# Fiscal Year 2019 Integrated Behavioral Health Services (IBHS) Supplemental Funding

## HRSA-19-100
## Assistance Listing #: 93.527

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| Funding Opportunity Title: | Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS) |
| Funding Opportunity Number: | HRSA-19-100 |
| Funding Opportunity Releases: | March 29, 2019 |
| EHBs Application Opens: | April 5, 2019 |
| Application Due Date: | May 13, 2019 by 5 p.m. ET |
| Anticipated Total Available Funding: | $200 million |
| Estimated Number of Awards: | Up to 1,375 awards |
| Estimated Award Amount: | $145,000 |
| Cost Sharing/Match Required: | No |
| Period of Performance: | IBHS funding will be awarded as a supplement to your current Health Center Program operational grant (H80) award, for use from September 1, 2019 through the end of your FY 2020 budget period. |
| Eligible Applicants: | Organizations receiving H80 funding at the time of this funding opportunity release are eligible to apply. |

### TECHNICAL ASSISTANCE

The Health Resources and Services Administration (HRSA) will offer pre-application technical assistance (TA) to applicants seeking IBHS funding. TA will provide an overview of these instructions and an opportunity for applicants to ask questions on application processes and proposal requirements. Visit the IBHS technical assistance web page at https://bphc.hrsa.gov/program-opportunities/funding-opportunities/ibhs for details about live and recorded TA events, frequently asked questions, sample documents, and other resources. See Agency Contacts for program, business, and fiscal questions.


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# I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION

## 1. Purpose

These instructions detail the fiscal year (FY) 2019 Integrated Behavioral Health Services (IBHS) supplemental funding opportunity. Behavioral health services encompass an array of services that address both substance use disorders (SUDs) and mental health.[1] Existing Health Center Program operational grant (H80) award recipients (also referred to as health centers)[2] will use this supplemental funding to increase access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and/or SUDs, including opioid use disorder (OUD).

## 2. Authority

The Health Center Program is authorized by Section 330(e), (g), (h) and/or (i) of the Public Health Service Act, as amended (42 U.S.C. § 254b(e), (g), (h), and/or (i)). Specifically, IBHS supplemental funding will be awarded under section 330(e)(6)(B) of the Public Health Service Act, as amended (42 U.S.C. § 254b(e)).

## 3. Background

Behavioral health integration is the collaborative health care that results when a team of primary care and behavioral health clinicians work together with patients, families, and community organizations to provide patient-centered care. Integrated behavioral health services can address mental health conditions and SUDs that may manifest from a complex blend of psycho-physiological symptoms, co-morbid conditions, personal situations, and social determinants of health.[3]

Integrating SUD, mental health, and primary care improves the prevention, detection, and treatment of SUDs and mental illness,[4] as well as the management of co-occurring

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[1] Refer to the Form 5A Service Descriptors document for definitions of SUD and mental health services. Available at https://bphc.hrsa.gov/programrequirements/scope.html, in the Resources section, under Services.
[2] For the purposes of this funding opportunity, the term "health center" means organizations funded under section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended.
[3] Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf.
[4] Collins C, Hewson DL, Munger R, Wade T. Evolving Models of Behavioral Health Integration in Primary Care. New York: Milbank Memorial Fund; 2010

physical conditions and addictions,[5] life expectancy,[6] and cost efficacy.[7] Additionally, behavioral health service integration can ensure that patients have access to safer, more effective pain management, while reducing the number of people who misuse, abuse, and overdose from opioids.[8]

The inter-professional, team-based, comprehensive primary care service delivery model used by the nearly 1,400 HRSA-funded health centers nationwide continues to provide a strong framework for integrated behavioral health and primary care services, and for addressing SUDs, including OUD. The model's use of patient-centric approaches, care management, enabling services, and coordinated care has demonstrated success in overcoming common barriers to patients initiating and continuing mental health and SUD services. As a result, health centers are well-positioned to address the existing unmet OUD needs in their communities.

From 2008 to 2017, the number of patients receiving behavioral health services at HRSA-funded health centers increased from 770,000 to 2.2 million patients (188 percent). In 2017, the 2,973 health center providers with a Drug Addiction Treatment Act of 2000 (DATA 2000) waiver provided medication-assisted treatment (MAT) for OUD to approximately 65,000 patients.[9]

IBHS builds upon previous HRSA funding opportunities to support health centers in overcoming immediate barriers to patient access to behavioral health services.

- In 2018, HRSA awarded more than $352 million in ongoing and one-time funding to implement and advance evidence-based strategies to expand access to integrated SUD and mental health services.[10]
- In 2017, HRSA awarded more than $200 million to increase SUD provider full-time equivalents (FTEs), patients, and visits.
- In 2016, HRSA awarded $94 million to increase SUD providers and delivery of MAT for OUD services.

With the support provided by these supplements some health centers have introduced SUD and mental health services while others are building or expanding behavioral health teams that may include care managers, peer and professional counselors, navigators, community health workers, translators, and transportation workers. This

[5] For more information about co-morbid mental health conditions and SUDs, see https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf.
[6] Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. Med Care. 2011 June;49(6):599-604
[7] For more information on the cost efficacy of integrated care, see http://www.ibhpartners.org/why/cost-effectiveness/.
[8] Centers for Disease Control and Prevention Guidelines for Prescribing Opioids for Chronic Pain. Available at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.
[9] Medicated-assisted treatment (MAT) for opioid use disorder is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to treatment. For more information, see https://www.samhsa.gov/medication-assisted-treatment.
[10] For more information about this award, see https://bphc.hrsa.gov/programopportunities/fundingopportunities/sud-mh/.

integrated, team-based care facilitates the work of behavioral health providers, improves quality and effectiveness, and makes adding treatment strategies like MAT possible.

For information on HRSA-supported behavioral health resources, technical assistance, and training, visit the HRSA webpages on behavioral health and the opioid crisis. Additionally, this funding opportunity aligns with the U.S. Department of Health and Human Services (HHS) Five-Point Opioid Strategy, specifically providing better prevention, treatment, and recovery services.

## INFORMATION

### 1. Summary of Funding

Approximately $200 million in federal funding is available to support IBHS in FY 2019. HRSA anticipates making ongoing awards of up to $145,000 per year to supplement health centers' existing H80 grants. In FY 2019, you may request up to $145,000 in IBHS funding to support the expansion of high quality integrated behavioral health services through such activities as workforce expansion, professional development and training, clinical workflow and practice transformation, opioid prevention, pain management,[11] and advancement of telehealth[12] and other health information technologies. Your application must propose to:

- Increase new and/or existing patients receiving SUD and/or mental health services as reported in the 2020 Uniform Data System (UDS) report; and
- Add at least 0.5 SUD and/or mental health service personnel FTE within 8 months of award. This may include expanding a current personnel's FTE (e.g., 0.5 FTE to 1.0 FTE).[13]

[11] For the purposes of this funding opportunity, pain management refers to the comprehensive, collaborative, and interprofessional services available to prevent and treat acute and chronic pain, including traditional, alternative, and complementary medicine methodologies.

[12] Telehealth is the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. For more information, see https://www.hrsa.gov/rural-health/telehealth/index.html.

[13] While many will add more, the flexibility introduced by the 0.5 FTE requirement allows health centers to use IBHS funding to meet proposal requirements and fill essential and often expensive behavioral health provider vacancies.

IBHS funds for personnel increases must be used to expand services and may not replace existing H80 support. Depending on the number of approvable IBHS applications, HRSA may adjust your award amount, consistent with available funds.

FY 2019 IBHS awards will provide 12 months of funding for activities covering the period of September 1, 2019 through the end of your FY 2020 H80 budget period, and will be available through the submission of an approvable carryover request.

The ongoing IBHS funding available in FY 2020 and beyond is contingent upon:

- Availability of appropriated funds for the Health Center Program in subsequent fiscal years;
- Satisfactory recipient performance; and
- A decision that continued funding is in the best interest of the federal government.

Progress toward achieving the proposed minimum 0.5 FTE personnel increase will be monitored via your responses to triannual progress updates. HRSA may take appropriate actions, including not awarding or reducing future IBHS funding, if you fail to add at least 0.5 FTE within 8 months of award.

Ongoing progress toward implementing your IBHS project will be monitored via annual Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) reports and annual UDS reports. If you do not demonstrate adequate progress toward achieving proposal requirements, HRSA may reduce or discontinue your ongoing IBHS funding.

## II. ELIGIBILITY INFORMATION

### 1. Eligible Applicants

Organizations receiving Health Center Program operational grant (H80) funding at the time of this funding opportunity release are eligible to apply.

### 2. Cost Sharing/Matching

Cost sharing or matching is not required. IBHS funding must be requested consistent with and, if approved, will be made available to each award recipient in the same sub-program funding proportions as the existing H80 award.

### 3. Proposal Requirements

Your proposal must demonstrate how you will use IBHS supplemental funding to achieve, at a minimum, the following:

- **Patient Impact**: Increase new and/or existing patients receiving SUD and/or mental health services, as indicated on your Patient Impact Form. Your achievement of the proposed increase will be demonstrated through IBHS progress updates and the 2020 UDS report.
    - If you project unduplicated new patients, the new patient value will be added to your H80 patient target.
- **Personnel Impact**: Add at least 0.5 SUD and/or mental health service personnel FTEs to support expanded services within 8 months of award, as indicated on your Staffing Impact Form. Your achievement of the proposed increase will be demonstrated through IBHS progress updates and the 2020 UDS report.

If you must add SUD or mental health services to scope or adjust how such services are provided to implement your proposed IBHS activities, you must request a scope adjustment or submit a change in scope request post-award.

If you propose to use IBHS funding to support the purchase of equipment, your application must include an Equipment List Form.

### 4. Sample Funding Uses

The Agency for Healthcare, Research, and Quality's Academy for Integrating Behavioral Health and Primary Care offers resources and tools to integrate behavioral health with primary care, and support the use of MAT for OUD. Health centers are encouraged to advance MAT use for OUD, as appropriate. Refer to Appendix A for a list of sample uses of IBHS funding. Additional resources are available on the IBHS technical assistance web page.

### 5. Partnership Resources

HRSA strategic partners are available to help you to identify high impact and cost effective uses for IBHS funding. These include your respective Primary Care Association and Health Center Controlled Network, as applicable, along with relevant National Training and Technical Assistance Cooperative Agreements. Your state and/or local health department and HRSA-supported state Primary Care Office[14] are additional resources.

### 6. Ineligible Costs

All proposed budget items must directly support the IBHS funding purpose, as demonstrated in the Budget Narrative and Project Overview Form.

[14] For the list of State Primary Care Offices, see: https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices.

You may **not** use IBHS funding for the following:

- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology;[15]
- New construction activities, including additions or expansions;
- Minor alteration or renovation (A/R) projects;[16]
- Installation of trailers and pre-fabricated modular units; or
- Facility or land purchases.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funding awarded under this opportunity and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

## III. APPLICATION AND SUBMISSION INFORMATION

### 1. Application Announcement, Deadline, and Award Notice

On April 5, 2019, HRSA will send an email to the individuals registered as project director, business official, and authorizing official in the H80 grant folder in the HRSA Electronic Handbooks (EHBs). This email will specify the current sub-program funding[17] proportions and provide details on how to access the application module in EHBs.

Applications are due in EHBs by **5 p.m. ET on May 13, 2019**. HRSA anticipates making awards in September 2019.

### 2. Application Requirements

Your proposal must respond to the funding purpose and fulfill the proposal requirements. Refer to Appendix B for detailed instructions on how to complete each application component.

[15] The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data. For additional information, refer to https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html

[16] Minor A/R projects include work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

[17] Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

### 3. DUN and Bradstreet Universal Numbering System and System for Award Management

Every applicant is required to have a valid Dun and Bradstreet Universal Numbering System (DUNS) number, also known as the Unique Entity Identifier, and to maintain an active System for Award Management (SAM) registration at all times. If you have not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that you are not qualified to receive an award.

Effective June 11, 2018, entities renewing or updating their SAM registration are required to submit an original, signed notarized letter confirming you are the authorized entity administrator associated with the DUNS number before the registration is activated.

### 4. Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

By submission of this proposal, you certify that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371, including suspension or debarment. (See also 2 C.F.R. parts 180 and 376, and 31 U.S.C. § 3321.)

### 5. Financial Management and Accounting

Recipients must have accounting structures and internal controls in place that provide accurate and complete information for costs associated with this award. HRSA funding and expenditures for IBHS must be tracked and documented in alignment with the specifications described in 45 C.F.R. § 75.302.

## V. REPORTING REQUIREMENTS

### 1. Reporting and Additional Requirements

IBHS funding impact will be determined, in part, by the personnel FTEs added and the number of patients accessing SUD and/or mental health services. You will describe progress through IBHS-specific progress updates submitted triannually for a period of 2 years after award, and the BPR submission, starting with the FY 2021 BPR submitted in calendar year 2020. Projected patient increases will also be monitored through annual UDS reports, which will include information on:

- Patients and visits for SUD and mental health services;

- Patients and visits for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services;
- Newly hired/contracted personnel who will expand access to SUD and/or mental health services;
- Providers who have obtained a DATA 2000 waiver;
- Patients who received MAT for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA 2000 waiver working on behalf of the heath center;
- Patients aged 12 years and older screened for depression with a follow-up plan documented on the date of the positive screen; and
- Use of telehealth for primary care or mental health services.

## 2. Application Reviews

HRSA will conduct internal reviews for completeness, eligibility, and allowable costs. HRSA reserves the right to request budget modifications and/or narrative revisions if an application is not fully responsive to the IBHS instructions or if ineligible activities or purchases are proposed.

Before award, HRSA will assess the H80 award status of all applicants. You are not eligible to receive IBHS funding if you meet any of the following exclusionary criteria at the time of award:

- Have stopped receiving H80 funding.
- Have any conditions on your H80 award related to Health Center Program requirement area(s) that are in the 30-day final phase of Progressive Action.
- Are in the process of phasing out your H80 award (e.g., relinquishment, discontinuation).

Additionally, BPHC will make award decisions to maintain a ratio of grants serving medically underserved populations in rural areas to urban areas that is not less than 2 to 3 and not greater than 3 to 2.

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 C.F.R. part 100. See Executive Order 12372 in the HHS Grants Policy Statement. Award recipients must comply with applicable requirements of all other federal laws, executive orders, regulations, and policies governing the Health Center Program.

## 3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 C.F.R. § 75.205).

HRSA reviews applications receiving a favorable prefunding review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine if HRSA can make an award, if special conditions are required, and what level of funding is appropriate. HRSA may conduct onsite visits and/or use the organization's current compliance status to inform final funding decisions.

Award decisions, including funding level, are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 C.F.R. § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 C.F.R. § 75.212).

## VII. AGENCY CONTACTS

For assistance completing the IBHS application, contact the appropriate resource below.

Table 1: IBHS Points of Contact

| Electronic submission issues | Technical assistance resources |
|---|---|
| **Health Center Program Support**<br>Send ticket through Web Request Form<br>1-877-464-4772 | **IBHS technical assistance web page**<br>Provides sample forms, responses to frequently asked questions, and other resources. |
| **Proposal and submission questions** | **Business, administrative, and fiscal questions** |
| **IBHS technical assistance team**<br>Submit inquiries about this funding opportunity to sud-mh@hrsa.gov<br>301-594-4300 | **Mona D. Thompson**<br>Office of Federal Assistance Management<br>Division of Grants Management Operations<br>mthompson@hrsa.gov<br>301-443-3429 |

## APPENDIX A: EXAMPLE IBHS FUNDING USES

Following are example activities and purchases that may support achieving the proposal requirements, increased access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and/or SUDs, including OUD.

### Workforce Expansion

- Directly hire or contract with behavioral health and enabling services providers[18] and other personnel who can deliver or support SUD and/or mental health services, including those prepared to engage in clinical teams addressing co-occurring SUD and mental health conditions.
- Directly hire or contract with SUD and/or enabling service providers and other personnel to support the service delivery and care coordination necessary to provide comprehensive addiction treatment services, including MAT.
- Directly hire or contract with providers and other personnel who will work with behavioral health specialists as part of multidisciplinary teams to provide acute and chronic pain management services (e.g., pain management specialist, acupuncturist, chiropractor, physical therapist).
- Directly hire or contract with providers and other personnel who will work with behavioral health providers in a multidisciplinary team to manage SUD and/or mental health conditions for women and infants before, during, and after pregnancy.

### Professional Development and Training

- Support the preparation of licensed and pre-license professionals and allied health students to provide SUD and/or mental health services through such activities as recruiting trainees; developing, implementing, and evaluating experiential training; coordinating student and post-graduate rotations, residencies, and/or fellowships; and building academic partnerships.
- Support providers to serve as on-hand consultants for their colleagues in topics essential to quality integrated SUD, including OUD, and mental health and treatment services (e.g., diagnosing co-occurring mental health conditions, providing MAT, patient engagement, care coordination, HIV and hepatitis virus prevention and treatment).
- Support training and accredited continuing education in SUD, including OUD, mental health and trauma-informed care.
- Support training and accredited continuing education to maximize the success of MAT; increase the number of eligible providers with DATA 2000 waivers; and

[18] For more information and the definitions of enabling services and providers, see the Uniform Data System Manual. Available at https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2018-uds-reporting-manual.pdf.

increase the number of DATA 2000 waiver patients per provider to reach maximum levels.
- Provide training and accredited continuing education on evidence-based pain prevention and treatment options, including for primary and secondary pain conditions such as sickle cell disease, diabetic neuropathy, fibromyalgia, odontalgia, and rheumatoid diseases.

**Telehealth**

- Enhance the use of telehealth to deliver SUD and mental health services by establishing contracts with specialists to provide virtual services, embedding live streaming consulting into EHR, and leveraging the technical assistance available through HRSA-funded Telehealth Resource Centers and Health Center Controlled Networks.
- Purchase systems and/or contract for services to provide virtual care, such as those that increase patient engagement and self-management, home monitoring of symptoms and medication adherence, 24-hour access, and synchronous and asynchronous patient visits.
- Purchase telehealth supplies necessary to support accurate clinical interviewing and assessment (e.g., physical examination equipment, audio-visual equipment, sound dampeners, supplemental lighting, carts, cases to decrease equipment fan noise, backdrops, window coverings).
- Provide training and education to personnel, students and trainees, patients, and families on the use of virtual and mobile self-management tools and resources, including those used for pain and addiction management.

**Clinical Workflow and Practice Transformation**

- Strengthen the integrated health care team's ability to implement evidence-based prevention and treatment strategies by redefining roles, creating new roles, and modifying workflows.
- Contract with a practice transformation facilitator to guide the health center's adoption or enhanced use of an evidence-based model that integrates behavioral health into primary care.
- Build new and enhance existing clinical workflows to further integrate and support the delivery of SUD and mental health services integrated with primary care, HIV care, viral hepatitis care, and pain management services, including virtual care modalities.
- Build new and enhance existing clinical workflows to expand case/care management services.
- Implement strategies that support informed prescribing decision-making and increase patient initiation, engagement, and self-management.

**Health Information Technology**

- Enhance health information technologies to improve patients' access to their own data and enhance patient-provider shared decision making.
- Enhance the EHR to include domains to record SUD and mental health risk factors, treatment adherence, post-hospitalization or emergency department follow up, co-occurring disorders, and related infectious diseases, such as HIV and viral hepatitis, and add clinical decision supports to facilitate appropriate management.
- Enhance the EHR to support or improve health information exchange with clinical and community-based partners.
- Enhance the EHR by adding case/care management software to develop, implement, and monitor treatment plans across the multidisciplinary team.
- Implement technologies to help patients comply with referrals (e.g., digital calendar appointments with programmed reminders, referred provider website and location services).
- Establish a patient registry for SUD diagnoses, chronic opioid use, neonatal abstinence syndrome, and mental health conditions to improve care integration, patient safety, treatment efficacy, and enhance data-driven quality improvement.
- Strengthen participation in cybersecurity information sharing and analysis systems that protect patients' clinical information, and provide necessary training to personnel to ensure robust and consistent security of patients' mental health and SUD information.

**Outreach, Partnerships, and Community Integration**

- Strengthen community partnerships to better leverage SUD and mental health-related community resources and support more effective and efficient treatment and recovery support referrals between clinical partners, including certified community behavioral health clinics, opioid treatment programs, community mental health centers, health departments, emergency departments, emergency medical services, and other community-based organizations.
- Improve awareness of and facilitate access to SUD and mental health services by supporting community-based behavioral health outreach and awareness activities, peer support, and enabling services.
- Partner with health departments to maximize prevention efforts including community education and screening campaigns, or referrals to community-based wrap around services.
- Strengthen partnerships with technical assistance providers to support implementation of evidence-based practices, such as the Addiction Technology Transfer Centers, the Provider's Clinical Support System, and the State Targeted Response Technical Assistance Consortium.
- Provide training and education to patients, families, and communities focusing on SUD prevention and treatment, mental health, stigma, neo-natal abstinence syndrome, trauma-informed care, suicide prevention, and opioid overdose.

**Other**

- Implement evidence-based strategies to improve access to and quality of integrated behavioral health services, such as universal screening, trauma-informed care, and zero suicide.
- Provide training and education to patients, families, and communities on evidence-based strategies to prevent and/or treat SUDs, mental health conditions, neo-natal abstinence syndrome, suicide, and overdoses.
- Purchase U.S. Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, and opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose.
- Purchase tests necessary to support treatment plans that address chronic pain and SUDs, including OUD.
- Support enabling services to increase patient access to SUD and mental health services (e.g., translation, transportation, outreach, care coordination).

## APPENDIX B: APPLICATION INSTRUCTIONS

You will complete and submit your IBHS application in EHBs starting on April 5, 2019. There is no Grants.gov submission requirement.

Application components are listed below, followed by detailed instructions. This information should be used in conjunction with the EHBs User Guide. The EHBs User Guide and other resources to help you complete your application are available on the IBHS technical assistance web page.

I. SF-424A Basic Information and Budget Forms
II. Federal Object Class Categories Form
III. Budget Narrative
IV. Project Overview Form
V. Project Plan Form
VI. Staffing Impact Form
VII. Patient Impact Form
VIII. Equipment List Form (if applicable)

### I. SF-424A Basic Information and Budget Forms

Enter or update required information on the SF-424A Parts 1 and 2, and the Budget Information Form. Fields that are not marked as required may be left blank.

- Budget Information Form: In Section A, enter the federal (up to $145,000) and non-federal costs for a 12-month period for each currently funded sub-program (i.e., CHC, HCH, MHC, and PHPC).[16] IBHS funding must be requested by and will be provided to award recipients in the same sub-program funding proportions as their existing H80 award.
- Project Description/Abstract: A project description/abstract is not required for this application; however, an attachment must be provided in SF-424A Part 2. You may upload a blank document.

### II. Federal Object Class Categories Form

Enter federal and non-federal expenses by object class category for all proposed IBHS activities and purchases for a 12-month period. Limit federal expenses to the IBHS funding you are requesting (up to $145,000) that will support increased access to high quality integrated behavioral health care. The total funding requested on this form must align with the total funding request amounts on the SF-424A Budget Information Form and your Budget Narrative. If equipment costs are requested, you must also complete the Equipment List Form.

III. Budget Narrative (attachment)

Upload a Budget Narrative that clearly explains and justifies the federal and non-federal IBHS expenditures for a 12-month period by cost category.[19] The sum of line item costs for each category must align with those presented on the Federal Object Class Categories Form. Refer to the sample Budget Narrative available on the IBHS technical assistance web page for guidance. All contractual arrangements must be appropriate for health center oversight of the proposed project, to include any contractors and sub-recipients, or parent, affiliate, or subsidiary arrangements. Your Budget Narrative must clearly detail proposed costs for each federal object class category, with calculations for how each cost is derived, including cost per unit; and not include any ineligible cost.

### Guidance by Federal Object Class Category

- Personnel: List costs for each direct hire staff who will be supported by IBHS funding, not including fringe benefits and travel. The example Staffing Impact Form on the IBHS technical assistance web page lists the allowable position types.
- Fringe benefits: List the components of the fringe benefit rate for proposed direct hire staff. Fringe benefits should be directly proportional to the personnel costs allocated for the IBHS project.
- Travel: Identify expenses associated with travel for consultants, direct hire staff, and/or contractors. Detail travel costs consistent with the organization's established travel policy and in compliance with 45 CFR §75.474.
- Equipment: List tangible personal property (including information technology systems) that have a useful life of more than one year and a per-unit acquisition cost of at least $5,000. Ensure that the total equipment costs entered in the Federal Object Class Categories, Budget Narrative, and the Equipment List forms are equal.
- Supplies: List supplies that support your IBHS project individually, separating items into three categories: office, medical, and educational. Equipment that does not meet the $5,000 threshold listed above should be included here.
- Contractual: Clearly state the purpose of each contract, including specific deliverables. You must have an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts. The example Staffing Impact Form on the IBHS technical assistance web page lists the allowable position types.
- Other: Include all costs that do not fit into any other category and provide an explanation of each cost. EHR license fees for new staff, if any, should be listed here.

[19] For details on allowable costs, see 45 C.F.R. part 75. Available at http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75.

- Indirect costs: Include indirect costs in your budget request only if your organization has a negotiated indirect cost rate agreement or has previously claimed a de mimimis rate of 10 percent of modified total direct costs.

### Personnel Justification Table

In the Budget Narrative attachment include a Personnel Justification Table. Provide the following information for all direct hire staff and contractors you propose to support with IBHS funding: name, position title, annualized base salary, adjusted annual salary based on salary limitation requirements, percent of FTE, and the amount of federal funding requested. Before calculating personnel costs, annual salaries must be adjusted to not exceed the Executive Level II salary, currently set at $189,600. This salary rate limitation also applies to sub-awards/sub-contracts under a HRSA grant. The sample Budget Narrative available on the IBHS technical assistance web page includes a sample Personnel Justification Table.

## IV. Project Overview Form

Indicate if you propose to use IBHS funding to support expanded SUD and/or mental health services through telehealth, and if you propose to help prevent SUDs through enhanced pain management services.[20] Next, indicate the technical assistance topics that would support the successful implementation of your IBHS project, if any.

Finally, you will review your approved Form 5A: Services Provided to determine if a scope adjustment or change in scope request is necessary to ensure that all planned services are in scope. Access the technical assistance materials on the Scope of Project resource website and contact your HRSA H80 project officer for guidance in determining if a scope adjustment or change in scope will be necessary.

If changes are required based on the proposed project, provide an overview of the changes along with a timelime for making necessary requests. You must submit a scope adjustment or change in scope request post-award (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add SUD services for the first time).

## V. Project Plan Form

Provide a project plan to clearly and succinctly depict how you will achieve the IBHS purpose and meet the proposal requirements. Your plan will state objectives, the activities you will take to achieve them, and the related outputs. You are strongly encouraged to review the sample project plan on the IBHS technical assistance web page.

[20] For the purposes of this funding opportunity, pain management refers to the comprehensive, collaborative, and interprofessional services available to prevent and treat acute and chronic pain, including traditional, alternative, and complementary medicine methodologies.

- Objectives
  - You must propose at least two objectives, one for each proposal requirement.
  - Objectives should be specific, measurable, and achievable.
  - You may propose a maximum of five objectives.
- Activities
  - List the action steps that you will take to achieve each objective.
  - You must propose at least two activities per objective.
  - The action steps should align with the costs proposed on your Budget Narrative and include existing resources that you will leverage.
  - Activities that address more than one objective should be listed separately under each relevant objective.
- Outputs
  - List the main accomplishments that will result from each activity, including final and key progress milestones.
  - You must propose at least two outputs per objective.
  - Provide a target date by which you propose to accomplish each output.
  - Outputs that relate to more than one objective should be listed separately under each relevant objective.

V. Staffing Impact Form

Enter the direct hire staff and/or contractor FTEs that will expand access to integrated behavioral health services according to the allowed position types listed on this form. Adding at least 0.5 SUD and/or mental health services personnel FTE to support expanded services within 8 months of award is required. You may support multiple part-time positions that combine to meet the 0.5 FTE threshold (e.g., 0.1 FTE direct hire psychiatrist and 0.4 FTE contracted licensed clinical social worker). Position descriptions are available in the 2018 Uniform Data System (UDS) Manual.

VI. Patient Impact Form

You must propose to increase the number of existing and/or new patients accessing SUD and/or mental health services as a result of IBHS funding. Provide separate patient projections for existing patients and new patients. Patient definitions are available in the 2018 Uniform Data System (UDS) Manual.

- Existing patients are current health center patients who will newly access SUD and/or mental health services because of IBHS funding.
- New patients are individuals not currently being seen by the health center who will access SUD and/or mental health services because of IBHS funding.

On the Patient Impact Form, you must provide a projection for Question 1 (existing patients) and/or Question 3 (new patients). A sample patient impact form is available on the IBHS technical assistance web page.

### Existing Patient Impact

1. **Total Unduplicated Existing Patients**: Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding (e.g. existing medical patients not currently accessing these services that will begin to do so). Attribute each patient to either SUD or mental health services. Count each patient only once in this unduplicated total, even if some patients will access both services.

2. **Existing Patients by Service Type**: Enter the total number of existing patients who will newly access each service as a result of IBHS funding in calendar year 2020. Count each projected existing patient according to the service(s) they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health. Enter zeros if your response to Question 1 is zero.

### New Patient Impact

3. **Total Unduplicated New Patients:** Enter the number of patients new to the health center who will access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding. Attribute each patient to either SUD or mental health services. Count each patient only once in this unduplicated total, even if some patients will access both services. While Question 1 counts *existing* health center patients newly accessing SUD and/or mental health services, Question 3 counts unduplicated patients considered *new* to your health center that will access SUD and/or mental health services.

   **Note:** New unduplicated projected patients entered in response to this question will be added to your H80 patient target. Failure to achieve this new patient projection in calendar year 2020, may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the SAC technical assistance website for patient target resources.

4. **New Patients by Service Type**: Enter the number of patients new to the health center from "Total Unduplicated New Patients" (Question 3) who will access each service in calendar year 2020:
   A. SUD Services Patients
   B. Mental Health Services Patients

   Count each projected new patient according to the service(s) they are expected to access. If a new patient will start accessing both SUD and mental health

services, they should be counted once for SUD and once for mental health. Enter zeros if your response to Question 3 is zero.

5. **New Patients by Population Type**: Enter the number of patients new to the health center from "Total Unduplicated New Patients" (Question 3) according to the H80 sub-program type:
    A. Community Health Centers
    B. Migrant Health Centers
    C. Health Care for the Homeless
    D. Public Housing Primary Care

The sum must equal the number of new unduplicated patients entered in response to Question 3, if any. Enter zeros if your response to Question 3 is zero. The information entered here will be used to populate future BPR submissions.

VII. Equipment List Form (if applicable)

If IBHS funding is requested in the Equipment line item on the Federal Object Class Categories Form, list the proposed equipment purchases. The total on this form must equal the amount of funding requested on the Equipment line item on the Federal Object Class Categories Form. Any equipment purchased with award funds must be pertinent to the IBHS project, procured through a competitive process, and maintained, tracked, and disposed of in accordance with 45 C.F.R. part 75.

Federal equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000.

Equipment that does not meet the $5,000 per unit cost threshold should be considered Supplies and would not be entered on the Equipment List Form. Licenses for electronic health records (EHRs) or health information technology should be reported in "Other" costs in your budget, and not considered equipment.

Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) is categorized as minor alteration or renovation (A/R). Using IBHS funding for permanently affixed equipment is not allowed.

For each item on the Equipment List Form, the following fields must be completed:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.

- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at http://www.epeat.net and http://www.energystar.gov.