Request for Proposal

Promoting Integrated Behavioral Health and Primary Care in New Hampshire

Purpose:

The Endowment for Health and its subsidiary, Health Strategies of New Hampshire, seeks to hire a consultant(s) to conduct a study on the state of behavioral health and primary care integration in New Hampshire.

Background:

Numerous New Hampshire studies have highlighted lack of access to community-based mental health and substance use treatment, a growing demand for services, and higher health care costs for individuals with mental health, substance use disorders, and other chronic conditions. National studies have demonstrated that integrated bi-directional behavioral health and primary care is a cost-effective solution, improving outcomes for patients with depression, serious mental illness and substance abuse-related comorbidities. In fact, the legislative mental health commission report *Fulfilling the Promise: Transforming New Hampshire’s Mental Health System* and the recently released children’s behavioral health plan *Transforming Children’s Behavioral Health Care* both include integrated mental health, medical, and substance use prevention, intervention and treatment as a key recommendation.

Anecdotally, we know that many of New Hampshire’s federally qualified health centers (FQHCs) and community mental health centers possess some integrated behavioral health and primary care treatment capacity. For example, one community mental health center in New Hampshire received a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to partner with its area FQHC to integrate primary care for patients with serious mental illnesses. A number of FQHCs have also received grants to support integrated behavioral health and primary care capacity-building. An informal network of stakeholders interested in or practicing on the continuum of behavioral health and primary care integration meets bi-annually.

However, the fact remains that little is known about behavioral health and primary care integration capacity statewide, what populations are served and in what practice settings, what policy and financing barriers exist for providers, and what system structures would best support behavioral health and primary care integration.
A number of states have taken advantage of national and state health policy reform to support behavioral health and primary care integration. Practice and payment reform efforts - including Patient-Centered Medical Home, Health Homes, and Accountable Care Organizations - present opportunities to create a more seamless system of care for patients with behavioral health and physical health needs. States have utilized managed care contracts to advance integrated behavioral health and primary care, as well as federal initiatives like the State Innovation Model. Unfortunately, New Hampshire has no baseline of knowledge documenting how integrated behavioral health and primary care is currently being implemented, and what pathways exist - based on learnings from other states and municipalities - to create a more integrated health system.

About the Endowment for Health and Health Strategies of New Hampshire:

The Endowment for Health is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially those who are vulnerable and underserved. The Endowment was established in 1999 and, since that time, has awarded nearly 1,000 grants, totaling more than $38 million, to support a wide range of health-related programs and projects in New Hampshire. In July 2007, Health Strategies was created as a private operating foundation and subsidiary of the Endowment for Health, to conduct initiatives, independently and with others, to address key issues and public policies that promote the health of New Hampshire residents.

The Endowment for Health and its subsidiary, Health Strategies of New Hampshire, seeks to hire a consultant(s) to conduct a study on behavioral health and primary care integration in New Hampshire. This study aligns with the Endowment for Health’s targeted initiative focused on Health Policy Capacity Building. This initiative seeks to advance policies that improve the health of the people of New Hampshire, especially those who are vulnerable and underserved, through advocacy, research, knowledge and leadership development strategies.

For additional information about the Endowment for Health and its targeted initiative focused on Health Policy Capacity Building, please visit: http://www.endowmentforhealth.org/

Goal and Scope of Work:

The Endowment for Health and its subsidiary, Health Strategies of New Hampshire, seeks to contract with one or more consultants/organizations to conduct a “state of the state” study on behavioral health and primary care integration in New Hampshire, utilizing an advisory committee of key New Hampshire stakeholders to inform study design and implementation, and to provide New Hampshire context as needed.

The ultimate goal of the study is to improve health outcomes and reduce New Hampshire health care costs by promoting behavioral health and primary care integration. The study will:

1. Provide a snapshot of New Hampshire integrated behavioral health and primary care integration models in various practice settings, including utilization of a standardized
framework to understand levels of integrated care and common themes and significant differences among these models;

2. Highlight successful integrated models in various practice settings that have documented improved patient outcomes, patient satisfaction, and cost-effectiveness;

3. For practice settings with integrated models, highlight gaps in the range of available behavioral health and primary care expertise, role functions, and services and the reasons for those gaps (e.g. access to psychiatric consultation in primary care, intensive care coordination for patients with more acute behavioral health needs, access to specialty care, prevention/early intervention);

4. Identify enabling financing mechanisms for existing behavioral health and primary care integration models;

5. Identify practice, policy and financing barriers to behavioral health and primary care integration in New Hampshire;

6. Identify specific state options, based on national literature and best practices, including actionable recommendations to create a more integrated health system. (Recommendations should include short, intermediate and longer term actionable steps that lay out a clear change process for adoption of behavioral health and primary care integration); and

7. Include an executive summary of key findings.

New Hampshire Behavioral Health and Primary Care Advisory Committee

The Endowment for Health convened a panel of forty-five key stakeholders on May 20, 2014 to provide an overview of the proposed “state of the state” study, elicit feedback on the study scope, and discuss definitional issues associated with behavioral health and primary care integration. Participants included representatives from health plans, New Hampshire Medicaid and state government, hospitals and hospital-owned primary care practices, FQHCs, community mental health centers, substance use treatment providers, the New Hampshire Medical and Pediatric Societies, advocates and family organizations, and other independent providers and administrators of behavioral health and primary care.

The chosen contractor(s) will meet with the Behavioral Health and Primary Care Advisory Committee at least twice during the contract period to:

- Review and provide input into a more detailed study design including proposed data collection tools/interview or focus group guides (anticipated July/Aug 2014)
- Review preliminary study findings and provide New Hampshire context as needed (TBD)

Definitions and Standardized Framework

The following definition of behavioral health and primary care integration should be used for this study. The definition generally aligns with that of the National Integration Academy Council1:

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**Behavioral health and primary care integration definition:** The Care that results from a practice team of primary care and behavioral health providers, working together with patients, families and/or natural support systems, using a systematic and cost-effective approach to provide patient-centered care for a defined population that maximizes patient outcomes. This care may address physical health, mental health and substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

The Behavioral Health and Primary Care Advisory Committee agreed on the benefits of a shared lexicon particularly as the state considers financing and policy levers to support clinical and organizational enabling functions associated with behavioral health and primary care integration. The Advisory Committee also supports utilization of the Parameters associated with the National Integration Academy Council’s *Lexicon for Behavioral Health and Primary Care Integration* as a standardized framework to understand levels of integrated care in New Hampshire. However, the specificity of the continuum, coupled with the statewide scope of the study and ability of local providers to report these data, may make rigorous adherence impractical for the purpose of this study. A detailed description of the standardized framework that will be utilized to understand levels of integrated behavioral health and primary care integration models in New Hampshire is requested. While not required, the utilization of the *Lexicon for Behavioral Health and Primary Care Integration* framework, to the extent it is practical and feasible in the design of data collection methods and tools, is preferred.

**Timeline and Contract Period:**
- **RFP issued** - Friday, June 13, 2014
- **Informational conference call** - Thursday, June 26, 2014 1 PM EST, Conference call line: 603-415-1004
- **RFP Response Due** – Friday, July 11, 2014, 5 PM EST
- **Notification and contract negotiation** – Thursday, July 31, 2014

The contract period is anticipated to be August 1, 2014 through November 30, 2014.

**Proposal Guidance:**

Please email your proposal, which should be based on the guidance provided in this RFP, by Friday, July 11, 2014, 5 PM EST to: sfulton@endowmentforhealth.org. Please include “Behavioral health and primary care integration study” in the subject line.

Proposals should be no more than 10 single-spaced pages in 12 point, Times New Roman font with 1” margins. Succinct, clear proposals are encouraged. All pages in the proposal should be numbered including attachments.

A conference call to answer questions regarding this Request for Proposal is scheduled for Thursday, June 26, 2014 1 PM EST. The conference call number is 603-415-1004. There is no passcode for the conference call line.
Other inquiries should be directed to:

Kim Firth, Program Director  
Endowment for Health  
kfirth@endowmentforhealth.org

Please include the following in your proposal:

1. Consultant/Organization (organization) information
   a. State the organization name, address, phone, and web address (if applicable)
   b. Name a primary contact person including his/her phone and email address
   c. Provide a brief description of the organization’s capabilities including examples of previous projects relevant to the scope of work outlined in the RFP. Describe how the project aligns with the organization’s mission. Describe the qualifications of project leaders and/or key project staff and why the organization is uniquely positioned to undertake this work. List and provide a resume(s) for key personnel as an attachment. The list of key personnel and resume(s) will not count toward the page limit.
   d. Describe the organization’s knowledge and expertise relative to behavioral health and primary care integration. Describe previous work on this issue.
   e. Describe the organization’s experience facilitating advisory committees, focus groups, and writing clear and concise documents. A writing sample may be included as an attachment. The writing sample will not count toward the page limit.
   f. For organizations wishing to undertake only a portion of the scope of work, appropriate, high-quality sub-contractor agreements should be included as an attachment. These agreements will not count toward the page limit. If this scenario is applicable, the proposal should describe how the sub-contractors work would be managed, coordinated and synthesized.
   g. List three to five references for similar project work completed by the key project personnel that will be assigned to the project.

2. Proposed approach
   a. Describe the overall approach to completing the scope of services, including completion of the study and utilization of the advisory committee. Sufficient detail should be provided including methods for data collection and tools if available (e.g. number of focus groups, number of interviews, types of provider settings, survey distribution if applicable).
   b. Describe in detail the standardized framework that will be utilized to understand levels of integrated behavioral health and primary care integration models in New Hampshire. The proposed framework should be included as an attachment. The attachment will not count toward the page limit.
   c. Describe the approach that will be utilized to develop specific state options, actionable recommendations, and identification of a clear change process for adoption of behavioral health and primary care integration.
d. Include a workplan and timeline for all activities. No specific workplan template is required. The workplan will count as a part of the proposal and within the page limitations provided.

3. Budget and budget justification

The budget should include sufficient detail to ascertain how cost estimates were calculated. The budget should align with the project workplan. The budget narrative justification should include the percent of time and salary to be dedicated by key personnel and consultants, and align with the project workplan. The final budget and specific scope of work will be negotiated with the chosen organization.

Proposal Evaluation Criteria

Selection of consultant/organization will be based on the following criteria:

- Relevant organizational knowledge, expertise and demonstrated experience
- Proposed staffing plan and qualifications of key personnel
- Clarity of approach and methodologies
- Proposal alignment with project goal
- Budget narrative clarity and appropriateness to support proposed workplan
- Cost