IMPLEMENTATION OF THE DEPRESSION AND ANXIETY GUIDELINES: AWARD FOR A MENTAL HEALTH COORDINATOR

POLICIES AND GUIDELINES

August 24, 2016
I. IMPLEMENTATION OF THE DEPRESSION AND ANXIETY GUIDELINES

The mission of the Cystic Fibrosis Foundation is to cure cystic fibrosis (CF) and provide all people with the disease the opportunity to lead full, productive lives by funding research and drug development, promoting individualized treatment, and ensuring access to high-quality, specialized care. The International Committee on Mental Health in CF, sponsored by the CF Foundation and European Cystic Fibrosis Society (ECFS), developed recommendations for the prevention, screening, and treatment of depression and anxiety in individuals with CF and their caregivers.

This Award is designed to facilitate implementation of the depression and anxiety guideline recommendations. The focus of this Request for Applications is to provide seed funding for a CF Mental Health Coordinator to implement annual screening and follow-up; coordinate evidence-based treatment for depression and anxiety; develop and maintain a referral network of community-based mental health practitioners; and, serve as an educator and liaison for mental health care in CF for the CF Center, hospital or institution, community practitioners, and payers.

II. BACKGROUND

Studies over the last 20 years have made it increasingly clear that depression and anxiety are highly prevalent in individuals with CF, as well as parent caregivers. The International Depression Epidemiological Study (TIDES) found symptoms of depression in 10% of adolescents with CF, 19% of adults with CF, and over 30% of their parent caregivers; the prevalence of symptoms of anxiety was even higher (Quittner et al. Thorax. 69(12):1090-1097). Anxiety and depression are significant morbidities in themselves, but take on even greater importance in CF because of their impact on disease management, and ultimately on the course of the disease. Individuals with CF who report elevated levels of anxiety or depression have evidenced worse adherence to prescribed treatments, higher rates of missed or canceled appointments, worse health-related quality of life, increased health care utilization, and higher health care costs. Depression, in particular, is associated with an increased likelihood of poor adherence and worse health outcomes, including lung function, quality of life and engagement in risky behaviors, such as smoking, drinking, and drug use.

In 2013 the CF Foundation and the ECFS formed a guidelines committee to develop recommendations for preventing, screening, and treating anxiety and depression in individuals with CF and parent caregivers. The guidelines, in press, recommend specific preventative steps, screening tools, behavioral interventions, and medications for these conditions.

Concurrent with the development of the guidelines, a survey was conducted to understand the status of mental health services available at CF centers in the U.S. and Europe (Abbott et al J Cyst Fibros. 14(4); 533-539). The findings from the 1,454 CF health care professional respondents suggested that, given their current staffing and expertise, most centers are not adequately equipped to implement these guideline recommendations. Most have little to no experience with mental health screening, and a large percentage have no one on the CF care team whose primary role is mental health. Further, many are not aware of how to access mental health support or services either in their institution or in the community. The survey also uncovered staff concerns regarding inadequate training and resources to respond to the guideline recommendations. The most important barriers, aside from a lack of experience with or training in mental health screening, were perceived limitations in staffing, time, and lack of qualified personnel to provide evidence-based interventions or referrals.

III. COLLABORATIVE CARE MODELS

There is a growing body of literature and data supporting the development of collaborative care models (CCM) for treating psychological disorders. Over the past 15 years, more than 70 randomized controlled trials have established a robust evidence-base for this approach. A recent Cochrane review found collaborative care is associated with significant improvement in depression and anxiety outcomes compared
with usual care (Archer et al. Cochrane Database Syst Rev.10:CD006525.). Within the context of chronic illness, integrated collaborative care can improve medical and mental health outcomes including reducing rates of hospitalizations and health care costs. While the CCM was initially conceived as a way to facilitate the support of mental health services by primary care providers, the model has expanded to include development of integrated models of care in the treatment of diabetes, coronary artery disease, asthma, oncology, and to a lesser degree CF.

In CCM’s, mental health care is provided by a multidisciplinary team including:

1. **A PCP or primary medical team.** Screening and assessment occurs in these settings with the goal of identifying those at risk.

2. **Mental health coordinator.** A nurse, licensed independent clinical social worker, or psychologist, who is based in the medical clinic and trained to provide evidence-based care coordination, brief behavioral interventions, and support interventions, such as medications initiated by the physician. In some models, this staff member also provides evidence-based, brief/structured psychotherapy, such as cognitive behavioral therapy (CBT). Interventions may also include web-based groups with a care manager coordinating from individual sites.

3. **A mental health consultant, typically a psychologist or psychiatrist.** A provider who advises the medical care treatment team with a focus on patients who present diagnostic challenges or who are not showing clinical improvements. A stepped care approach is often used. Psychiatric consultation can be provided in person, through the use of telephone or tele-video consultation. Another option is to have a team member (Nurse Practitioner/Physician’s Assistant) receive special training/certification in mental health, with use of consulting psychiatrists only for complex cases.

IV. **MENTAL HEALTH COORDINATOR ROLE DESCRIPTION**

The overall purpose of this Award is to promote the development of a CCM at CF care centers that incorporate a system for prevention, screening for and treatment of anxiety and depression.

We envision that funding will be used to secure a Mental Health Coordinator who will be responsible for the implementation of annual screening and follow-up; coordination of evidence-based treatment for depression and anxiety; development and maintenance of a referral network of community-based mental health practitioners; and, will serve as an educator and liaison for mental health care in CF for the CF Center, hospital or institution, community practitioners, and payers.

Specific tasks would include the following:

- **Prevention**
  - Assembly and dissemination of educational materials on the importance of mental health in CF and other chronic diseases.

- **Screening**
  - Support of strategies for materials related to and dealing with Implementation of annual screening for depression and anxiety in children with CF ages 12 years through adulthood, and of caregivers of children from birth to 17 years using the PHQ-9 and GAD-7.
    - This would also include a plan to immediately address suicidal ideation if it is uncovered.
    - The PHQ-9 and GAD-7 screening tools were chosen because of their strong psychometric properties, their alignment with diagnostic criteria, and their availability for free in all major languages. Please see the attached manual of procedures for implementation.

- **Treatment**
o Development of a clearly elucidated strategy to provide psychological interventions, as needed, either within the CF Center or by referral outside the CF Center.
  ▪ Treatment options should include both counseling and medications.
o The mental health coordinator should establish a close liaison with one or more consulting psychiatrists in keeping with the collaborative care model described above, and also keep a list of appropriate mental health providers in the community and offer education and support to these providers on both the medical and psychosocial challenges in CF.

V. ELIGIBILITY
The Award for a Mental Health Coordinator must go towards hiring additional staff or increase in FTE of existing staff who will focus on mental health coordination and/or psychosocial intervention. This funding may not be used to support existing full-time staff in their current role.

VI. QUALIFICATIONS
The Mental Health Coordinator should have training and expertise in psychological assessment and treatment (examples would include a licensed independent social worker, a licensed psychologist, or a nurse practitioner with specialized psychosocial training). Funding from the award may be used towards obtaining the required training of the mental health coordinator.

The Award for a Mental Health Coordinator is available to all CFF-accredited Care Center and Affiliate programs:

  o Smaller centers with pediatric and adult programs that share components of the multi-disciplinary team may wish to apply for one Mental Health Coordinator for the entire center.
o Centers with distinct pediatric and adult care teams should consider applying for an award at the program level, i.e. if both programs are interested in implementing the guidelines, then consider submitting two separate applications.
o We encourage programs that share multidisciplinary team members to apply as one center.
o Programs with less than 50 patients can receive 50% of the maximum award, 50-70 patients can receive 75% of the maximum award, and more than 70 patients can receive 100% of the maximum award.

VII. REQUIREMENTS
1. The principal investigator must be a CF center director, program director, or an associate director.

2. Supported personnel will commit to annual screening and follow-up, evidence-based intervention for depression and anxiety, and developing a community referral network. This person will provide basic information about the common symptoms of depression and anxiety, provide follow-up for those scoring in the elevated range, provide interventions to improve patients'/parents' coping skills, and behavioral interventions for painful medical procedures. He/she will collect data on screening scores, and indicate in the patient registry on the annual form that the screening has been completed, subsequent assessment and follow-up, provision of interventions, and their outcomes.

3. Sites receiving Awards will submit an annual progress report to document progress and fulfillment of award requirements including documentation of mental health screening care pathways or algorithms, and compilation of data on screening scores, subsequent assessments, interventions, and outcomes.
   • Year 1 Progress Report should provide specific details on the contributions by awardee to implement mental health screening and follow-up.
   • Year 2 Progress Report: In addition to the contributions of the awardee, plans for program sustainability should be described.
4. Funding for year 2 and year 3 is contingent upon progress documented in the annual reports.

5. Verification of Applicant Institution’s Tax Status

6. Per Internal Revenue Service (IRS) stipulations for grant-making organizations, CFF’s Grants and Contracts Office must have a copy of the Applicant Institution’s current W9 and 501(c)3 letter, or other documentation verifying its Federal tax status, on file. CFF’s Grants and Contracts Office will not issue Award Letters to Grantees if these documents are not on file.

VIII. REVIEW PROCESS
To apply for the Award for a Mental Health Coordinator, programs will need to complete an application form, budget, and budget justification. The Mental Health Coordinator does not have to be identified at the time of the application. Completed applications will be peer reviewed.

Applicants may use these funds for hiring additional staff or increase in FTE of existing staff who will focus on mental health coordination and/or psychosocial intervention. This position could be filled by someone with training and expertise in psychological assessment and treatment. Examples include a licensed independent social worker, a licensed psychologist or psychiatrist, or a nurse practitioner with specialized psychosocial training. This funding may not be used to support existing full-time staff in their current role.

IX. SUBMISSION INFORMATION

APPLICATION DEADLINE: October 17, 2016 at 5:00pm (Eastern)
Online submission at proposalCENTRAL: https://proposalcentral.altum.com/

CFF reviews applications electronically, and only the documents submitted online will be reviewed. The Face Page (system-generated upon submission of the application) must be signed and emailed to grants@cff.org by the same deadline. Late applications will not be accepted.

General Timeline

Application Deadline: October 17, 2016
Application Review: November 2016
Applicants Notified: November/December 2016
Award Letters Issued: end of December 2016
Start Date: January 1, 2017

1. Application Components
There are a total of four (4) required attachments and one (1) optional set of attachments in the application. Templates are provided for download on proposalCENTRAL in Section 2: Download Templates & Instructions. Completed templates should be uploaded in Section 8. At the top of each page, type the Principal Investigator’s name.

2. Face Page
The Face page is populated automatically with data entered (applicant’s name, institution, title of application, etc.) in the online application. After you hit the “Validate” button for your completed application, you will be able to download the Face Page. The Face Page must be signed by the Principal Investigator and Authorized Institutional Official. Scan and email the signed Face Page to grants@cff.org.
grants@cff.org by the deadline, October 17, 2016. No hardcopy is required.

3. Budget
The maximal allowable budget for the award is $150,000 in direct costs plus 8% indirect costs over 3 years. The applicant can choose to allocate the budget request as appropriate to their local circumstances. Maximum direct costs for any one year: $80,000. For example, the first year budget request could be $30,000 for planning with a hire or adjustment in FTE later in year 1, and then a higher amount requested for years 2 and 3. Alternatively, a center may already have an individual identified for the mental health coordinator role and choose to budget $50,000 equally over 3 years or $75,000 over 2 years. The table below illustrates just two examples for programs with more than 70 patients.

- For programs with less than 50 patients, 50% of the maximal allowable budget is allowed. This would total $75,000 in direct costs plus 8% indirect costs over 3 years.
- For programs with 50-70 patients, 75% of the maximal allowable budget is allowed. This would total $112,500 in direct costs plus 8% indirect costs over 3 years.
- For programs with more than 70 patients, 100% of the maximal allowable budget award would be allowed. This would total $150,000 in direct costs plus 8% indirect costs over 3 years.

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Travel and Registration Fees: In addition, up to $2,000 per year may be requested for travel and registration fees to attend the Annual NACFC unless prior approval from CFF has been obtained. Travel outside the North American continent, including travel to Hawaii, Puerto Rico, and other U.S. territories are not allowable expenses.

Equipment: List all items of equipment requested, their cost and a brief justification.

4. Current Circumstances and Plans:

a. Provide a brief description of the patient population to be screened in accordance with the CFF and ECFS guidelines at the care center. (Maximum-half page)
b. Describe the need of a mental health coordinator for your population and center. (Maximum-one page)
c. Describe what your current staff is doing to implement anxiety and depression screening. How would a mental health coordinator improve your implementation of screening and needed interventions or aid in the assessment, diagnosis and psychological interventions? (Maximum-one page.)
d. Describe your plan to utilize a Mental Health Coordinator including:
   i. How they will implement annual screening of depression and anxiety for children with CF ages 12 years through adulthood and parents caring for children with CF from birth to 17 years and psychological support and interventions as needed.
   ii. How an additional person with mental health expertise will support your team in implementing the mental health guideline recommendations?
   iii. Your plan to sustain this position post 3-year award. (Maximum-two pages)

1. Prompts:
   a. We will use the following metrics to measure the success of this position...
b. We will collaborate with the following departments within our institution...

2. Examples
   a. Making the CF MHC a member of the Behavioral Health Services to allow for billing.
   b. Asking the institution to bear or share the cost of this position.
   c. Supplemening this position with the annual CF Care Center Grant.

5. Verification of Applicant Institution’s Tax Status
   Per Internal Revenue Service (IRS) stipulations for grant-making organizations, CFF’s Grants and Contracts Office must have a copy of the Applicant Institution’s current W9 and 501(c)3 letter, or other documentation verifying its Federal tax status, on file. CFF’s Grants and Contracts Office will not issue Award Letters to Grantees if these documents are not on file.

6. Optional:
   If the individual who will serve as the Mental Health coordinator is known at the time of submission, please submit the resume/CV and statement of qualifications, and training plan, if indicated. Upload the resume/CV as a supporting document.

X. ONLINE APPLICATION INSTRUCTIONS

DEADLINE: October 17, 2016 by 5:00 pm (Eastern)

1. Registration and Log In: If you are a first time user, register at proposalCENTRAL, https://proposalcentral.altum.com. If you have registered before, and cannot remember your password, click on the “Forgot Password” button.

   • Select the gray tab labeled GRANT OPPORTUNITIES.
   • Locate Cystic Fibrosis Foundation in the list.
   • The APPLY NOW button will be visible next to the program name: “AWARD FOR A MENTAL HEALTH COORDINATOR” Click on that button to begin.

2. Start and Continuation: Application Sections are listed in the gray menu box to the left of the screen. The sections need not be complete sequentially. Click the red SAVE button after completing each section.

   Enter your project title as “Award for a Mental Health Coordinator”

   You may stop at any point in the application, each time remembering to SAVE your entries, and return to continue, revise, and upload until you have actually hit the SUBMIT button.

   When you log in to continue, click on the blue tab, MANAGE PROPOSALS, and then the Edit button next to your application’s title. Do not start a new application.

3. Designating Access to Another: Complete Section 3 online if you wish to designate access to another individual, such as an assistant who has registered on proposalCENTRAL. Enter the full name and email address and in the Permissions column, then use the pulldown menu to select the type of access you wish to give.

4. Final Steps
   a. Validate: Upon completing your application, click on the blue VALIDATE button on the main screen. Attend to any omissions/ errors as prompted onscreen, if prompted, and validate again.
b. **Print face page:** After validation, follow the prompts to print the system-generated face page.

c. **Submit:** Click on the gray button with blue lettering. CFF will not receive your application until and unless you have submitted it. You will receive an email confirmation from proposalCENTRAL (not from CFF) that your application has been successfully uploaded. This email will be your only acknowledgment. If you do not receive it, please contact proposalCENTRAL immediately to ensure that the application is properly submitted.

d. **Sign, scan and email the face page** to grants@cff.org by the deadline date, October 17, 2016. The Program Director, as well as the authorized institutional official must sign it. No hard copy is necessary.

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For technical support with the online application:
Proposal CENTRAL at pcsupport@altum.com or
800-875-2562 on weekdays, 8:00 a.m. to 5:00 p.m. (Eastern)

For program/content information:
CFF Grants & Contracts at grants@cff.org or 301-841-2614
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