U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

Substance Abuse Service Expansion

Announcement Type: Competing Supplement
Funding Opportunity Number: HRSA-16-074

Catalog of Federal Domestic Assistance (CFDA) No. 93.527

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date in Grants.gov: September 28, 2015
Supplemental Information Due Date in HRSA EHBs: October 14, 2015

Ensure SAM and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
SAM registration may take up to two weeks and
Grants.gov registration may take up to one month to complete.

Release Date: July 30, 2015
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Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503(b) of the Patient Protection and Affordable Care Act, P.L. 111-148 (42 U.S.C. 254b-2(b))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care is accepting applications for fiscal year (FY) 2016 Substance Abuse Service Expansion. The purpose of this supplemental funding opportunity is to improve and expand the delivery of substance abuse services at existing health centers, with a focus on Medication-assisted Treatment in opioid use disorders.

Funding Opportunity Title:	Substance Abuse Service Expansion
Funding Opportunity Number:	HRSA-16-074
Due Date for Applications – Grants.gov:	September 28, 2015
Due Date for Supplemental Information – HRSA EHBs	October 14, 2015
Anticipated Total Annual Available Funding:	$100,000,000
Estimated Number and Type of Awards:	Up to 310 grants
Estimated Award Amount:	Up to $325,000 per year
Cost Sharing/Match Required:	No
Project Period:	March 1, 2016 through February 28, 2018 (two (2) years)
Eligible Applicants:	Existing Health Center Program award recipients that currently receive operational funding under section 330 of the Public Health Service Act (e.g., sections 330(e), (g), (h) and/or (i)). [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information, including exclusions.]

Application Guide
All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance
HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the FOA and an opportunity for applicants to ask questions. Visit the Substance Abuse Service Expansion TA website at http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html for webinar details, frequently asked questions, sample documents, and additional resources. Refer to http://www.hrsa.gov/grants/apply for general (i.e., not funding opportunity-specific) videos and slides on a variety of application and submission topics.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for Fiscal Year (FY) 2016 Substance Abuse Service Expansion. The purpose of this Health Center Program supplemental funding opportunity is to improve and expand the delivery of substance abuse services at existing health centers,[1] with a focus on Medication-assisted Treatment (MAT) in opioid use disorders.

2. Background

This funding opportunity is authorized by section 330 of the Public Health Service Act, as amended, 42 U.S.C. 254b. The abuse of and addiction to opioids, such as heroin and prescription pain medication, is a serious and increasing public health problem. Approximately 4.5 million people in the United States were non-medical prescription pain reliever users in 2013, and an estimated 289,000 were current heroin users.[2] The number of unintentional overdose deaths from prescription pain medications has nearly quadrupled from 1999 to 2013, and deaths related to heroin increased 39 percent between 2012 and 2013.[3] Abuse or dependence on opioid pain medications is the strongest risk factor for heroin abuse or dependence.[4]

Research demonstrates that a combination of medication and behavioral therapies is most successful in treating opioid use disorders.[3] Medication-assisted Treatment (MAT) includes combining medications with counseling and behavioral therapies to provide a whole-patient approach to treatment. MAT uses 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 opioid use disorder and opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use. Use of these treatments should occur consistent with federal statutes and regulations. Despite evidence that MAT is a safe and effective approach to the treatment of opioid use disorders, it is estimated that fewer than half of the 2.5 million Americans who might benefit from MAT receive this type of treatment.[3]

Health centers have been increasingly engaged in providing behavioral health services to underserved populations. In 2013, over 1.2 million people received behavioral health services at

[1] For the purposes of this funding opportunity, "health center" refers to existing Health Center Program award recipients and their service delivery sites.

[2] Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[3] U.S. Department of Health and Human Services. Assistant Secretary for Planning and Evaluation, Issue Brief: Opioid Abuse in the United States and HHS Actions to Address Opioid-Drug Related Overdoses and Deaths. March 26, 2015. Available at: http://aspe.hhs.gov/sp/reports/2015/OpioidInitiative/ib_OpioidInitiative.pdf.

[4] Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. "Vital Signs: Demographic and Substance Use Trends Among Heroin Users — United States, 2002–2013", July 10, 2015. 64(26);719-725. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w.

health centers, a 59 percent increase since 2009.[5] Recent HRSA investments in health centers have focused on further increasing access to behavioral health services, including increasing the number of health centers with integrated models of care.[6] This funding opportunity builds upon and leverages these previous investments by providing support to health centers to improve and expand the delivery of MAT substance abuse services in an integrated primary care/behavioral health model with a specific focus on treatment of opioid use disorders in underserved populations.

Project Requirements

Applicants must demonstrate a high level of need for substance abuse services in their service area/target population, a sound proposal to meet this need, and readiness to implement the proposal within 120 days from the Notice of Award. In addition, applicants must show that Substance Abuse Service Expansion grant funds will increase access to comprehensive, culturally competent, collaborative, and integrated substance abuse services, with a focus on treatment of opioid use disorders. Applicants are expected to explain how services will be made available to all individuals in the service area while maximizing collaboration with existing substance abuse providers in the community.

Applicants must propose a realistic and achievable plan, including a Project Work Plan, to achieve the following **required goals**:

- Establish or enhance an integrated primary care/behavioral health model.
- Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices.
- Increase the number of patients with health center-funded access to MAT[7] for opioid use and other substance use disorders treatment by:[8]
    - Adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s)[9] directly and/or through contract(s) within 120 days of award; and
    - Adding new or enhancing existing substance abuse services directly and/or through contract(s) within 120 days of award.
- Coordinate services necessary for patients to achieve and sustain recovery.[10]
- Provide training and educational resources, including updated prescriber guidelines, to help health professionals make informed prescribing decisions and address the over-prescribing of opioids.

[5] Health Resources and Services Administration, 2013 Health Center Data, "2013 National Data". Available at http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2013&state.
[6] For more information about integrated care models, see http://www.integration.samhsa.gov/integrated-care-models.
[7] MAT must be consistent with federal statutes and regulations.
[8] Form 5A of this application will function as a Change in Scope request for new services and providers should Substance Abuse Service Expansion supplement funding be received. See Appendix B for detailed instructions. Additional Change in Scope resources are available at http://bphc.hrsa.gov/programrequirements/scope.html.
[9] Substance abuse providers may include substance abuse workers, psychiatric nurses, psychiatric social workers, mental health nurses, clinical psychologists, clinical social workers, family therapists, and other individuals providing counseling and/or treatment services related to substance abuse, as defined by the 2014 UDS reporting instructions available at http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf.
[10] SAMHSA's Working Definition of Recovery provides guiding principles and is available at http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF.

Note: Applicants are **not** required to add a physician that will be trained and credentialed to prescribe buprenorphine to meet the requirement to add a 1.0 FTE substance abuse provider(s). To meet this requirement, applicants are encouraged to have current physician(s) trained and credentialed to prescribe buprenorphine and add other substance abuse providers as noted below to provide the counseling and other support services associated with MAT.

Applicants may also propose to address one or more of the following **optional goals**:

- Increase education, screening, care coordination, risk reduction interventions, and/or counseling regarding the availability of testing, treatment, and clinical management for patients with or at risk of HIV/AIDS, hepatitis C, and other diseases associated with opioid use disorders.
- Enhance clinical workflows to improve substance abuse services.
- Enhance the use of health information technologies to improve the effectiveness of substance abuse services and increase patient engagement.
- Educate patients and/or community members on opioid use disorders, including the use of opioid antagonists in preventing opioid overdose.

Award recipients will demonstrate the impact of activities conducted under this funding opportunity through changes in the following Uniform Data System (UDS) measures reported annually by all Health Center Program award recipients:

- Number of full time equivalent (FTE) substance abuse services providers.
- Number of patients receiving substance abuse services.
- Number of visits for substance abuse services.
- Number of patients receiving SBIRT services.

Award recipients will also demonstrate expansion of MAT through the submission of quarterly progress reports that will document award recipient progress on meeting project goals, including the number of physicians, onsite or with whom the health center has contracted, who have obtained a Drug Addiction Treatment Act of 2000 (DATA 2000) waiver to treat opioid addiction with medications that have been specifically approved by the FDA for that indication.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement.

Funding will be provided in the form of a grant.

2. Summary of Funding

This funding opportunity will provide funding during federal fiscal years 2016 - 2018. Approximately $100,000,000 is expected to be available annually to fund up to 310 recipients. Applicants may apply for a maximum ceiling amount of up to $325,000 per year. The project period is two (2) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Substance Abuse Service Expansion Program in subsequent fiscal

years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance 2 CFR 200 as codified by the Department of Health and Human Services (HHS) at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be an existing Health Center Program award recipient funded under section 330(e), (g), (h) and/or (i) of the Public Health Service Act that did **not** receive initial Health Center Program funding as a new start/new award recipient in FY 2015 (via a New Access Point, Service Area Competition, or Service Area Competition – Additional Area grant award).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this funding opportunity.

3. Other

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Applications must propose at least 1.0 FTE new direct and/or contracted substance abuse services provider(s), as documented on the Supplemental Information Form and an expanded or new capacity to provide MAT in the Project Narrative (see Appendix B). Applications that do not propose at least 1.0 FTE new direct and/or contracted substance abuse service providers on the Supplemental Information Form and an expanded or new capacity to provide MAT in the Project Narrative will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applications must propose an increase in the number of patients and visits for substance abuse services, as documented on Form 1A: General Information Worksheet (see Appendix B). Applications with a Form 1A that does not demonstrate an increase in the number of patients and visits for substance abuse services will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applicants must currently provide or propose to provide substance abuse services directly and/or by formal written agreement, as documented on Form 5A: Services Provided Column I (Applicant Provides Directly) and/or Column II (Service provided by formal written agreement; Health Center pays for service) (see Appendix B). Applications with a Form 5A that does not demonstrate substance abuse services in Column I or Column II will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applications that exceed the ceiling amount of $325,000 per year as stated in the SF-424A or maximum page limit of 50 pages will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov and the HRSA Electronic Handbooks (HRSA EHBs) application due dates as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov and HRSA EHBs. Applicants must use a two-tier submission process associated with this FOA and follow the directions provided at Grants.gov and the HRSA EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted via Grants.gov with a due date of September 28, 2015 at 11:59 P.M. Eastern Time; and

- **Phase 2 – HRSA EHBs** – Required supplemental information must be submitted via HRSA EHBs with a due date of October 14, 2015 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.Gov (Phase 1) by the due date may submit the additional required information in HRSA EHBs (Phase 2). HRSA EHBs will open for submission of application components on August 7, 2015.

2. Content and Form of Application Submission

Application Preparation

The Substance Abuse Service Expansion Technical Assistance website provides essential resources for application preparation. The SAMHSA-HRSA Center for Integrated Health Solutions[11] and Provider's Clinical Support Systems for Opioid Therapies and MAT Training[12] may serve as additional useful resources. Practice guidelines for using medications in opioid use disorder treatment are available from the American Society of Addiction Medicine.[13]

Application Format Requirements

Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the funding opportunity specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in this FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. The Indirect Cost Rate Agreement (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, validated by Grants.gov, and submitted under the correct funding opportunity prior to the Grants.gov and HRSA EHBs deadlines to be considered under this announcement.

Funding Opportunity-Specific Instructions

In addition to application requirements and instructions in Section 4 and 5 of HRSA's *SF-424 Two-Tier Application Guide* (including the budget, budget justification narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following.

i. *Project Abstract*

See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*. In addition, provide the active Health Center Program grant number (H80CSXXXXX).

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[11] Information about the SAMHSA-HRSA Center for Integrated Health Solutions is available at http://www.integration.samhsa.gov/.

[12] Information about the Provider's Clinical Support System for Opioid Therapy is available at http://pcss-o.org/ and the Provider's Clinical Support System for MAT Training is available at http://pcssmat.org/samhsa-medication-assisted-treatment-a-standard-of-care/.

[13] The American Society of Addiction Medicine's *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use* is available at http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf?sfvrsn=22.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project.

The Project Narrative must be structured using each of the following six sections and include the requested information.

NEED

Information provided on need must serve as the basis for, and align with, the proposed goals and activities described throughout the application and in the Project Work Plan.

1. Describe the service area's specific needs for integrated primary care/behavioral health services that include MAT.[14]

2. Using quantitative data as a foundation, demonstrate how the service area is experiencing significant and increasing morbidity and mortality caused by opioid abuse and the immediacy of the demand for related substance abuse services (e.g., local or state health department epidemiologic data, health center data, local rate of change for primary treatment admission for heroin and non-heroin opiates, and the Centers for Disease Control and Prevention's WONDER online databases).[15]

3. Describe specific challenges to meeting the service area/target population(s)' current and projected demand for substance abuse services not previously addressed. Examples of additional challenges may include the need for secure onsite storage of medications, increased provider and staff SBIRT training, and patient transportation.

4. Describe the health center's current role in addressing identified needs, including:
   - The health center's integrated primary care/behavioral health model and any substance abuse and related enabling services, to the extent the health center currently provides these services, including SBIRT, MAT, and other evidence-based screening, assessment, and intervention strategies;
   - The modes of delivery for each behavioral health service[16] currently provided (if applicable) (i.e., provided directly, through formal written contracts or agreements, and/or formal written referral arrangements); and
   - Data that demonstrate the impact of substance abuse and related enabling services currently provided (if applicable).

   If the health center has no existing activities to address identified needs, describe the challenges that have prevented it from taking action in the areas outlined above.

[14] MAT must be consistent with federal statutes and regulations.
[15] The Centers for Disease Control and Prevention (CDC) sponsor CDC WONDER online databases for ad hoc queries and analysis of public health data. CDC WONDER databases are available at http://wonder.cdc.gov/.
[16] Behavioral health services are comprised of mental health and substance abuse services.

5. Provide letters of support as Attachment 5 that describe the need for increased substance abuse services, in particular opioid use disorder treatment, for the target population(s) from the unique perspective of the authoring organization.

RESPONSE

1. Submit a Project Work Plan for the two-year project as instructed in Appendix A. This must include all required goals and may include, as appropriate, optional goals as described in Project Requirements.

2. The Project Work Plan and associated forms must demonstrate how grant activities will increase the following metrics. (See Appendix B for detailed funding opportunity-specific form instructions.)
   - Number of FTE substance abuse services providers (Supplemental Information Form)
   - Number of patients receiving substance abuse services (Form 1A)
   - Number of visits for substance abuse services (Form 1A)
   - Number of patients receiving SBIRT services (Supplemental Information Form)

3. Identify the planned screening, assessment, and intervention strategies, which must include an integrated primary care/behavioral health model, SBIRT, and health center-funded MAT, and describe the following:
   - The evidence base for each planned strategy;
   - Appropriateness of the proposed strategy for the target population(s);
   - MAT alignment with federal statutes and regulations; and
   - Use of FDA approved pharmacotherapy in MAT.[17]

4. Describe how services will be coordinated as necessary for patients to achieve and sustain recovery.

5. Describe potential implementation challenges and plans to address them, referencing Project Narrative: Need Item 4 and the Contributing and Restricting Key Factors identified in the Project Work Plan as appropriate.

6. Describe plans to ensure that patients throughout the service area have reasonable access to all substance abuse services proposed, including MAT. Describe any plans to apply for DATA waivers and/or submit secondary notifications to increase individual physician treatment authority granted by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment.[18]

7. Describe how risk management plans will be updated to reflect any new substance abuse services, including MAT.

COLLABORATION

[17] FDA-approved pharmacotherapies in MAT are: methadone, naltrexone, and buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations.
[18] Information about Drug Addiction Treatment Act waivers and secondary notification submission is available at http://www.deadiversion.usdoj.gov/pubs/docs/dwp_buprenorphine.htm.

1. Describe current or proposed collaborations to achieve proposed outcomes, including at a minimum identifying the organizations and providers in the service area that provide substance abuse services to the target population(s) (as identified in Attachment 1). Submit as Attachment 4 a summary of all related contracts and/or memoranda of agreement.

2. Describe how local, state, regional, and/or federal partners will assist in accomplishing the project's goals by leveraging resources and avoiding duplication of effort.

3. Submit as Attachment 5 current dated letters of support from the organizations and providers in the service area as identified in Attachment 1, including Health Center Program award recipients and look-alikes, critical access hospitals, health departments, rural health clinics, and community behavioral health clinics/centers. Also provide letters of support from specialty behavioral health organizations/providers that will provide care via referral agreement for severe/complex cases.

   If such providers/organizations do not exist in the service area, state this. If such letters cannot be obtained from providers/organizations in the service area, include documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained. Letters should be addressed to the appropriate organization contact (e.g., board, CEO) and document the need and support for the proposed project. One letter of support may address both need and support.

4. Describe how the proposed activities under this funding opportunity announcement will be adjusted as necessary to augment and not duplicate or supplant SAMHSA's FY 2015 Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) grant program[19] or the Centers for Disease Control and Prevention's (CDC) Prescription Drug Overdose Prevention for States funding opportunity[20] should the applicant's service area be in a state that applies for and receives SAMHSA or CDC funding.

EVALUATIVE MEASURES

1. Propose outcome measures that will demonstrate improved access to substance abuse services by addressing identified needs through a methodological approach. See detailed Project Work Plan instructions in Appendix A.

2. Describe how the health center will collect qualitative and quantitative data and use it in an evaluation plan to monitor progress, measure outcomes, and improve activities.

3. Describe how the applicant, if funded, will use performance feedback from the health center providers to improve grant activities throughout the duration of the project.

[19] Information about SAMHSA's FY 2015 Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction grant program is available at http://www.samhsa.gov/sites/default/files/grants/pdf/ti-15-007-modified_0.pdf.

[20] Information about CDC's Prescription Drug Overdose Prevention for States funding opportunity is available at www.cdc.gov/drugoverdose/states/state_prevention.html.

RESOURCES/CAPABILITIES

1. Describe how the current primary care, behavioral health (if applicable), and enabling services will support the addition or expansion of integrated primary care/behavioral health substance abuse services in the manner outlined in the Project Narrative: Response section.

2. Describe how the staffing plan, as detailed in Form 2 (see Appendix B), Attachment 2, and the Budget Justification Narrative, is appropriate for the proposed activities.

3. Describe how proposed substance abuse service providers, particularly those focused on opioid use disorders, will be recruited and/or retained.

4. Describe how the written agreements summarized in Attachment 4 support the proposed activities.

5. If the applicant received the FY 2014 Affordable Care Act: Mental Health Service Expansion: Behavioral Health Integration (BHI) award, describe how the proposed Substance Abuse Service Expansion activities will build upon and leverage BHI-funded activities to advance substance abuse services, with a focus on treatment of opioid use disorders.

SUPPORT REQUESTED

1. Provide a budget presentation (i.e., SF-424A and Budget Justification Narrative) that is reasonable and aligns with the proposed activities as presented in the Project Work Plan and the staffing plan.

2. Describe how the proposed project is a cost-effective approach for meeting the substance abuse services needs of the target population(s) given the level of currently available resources in the service area. Discuss how substance abuse services will be reimbursed as appropriate and consistent with existing sliding fee, billing, and collections policies and procedures.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Need	(1) Need
Response	(2) Response
Collaboration	(3) Collaboration
Evaluative Measures	(4) Evaluative Measures
Resources/Capabilities	(5) Resources/Capabilities

Support Requested, Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 Two-Tier Application Guide*. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity.

The Substance Abuse Service Expansion supplement requires the following.

On the SF-424A, in Section A, the budget must be entered separately for each type of section 330 funding (Community Health Center, Migrant Health Center, Healthcare for the Homeless, and/or Public Housing Primary Care). Funding must be requested proportionately for all population types for which the applicant currently receives Health Center Program funding. The Federal amount refers to only the Federal section 330 grant funding requested. In Section C, provide non-Federal Resources by funding source. If the applicant is a state agency, state funding should be included in the applicant field. As a reminder, matching funds are not required for this grant program. The maximum amount that may be requested in each year cannot exceed $325,000. A one-time funding request (allowed in Year 1 only) may be made for a maximum of $25,000 for moveable equipment and is included in the $325,000 maximum. If applicable, DATA waiver and related training costs are allowed.

Substance Abuse Service Expansion funds must supplement and not supplant other resources (federal, state, local, or private).

iv. *Budget Justification Narrative*

See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*.

A detailed budget justification narrative and table of personnel to be paid with Federal funds for **each 12-month period** (budget year) of the two-year project period must be provided. Year 1 of the budget justification narrative should be classified into Federal and non-Federal resources. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. A Substance Abuse Service Expansion sample budget justification is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html.

Be aware that Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety. Reviewers will only see information that is set in the "Print Area" of the document.

v. *Funding Opportunity-Specific Forms*

The FY 2016 Substance Abuse Service Expansion supplement requires funding opportunity-specific forms that are completed in the HRSA EHBs application phase. The following forms are required: Project Work Plan, Form 1A, Form 2, Form 5A, and the Supplemental Information Form. An equipment list must be completed if one-time funding (maximum of $25,000 and allowed in Year 1 only) will be used to support moveable equipment. These OMB-approved forms must be completed in HRSA EHBs and cannot be uploaded. Refer to Appendices A and B for instructions and http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html for samples.

vi. *Attachments*

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements (if applicable) will not count toward the page limit.

Not including an attachment or not providing the requested information may negatively impact an application's objective review score.

Label each attachment according to the number provided (e.g., Attachment 1: Service Area Map). Merge similar documents (e.g., letters of support) into a single file. Provide a table of contents for attachments with multiple components. Attachment-specific table of contents are not counted toward the page limit. Number the electronic pages sequentially, restarting at page 1 for each attachment. *NOTE: HRSA EHBs will not accept attachments with file names that exceed 100 characters.*

Attachment 1: Service Area Map
Upload a service area map indicating the applicant's sites along with the locations of substance abuse treatment providers in the service area that serve the same target population, including other Health Center Program award recipients and look-alikes, critical access hospitals, health departments, rural health clinics, and community behavioral health clinics/centers. Maps should be created using UDS Mapper (http://www.udsmapper.org). See http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html for instructions on creating maps using UDS Mapper.

Attachment 2: Position Descriptions for Key Project Staff
Upload position descriptions for key project personnel. Each position description should be limited to one page and must include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.

Attachment 3: Biographical Sketches for Key Project Staff
Upload biographical sketches for key project personnel identified in Attachment 2. Biographical sketches should not exceed one page each. In the event that an individual has been identified but is not yet hired, include a letter of commitment from that person with the biographical sketch. If an individual has not yet been identified, ensure that the corresponding position description provided in Attachment 2 clearly describes the desired candidate's qualities.

Attachment 4: Summary of Contracts and Agreements, as applicable
Upload a brief summary describing all current or proposed service-related contracts and memorandum of agreements supporting the proposed project, including at least those referenced

in Project Narrative: Collaboration Item 1. The summary must address the following items for each contract or agreement:

- Name and contact information for each affiliate
- Type of contract or agreement (e.g., contract, affiliation agreement)
- Brief description of the purpose and scope of each contract or agreement (i.e., type of services provided, how/where services are provided)
- Timeframe for each contract or agreement

Attachment 5: Letters of Support
Upload current dated letters of support addressed to the appropriate organization contact (e.g., board, CEO) to document: (1) need for the proposed project, and/or (2) specific commitment to the proposed project. See details in the Need and Collaboration sections of the Project Narrative. Letters of support referencing specific commitment to the proposed project must include at least the organizations referenced in the Project Narrative: Collaboration Items 1 and 2. If the requested providers/organizations do not exist in the service area, state this. If letters cannot be obtained from requested providers/organizations in the service area, include documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained.

Attachments 6: Indirect Cost Rate Agreement, as applicable
If indirect costs are requested, the Indirect Cost Rate Agreement must be provided as Attachment 6.

Attachments 7 – 15: Other Relevant Documents
Include other relevant documents to support the proposed project (e.g., survey instruments, needs assessment reports). These attachments count against the total page limit.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid Dun and Bradstreet Universal Numbering System (DUNS) number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Two-Tier Application Guide*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA in Grants.gov (Phase 1) is *September 28, 2015 at 11:59 P.M. Eastern Time*. The due date to complete all other required information in HRSA EHBs (Phase 2) is *October 14, 2015 at 5:00 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov in HRSA's *SF-424 Two-Tier Application Guide* for additional information.

The Authorizing Official (AO) identified in the HRSA EHBs must submit the final application. The HRSA EHBs will present a message indicating successful transmission to HRSA upon successful completion of Phase 2.

5. Intergovernmental Review

Substance Abuse Service Expansion applications are subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request two years of supplemental funding at a maximum of $325,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The amount of grant funds awarded in any fiscal year may not exceed the costs of health center operation in such fiscal year less the total of state, local, and other operational funding provided to the center and the fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in such fiscal year. Health Center Program grant funds are to be used for authorized health center operations and may not be used for profit. Further, as stated in section 330 of the PHS Act, the federal cost principles apply only to federal grant funds.

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 grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

Should one-time funding for moveable equipment be requested, it must be requested only in Year 1 and may not exceed $25,000 of the $325,000 maximum.

The HHS Grants Policy Statement (HHS GPS) includes information about allowable expenses. Funds under this announcement may not be used for:

- Incentives (e.g., gift cards, food)
- Fundraising
- Lobbying
- Construction/renovation costs
- Facility or land purchases
- Vehicle purchases

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist applicants in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria, which correspond to the Project Narrative sections, are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Substance Abuse Service Expansion has 6 (six) review criteria:

Criterion 1: NEED (25 points)

1. The strength of demonstrated need for integrated primary care/behavioral health services that include MAT within the service area.

2. The strength of demonstrated need, based on quantitative data, for increased access to substance abuse services, particularly opioid use disorder treatment, for the targeted population(s) within the service area.

3. The extent to which the applicant demonstrates an understanding of challenges to meeting the service area/target population(s)' current and projected demand for substance abuse services. Examples of additional challenges may include the need for: secure onsite storage

of naloxone or buprenorphine, increased provider and staff SBIRT training, childcare during appointments, and patient transportation.

4. The extent to which the health center's current role in addressing identified needs is described, including its integrated primary care/behavioral health model; any substance abuse and related enabling services currently provided; modes of delivery for each behavioral health service;[21] and data that demonstrate the impact of current substance abuse and related enabling services.

5. The extent to which letters of support provided as Attachment 5 describe the need for increased substance abuse services, in particular opioid use disorder treatment, for the target population(s) from the unique perspective of the authoring organization. Explanations are provided if such letters cannot be obtained.

Criterion 2: RESPONSE (20 points)

1. The strength of the Project Work Plan to address identified needs and fulfill the Substance Abuse Service Expansion purpose through all required goals and, as appropriate, optional goals.

2. The appropriateness and attainability of the proposed increases in the following metrics given the stated need and proposed activities in the Project Work Plan and associated forms. (See Appendix B for detailed funding opportunity-specific form instructions.)
   - Number of FTE substance abuse services providers (Supplemental Information Form)
   - Number of patients receiving substance abuse services (Form 1A)
   - Number of visits for substance abuse services (Form 1A)
   - Number of patients receiving SBIRT services (Supplemental Information Form)

3. The extent to which all proposed screening, assessment, and intervention strategies are clearly identified as evidence-based and appropriate for the target population(s) and include an integrated primary care/behavioral health model, SBIRT, and health-center funded MAT, including attestation that MAT will follow federal statutes and regulations and use FDA-approved pharmacotherapies.

4. The strength of plans to coordinate services for patients to achieve and sustain recovery.

5. The strength of proposed strategies to overcome implementation challenges, with reference to Project Narrative: Need Item 4 and the Contributing and Restricting Key Factors identified in the Project Work Plan, as appropriate.

6. The strength of plans to ensure that all patients in the service area have reasonable access to all proposed substance abuse services, including MAT, and any plans to apply for DATA waivers and/or submit secondary notifications to increase individual physician treatment authority granted by SAMHSA's Center for Substance Abuse Treatment.[22]

[21] Behavioral health services are comprised of mental health and substance abuse services.
[22] Information about Drug Addiction Treatment Act waivers and secondary notification submission is available at http://www.deadiversion.usdoj.gov/pubs/docs/dwp_buprenorphine.htm.

7. The strength of plans to update risk management plans to reflect any new substance abuse services, including MAT.

Criterion 3: COLLABORATION (15 points)

1. The strength of current or proposed collaborations with substance abuse service organizations and providers in the service area to achieve the proposed outcomes. Reference Attachments 1, 4, and 5.

2. The strength of plans to leverage resources with local, state, regional, and/or federal partners to accomplish the project's goals and avoid duplication of effort.

3. The extent to which current dated, project-specific letters of support that describe need and support for the proposed project are provided from: a) the organizations and providers in the service area as identified in Attachment 1, including Health Center Program award recipients and look-alikes, critical access hospitals, health departments, rural health clinics, and community behavioral health clinics/centers; and b) specialty behavioral health organizations/providers that will provide care via referral agreement for severe/complex cases. Explanations are provided if requested providers/organizations do not exist in the service area or letters cannot be obtained.

4. The extent to which the applicant proposes appropriate plans to adjust proposed activities as necessary to augment and not duplicate or supplant SAMHSA's MAT-PDOA grant program[23] or CDC's Prescription Drug Overdose Prevention for States funding opportunity[24] funds should the state(s) in which their service area lies apply for and receive SAMHSA or CDC funding.

Criterion 4: EVALUATIVE MEASURES (10 points)

1. The strength of outcome measures proposed in the Project Work Plan to demonstrate improved access to substance abuse services through a methodical approach that addresses identified needs.

2. The strength of the evaluation plan's use of qualitative and quantitative data to monitor progress, measure outcomes, and improve activities.

3. The strength of the plan use performance feedback from health center providers to improve grant activities throughout the duration of the project.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

1. The extent to which current primary care, behavioral health (if applicable), and enabling services will support the addition or expansion of integrated substance abuse services.

[23] Information about SAMHSA's FY 2015 Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction grant program is available at http://www.samhsa.gov/sites/default/files/grants/pdf/ti-15-007-modified_0.pdf.

[24] Information about CDC's Prescription Drug Overdose Prevention for States funding opportunity is available at www.cdc.gov/drugoverdose/states/state_prevention.html.

2. The strength of the staffing plan for performing the proposed activities. Refer to Form 2 (Appendix B), Attachment 2, and the Budget Justification Narrative.

3. The strength of the recruitment and/or retention plan for proposed substance abuse service providers, particularly those focused on opioid use disorders.

4. The extent to which the written agreements summarized in Attachment 4 support the proposed activities and represent all relevant service-related contracts and agreements described throughout the application.

5. For applicants that received FY 2014 Mental Health Service Expansion: Behavioral Health Integration (BHI) awards: The extent to which the proposed activities will build upon and leverage BHI-funded activities to advance substance abuse services, with a focus on treatment of opioid use disorders.

Criterion 6: SUPPORT REQUESTED (10 points)

1. The strength of the budget presentation (i.e., SF-424A and Budget Justification Narrative), including reasonableness and alignment with the Project Work Plan and the staffing plan.

2. The extent to which the proposed project is a cost-effective approach for meeting the substance abuse needs of the target population(s), as demonstrated by plans to seek reimbursement for substance abuse services as appropriate and consistent with existing sliding fee, billing, and collections policies and procedures.

2. Review and Selection Process

Please see section 6.3 of HRSA's *SF-424 Two-Tier Application Guide*.

Grant Status

Prior to the award date, HRSA will assess the grant status of all applicants. Applicants within the fundable range will not receive a Substance Abuse Service Expansion award if they have either of the following:

- Five or more 60-day Health Center Program requirement progressive action conditions; or
- One or more 30-day Health Center Program requirement progressive action conditions

HRSA will use factors other than merit criteria in selecting applications for a federal award. For this funding opportunity, HRSA will use:

- RURAL/URBAN DISTRIBUTION OF AWARDS: Aggregate awards in FY 2016 will be made to ensure that no more than 60 percent and no fewer than 40 percent of health centers serve people from urban areas and no more than 60 percent and no fewer than 40 percent serve people from rural areas as set forth in section 330(k)(4)(B) of the PHS Act. In order to ensure this distribution, HRSA may award grants to applications out of rank order.

- PROPORTIONATE DISTRIBUTION: Aggregate awards in FY 2016 to support the various types of health centers will be made to ensure proportionate distribution across the Health Center Program as set forth in section 330(r)(2)(B) of the PHS Act. In order to meet this distribution, HRSA may award grants to applications out of rank order.

Note: 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 CFR § 75.205). The decision not to make an award or to make an award at a particular funding level is discretionary and is not subject to appeal to any operating division or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced on or around March 1, 2016 with a start date of March 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent on or around the start date of March 1, 2016. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Two-Tier Application Guide*.

3. Reporting

The successful applicant under this FOA must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* and the following reporting and review activities:

1) **Quarterly Progress Report** – The recipient must submit quarterly progress reports (QPRs) to HRSA. The QPRs will document award recipient progress on meeting project goals, including the number of physicians, on site or with whom the health center has contracted, who have obtained a DATA waiver to treat opioid addiction with medications that have been specifically approved by the FDA for that indication. More information on health center reporting requirements will be provided post-award at http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html.

2) **Annual Progress Report** – The recipient must submit a progress update in the Budget Period Progress Report (BPR) non-competing continuation, which triggers the budget period renewal and release of the subsequent year of funding.

3) **Uniform Data System Reports** – The recipient's annual Uniform Data System (UDS) report will provide data required for tracking progress toward the following goals/projections identified in this application: increased number of FTE substance abuse services providers, increased number of patients receiving substance abuse services, increased number of visits for substance abuse services, and increased number of patients receiving SBIRT services.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Joi Grymes-Johnson
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Telephone: (301) 443-2632
E-mail: jgrymes@hrsa.gov

Additional information related to the overall funding opportunity issues and/or technical assistance regarding this FOA may be obtained by contacting:

Shannon McDevitt
Public Health Analyst
Expansion Division, Office of Policy and Program Development
Telephone: (301) 594-4300
E-mail : bphcsa@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726, (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx

Applicants/recipients may need assistance when working online to submit the remainder of their information electronically through HRSA EHBs. For assistance with submitting the remaining information in HRSA EHBs, contact the Bureau of Primary Health Care (BPHC) Helpline, Monday-Friday, 8:30 a.m. to 5:30 p.m. ET:

BPHC Helpline
Telephone: (877) 974-2742
Web: http://www.hrsa.gov/about/contact/bphc.aspx

VIII. Other Information

Technical Assistance Webinar

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the FOA and an opportunity for applicants to ask questions. Visit the Substance Abuse Service Expansion TA website at http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html for

webinar details, frequently asked questions, sample documents, and additional resources. Refer to http://www.hrsa.gov/grants/apply for general (i.e., not funding opportunity-specific) videos and slides on a variety of application and submission topics.

Technical Assistance Page

A technical assistance web site has been established to provide applicants with copies of funding opportunity-specific forms, answers to frequently asked questions, and other resources that will help organizations submit competitive applications. To review available resources, visit http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html.

Federal Tort Claims Act Coverage/Medical Malpractice Insurance

Organizations that receive operational grants under the Health Center Program (sections 330(e), (g), (h), and/or (i)) are eligible for protection from claims or suits alleging medical malpractice through the Federally Supported Health Centers Assistance Act of 1992 (Act). The Act provides that health center employees may be deemed as Public Health Service (PHS) employees and thereby afforded protections of the Federal Tort Claims Act (FTCA) for the performance of medical, dental, surgical, and related functions.

FTCA participation is not guaranteed.

Funded health centers who do not apply for FTCA (e.g., Public Entity-Health Centers) must maintain malpractice insurance coverage at all times. Additional information is available at http://bphc.hrsa.gov/ftca/healthcenters/ftcahcpolicymanual.html and 866-FTCA-HELP (866-382-2435).

340B Drug Pricing Program

The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, codified as Section 340B of the Public Health Service Act, as amended (see http://www.hrsa.gov/opa/programrequirements/phsactsection340b.pdf). The program limits the cost of covered outpatient drugs for certain Federal award recipients, look-alikes, and qualified disproportionate share hospitals. Covered entities may realize a cost savings of 20 to 50 percent on outpatient drug purchases and additional savings on other value-added services through participation in the 340B Prime Vendor Program (PVP). Pharmacy related technical assistance is available at 866-PharmTA (866-742-7682). There is no cost to participate in the 340B program or the 340B Prime Vendor Program, and eligible entities are not required to have an established in-house pharmacy to participate. For additional information, contact the Office of Pharmacy Affairs (OPA) at 800-628-6297 or visit the OPA web site at http://www.hrsa.gov/opa/index.html.

IX. Tips for Writing a Strong Application

See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

APPENDIX A: PROJECT WORK PLAN INSTRUCTIONS

Overview

The Project Work Plan describes the project goals and how they will be attained by the end of the two-year project (by February 28, 2018) and must be completed electronically in HRSA EHBs. Applicants must follow the instructions provided in Table 1 to ensure that all fields are properly completed.

The Substance Abuse Service Expansion project requirements are provided in section I.2 of this funding opportunity announcement. A sample Project Work Plan is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html.

Table 1: Project Work Plan Instructions

Field	Instructions
Goal (limit 200 characters)	The Project Work Plan must address all five required goals: • Establish or enhance an integrated primary care/behavioral health model. • Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices. • Increase the number of patients with access to health center-funded MAT[25] for opioid use and other substance use disorders treatment by: 1) adding at least 1.0 full time equivalent (FTE) substance abuse and/or enabling services provider(s)[26] directly and/or through contract(s) within 120 days of award; and 2) adding new and/or enhancing existing substance abuse services directly and/or through contract within 120 days of award. [27] • Coordinate services necessary for patients to achieve and sustain recovery.[28] • Provide training and educational resources, including updated prescriber guidelines, to help health professionals make informed prescribing decisions and address the over-prescribing of opioids. The Project Work Plan may also propose to address one or more of the following **optional goals**: • Increase education, screening, care coordination, risk reduction interventions, and/or counseling regarding the availability of testing, treatment, and clinical management for patients with or at risk of HIV/AIDS, hepatitis C, and other diseases associated with opioid abuse. • Enhance clinical workflows to improve substance abuse services. • Enhance the use of health information technologies to improve the effectiveness of substance abuse services and increase patient engagement. • Educate patients and/or community members on opioid use disorders, including the use of opioid antagonists in preventing opioid overdose. ***The subsequent fields must be completed for each goal.***

[25] MAT must be consistent with federal statutes and regulations.
[26] Eligible substance abuse providers, as defined by the 2014 UDS reporting instructions available at http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf, are: substance abuse workers, psychiatric nurses, psychiatric social workers, mental health nurses, clinical psychologists, clinical social workers, family therapists, and other individuals providing counseling and/or treatment services related to substance abuse.
[27] See Change in Scope resources available at http://bphc.hrsa.gov/programrequirements/scope.html.
[28] SAMHSA's Working Definition of Recovery provides guiding principles and is available at http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF.

Field	Instructions
Key Factors (limit 200 characters)	Identify the factors that will contribute to and restrict progress on achieving each goal. Cite supporting data sources (e.g., needs assessments, focus groups). A minimum of 2 and a maximum of 3 key factors may be included. At least 1 contributing and 1 restricting key factor must be identified.
Activity (limit 200 characters)	Describe the major planned activities that will lead to goal attainment by the end of the two-year project. A minimum of 2 and a maximum of 5 activities must be provided for each goal. *Complete the subsequent fields for each Activity.*
Person/Area Responsible (limit 100 characters)	Identify the person/position that will be responsible for conducting the activity.
Time Frame (limit 200 characters)	Provide the date(s) for principal activity milestones.
Expected Outcome (limit 200 characters)	Define the principal activity outcome.

APPENDIX B: FUNDING OPPORTUNITY-SPECIFIC FORMS INSTRUCTIONS

Funding Opportunity-Specific Forms must be completed electronically in HRSA EHBs. Portions of the forms that are blocked/grayed-out are not relevant to the Substance Abuse Service Expansion application and should not be completed. To preview the forms to be completed in HRSA EHBs, visit http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html.

Although several of the forms used in the Substance Abuse Service Expansion FOA are equivalent to those used in other Health Center Program FOAs (e.g., Service Area Competition, New Access Point) **the instructions for completing these forms for this application are different**. Review the instructions below carefully to ensure that the application is completed correctly.

FORM 1A – GENERAL INFORMATION WORKSHEET (REQUIRED)

1. APPLICANT INFORMATION

- Complete all relevant information that is not pre-populated.
- Check only one category in the Business Entity section. If an applicant is a Tribal or Urban Indian entity and also meets the definition for a public or private entity, select the Tribal or Urban Indian category.
- Applicants may select more than one category for the Organization Type section.

2. PROPOSED SERVICE AREA

2a. Service Area Type

- Select the type (urban, rural, or sparsely populated) that describes the majority of the service area.
- If sparsely populated is selected, provide the number of people per square mile (values must range from .01 to 7).
- For information about rural populations, visit the Office of Rural Health Policy's web site.

2b. Target Population and Provider Information

- Provide the current number of providers within the relevant provider type categories: mental health, substance abuse, and enabling services. You may wish to reference your 2014 UDS data when providing current values.
- Project the number providers anticipated by December 31, 2017 within the relevant provider type categories: mental health, substance abuse, and enabling services.

Note: Additional information about proposed providers will be recorded in Form 2.

2c. Patients and Visits Information

General Guidance for Patient and Visit Numbers:

When providing the count of patients and visits, note the following (see the UDS Manual for detailed information):

- A visit is a documented, face-to-face contact between a patient and a provider who exercises his/her independent, professional judgment in the provision of services to the

patient, regardless of whether the staff are salaried, contracted or donated. A patient is an individual who has at least one reportable visit during the reporting year.
- Since a patient must have at least one documented visit, the number of patients cannot exceed the number of visits.
- As a point of reference, baseline/current value data will pre-populate from the 2014 UDS report.

Patients and Visits by Service Type:
- Project the number of patients and visits anticipated to receive mental health, substance abuse, and enabling services by December 31, 2017.
- The patient projection **should include:**
    - Current patients receiving services in each relevant service category (as a point of reference, the current (as of December 31, 2014) patient and visit data will be pre-populated in the current/baseline columns).
    - All patients not currently receiving each relevant service that are projected to receive the service in calendar year 2017 (January 1 – December 31, 2017) as a direct result of this funding. This could include both current patients not currently receiving each relevant service as well as new patients that will receive the service as a result of this funding.
- Within each relevant service type category (i.e., mental health, substance abuse, and enabling services), an individual can only be counted once as a patient. An individual who receives multiple types of services should be counted once for each service type (e.g., once for mental health and once for substance abuse services).

Note: Applications must project an increase in the number of patients and visits for substance abuse services to be considered for funding.

Unduplicated Patients and Visits by Population Type:
- Categorize by population types any new patients and visits projected as a result of this funding by December 31, 2017.
- The patient projection **should not include** (should not duplicate) current health center patients. As a point of reference, the current (as of December 31, 2014) patient and visit data will be pre-populated in the current/baseline columns.
- The patient projection **should include only the new patients** (**new to the health center**) projected to receive care as a direct result of this funding in calendar year 2017 (January 1 – December 31, 2017).
- Across all population type categories, an individual can only be counted once as a patient.

Note: For funded applications, HRSA will add the unduplicated new patient projection from the application (from this section of Form 1A) to the applicant's current Patient Target.

FORM 2 – STAFFING PROFILE (REQUIRED)

Report mental health, substance abuse, and enabling services personnel for the end of the proposed two-year project. Refer to the Table 2 below for staffing category definitions.
- Volunteers must be recorded in the Direct Hire FTEs column.
- Select the relevant options for contracted staff summarized in Attachment 4.

Report all new staff that will support activities within the proposed scope of project and will be supported through federal funding or leveraged non-federal funding. **Do not report staff that are already included in your Health Center Program grant (e.g., in your Service Area Competition or BHI budget).** The Staffing Profile should be consistent with the staff listed in the personnel section of the budget narrative justification.

Note: At least 1.0 FTE new direct or contracted substance abuse services provider must be proposed, as documented here and on the Supplemental Information Form.

FORM 5A – SERVICES PROVIDED (REQUIRED)

Review the current Health Center Program scope of project that pre-populates on Form 5A. Limited changes will be allowed to ensure that the proposed services are accurately captured on Form 5A. Changes will be allowed in the following sections:

- Behavioral Health (Mental Health and Substance Abuse Services)
- Enabling Services

Refer to the Table 2 below for details.

Note: Because substance abuse services, including MAT, must be provided directly or via contract, "Substance Abuse Services" must be indicated on Form 5A in Column I (Applicant Provides Directly) or Column II (Service provided by formal written agreement; Health Center pays for service) for the application to be considered eligible.

Information presented on Form 5A will be used by HRSA to determine Health Center Program changes in scope. Any substance abuse-related changes will result in verification conditions on the Notice of Award.[29] New services described or detailed in other portions of the application (e.g., narratives, attachments) are not considered to be included in the approved scope of project if the application is funded.

Before adding or modifying services on Form 5A, consider that the changes to scope proposed through the Substance Abuse Service Expansion supplement will, if funded, change the Health Center Program grant's scope.

[29] See http://bphc.hrsa.gov/programrequirements/scope.html for information on Change in Scope and http://bphc.hrsa.gov/programrequirements/pdf/pal200911.pdf for a description of the scope verification process.

Table 2: Eligible Services/Providers for Substance Abuse Service Expansion

Eligible Services	Eligible Changes to Form 5A	Eligible Staff for Form 2
• Substance Abuse Services, defined as screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of opioids). See page 20 of the Service Descriptors Guide for service examples and additional details. • Mental Health Services, defined as prevention, assessment, diagnosis, treatment/intervention, and follow-up of mental health conditions and disorders. See page 19 of the Service Descriptors Guide for service examples and additional details. • Enabling Services, including case management, eligibility assistance, health education, outreach, transportation, translation, and additional enabling/supportive services. See pages 15-18 and 23 of the Service Descriptors Guide for service examples and additional details. • Psychiatry	Applicants **must** propose to provide substance abuse services directly (Column I) or through an agreement in which the health center pays for the service (Column II) if they are not already doing so. Applicants may also propose to: o Provide a behavioral health[30] and/or enabling service directly (Column I) that is currently offered through an agreement in which the award recipient pays for the service (Column II). o Provide a behavioral health and/or enabling service directly (Column I) or pay for the service through an agreement (Column II) that was previously offered through a referral arrangement in which the award recipient does NOT pay (Column III). o Add a ***new*** behavioral health and/or enabling service (this application will serve as the Change in Scope request if Substance Abuse Service Expansion funding is received). See the Column Descriptors Guide for additional details about the columns on Form 5A.	Behavioral Health Providers • Substance Abuse Providers • Psychiatrists • Licensed Clinical Psychologists • Licensed Clinical Social Workers • Other Mental Health Staff • Other Licensed Mental Health Providers Enabling Services Staff • Case Managers • Patient/Community Education Specialists • Outreach Workers • Transportation Staff • Eligibility Assistance Workers • Interpretation Staff • Other Enabling Services Staff See pages 42-47 of the UDS Manual for details on the referenced staffing positions.

[30] Behavioral health services are comprised of mental health and substance abuse services.

SUPPLEMENTAL INFORMATION FORM (REQUIRED)

1. SBIRT

Project the number of patients that will receive SBIRT services in calendar year 2017 (January 1 – December 31, 2017). As a point of reference, the current number of patients receiving SBIRT services (as of December 31, 2014) will be pre-populated in the current/baseline column. Refer to the UDS Manual available at http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf for more information about defining and reporting SBIRT (UDS Table 6a).

The projected number should be realistic, attainable, responsive to the proposed target population and identified community substance abuse service needs, and aligned with the proposed activities. Projected data must be greater than current data.

2. NEW SUBSTANCE ABUSE STAFF

Report the number of new substance abuse providers to be added through Substance Abuse Service Expansion funding, listing providers by two categories: staff and contractors. The total for these two categories must be equal to or greater than 1 for the application to be eligible for funding.

EQUIPMENT LIST (AS APPLICABLE)

Applicants requesting to utilize up to $25,000 in funding in Year 1 ONLY for the purchase of moveable equipment must complete this form detailing the equipment to be purchased in support of the proposed Substance Abuse Service Expansion project.

For each item on the equipment list, 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** – HRSA EHBs will calculate the total price by multiplying the unit price by the quantity entered.

Any equipment purchased with grant funds must be pertinent to health center substance abuse services. Further, equipment purchased with grant funds must be procured through a competitive process and maintained, tracked, and disposed of in accordance with section 200.313 of the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

Eligible equipment is limited to moveable items that are non-expendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds $5,000 (e.g., telehealth equipment). Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. 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. Applicants 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 from the proliferation, rapid obsolescence, low recycling rate, high energy consumption, potential to contain hazardous materials, and increased liability from improper disposal. Additional information for these standards can be found online at http://www.epeat.net and http://www.energystar.gov.