Depression in Late-Life Initiative

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

Full Proposal Guidelines

Background
Archstone Foundation is a private nonprofit grantmaking foundation whose mission is to prepare society in meeting the needs of an aging population. The Foundation 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, which seeks to 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.

Funding Opportunities
Archstone Foundation’s Depression in Late-Life Initiative has invited full proposals in the following categories of community-engaged partnerships:

CBO – Primary Care Clinic:
CBO with primary care clinic awards will be funded up to a maximum of $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 actively include a family care partner in identifying, and treating, late-life depression. This partnership plus family will be funded up to a maximum of $200,000 per year for two (2) years for a total of $400,000 divided between the partners.

Full Proposal Instructions
Proposals should be no more than 8 pages (sections 1 through 7) and written in the third person. Attachments, as defined below, are not part of the page limitation. The proposal should be typed using 12-point Times New Roman font. Please use single space with 1-inch margins and number all pages.

Full Proposals are due no later than March 13, 2015 at 12:00 p.m. to lrath@archstone.org.
Applicant and partner organizations must:

- Have the capacity to engage and treat at least 100 older adults with depression, over the two-year period of the grant;
- Organizations that propose to 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 for at least 100 older adults with depression;
- 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 quarterly reporting requirements to Archstone Foundation).

The following are required full proposal components:

1) A one paragraph executive summary that includes the amount being requested, the type of funding opportunity applying for, names of proposed partner agencies (as applicable), the number of older adults (65-plus) that will be served in the two-year period, and a one sentence statement of the proposed innovation.

2) Background on the specific need addressed by the project and rationale for the project.

3) Background of the organizations and their capacity to undertake the work. If applying for the CBO – Primary Care Clinic or CBO – Primary Care Clinic – Family Partnership funding opportunity, please include organizational descriptions of each partner agency, including the following:
   - Describe how many unique patients the primary care clinic served in the last calendar year; the age distribution of this population segmented into < 65 years of age, 65 – 75 and > 75 years of age;
   - Describe the population of older adults coming in contact with the community based organization, services offered by the community based organization to older adults, and number of older adults over 65 years of age who receive services (and in what capacity) from the organization per year;
   - Describe the clinic’s previous experience in delivering Collaborative Care; and
   - Describe the length of the partnership and nature of all previous work together.
4) A description of the population to be served, including the number of older adults that the project expects to screen for depression, the number of older adults that will be enrolled in treatment through this project (a minimum of 100 older adults should be provided treatment for depression over two years), and the total number of family members who will be engaged in the program including any description of plans to involve multiple family members or only one family member/friend per patient (for Primary Care Clinic – Family and CBO – Primary Care Clinic – Family Partnership projects). Describe how the project will address patient recruitment and retention in the program.

5) A project description, including the goals, objectives, timeline, and specific activities to be funded (a timeline may be included as an attachment). Partners should be explicit about proposed sharing of tasks toward offering Collaborative Care for depression. In describing specific activities related to engaging and treating older adults with depression please include a proposed workflow outlining care. This should include discussing where care is offered, who is involved in care, communication and coordination among the care team, plans to engage and retain the patient, plans to engage and retain the family member (if applicable), etc.

6) A plan for evaluating the project and its anticipated outcomes, please include specific outcome measurement. Proposals must include plans to work with the AIMS Center at UW and UC Davis to evaluate Collaborative Care community-engaged partnerships. Evaluation results will be shared with the grantees and should be incorporated into the quarterly progress reports submitted to Archstone Foundation. As part of the multi-site evaluation, 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.

7) A plan for sustaining or continuing the project upon the completion of the proposed grant, including plans for reimbursement or systems level change within the organization. Also, include plans to 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.

8) A list of the amount and source of all “other funding” included on the proposed budget.

9) A description of the qualifications of key project staff (i.e., resume) and job descriptions for those to be hired.
10) A detailed two-year line-item budget for the total project and the amount requested. Round to the nearest whole dollar. Budget proposals should include travel funds for in-person technical assistance meetings as follows:
- Attend three (3) in-person two-day meetings/trainings. 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; and
- At least two individuals from each partnering organization should plan to attend.

11) Budget narrative, explaining how the funds will be used.

12) A list of grants received during the past two years (as related to depression care and mental health in general).

13) A list of pending applications by source of funding (as related to depression care and mental health in general).

14) A list of Board of Directors and principal occupations for the applicant organization.

15) Applicant organization’s current operating budget.

16) Executed Memorandum of Agreements (MOAs) between the partner organizations that specify roles and responsibilities, and agreement to the proposed task matrix, work flow outline, technical assistance travel, and the proposed budget. Please verify that these items were addressed and include a copy of the MOA submitted as part of the Letter of Inquiry (LOI) or make any updates as necessary and re-execute the MOA.

17) Completed Collaborative Care Task Matrix (available at www.archstone.org) to 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.

18) Contact information (name, address, phone, e-mail) for each partner organization.

19) An electronic copy of the proposal’s narrative (items 1-7), line-item budget, and budget narrative readable in **Word and Excel formats**.

20) A completed Depression in Late-Life: Care Partners Full Proposal grant application cover sheet (downloadable from the Depression in Late Life page on the Foundation’s website).
**Timeline**

The following is the timeline for this funding opportunity:

- March 13, 2015  Full Proposals Due by noon
- June 2015  Approval and Notification of Awards
- July 1, 2015  Grant Period Begins
- July 1, 2017  Grant Period Ends

**Resources**

3. UW, Advancing Integrated Mental Health Solutions (AIMS): [http://aims.uw.edu](http://aims.uw.edu)
4. UC Davis: [https://www.ucdmc.ucdavis.edu/psychiatry/ourteam/faculty/hinton.html](https://www.ucdmc.ucdavis.edu/psychiatry/ourteam/faculty/hinton.html)

**Contact Information**

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