



AAMC Integrated Behavioral Health Awards
Action Plan 7: Improve Access to Health Care for All
2024 Call for Applications
Application Period: March 4, 2024 – April 12, 2024

Submission Deadline: Friday, April 12, 2024 (11:59pm ET)
[Apply Here](#)

Background Information

In pursuit of our goal to [Improve Access to Health Care for All](#), the Association of American Medical Colleges (AAMC) seeks to support and recognize its member institutions in their efforts to expand and enhance access to mental and behavioral health care (MH/BH). Accessing high-quality MH/BH care is an important issue for all Americans, particularly those within historically marginalized communities. The current mental health workforce shortage and barriers related to cost and insurance often leave people with untreated mental health conditions. To address this issue, the AAMC supports the adoption and expansion of integrated behavioral health (IBH) models within academic health systems (AHS).

IBH models are evidence-based strategies that deploy multi-disciplinary teams to coordinate medical and behavioral health care. Evaluations and assessments of IBH models have demonstrated greater access to care, improved patient outcomes, and reductions in stigma associated with seeking mental health care.

AHS are well-positioned to lead the provision of IBH care but face several challenges. Research and experience suggest that some of these challenges can be overcome with interprofessional team training that optimizes the utilization of team members' expertise, enhances coordination of care, and strengthens team collaboration and effectiveness.

Call for Applications

To recognize excellence and innovation in existing IBH clinical care models and interprofessional training programs, the AAMC is launching a 2024 awards cycle for qualifying programs and expanding eligibility. The Mental and Behavioral Health Training Awards are now the Integrated Behavioral Health Awards, and there are two application tracks. Applicants will be limited to a single application but will have the opportunity to indicate if they would like to be considered for both tracks.

Track 1: Training – Applicant institutions with innovative training programs designed to develop the interdisciplinary and collaborative skills necessary for integrated care will be considered for this track. Applicant training programs may align with the examples below, but consideration for an award is not limited to following:

1. **Interprofessional IBH Team Training:** Programs focused on training one or more multi-disciplinary, interprofessional care teams for effective collaboration and coordination.
2. **Medical Training:** Educational programs that focus on multi-disciplinary training in IBH for learners at all levels of the medical education continuum (e.g., pediatric and psychology interns training together in an IBH model, medical students and mental health therapy students training together).
3. **Physician Faculty Team Training in IBH:** Programs to train faculty in effective ways to practice in IBH with delineating and defining the roles and responsibilities for faculty members on an IBH team.

Track 2: Health Care Delivery – Applicant institutions that provide accessible and high-quality care through an established, innovative IBH program may be considered for this award track. Applicants will be asked to demonstrate their program's commitment to improved integrated care and MH/BH care access.

Program Goals

Each awarded institution will receive \$20,000-\$25,000 to recognize excellence and innovation in their current program. The IBH Awards will reflect contributions to health care delivery and training that can be models for other institutions to support implementation or enhance IBH model effectiveness. The AAMC expects to make four to six awards in response to this solicitation.

Application Eligibility

Only AAMC-member teaching hospitals/health systems and medical schools are eligible for an award from either track.

Programs that integrate behavioral health with primary care or other specialty practices are equally eligible for an award.

Application Submission

Applicants must complete the [online application form](#). Applicants are encouraged to review the application questions at the end of this document and save their responses in a separate document before completing the online form.

Award Payment

Funding is expected to be distributed in one payment in June 2024 following the selection of awardees and the execution of award agreements.

Post-Award Requirements

The AAMC aims to foster a community that discusses and shares evolving best practices in promoting IBH within academic medicine. Over the course of the year, awardees will also be required to participate in a collaborative workshop series developed in partnership between the AAMC and the Collaborative Family Healthcare Association (CFHA). These monthly workshops will be centered around topics pertinent to IBH sustainability, with a particular focus on standardizing evaluation metrics for IBH. Workshops are expected to run between July 2024 and June 2025.

Awardees will also be encouraged to document program experiences, lessons learned, and impact to share with the broader AAMC community engaged in IBH efforts. In keeping with the goal of shared learning, awardees may be asked to present at the 2024 AAMC Annual Meeting: Learn, Serve, Lead in Atlanta, Georgia (November 8-12).

Application Checklist (Submit no later than April 12, 2023, 11:59 pm ET)

- Completed [online application form](#).
- *Optional:* Upload up to two additional materials (e.g., poster presentation materials, article highlights, op-eds, etc.).

Application Review and Award Selection

Applications will be judged by a selection committee and the AAMC expects to announce award decisions in June 2024. All decisions are final. Applications will be judged on a variety of factors, including but not limited to the following:

Track 1: Training

- Program must already be established (i.e., beyond initial implementation).
- Program employs an innovative approach to training relative to established, evidence-based training methods for integrated care. Innovations may include but not be limited to use of technology and digital tools, tailored workflows within the care team, methods of community collaboration, etc.
- Program has a multi-disciplinary faculty and a well-developed training curriculum. Applicant must demonstrate a commitment to consistently improving integrated care and accessibility. The following examples of competencies and principles may be used to help frame and describe the curriculum goals, but the applicant is not limited to these examples. The training program goals may also be modifications of the following if suitable for program learners, integrated specialties, and/or patient population.
 - [Core Competencies for Integrated Behavioral Health and Primary Care](#) (e.g., establishing shared values for collaboration, shared goals, and benchmarks).
 - [The Quintuple Aim](#):
 - Improved Patient Experience
 - Better Outcomes
 - Lower Costs
 - Clinician Well-Being
 - Health Equity
 - [Principles of Cultural Responsiveness in Mental Health Care](#):
 - Encouraging self-reflection and humility to understand one’s own biases that can impact the provider-patient relationship and sense of trust.
 - Engaging translators to make sure all healthcare information and related written materials are properly communicated and conveyed according to the patient’s understanding. This includes instructions for accessing and using electronic health records (EHRs)/electronic medical records (EMRs), billing information, etc.
 - Engaging key players in patient communities, including community health workers and peer support specialists, family members and caretakers, traditional healers, etc.
 - Considering opportunities to make care more accessible to patients with disabilities, patients facing mobility and transportation challenges, and patients unable to secure supervision for young, elderly, or disabled family members either using technology/telemedicine, or making care more physically and geographically accessible.
- Program infuses a health equity approach by engaging social workers and community-based organizations to address social determinants of health (SDOH) and health related social needs (HRSNs).
- Applicant provides qualitative and/or quantitative data demonstrating program effectiveness in one of more of the following areas:
 - Improved provider confidence and knowledge.
 - Improved understanding of role and responsibilities.
 - Improved team communication.
 - Greater access to timely and high-quality mental health care for the patient population.
 - Patient satisfaction.
- Special considerations:

- Programs in HBCUs (Historically Black Colleges and Universities), HSIs (Hispanic-Serving Institutions), Tribal Colleges/Universities, and other qualifying minority serving institutions (MSIs).
- Programs serving special populations (e.g., pregnant and childbearing people, racially and ethnically marginalized communities, immigrant communities, LGBTQ+ community, rural communities, geriatric population, low income/uninsured individuals, unhoused/homeless individuals, disability community, etc.).
- Programs using or seeking to utilize digital health tools (e.g., eConsults, psychiatry access programs/call-in services, provider-to-provider learning programs, mHealth).

Track 2: Health Care Delivery

- Program must already be established (i.e., beyond initial implementation).
- Program employs an innovative approach to IBH care relative to established, evidence-based IBH clinical models. Innovations may include but not be limited to use of technology and digital tools, tailored workflows within the care team, methods of community collaboration, integration of behavioral health in a specialty practice, etc.
- Program employs a multi-disciplinary care team that actively engages principles and practices to improve integrated care processes and access for patients. The following examples of guiding principles and competencies may be used to help frame and describe the IBH program goals, but the applicant is not limited to these examples. Program goals may also be a modification of the following if suitable for the IBH staff, integrated specialties, and/or patient population.
 - [Core Competencies for Integrated Behavioral Health and Primary Care](#) (e.g., establishing shared values for collaboration, shared goals, and benchmarks).
 - [The Quintuple Aim](#):
 - Improved Patient Experience
 - Better Outcomes
 - Lower Costs
 - Clinician Well-Being
 - Health Equity
 - [Principles of Cultural Responsiveness in Mental Health Care](#):
 - Encouraging self-reflection and humility to understand one’s own biases that can impact the provider-patient relationship and sense of trust.
 - Engaging translators to make sure all healthcare information and related written materials are properly communicated and conveyed according to the patient’s understanding. This includes instructions for accessing and using EHR/EMRs, billing information, etc.
 - Engaging key players in patient communities, including community health workers and peer support specialists, family members and caretakers, traditional healers, etc.
 - Considering opportunities to make care more accessible to patients with disabilities, patients facing mobility and transportation challenges, and patients unable to secure supervision for young, elderly, or disabled family members either using technology/telemedicine or making care more physically and geographically accessible.
- Program infuses a health equity approach by engaging social workers and community-based organizations to address SDOH and HRSNs.

- Applicant provides quantitative and/or qualitative data demonstrating program effectiveness in one of more of the following areas:
 - Greater access to timely and high-quality mental health care for the patient population.
 - Patient satisfaction.
 - ED utilization and hospitalization.

- Special considerations:
 - Programs in HBCUs (Historically Black Colleges and Universities), HSIs (Hispanic-Serving Institutions), Tribal Colleges/Universities, and other qualifying minority serving institutions (MSIs).
 - Programs serving special populations (e.g., pregnant and childbearing people, racially and ethnically marginalized communities, immigrant communities, LGBTQ+ community, rural communities, geriatric population, low income/uninsured individuals, unhoused/homeless individuals, disability community, etc.).
 - Programs using or seeking to utilize digital health tools (e.g., eConsults, psychiatry access programs/call-in services, provider-to-provider learning programs, mHealth).

Questions?

Please direct all inquiries and communications to mentalhealth@aamc.org

Application Questions

Track 1: Training

Please note: For reference only – applications must be completed and submitted online.

Please provide the following information:

Institutional Affiliation

Institutional Address to Receive Payment

**Please note: If selected for an award, the institutional name and address must match the organization's IRS W-9 Form. Additional information may be requested to prepare the award agreement. Please notify your offices for Accounting and Finance.*

Primary Contact Name

Primary Contact Title

Primary Contact Email

Primary Contact Phone

Names and institutional affiliations of (up to 5) collaborators

Please answer the following questions:

1. Would you like your program to be considered for both the Training and Health Care Delivery tracks? (Check Yes / No)

Background

2. Please describe the evidence-based model on which your IBH program is based. (75 words)
3. Please provide a concise description of your IBH training program, including who is being trained, the program faculty, the setting, patient population, and the need(s) that you are fulfilling in your health system or community. (150 words)
4. What is the goal of your IBH training program? What is innovative or unique about your training program relative to established, evidence-based IBH training methods? (100 words)

Curriculum

5. Please describe the competencies and/or guiding principles around which your training curriculum is designed. (300 words) These can include, but not be limited to a-c below:
 - a. [Core Competencies for Integrated Behavioral Health and Primary Care](#)
 - b. [The Quintuple Aim](#)
 - c. [Principles of Cultural Responsiveness in Mental Health Care](#)

Measurement

6. How are you evaluating the effectiveness of your training curriculum? What metrics (qualitative and/or quantitative) are you using? Please be sure to upload any de-identified, aggregate data that support your answer. (275 words)

Technology

7. Are you currently using, or do you plan to use, any digital health tools (e.g., eConsults, call-in services, provider-to-provider learning programs, or mHealth) in your IBH program? (200 words)

Additional Information

8. In what ways might you expand or scale your program if you receive additional funding beyond the AAMC recognition award? (100 words)
9. If your program is selected for an award, what do you hope to learn from the collaborative workshop series with CFHA? (75 words)

Application Questions
Track 2: Health Care Delivery

Please note: For reference only – applications must be completed and submitted online.

Please provide the following information:

Institutional Affiliation

Institutional Address to Receive Payment

**Please note: If selected for an award, the institutional name and address must match the organization's IRS W-9 Form. Additional information may be requested to prepare the award agreement. Please notify your offices for Accounting and Finance.*

Primary Contact Name

Primary Contact Title

Primary Contact Email

Primary Contact Phone

Names and institutional affiliations of (up to 5) collaborators

Please answer the following questions:

1. Would you like your program to be considered for both the Training and Health Care Delivery tracks? (Check Yes / No)

Background

1. Please describe the evidence-based model on which your IBH program is based. (75 words)
2. Please provide a concise description of your IBH program, including how the program is structured, what providers are collaborating, the setting, patient population, and the need(s) that you are fulfilling within in your health system or community. (150 words)
3. In what ways is your IBH program unique or innovative relative to established, evidence-based IBH models?

Priorities

4. Please describe the competencies and principles around which your program is designed (300 words). These can include, but not be limited to a-c below.
 - a. [Core Competencies for Integrated Behavioral Health and Primary Care](#)
 - b. [The Quintuple Aim](#)
 - c. [Principles of Cultural Responsiveness in Mental Health Care](#)

Measurement

5. How are you evaluating your program? What metrics are you using? Please be sure to upload any de-identified, aggregate data that support your answer. (250 words)

Technology

6. Are you currently using, or do you plan to use, any digital health tools (e.g., eConsults, call-in services, provider-to-provider learning programs, or mHealth) in your IBH program?

Additional Information

7. In what ways might you expand or scale your program if you receive additional funding beyond the AAMC recognition award? (100 words)

8. If your program is selected for an award, what do you hope to learn from the collaborative workshop series with CFHA? (75 words)