2007A Grants Round

MeHAF's Priority to Promote Patient-Centered Care

The Integration Initiative:
Program, Planning and Data/Policy Grants

Request For Proposals (RFP)

Maine Health Access Foundation

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RFP ISSUE DATE – MAY 16, 2007

OVERVIEW OF 2007A INTEGRATION INITIATIVE GRANTS	
RFP Released	May 16, 2007
Bidders' Conferences: ▪ **Portland, June 5, 2007, 9 – 11 AM** ▪ **Bangor, June 5, 2007, 2-4 PM** **Online Bidders' Conference** ▪ **June 1, 2007, 1-3 PM**	Register by e-mailing Catherine Luce at cluce@mehaf.org, or by phoning (207) 620-8266, ext. 104 on or before May 30, 2007. Details will be e-mailed to participants upon registration.
Full Proposals Postmarked*	July 2, 2007
Grants Announced	On or about October 19, 2007
Grant Period (Year One)	January 1, 2008 – December 31, 2008
*** Please note proposals must be received by MeHAF within five (5) working days**	

PROJECT FOCUS and FUNDING PRIORITY

The Maine Health Access Foundation (MeHAF) is issuing a new request for proposals (RFP) to fund projects that advance patient-centered care in Maine through the integration of primary, behavioral, and medical specialty care.

Please note that this offering is composed of two documents: the 2007A Integration Initiative RFP (2007A RFP; this document) and the Integration Initiative 2007A RFP Resource Materials (2007A RFP RM), which contains a variety of materials referenced in this RFP.

The 2007A RFP offers three categories of opportunities:

Program Grants: "Advancing Patient-Centered Care in Maine Through Integration"
- 3 Years
- Maximum $325K over three years

Planning Grants: "Interim Steps Towards Integrated Systems"
- 1-3 Years
- Maximum $60K/year

Data & Policy Grants: "Measurement to Advance Integrated Care in Maine"
- 1-3 Years
- Maximum $60K/year

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.

MANDATORY PROJECT DISCUSSION MEETING

All applicants must discuss their proposals by telephone or in person with MeHAF's Senior Program Officer. Appointments to do this may be made by contacting David Steven Rappoport, Senior Program Officer, at (207) 620-8266, ext. 102 or drappoport@mehaf.org. No applications will be accepted without prior discussion with MeHAF's Senior Program Officer. In addition, applicants are strongly encouraged to attend one of the online bidder's conferences.

QUESTIONS

- ***Technical and 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

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.

THE MAINE HEALTH ACCESS FOUNDATION'S PRIORITY TO PROMOTE PATIENT-CENTERED CARE

MeHAF is committed to transforming our current fragmented health care system into a patient-centered care system. 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.[ii]" 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.

To promote patient-centered care, MeHAF is driving system transformation through improving the integration of primary, behavioral and medical specialty care. The Foundation's work in this area, termed the ***Integration Initiative*,** will be a focus for MeHAF funding from 2006 to 2010.

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.[i]'

Background Data: Substantial evidence supports MeHAF's decision to focus its patient-centered care activities on integration. Over the last year, MeHAF has focused on promoting the integration of primary and behavioral health care. However, opportunities also exist to increase integration of medical specialty care as well.

The Institute of Medicine's recent report, *Crossing the Quality Chasm: Improving the Quality of Health Care for Mental and Substance Use Conditions* includes, as one of its "overarching recommendations," that "health care for general, mental and substance-use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body."[iii] This recommendation reflects data suggesting that erosion of health outcomes, reduced access, and increased

cost result from a de facto separation of the mind and body in clinical practice. The discontinuity evident in the historical separation of the mind and body in the clinical setting extends to the mental health, substance use, and physical health delivery service infrastructures. Thus, we must strive to greatly enhance the coordination of care across these provider segments.[iv]

A number of corollary strategies addressing different levels of the health care delivery system will be required to achieve integrated care. Examples of specific approaches that may prove useful at the clinical level include coordinated, co-located care delivery, dual diagnosis and treatment, and increased use of appropriately stratified care management, among others.

Multiple lines of research suggest that mental health issues, such as depression, can intensify the impact of chronic physical illness, such as cardiovascular disease and diabetes, leading to poor outcomes. [xiii] [xiv] Patients with mental and behavioral health issues also face significant delays in appropriate diagnosis and treatment. More than a quarter of all Americans report having a mental health disorder during any 12-month period and half of all Americans will have some form of mental disorder at some point in their lifetime.[xv] Yet for the majority, these problems go unrecognized and untreated. Ten years is the median delay between the onset of the problem and diagnosis and treatment.[xvi]

From Research to Practice: Moving Maine's health system toward a patient-centered integrated approach will require a long term focus since our current system is not built to coordinate care efficiently from a patient's perspective. Improving the coordination of care from a patient perspective will require restructuring 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.

In 2006, MeHAF conducted an extensive assessment and visioning process to shape and expand the base of broad support for the Integration Initiative. Drawing on the collective knowledge and experience of more than 60 diverse key stakeholders over a seven month period, MeHAF used a comprehensive, facilitated dialogue and research process to develop a consensus vision for integration. As part of the visioning process, MeHAF also solicited input from over 1,400 patients, families and communities on what patient-centered care means to them.

A key document resulting from these efforts, *Integrated Health Care in Maine: Vision, Principles and Values, and Goals and Objectives (Vision, see Section A, 2007A RFP RM, page 3*), serves as a general guide for integration in Maine and for the funding opportunities presented in this RFP. The vision and goals outlined in the document are ambitious, and reach beyond the capacity of the Foundation's resources to advance activities for each goal. Yet through this RFP, MeHAF offers initial funding opportunities within its **Integration Initiative** to catalyze progress on achieving many of the goals outlined in this vision document.

FUNDING OPPORTUNITIES

While MeHAF's long-range goal is the full integration of behavioral, primary and medical specialty health care in Maine, our shorter-range objectives involve strategic steps that are achievable in the near-term and build toward our larger goal. With this in mind, MeHAF offers these Program, Planning and Data/Policy funding opportunities.

Please note that all projects must be discussed with MeHAF's Senior Program Officer before submission. All applicants must discuss their proposals by telephone or in person with MeHAF's Senior Program Officer. Appointments to do this may be made by contacting David Steven Rappoport, Senior Program Officer, at (207) 620-8266, ext. 102 or drappoport@mehaf.org. No applications will be accepted without prior discussion with MeHAF's Senior Program Officer.

Following is a description of project requirements with specific expectations for each category of funding.

Program Grants: Advancing Patient-Center Care through Integration

Program grants are offered for projects that take initial steps to advance patient-centered care in Maine through the integration of behavioral, primary and medical specialty care. Program grants are for the implementation, replication or expansion of models that have been fully developed, and which require only logistical planning to execute (such as hiring staff and securing office space).

Grants are offered for three years only, with a maximum of $325,000 over the three-year funding period.

Based on the work of the Integration Initiative Steering Committee, the following represent examples of credible program project activities:
1) Enhanced coordination or collaboration among providers, and expansion of provider networks;
2) Expanded use of care or case management;
3) Introduction of new evidence-based or evidence-informed screening, assessment and treatment tools and pathways;
4) Expansion of referral networks to incorporate underutilized community partners, such as Healthy Community Partnerships, school-based health centers, housing providers, vocational providers, and churches, to name just a few;
5) Introduction of non-traditional approaches, such as peer advocates
6) Pay for performance or similar quality enhancement approaches;
7) Redefinition of existing roles or responsibilities in the care setting; and
8) The new or increased use of technology (excluding electronic or medical health records).

Planning Grants: Interim Steps Towards Integrated Systems

In order to continue the engagement of existing stakeholders in moving Maine towards integrated care, and to reach new stakeholders, MeHAF is also offering support for Planning grants. Planning grants are offered for projects that take initial steps to advance patient-centered care in Maine through the integration of behavioral, primary and medical specialty care. Planning grants are to be used for project development, not for implementation.

Planning grants represent MeHAF's "venture capital" fund. The Foundation seeks to foster creative strategic thinking that leads to new or improved projects which move Maine towards integration. Successful Planning projects will address challenges in innovative and strategic ways, build system delivery enhancements on existing infrastructures or reinvent current systems entirely, and move beyond current methods with conceptual rigor and a compelling strategic direction. They will strive to be collaborative, integrated, and outcomes-effective. Although the specific activities outlined may focus on initial steps, projects must reflect a long-term goal of integrated care.

Grants are offered for one to three years, with a maximum of $60,000 per year.

Following is a description of the kinds of Planning projects MeHAF anticipates would conform to the general requirements outlined above:

1) Support for the work of quality organizations in the development of strategies for incentivizing integrated care (such as financial incentives);
2) Processes to enhance coordination/collaboration among providers, and expansion of provider networks, including redefinition of existing roles and responsibilities in the care setting and across care settings;
3) Development of comprehensive, individual and community-based prevention strategies, in a process similar to the Substance Abuse and Mental Health Services Administration (SAMHSA) Prevention Framework (see Section C, 2007A RFP RM, page 15);
4) Analysis of existing systems barriers with design of new systems and procedures, such as to enhance care management for high-need individuals; and
5) Processes to introduce new evidence-based or evidence-informed screening, assessment and treatment tools and pathways.

General Project Requirements for Program & Planning Grants

1) Project design must respond to one or more of the over-arching goals, and as appropriate, specific recommendations, of *Integrated Health Care in Maine: Vision, Principles and Values, and Goals and Objectives* (*see Section A, 2007A RFP RM, page 3).*

2) Project design must be built upon, and/or support the adoption of, evidence-based or evidence-informed policy, screening, assessment and treatment tools and pathways including but not limited to:
   a) The American Academy of Family Physicians/American College of Physicians' *Advanced Medical Home: A Patient-Centered, Physician-Guided Model of Health Care*.
   b) IOM's *Improving the Quality of Health Care for Mental and Substance Use Conditions;* and
   c) *The President's New Freedom Commission on Mental Health Strategies' Achieving the Promise: Transforming Mental Health Care in America;*
   d) *SAMHSA's Evidence-Based Practices: Shaping Mental Health Services Towards Recovery*.

   (See Section C, 2007A RFP RM, page 15, for links to these and other related materials, including online evidence-based practice resources, such as SAMHSA's National Registry of Evidence-based Programs and Practices and *ARHQ's Evidence-based Practice Topic Index.)*

3) Projects must expand, or support the expansion, of existing capacity, or develop new capacity, to link high-need, underserved populations to needed services:
   a) *Services*:
      i) Must be provided on a timely basis
      ii) Have multiple, identifiable points of entry with no wrong door
      iii) Strive for a "two-touch" standard (no more than two layers between entry point and needed services)
      iv) Be coordinated, co-located or integrated, and
      v) Be provided in multi-institutional settings and across disciplines (primary care, specialty care, and behavioral health)
   b) *Populations*:
      i) Projects funded through this RFP must focus on priority populations. These are defined as populations who are documented to have a high need for services but poor access due to disability, rurality, poverty, age, cultural barriers, or other significant demographic characteristics.

4) Projects must describe key issues within the service area, how evidence-based and evidence-informed practices will be used to address them, and what local partners need to be included in the effort.

5) Projects must foster new or expanded team-based models of care:
   a) Care must be at least initially coordinated or co-located, with plans to move towards a maximum level of coordination, co-location or full integration[xvii]; and

b) Care must be provided in multi-institutional settings and across disciplines (primary care, specialty care, and behavioral health)

6) Projects must include at inception, or must propose a compelling strategy to develop during the life of the MeHAF grant, an effective sustainability strategy.
   a) For projects which are time-limited, "sustainability" shall focus on the appropriate dissemination of meaningful project results.

7) Projects must include appropriate patient engagement
   a) All projects must include meaningful patient and family engagement in design and implementation. This should include ongoing patient feedback, such as assessment of the effectiveness of services in meeting the needs of patients and their families, and patient input into ongoing implementation and refinement of the project.

8) Projects must meet MeHAF's evaluation expectations
   a) All ***program*** grants will be externally evaluated. Grantees agree to collect needed data, participate in the evaluation as directed by the external evaluator, and disseminate project results.
   b) Planning grants must identify a credible evaluation strategy to assess results.

9) Learning collaborative participation
   a) All grantees under this RFP will be required to attend a quarterly meeting to discuss project progress and share concerns.

10) ***NOTE:*** *Projects previously funded by MeHAF convergent with this RFP are eligible to apply for either program or planning grants, but the application must include specific description of the following:*
   a) Accomplishments to date (including outcomes)
   b) Barriers encountered
   c) Expansions or alterations in activities moving forward, if any, and
   d) How new money will help the project move forward

Data & Policy Grants

In order to promote the development and acceptance of evidence-based integrated care in Maine, the Foundation will offer grants to advance policy initiatives and data measurement (Data and Policy grants). These projects should focus on key data studies or policy analyses that are essential to advance patient-centered care in Maine through the integration of behavioral, primary and medical specialty care.

Grants are offered for one to three years, with maximum funding of $60,000 per year.

Based on the work of the Steering Committee, the following are examples of possible data or policy projects:

1) Measuring the performance, costs and outcomes of existing integration and related activities in behavioral health, specialty care, and/or primary care;
2) Filling existing gaps in critical data, or highlighting specific current practices in order to ascertain their efficacy; and
3) Identifying strategic policy opportunities to advance integration in Maine

General Project Requirements for Data & Policy Grants

1) Project design must address or focus on one or more of the over-arching goals, and as appropriate, specific recommendations, of *Integrated Health Care in Maine: Vision, Principles and Values, and Goals and Objectives* (*see Section A, 2007A RFP RM, page 3*).

2) As appropriate, projects must be built upon, and/or support the adoption of, evidence-based or evidence-informed policy, screening, assessment and treatment tools and pathways including but not limited to:
   a) IOM's *Improving the Quality of Health Care for Mental and Substance Use Conditions;*
   b) *The President's New Freedom Commission on Mental Health Strategies' Achieving the Promise: Transforming Mental Health Care in America;*
   c) *SAMHSA's Evidence-Based Practices: Shaping Mental Health Services Towards Recovery*; and
   d) The American Academy of Family Physicians/American College of Physicians' *Advanced Medical Home: A Patient-Centered, Physician-Guided Model of Health Care*.

   (See Section C, 2007A RFP RM, page 15, for links to these and other related materials, including online evidence-based practice resources, such as SAMHSA's National Registry of Evidence-based Programs and Practices and *ARHQ's Evidence-based Practice Topic Index.)*

3) Projects must focus on data or policy analyses that promote strategies to**:**
   a) Expand existing or new capacity to link high-need, underserved populations to needed services; and
   b) Accelerate the adoption and use of evidence-based or informed practices.
      i) <u>As part of the Data or Policy project, applicants must propose a meaningful strategy to disseminate project results.</u>

4) Projects must meet MeHAF's evaluation expectations
   a) All grants should identify performance benchmarks that will demonstrate how the data or policy research will be used to drive system change.

5) Learning collaborative participation
   a) All grantees under this RFP will be required to attend a quarterly meeting to discuss project progress and share concerns.

ELIGIBILITY REQUIREMENTS FOR ALL FUNDING CATEGORIES

Applicants must be:

1) 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.
   a) The Foundation will not consider applications from organizations whose non-profit status is pending, nor from those requiring fiscal sponsorship. Such organizations are encouraged to form appropriate collaborations with established eligible institutions, and to submit jointly.
   b) Joint applications from collaborating organizations are desirable and may include a mix of eligible and ineligible institutions. However, one eligible organization must serve as the lead agency and project applicant.
   c) 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.
   d) The Maine Health Access Foundation has specific requirements for public charity applicants that are operating under subsection 509(a) (1), (2), or are functionally integrated under subsection (3) of the Internal Revenue Code. Please closely examine your final 501(c)(3) determination letter to identify if you are affected. For more information, *please see Sections D and E, 2007A RFP RM, page 27 and 28.*

APPLYING FOR A GRANT IN ANY FUNDING CATEGORY

A. Format Requirements

1) The proposal may not exceed ten pages (exclusive of the mandatory grant summary form, budget page and all required attachments).
2) 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.
3) Proposals may be single-spaced or double-spaced.
4) 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, ten pages maximum not including required attachments (such as the budget narrative), must contain the following sections. Proposals will be scored based on a scale of 100 points, with the maximum points available in each section as noted in parentheses below.

1) *Organizational Description (Not Scored)*
   a) Provide a brief summary description of your agency, including your mission statement, relevant history of the organization, current programs or

activities, population group(s) the agency typically benefits, and capacity and resources.

2) *Needs Statement & Target Population(s) (10 points)*
   a) Discuss the specific health problems or issues the proposed project will address.
   b) Describe the population(s) to be served or studied by the proposed project in terms of relevant factors such as age, location, economic, cultural and ethnic characteristics.
      i) Use appropriate data to demonstrate the population's numbers in Maine, and to document the population's high need for, but poor access to, services; and
      ii) Explain how the project expands, or supports the expansion, of existing capacity or develops new capacity to link high-need, underserved populations to needed services.
3) *Work Plan (45 points)*
   a) Discuss the strategic activities you propose to undertake, relating them to your previously identified needs and target population(s).
      i) Projects previously funded by MeHAF must address:
         (1) Accomplishments to date (including outcomes)
         (2) Barriers encountered
         (3) Expansions or alterations in activities moving forward, if any, and
         (4) How new money will help the project move forward
      ii) If the proposed project involves the delivery of health care services, applicants must include a discussion of how they will meet the requirements of the Foundation's comprehensive care policy.
         (1) *For more information on this requirement, see Section F, 2007A RFP RM, page 29).*
   b) Describe how the project responds to one or more of the specific over-arching goals and recommendations of *Integrated Health Care in Maine: Vision, Principles and Values, and Goals and Objectives* (*see Section A, 2007A RFP RM, page 3).*
   c) Explain how the project supports the adoption of, or is built upon, evidence-based or evidence-informed policy, screening, assessment and treatment tools and pathways, citing the source of the evidence (e.g. websites, literature citations).
      i) Explain how direct services, if any, will be provided on a timely basis; have multiple, identifiable points of entry with no wrong door and aim for a "two touch" standard (no more than one referral from point of entry to needed services); and are coordinated, co-located or fully integrated.
   d) Using a chart or narrative, describe the involvement of all budgeted FTEs, noting the duties of each and how their work integrates into the project as a whole.
4) *Collaboration (15 points)*
   a) Describe how the project provides or tracks services provided in multi-institutional settings and across disciplines (primary care, specialty care, and behavioral health).
      i) List collaborative partners and describe the role they will assume under the proposed project.
      ii) Explain how the project will improve or expand linkages, and how the project complements – but does not duplicate – existing activities.

(1) For service-based projects, describe how the project interacts with existing infrastructures to address needs.
(2) For data and policy projects, describe how the proposed project will be appropriately collaborative and will serve to strengthen existing systems.

iii) As appropriate, describe how projects will include meaningful patient and family engagement in design and implementation. This should include ongoing patient feedback, such as assessment of the effectiveness of services in meeting the needs of patients and their families.

5) *Staffing (10 points)*
   a) Provide a description of the key staff involved in this project (do not attach resumes).
   b) In situations in which scarce workforce are required (e.g. child or geriatric psychiatrists), describe how such services will be assured.
6) *Sustainability (10 points)*
   a) Projects must outline a realistic and progressive sustainability plan, or present a compelling plan to develop one over the course of the grant.
      i) How will the project be sustained beyond the term of this grant? What funding or in-kind support will be available to sustain this project after the termination of MeHAF grant funding?
      ii) What strategies will be used to solve non-financial sustainability concerns, such as a need for ongoing available workforce?
      iii) For projects which are time-limited or focus on data or policy, the "sustainability" discussion should focus on the meaningful dissemination of project results.
7) *Project Budget (10 points)*
   a) This should be included on MeHAF's Project Budget form. In addition, a budget narrative, not to exceed two pages, must be included.
      i) Please note that Program grants are offered for a three year project duration, with a maximum of $325,000 over the three year funding period.
         (1) Budgets may allocate funding across the three years as grantees deem appropriate. Based on its experience, the Foundation recommends that grantees consider budgeting only a moderate amount in year one to allow for unexpected start-up delays, the highest amount in year two, and in year three an amount equal to 80% or less of year two, in order to foster sustainability.
   b) The Foundation expects project budgets to be proportional to the scale of the project, in terms of both the scale of multi-institutional participation and numbers of individuals to be served. Further, grantees will be responsible for meeting budget projections and timelines.
   c) In Program & Planning projects, MeHAF funds may not be used for:
      i) Purchasing electronic medical or health records systems;
      ii) Curriculum development;
      iii) Direct service unrelated to an overarching systems transformation strategy;
      iv) Capital projects, (e.g. construction and renovation of clinic space);
      v) Fundraising activities of any sort (e.g. endowment campaigns);
      vi) Political activity including lobbying;
      vii) General operating support; and
      viii) Scholarships.

d) Please note that in this grants round, MeHAF will allow compensation to providers to participate in project activities when there is a compelling need that cannot be met in any other way
e) MeHAF requires all grantees to contribute or secure a minimum level of cash or in-kind support. The minimum required amount is based on the size of an organization's annual budget and the amount of the overall project budget (see chart below). An organization is defined as the applicant organization as a whole (if a small non-profit) or, if a large organization, the logical subdivision applying for funding (such as a department of a university or a division of a hospital).
f) MeHAF will accept any combination of cash and in-kind to meet the requirement:
   i) A cash match may be drawn from general operating funds or complementary grants received from other sources for the project proposed to MeHAF.
   ii) An in-kind match may be derived from contributions to the project in forms other than cash (such as employee time or supplies) supplied by the applicant or key partners on the project.
   iii) In compelling circumstances, a waiver of the contribution requirement may be made by MeHAF program staff. Please contact the Senior Program Officer if a waiver is sought.

MeHAF GRANT MATCH REQUIREMENT	
SIZE OF ORGANIZATION'S ANNUAL BUDGET	PROPORTION OF TOTAL PROJECT FROM CASH OR IN-KIND SUPPORT
≤ \$250,000 - \$1 million	5%
\$1 million - \$5 million	10%
\$5 million - \$10 million	15%
≥ \$10 million	20%

- PLEASE NOTE: The Maine Health Access Foundation has specific requirements for the presentation and calculation of direct and indirect cost, and for public charity applicants that are operating under subsection 509(a) (1), (2), or are functionally integrated under subsection (3) of the Internal Revenue Code. *For more information, please see Sections D and E, 2007A RFP RM, pages 27 and 28.*

C. Required Attachments

Required attachments for complete proposals are listed below. Please do not send any additional information.

1) A diskette or CD with the grant summary form, proposal narrative, project budget, and budget justification. All documents must be in IBM format. Please include the name of your organization in all document titles.
2) Your organization's Board of Directors list with their affiliations.
3) A copy of your final determination of 501(c)(3) status or equivalent letter from the IRS.

4) Large institutions must submit their most recent audited financial statement. Small institutions that do not conduct audits may submit their most recent 990 and an unaudited financial statement.
5) Organizations must include a copy of their non-discrimination policy and two written statements (these two statements may be submitted as one document on appropriate letterhead):
   a) A copy of the organization's 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;
   b) A statement that approval for the project has been sought and obtained by the applicant's institutional review board (IRB) or that such approval is not required for the project. An IRB is given the responsibility by an institution to review that institution's research projects involving human subjects. The primary purpose of the IRB review is to assure the protection of the safety, rights and welfare of the human subjects. In some institutions, the IRB may have a different name, such as "Human Subjects Review Committee," or another body, such as an "Ethics Review Committee," may serve the same function; and
   c) A statement that rigorous confidentiality procedures shall be maintained during the implementation of the project with regard to patients' medical records, consistent with HIPPA, all other applicable state and federal regulations.
6) <u>Detailed letters of commitment</u> from each key institution collaborating on your project. These letters must include specific descriptions of the institution's role in the project, the resources each will commit to the project, and the period of time over which the partner(s) will be involved.

D. Submission Requirements

Submit five sets (one original and four 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 <u>in this order</u>:

1) Grant summary form
2) Proposal
3) Project budget and budget justification
4) Required attachments
   a) Board list
   b) 501(c)(3) letter
      i) 509(a) documents, if applicable
   c) Financials
   d) Written statements
   e) Letters of Commitment

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 postmarked by July 2, 2007 and received on or before July 9, 2007. Deliveries by hand must be received in person by a Foundation staff member no later than 4:30 p.m. on July 2, 2007. Submissions will not be accepted electronically or by fax.

E. Applicant Notification

Applicants will be notified of the Foundation's decision on or about October 19, 2007.

F. First Year Funding Period

The first year of funding will be calendar year 2008. Additional years of funding are subject to annual Foundation approval.

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 narrative and financial reports at six-month intervals during the funding period on specific due dates; additional oral or written reports may be required, if warranted.

PROPOSAL DECISION-MAKING

The Maine Health Access Foundation is committed to a thorough and fair review of all applications. The Foundation has strict and comprehensive conflict of interest policies regulating the participation of its staff, Trustees, Community Advisory Committee members, and external reviewers, in funding decisions. It also assures an impartial and rigorous process by including a range of qualified individuals in its grantmaking decisions.

Grant proposals are independently evaluated and scored by at least two external reviewers with appropriate content expertise and qualifications, and by two MeHAF program staff. Each proposal receives four independent scores. As part of the evaluation process, MeHAF staff may contact an applicant for written clarification of particular proposal elements. Also, when staff is not familiar with an applicant, a site visit may be requested. Contact or lack of contact by staff should not be construed as a reflection of the likelihood of funding.

Full proposals are ranked by cumulative reviewer score and presented to the Foundation's Grants Committee. The Grants Committee carefully reviews all scoring and written recommendations. Based on this information, the Grants Committee develops a slate of grants that are forwarded to the full Board for final approval.

QUESTIONS

- **Technical and 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

- ☐ Postmarked by July 2, 2007 and received by MeHAF on or before July 9, 2007.
- ☐ Five sets (one original and four copies). Please securely clip the original and staple the copies.
- ☐ Each set contains in order:
  - ○ Grant summary form
  - ○ Proposal
  - ○ Project budget and budget justification
  - ○ Diskette or CD with the grant summary form, proposal narrative, project budget, and budget justification
  - ○ Required attachments:
    - ○ Board list
    - ○ 501(c)(3) letter
    - ○ 509(a) documents, if applicable
    - ○ Financials
    - ○ Written statements
    - ○ Letters of Commitment
- ☐ 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 July 2, 2007. 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

[i] 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.

[ii] 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

[iii] Improving the Quality of Health Care for Mental and Substance-Use Conditions. Washington, DC. 2006.

[iv] Improving the Quality of Mental and Substance Use Conditions. Institute of Medicine. 2006.

[xiii] Carney RM, et al. "Depression, the autonomic nervous system, and coronary heart disease. Psychosom Med. 2005;67 Suppl 1:S29-33.

[xiv] Serebruany MD, Victor L, et al. "Platelet/Endothelial Biomarkers in Depressed Patients Treated with the Selective Serotonin Reuptake Inhibitor Sertaraline After Acute Coronary Events." Circulation.

[xv] US Surgeon General. Mental Health: A Report of the Surgeon General. US Department of Health and Human Services. Washington DC. 1999.

[xvi] Kessler RC, et al. "Prevalence and treatment of mental disorder, 1990 to 2003." N Engl J Med. 200; 353 (11): 1184.

[xvii] Doherty WJ, McDaniel SH, Baire MA, "Five levels of primary care/behavioral health care collaboration," Behavioral Healthcare Tomorrow, October, 1996: 25-28.