



## **Depression in Late-Life Initiative**

### ***Care Partners: Bridging Families, Clinics, and Communities to Advance Late-Life Depression Care*** **Request for Proposals**

#### **Archstone Foundation**

Archstone Foundation is a private nonprofit grantmaking foundation whose mission is to prepare society in meeting the needs of an aging population. The Foundation's approach to grantmaking has been through initiative-based investments and Responsive Grantmaking. Archstone Foundation's current funding priorities include, Depression in Late-Life, Family Caregiving, Aging in Community, and Workforce Development. Past initiatives include, Elder Abuse and Neglect, End of Life and Palliative Care, and Fall Prevention. The Foundation's Responsive Grantmaking strategy seeks to address the emerging and unmet needs of California's diverse aging population and those who serve them. The Foundation accepts unsolicited Letters of Inquiry on an ongoing basis through its Responsive Grantmaking.

In July 2013, Archstone Foundation approved the consultant team of Jürgen Unützer, MD, MPH, MA, University of Washington's AIMS Center (Advancing Integrated Mental Health Solutions), and Ladson Hinton, MD, University of California, Davis, to begin to: 1) define the scope of the issues Archstone Foundation seeks to address; 2) conduct an environmental scan and literature review on evidence-based depression programs; 3) gather feedback through key informant interviews and focus groups; and 4) prepare a list of the top priorities for funding within the area of depression in late-life.

In June 2014, Archstone Foundation Board of Directors, as part of the Foundation's Depression in Late-Life Initiative, awarded a four-year grant to the University of Washington (UW), and the University of California, Davis (UC Davis), to support the *Care Partners: Bridging Families, Clinics, and Communities to Advance Late-Life Depression Care* project. The four-year project, commissioned by Archstone Foundation, will develop community-engaged partners who will work together to improve care for older adults with depression by strengthening the involvement of family, friends, and community-based organizations in depression care. The team of researchers at UW and UC Davis will work closely with Archstone Foundation, and grantees, to improve depression care for older adults.

#### **Background on Late-Life Depression**

Depression is common among older adults, and it comes at a high cost to patients and their families. Major depression affects 2 – 5% of community dwelling older adults, up to 10% of older adults in primary care clinics, and up to 30% of older adults with chronic medical illnesses. Late-life depression impairs quality of life, the ability to function, and to enjoy late-life. It is associated with increased health care costs, family stress, and increased risk of suicide. Depression is the most important and arguably the most treatable risk factor for completed suicide.

Over the past two decades, there has been significant progress in the ability to diagnose and treat depression in older adults. Research has demonstrated that Collaborative Care programs, in which primary care physicians are supported by mental health professionals to treat depression in older adults, can dramatically improve the effectiveness and cost-effectiveness of depression treatment. Despite recent advances, older adults suffering with depression often do not seek or receive effective treatment. Older adults at particularly high risk for not receiving effective depression care include minorities, older men, and those with multiple medical problems, less formal education, and/or lower socioeconomic status. Closing gaps in care to improve access to effective depression treatment is important and timely. One of the most promising approaches to improving the reach, and effectiveness of late-life depression care, is through the systematic involvement of community-based organizations (CBOs), family, and primary care clinics that work with older adults. These community-engaged partnerships have tremendous potential to improve: 1) access to care; 2) engagement in treatment; 3) the patient care experience; and 4) quality of care for depressed older adults.

#### Collaborative Care for Late-Life Depression

Collaborative Care is a patient-centered approach that treats mental health conditions, such as depression and anxiety, in primary care where older adults are comfortable and already have secure established relationships. Effective Collaborative Care teams use established principles of chronic illness care, and draw upon shared knowledge, principles, and care plans as they work toward patient goals. The Collaborative Care teams provide proven treatments, such as antidepressant medications and evidence-based, brief counseling strategies such as Problem Solving Treatment in Primary Care. Collaborative Care takes a population-based approach ensuring that anyone who needs help does not fall through the cracks. Over 80 studies have found Collaborative Care to be significantly more effective than usual care for mental health conditions, such as depression and anxiety. The largest study of Collaborative Care to date, the IMPACT study, demonstrated that Collaborative Care more than doubles the effectiveness of depression care. Additionally, Collaborative Care reduces disability, improves quality of life, and earns a return of investment of \$6.50 for every \$1.00 spent; thereby achieving the Triple Aim of improved patient care experiences, better clinical outcomes, and lower health care costs. For additional information refer to the Resource Section.

#### **Care Partners: Bridging Families, Clinics, and Communities to Advance Late-Life Depression Care**

Archstone Foundation, through its Depression in Late-Life Initiative, seeks to support innovative approaches to treating depression in older adults through community-engaged partnerships including:

1. CBO and primary care clinic;
2. Primary care clinic and family; and
3. CBO, primary care clinic, and family partnership.

Applicants will propose effective partnerships that build on, and learn from, the strengths each organization brings to the team, to better understand, reach, and treat late-life depression. Together, partners will implement evidence-based Collaborative Care for late-life depression.

Innovations in care, funded through this Initiative, will explore Collaborative Care models that can be applied in other communities to improve late-life depression reach, engagement, and treatment across California, and across the country.

Archstone Foundation seeks innovative Collaborative Care models that: 1) are community-driven; 2) leverage existing services; 3) build-upon established, or recently formed partnerships; 3) are supportive of improving care for late-life depression; and 4) can deliver evidence-based and effective Collaborative Care services to older adults.

Collaborative Care services must include:

- Screening for depression;
- Depression diagnosis;
- Patient education and engagement;
- Treatment, and treatment support, as appropriate to each patient (For examples, refer to the Appendix: Collaborative Care Task Matrix);
- Systematic tracking of depression outcomes using the PHQ-9 depression measure (Patient Health Questionnaire – 9 item version); and
- Psychiatric case review with recommendations for treatment adjustment if patients are not improving.

Collaborative Care services can be broken down into a list of tasks that partners share when collaborating to offer late-life depression treatment in their communities. The sharing of tasks aligns with the national attention on “task shifting”, or “task sharing”, to improve access to late-life depression treatment for older adults. Task sharing is described as the rational redistribution of tasks among a health care team to make more efficient use of each team member’s qualifications and skills. A list of key tasks in Collaborative Care for late-life depression can be found in the Collaborative Care Task Matrix in the Appendix. The Collaborative Care tasks are a guide for applicants to consider how their community-engaged team can work together to address the treatment needs of older adults with depression in their communities.

Archstone Foundation seeks community-engaged partnerships that can effectively collaborate and share the list of tasks to improve depression care for older adults— partnerships that can extend traditional Collaborative Care from primary care to include community and family to enhance access to, and effectiveness of, care.

Community-engaged partnerships will share the Collaborative Care tasks. For example, a CBO might partner with a primary care clinic to assist with depression screenings, referrals, and monitoring of symptoms for patients receiving treatment. Alternatively, a primary care clinic might develop, and test, a “team approach” that includes family members to deliver one or more of the Collaborative Care tasks. These are only two approaches, of many, that community-engaged partners may consider.

To support organizations participating in the Depression in Late-Life Initiative, Archstone Foundation has engaged experts Jürgen Unützer, MD, MPH, MA, at the University of Washington’s AIMS Center (Advancing Integrated Mental Health Solutions), and Ladson

Hinton, MD, at the University of California, Davis, to implement the *Care Partners: Bridging Families, Clinics, and Communities to Advance Late-Life Depression Care* project.

### **Funding Opportunities**

Archstone Foundation's Depression in Late-Life Initiative will fund the following community-engaged partnerships:

#### CBO – Primary Care Clinic:

CBO with primary care clinic awards will be funded up to \$150,000 per year for two (2) years for a total of \$300,000 divided between the partners.

#### Primary Care Clinic – Family:

Primary Care with family care partner awards will be funded up to \$150,000 per year for (2) two years for a total of \$300,000.

#### CBO – Primary Care Clinic – Family Partnership

Community-engaged partnerships, including a primary care clinic and a CBO, may also choose to actively include a family care partner in identifying, and treating, late-life depression. This partnership will be funded up to \$200,000 per year for two (2) years for a total of \$400,000 divided between the partners.

In addition to the amount funded to the organization(s), sites will be offered training in Collaborative Care, including Problem Solving Treatment and Behavioral Activation.

### **Eligibility Criteria**

- California non-profit 501(c)(3) primary care clinics and non-profit 501(c)(3) CBOs are eligible to apply.
- CBOs may include organizations offering Meals on Wheels programs, faith-based organizations, refugee service agencies, or adult day health services, like Community-Based Adult Services (CBAS), among others.
- Organizations that partner with family members, or close friends, of depressed older adults in their Collaborative Care programs must demonstrate their ability to successfully engage, train, and involve family members/friends of patients in Collaborative Care for depression.
- Partnering for-profit organizations must cover their costs involved in the project—grant funds may not be used.
- Partnering organizations must:
  - Reside in California;
  - Currently offer services to older adults (*65 years of age or older*) in the community;
  - Have the capacity to engage, and treat at least 100 older adults with depression, over the 2 year period of the grant;
  - Have the technology infrastructure among at least one partnering organization to use a web-based online care management registry (CMTS) provided by the AIMS Center as part of this Initiative. Technology includes: 1) computers with

- supported web browsers (i.e., Internet Explorer 7 or higher, Firefox 4 or higher, Safari 3 or higher, and Chrome), and 2) a high speed internet connection; and
- The applying organization must have the infrastructure to manage all grant activities (i.e., managing grant funds, subawards to the partnering organization, and reporting requirements to Archstone Foundation).

All organizations applying must be able to join specific activities as a part of the application and grant implementation process:

- Submit Letter of Inquiry (LOI) by January 16, 2015;
- Submit full proposal by March 13, 2015, if invited to submit a Full Proposal;
- Host a site visit as part of the application process in April/May 2015;
- Attend three (3) in-person two-day meetings/trainings, and regular monthly training webinars. Two (2) in-person meetings will be held in Year One of the grant, one (1) in Northern and one (1) in Southern California; and one (1) in Year Two, in Southern California;
  - Funding for travel should be included in the applying organizations budgets. At least two individuals from each partnering organization should attend.
- Work with the AIMS Center at UW to explore revenue sources to support sustainability and/or continued development of the models of care developed within the partnership;
- Work with the AIMS Center at UW and the UC Davis to evaluate Collaborative Care community-engaged partnerships. Evaluation results will be shared with grantees and should be incorporated into the grantees' agency evaluation efforts and progress reports submitted to Archstone Foundation. As part of these efforts, the participating organization(s) will host an evaluation visit during the grant period, which may include on-site interviews with clinicians and leaders in the organization(s), as well as supplemental phone interviews before and/or after the evaluation visit; and
- Work with the University of Washington and University of California, Davis when preparing to submit information to their Institutional Review Boards (IRB) on the late-life depression interventions.

### **Technical Assistance Webinars**

Applicants are encouraged to participate in two (2) technical assistance webinars:

- November 17, 2014 from 3:00 - 4:30 p.m.; and
- January 5, 2015 from 3:00 - 4:30 p.m.

The purpose of the webinars is to clarify the Initiative's goals, and answer any questions about the RFP, or the application process. Details about the webinars, as well as resources for applicants, can be found in the Resource Section of the RFP.

### **Proposals will be evaluated based on:**

1. Innovation with regard to the partnership and task sharing between the primary care clinic and community partners;

2. Feasibility of the proposed plan to implement an evidence-based Collaborative Care program, or intervention, for late-life depression through the community-engaged partnership;
3. Organizational capacity and readiness to implement the proposal, specifically, the capacity to find, engage, and maintain older adults in depression care through the proposed partnership;
4. Leadership support at the organization(s);
5. Memorandum of Understanding (MOUs);
6. Strength of the partnership to support the proposed work together; and
7. Completeness and adequacy of the budget proposed. Partnerships must also offer documentation that suggests an effective and adequate sharing of funds among partners.

### **Application Process**

Letters of Inquiry (LOI) for *Care Partners: Bridging Families, Clinics and Communities to Advance Late-Life Depression Care* projects are due no later than **January 16, 2015 at 5:00 p.m.**

If invited to submit, Full Proposals will be due no later than **March 13, 2015 at 5:00 p.m.**

As part of the Full Proposal evaluation process, Archstone Foundation staff will conduct site visits with content experts from the University of Washington and University of California, Davis. Site visits serve as an opportunity to discuss the proposed project, as well as assess the capacity of the organization to meet the proposed scope of work. Full Proposals will be reviewed for consideration at the Archstone Foundation June 2015, Board of Director's meeting.

### **Letter of Inquiry Format**

Letters of inquiry (LOI) should be no more than four (4) single-spaced pages (page limit includes items 1-7). LOIs should be written in third-person, typed using 12-point Times New Roman font, with 1-inch margins, and must include:

1. A one paragraph executive summary that includes the amount being requested, and the number of older adults (**65-plus**) being served;
2. A brief description of the project and its rationale;
3. A statement of the project's goal and objectives;
4. A brief description of the population to be served;
5. A brief description of the organization(s) capacity;
6. A description of the evaluation activities and desired outcomes (Evaluation should include specific mention of the proposed sharing of tasks to accomplish evidence-based, effective Collaborative Care);
7. A plan for sustaining, or continuing, the project upon the completion of the proposed grant;
8. A preliminary budget (please use the Foundation's budget template downloadable from the Foundation's website);
9. Budget narrative;
10. Memorandum Of Understanding (MOU) from the partnering, non-applying, organization, stating they agree to the submitted Scope of Work and preliminary grant budget;

11. Completed Collaborative Care Task Matrix (found in the Appendix) to help illustrate how partners will share tasks. Those applying for the family-focused intervention, please complete the family intervention task matrix. Those applying for the CBO intervention, please complete the CBO intervention task matrix; and those applying for both interventions, please complete the CBO, primary care clinic, and family intervention task matrix; and
12. A completed Depression in Late-Life Initiative Letter of Inquiry Grant Application Coversheet (downloadable from the Foundation’s website);

In addition, the following three items must be included with the LOI (not included as part of the page limitation):

- A copy of the organization’s tax exempt status letter;
- A copy of the organization’s most recent IRS Form 990; and
- A copy of the organization’s most recent audited financial statement.

Letters of Inquiry that conform to the application process, and meet the eligibility and selection criteria, may be invited to submit a Full Proposal. Archstone Foundation will provide specific instructions on Full Proposals to selected applicants.

**Timeline**

The following is the timeline for this funding opportunity:

November 17, 2014	Technical Assistance Webinar #1
January 5, 2015	Technical Assistance Webinar #2
January 16, 2015	Letter of Inquiry Due
March 13, 2015	Full Proposals Due
March – June, 2015	Review Process/Site Visits
June, 2015	Approval and Notification of Awards
July 1, 2015	Grant Period Begins

**Resources**

1. Care Partners Technical Assistance Webinars: <http://uwaims.org/archstone/>
2. IMPACT: <http://impact-uw.org/>
3. UW, Advancing Integrated Mental Health Solutions (AIMS): <http://aims.uw.edu>.
4. UC Davis: <https://www.ucdmc.ucdavis.edu/psychiatry/ourteam/faculty/hinton.html>
5. Archstone Foundation: [www.archstone.org](http://www.archstone.org)

**Contact Information**

The completed LOI, inquiries, and correspondence should be emailed directly to:

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