](mailto:cluce@mehaf.org)
- ***Project Content or Related Questions:*** Please contact David Steven Rappoport, Senior Program Officer, (207) 620-8266, ext. 102, [drappoport@mehaf.org](mailto:drappoport@mehaf.org)

## MeHAF's MISSION

***The mission of the Maine Health Access Foundation is to promote affordable and timely access to comprehensive quality health care, and improve the health of every Maine resident.***

MeHAF is a mission-driven and results-oriented organization that uses grants and other program support to advance strategic solutions to Maine's health care needs, particularly for persons who are uninsured and medically underserved.

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## MeHAF'S LONG-TERM PRIORITY TO PROMOTE PATIENT-CENTERED CARE

### Defining Patient-Centered Care

In the report, *Crossing the Quality Chasm*, the Institute of Medicine defined patient-centered care as "care that is 'respectful of and responsive to individual patient preferences, needs, and values and ensur[es] that patient values guide all clinical decisions.'" To be actively engaged in guiding their care, patients must have access to information that allows them to make 'well-informed health care decisions.'<sup>1</sup>

Unfortunately, a recent report by the National Institutes of Health found that "... too often patients must adapt to the customs and usual procedures of health care organizations and professionals, rather than receiving services designed to focus on individual's needs and preferences."<sup>ii</sup> From the patient's perspective, our current health care system frequently operates in a disorganized, fragmented manner with little integration and coordination of care. Patient-centered care encourages people to define and articulate their needs, participate in decision making, and guide their care in ways that improves quality, cost-effectiveness, and outcomes.

### MeHAF's Patient-Centered Care Initiative

Moving Maine's health system toward a patient-centered approach will require a good deal of work. Our current health care system was not built to coordinate care efficiently from a patient's perspective. For example, a patient receiving care in our current system faces differences in how health care professionals approach their work, disconnected settings where care is delivered, frustrating payment and regulatory policies, questions about the match between a providers' financial incentives and treatment options, and limited use of technology that could improve sharing information and high quality care.

Improving the coordination of care from a patient perspective will require us to restructure our health care system so it is more geared toward results, such as integrating preventive services and public health goals into regular care delivery, promoting easy and efficient interaction between primary care and mental and

behavioral health professionals, and applying existing community resources in ways that emphasize health and wellness.

To begin the Foundation's work to promote better integration, MeHAF convened a state-wide meeting on April 27, 2006 focused on, *"Integrating Maine's Mental, Behavioral & Physical Health Systems: Status and Challenges."* Nearly 200 people representing patients, providers, insurers, businesses and policy leaders met to share information and ideas about how Maine can move toward a more integrated and coordinated health care system. This meeting marked the first step in implementing MeHAF's priority on promoting patient-centered care by focusing on how to better align Maine's mental health, substance abuse and physical health (especially primary care) systems. (For more information about MeHAF's priorities, please refer to [www.mehaf.org](http://www.mehaf.org).)

MeHAF's work on "promoting patient-centered care" is a multi-year, multi-phase initiative with five components:

### **1. Assessment (2006)**

- Comprehensive assessment of existing resources and integration activities relating to the mental health, substance abuse and primary care systems in Maine.

### **2. Visioning (or Planning) (2006)**

- Share information on the current status of integration through a kick-off event
- Assemble key stakeholders drawn largely from the kick-off event participants into a Steering Committee and Work Groups for a comprehensive, facilitated process to develop:
  - Consensus vision for integration
  - Analysis for promoting integration
  - Short-term, medium-term and long-term goals & objectives (articulated in specific phases) for integration
  - Priority strategies for achieving these goals and objectives
- Solicit grassroots input from patients and families on what patient-centered care means to them (the subject of this RFP), and integrate this information into the Visioning work.

### **3. Funding (2007 to 2012)**

- MeHAF tests or implement strategies identified in the Visioning phase. This may include a mix of competitive grantmaking, research and/or consulting interventions.

#### **4. Evaluation (Ongoing)**

- In the initial phase of the project, an evaluation consultant works with stakeholder groups, MeHAF staff, and Board members to define common ways to assess outcomes. Longer-range evaluation plans for this Initiative are still in development.

#### **5. Refining (Ongoing)**

- Refine goals, objectives and processes based on project progress and outcomes.

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### **Seeking Opinions from the Grassroots**

The Maine Health Access Foundation (MeHAF) requests proposals from non-profit or equivalent organizations willing to host grassroots discussions or focus groups with one or more of the populations identified on page 6. Applicant organizations will work with the Foundation to gather information about patients' and families' experiences, beliefs, and preferences for receiving health care services, particularly how to better coordinate health services across primary care, mental health, and substance abuse (including tobacco use) treatment settings. The Foundation will use the information to develop its Integration Initiative in a direction which is convergent with patient preferences, and will assure individual anonymity in reporting and use of the information. Since the intent of this RFP is to gather input from patients and families, applicant organizations must be able to easily convene people drawn from their organizational membership or from local community groups to participate in facilitated discussions. Grantees will be required to schedule and arrange these meetings, solicit broad participation from their membership or communities, convene the groups, and report the results to MeHAF.

In the focus groups, participants will be asked to address approximately six open-ended questions. Participants will be asked to think about experiences or circumstances with the health care system, and focus on what worked well for them. They will be asked for their ideas on how health care could work better, particularly as it relates to how and where primary care, mental health and substance abuse services could be better integrated to meet their needs.

Grantees will be asked to enter participant responses into electronic reporting forms, and submit these to MeHAF on or before an established due date. The discussion process and required reporting will be simple, but all grantees will be required to ask the same questions in a specific order to assure that there is consistency in the collection of information. The questions (currently in development) and reporting forms will be provided by MeHAF. MeHAF will also provide training to grantees to explain how to conduct the discussions and report the results.

Eligible organizations may request up to \$10,000 in grant support for this project. Grantees will be expected to convene one or more focus groups. The exact number of focus groups should be proposed by the applicant on the basis of practical considerations as well as the number of discussions required to reach a diverse representation. Discussions must be held between September 29 and December 1, 2006. MeHAF expects that grantees will include diverse representation in these discussions, rather than merely capturing the perspectives of their own leadership or highly active members.

## **ELIGIBILITY REQUIREMENTS**

Applicants must be:

- 501(c)(3) tax-exempt public charities, governmental or other public, non-profit entities. Individuals, fiscal sponsorships, organizations with pending 501(c)(3) tax-exempt status, and private foundations are ineligible.
  - Joint applications from collaborating organizations are acceptable and may include a mix of eligible and ineligible institutions. However, one eligible organization must serve as the lead agency and project applicant.
  - Applicants need not be organizations based in Maine, although they must have established infrastructure and relationships in Maine sufficient to execute the requirements of the RFP.
- A well-established membership or advocacy organization with established relationships to one or more of the following populations:
  - Caregivers/Family Members
  - Children and Adolescents
  - Developmental Disabilities
  - Business, including Large and Small Employers
  - Criminal Justice
  - Domestic Violence
  - Elders, including those in Long-term Care and Dementia/Alzheimer's
  - Homelessness
  - Low-Income
  - Minorities (Ethnic, Racial and/or Sexual)
  - Uncompensated Care Program Participants
  - Community Groups
  - Healthy Maine Partnerships/Healthy Community Coalitions
  - Faith-based Organizations
  - Patient Advocates, including Voluntary Health Organizations
  - Severe and Persistently Mentally Ill Individuals (SPMI) and their Families
  - Substance Abuse (including tobacco use)
  - Uninsured
  - People with Chronic Illness
  - Veterans
  - Other general population groups

- Able to indicate the region(s) of Maine where the participants in the discussion reside. Geographic distribution will be considered in grantmaking, and regions will be categorized as:
  - Statewide
  - Multiple Regions (specify from list below)
  - Central (Kennebec, Androscoggin & Penobscot counties)
  - Downeast (Hancock & Washington Counties)
  - Midcoast (Sagadahoc, Lincoln, Knox & Waldo counties)
  - Northern (Aroostook County)
  - Southern (York & Cumberland counties)
  - Western (Oxford, Franklin, Somerset & Piscataquis counties)

## **APPLYING FOR A GRANT**

### **A. Format Requirements**

- The proposal may not exceed five pages (exclusive of the mandatory grant summary form, budget page and all required attachments).
- The proposal must be submitted on 8 ½ x 11 sheets (one side only) with margins of at least ¾ inch on all sides and in a type face no smaller than 11 points.
- Proposals may be single-spaced or double-spaced.
- Each page of the proposal must include a header in the upper right-hand corner with the applying organization's name and the page number.

### **B. Proposal Content**

The proposal should include the following sections. Proposals will be scored based on a scale of 100 points, with the maximum points available in each section of the proposal noted in parentheses below.

1. Grant Summary Form (Unscored).
2. Agency or Organization Description (10 points). Provide a brief description of your agency, including mission statement, history of the organization (including number of years in operation), current programs/activities, population group(s) the agency typically benefits, and any other relevant information.
3. Population (35 points). State the population(s) from the list on page 6 who will be the target(s) of your community discussion/focus groups. Note the region and general demographic characteristics of the population(s) you will survey. If the participants will come from multiple regions but not the whole state, note which regions will be represented. Explain why your organization is suited to seek opinions from these group(s).

#### 4. Work Plan (35 points).

Describe the grassroots discussions/focus groups you intend to undertake. At a minimum, include:

- A description and rationale for the number of community discussion/focus groups to be held;
- Where and approximately when they will be held;
- What population(s) from what region(s) will be included in each discussion and approximately how many individuals will participate. *Please note that except in the case of a general population, MeHAF wishes each discussion to have a target population(s), and for these to be clearly identified by their relevant primary and secondary characteristics. For example, your population may be primarily people who are homeless, and secondarily disabled and veterans. Identification of the primary and secondary characteristics of groups will assure that the perspectives of specific populations are accurately captured;*
- How outreach will be conducted to assure participation with a description of how you will solicit and select participants;
- A description and rationale for any incentives offered to assure participation;
- The relevant credentials and experience of the person(s) who will conduct each discussion (NOTE: Applicants may choose a person with appropriate skills and experience to serve as a facilitator or, if they prefer, seek a referral from MeHAF for a professional facilitator. In either case, costs associated with the services of a facilitator may be included in the project budget); and
- If a collaborative application, the organizations that will participate and how they will collaborate.

#### 5. Budget & Budget Justification (20 Points).

Complete a project budget, using MeHAF's budget form.

- Although MeHAF offers grants of up to \$10,000 under this RFP, the applicant must adequately justify the budget amount with the extent and scope of the proposed work plan. Organizations requesting the maximum level of funding are expected to convene several meetings with diverse populations or in different geographic areas.
- Include a budget justification not to exceed two pages with the full proposal. This must detail the costs associated with the project. The project budget justification section does not count towards the proposal's five-page limit. MeHAF anticipates that appropriate incentives to assure participation will be a part of the budget. These may include mileage, transportation reimbursement, child care, refreshments, and modest compensation for participation (cash or gift certificates). If special accommodations – such as sign language interpreters – are required, these expenses should also be reflected in the budget.
- Because the information collected will inform MeHAF's work moving forward, the Foundation expects to be the sole funder for this project. However, contributions from other sources, and in-kind contributions from applicant organizations, will be viewed favorably.

### C. Required Attachments

- Your organization's Board of Directors list with their affiliations.
- A copy of your final determination of 501(c)(3) status or equivalent letter from the IRS. Please note that the Foundation will not fund organizations that are in the process of applying for 501(c)(3) status or equivalent.
- A copy of your non-discrimination policy, which must verify that the organization does not discriminate on the basis of race, ethnicity, gender, sexual orientation, disability, national origin, political affiliation or religious belief. Please note that this is a more stringent standard than that currently required by the federal government; and
- If the application is collaborative, detailed letters of commitment from each key institution collaborating on your project. Letters of commitment should explain the specific participation of each collaborator, such as the resources each will commit to the project.

### D. Submission Requirements

Submit three sets (one original and two copies) of the proposal and attachments. Please clip the original to make it easier for making extra copies.

Each set should include the following documents in this order:

- Grant summary form
- Proposal
  - Project budget
  - Budget justification
  - Board list
  - 501(c)(3) letter
  - Non-discrimination policy, and
  - Letters of commitment (if any)

Submit by regular mail, overnight courier, or by hand to:

Catherine Luce  
Grants Associate  
Maine Health Access Foundation  
150 Capitol Street, Suite 4  
Augusta, ME 04330

All proposals and related documents must be received on or before September 15, 2006. Deliveries by hand must be received in person by a Foundation staff member no later than 4:30 p.m. on September 15, 2006. Submissions will not be accepted electronically or by fax.

## E. Applicant Notification

Applicants will be notified of the Foundation's decision on or about September 22, 2006.

## F. Project Dates

Grassroots discussions/focus groups must be organized, conducted, and completed between September 29, 2006 and December 1, 2006.

## GRANT MANAGEMENT AND REPORTING

Grantees will be required to sign the Foundation's standard grants contract. Under some circumstances, the Foundation will consider modifying contract terms to meet grantee requirements.

The Foundation is interested in keeping its reporting and funding requirements to a minimum:

- Grantees will be required to provide a data report on an electronic form that includes specific instructions. These will be due on December 8, 2006.
- A final financial report will also be due to the Foundation on January 19, 2007.
- Grantees will be required to attend a brief online training workshop, to be held at several times during the week of September 26, 2006.
- In some cases, the Foundation may make additional requirements of grantees.
- The Foundation may offer or sponsor other activities of interest to grantees. Participation in these events will generally be optional.

## PROPOSAL DECISION-MAKING

Funding decisions for this RFP will be made on the basis of an internal review process.

## QUESTIONS

An informal applicant teleconference will be held on August 24, 2006, 10:30 a.m. – Noon, and again on August 30, 2006, 2:00 p.m. – 3:30 p.m. David Steven Rappoport will review the RFP, discuss MeHAF's expectations, and answer any questions you may have. To participate, please dial 1-866-779-0774, followed by \*9742612\*.

We strongly encourage you to join one of the teleconferences if you think you might be interested in applying for a grant. If you have additional questions or concerns, MeHAF staff are always available to provide assistance.

Before September 15, 2006:

- **All questions** should be directed to David Steven Rappoport, Senior Program Officer, (207) 620-8266, ext. 102, [drappoport@mehaf.org](mailto:drappoport@mehaf.org)

After September 15, 2006:

- **Technical or Logistical Questions:** please contact Catherine Luce, Grants Associate, (207) 620-8266, ext. 104, cluce@mehaf.org
- **Project Content or Related Questions:** Please contact David Steven Rappoport, Senior Program Officer, (207) 620-8266, ext. 102, drappoport@mehaf.org

## APPLICATION CHECKLIST

- Received by MeHAF on or before September 15, 2006.
- Three sets (one original and two copies). Please securely clip the original and staple the copies.
- Each set contains in order:
  - Grant summary form
  - Proposal
  - Project budget
  - Budget justification
  - Board of Trustees list
  - 501(c)(3) letter
  - Non-discrimination policy
  - Letters of commitment (if any)
- Submit by regular mail, overnight courier, or by hand.
  - Deliveries by hand must be received in person by a Foundation staff member no later than 4:30 p.m. on September 15, 2006.
  - Submissions will not be accepted electronically or by fax.
- Submit to:  
Catherine Luce  
Grants Associate  
Maine Health Access Foundation  
150 Capitol Street, Suite 4  
Augusta, ME 04330

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<sup>i</sup> Institute of Medicine of the National Academies. Crossing the Quality Chasm Series: Improving the Quality of Health Care for Mental and Substance-Use Conditions. Washington, DC. 2006.

<sup>ii</sup> National Institute for Mental Health, Agency for Healthcare Research and Quality. Program Announcement PA-01-124. Available online at <http://grants.nih.gov/grants/guide/pa-files/PA-01-124.html>