Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Supplemental Funding

HRSA-18-118
CFDA #: 93.527

Funding Opportunity Title:	Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)
Funding Opportunity Number:	HRSA-18-118
Application Opens:	June 15, 2018
Application Due Date:	July 16, 2018 by 5 p.m. ET
Anticipated Total Available Funding:	FY 2018: $350 million (including $200 million in one-time funding)
Estimated Number of Awards:	Up to 1,367 awards
Estimated Award Amount:	Varies
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2018 to August 31, 2020
Eligible Applicants:	Organizations receiving Health Center Program (H80) operational grant funding at the time of this funding opportunity release are eligible to apply

TECHNICAL ASSISTANCE

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking SUD-MH funding. The webinar will provide an overview of this funding opportunity and an opportunity to ask questions. Visit the SUD-MH technical assistance website at https://bphc.hrsa.gov/programopportunities/fundingopportunities/sud-mh for webinar details, frequently asked questions, sample documents, and other resources.

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I.   PROGRAM FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

These instructions detail the fiscal year (FY) 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) supplemental funding opportunity for existing Health Center Program (H80) award recipients (hereafter referred to as health centers).[1] The purpose of SUD-MH funding is to support health centers in implementing and advancing evidence-based strategies to:

1) Expand access to quality integrated substance use disorder (SUD) prevention and treatment services, including those addressing opioid use disorder (OUD) and other emerging SUD issues, to best meet the health needs of the population served by the health center; and/or
2) Expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD.

2. Authority

This Health Center Program funding opportunity is authorized by Section 330 of the *Public Health Service Act* (42 U.S.C. 254b), as amended.

3. Background

In 2016, approximately 20.1 million Americans ages 12 and older had an SUD in the past year, and approximately 8.2 million adults had co-occurring SUD and mental illness.[2] An estimated 44.7 million adults experienced any mental illness in 2016, and one in five children are currently or will at some point during their life experience a seriously debilitating mental illness.[5] Integrating SUD, mental health, and primary care[3] improves the detection and treatment of SUD and mental illness, as well as the management of co-occurring physical conditions and addictions,[4] life expectancy,[5] and cost efficacy.[6] Integration occurs on a continuum, from collaboration, to co-location of services, to fully integrated care whereby a team of primary care and behavioral health

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[1] 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 (i.e., Health Center Program award recipients).

[2] 2016 National Survey on Drug Use and Health available at https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH.

[3] For more information, see https://www.samhsa.gov/health-care-health-systems-integration.

[4] For more information about comorbid mental health and substance use disorders, see https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf.

[5] 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

[6] For more information on the cost efficacy of integrated care, see http://www.ibhpartners.org/why/cost-effectiveness/.

clinicians work with patients and families using a systematic and cost-effective approach to provide patient-centered care.[7]

HRSA has a number of investments targeting OUD across its bureaus and offices that applicants may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit https://www.hrsa.gov/opioids. The inter-professional, team-based, comprehensive primary care service delivery model used by the nearly 1,400 health centers nationwide continues to provide a strong framework for enhancing integrated behavioral health[8] and primary care services to address OUD and other emerging public health issues. The model's patient-centric approach, case management and enabling services, and coordinated care have demonstrated success in overcoming common barriers to patients initiating and continuing needed mental health and SUD treatment services.

In 2017, HRSA awarded more than $200 million to expand access to mental health services, and SUD services focusing on the treatment, prevention, and awareness of OUD, through investments in personnel, training, and health information technology.[9] This SUD-MH funding opportunity builds upon this and other previous HRSA investments to support health centers in the implementation of evidence-based strategies to address emerging public health issues, such as OUD, through the expansion of SUD and mental health services.

II.   AWARD INFORMATION

1. Summary of Funding

As summarized in Table 1, SUD-MH funding provides service expansion support over the course of the 2-year performance period. Investments in personnel and one-time infrastructure enhancements in year 1 will enable health centers to address immediate barriers to implementing evidence-based strategies to expand services.

Approximately $350 million is available in FY 2018, of which an estimated $150 million is for service expansion activities and an estimated $200 million is for one-time investments to support service expansion. See the following details on the amount of funding each health center may request.

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[7] For more information about integrated care, see https://www.integration.samhsa.gov.

[8] For the purpose of this funding opportunity, behavioral health services encompass an array of services that address both SUD and mental health. Refer to the Form 5A Service Descriptors document for additional clarification on these services: https://bphc.hrsa.gov/programrequirements/scope.html.

[9] For details about the Access Increases in Mental Health and Substance Abuse Services Supplement awards, see https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement/index.html.

FY 2018 Funding for September 1, 2018 through August 31, 2019

- FY 2018 Expanded Services Funding: You may request expanded services funding for a base amount of $100,000 to expand access to integrated SUD and/or mental health services through:
    1. A minimum 1.0 full-time equivalent (FTE) increase in personnel who will expand access to SUD and/or mental health services, and
    2. An increase in patients receiving SUD and/or mental health services.

    Health centers that reported medication-assisted treatment (MAT) patients in the 2017 Uniform Data System (UDS) are eligible to request additional resources to increase the number of patients receiving MAT for OUD. These health centers qualify for the base amount of $100,000 and an additional $250 per MAT patient, as reported in the 2017 UDS.

- FY 2018 One-Time Funding: Health centers that request expanded services funding may also request one-time funding of up to $150,000 to support the increased access to integrated SUD and/or mental health services. One-time funding is available for use within your FY 2018 budget period. With an approved carryover request, it may also be utilized throughout your FY 2019 budget period. You must request expanded services funding to request optional one-time funding.

Note: Progress toward the minimum 1.0 FTE increase in personnel will be monitored via your responses to SUD-MH reporting requirements. HRSA may not award year 2 SUD-MH funding if you fail to add at least 1.0 FTE personnel who will expand access to SUD and/or mental health services within 8 months of award (by April 30, 2019).

The funding request amount for service expansion in FY 2018 is expected to become part of Health Center Program (H80) grant awards for ongoing SUD and mental health service expansion. The amount available for service expansion in FY 2019 is contingent upon the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory recipient performance, health centers meeting the requirements noted above, and a decision that continued funding is in the best interest of the federal government.

Table 1: Funding Overview

	FY 2018 Funding
Expanded Services Funding (required):	
Base amount	Up to $100,000
Additional MAT amount (if eligible)	Up to $250 per MAT patient reported in 2017 UDS
One-Time Funding (optional):	
One-time investments to support expanded services	Up to $150,000

Depending on the number of approvable applications, HRSA may adjust award amounts consistent with available funds.

SUD-MH funding will be made as a supplement to your health center's existing Health Center Program (H80) grant. FY 2018 SUD-MH awards will include 12 months of expanded services funding for activities covering the period of September 1, 2018 to August 31, 2019. As such, a portion of these funds will be provided for use in your FY 2019 budget period through a carryover request. Carryover of monthly pro-rated expanded services funding and any unobligated one-time funding into and for expenditure throughout the FY 2019 budget period is allowed.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing or matching is not required. SUD-MH 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 Health Center Program operational (H80) grant funding.

3. Project Requirements

Your proposal must demonstrate how you will use SUD-MH funding to achieve the funding purpose according to the following project requirements:
- Addition of at least 1.0 FTE in personnel (direct hire staff and/or contractor(s)) who will expand access to integrated SUD and/or mental health services within 8 months of award (to be maintained in year 2), as demonstrated on the Staffing Impact Form and through SUD-MH progress reports.

- Increase in the total number of patients receiving SUD and/or mental health services by December 31, 2019, as demonstrated on the Patient Impact Form and through SUD-MH progress reports and the UDS report.

If you also request MAT funding, your proposal must demonstrate how you will increase the total number of patients receiving MAT for OUD by December 31, 2019, as demonstrated on the Patient Impact Form and through SUD-MH progress reports and the UDS report.

4. Example Evidence-Based Strategies

Evidence-based integration strategies are cohesive approaches that directly support the coordinated delivery of behavioral health and primary care services, and whose effectiveness is demonstrated through research and/or acceptance as standard practice. Evidence-based integration strategies include, but are not limited to, those listed in the Evidence-Based Strategies section.

The evidence base for the use of MAT for OUD is compelling. Health centers are encouraged to advance MAT use, as appropriate. The Center for Integrated Health Solutions provides evidence-based resources, including models to support integrated care and SUD services. Additionally, the Agency for Healthcare, Research, and Quality Academy for Integrating Behavioral Health and Primary Care offers resources and tools to integrate behavioral health with primary care, and the use of MAT.

5. Sample Funding Uses

Refer to Appendix A for a list of sample funding uses that may support the implementation of evidence-based strategies to expand access to integrated SUD and/or mental health services. Additional information, including resources related to the funding purpose, are available on the SUD-MH technical assistance website.

6. Partnership Resources

HRSA strategic partners are available to help you to identify high impact and cost effective uses for SUD-MH funding. This includes your Primary Care Association and Health Center Controlled Network, along with applicable National Training and Technical Assistance Cooperative Agreements. Your state and/or local health department and HRSA-supported State Primary Care Office [10] are additional resources.

Review the HRSA Funding Opportunities website for additional funding opportunities that may support SUD and/or mental health-related investments from across HRSA that you may be able to leverage, including the Federal Office of Rural Health Policy FY 2018 Rural Communities Opioid Response Planning initiative.

7. Ineligible Costs

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

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

You may **not** use SUD-MH funding on 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;[11]
- New construction activities, including additions or expansions;
- Major alternations or renovations in excess of $500,000 in total federal and non-federal costs (excluding the cost of allowable moveable equipment);[12]
- Installation of trailers and pre-fabricated modular units; or
- Facility or land purchases.

SUD-MH funding must supplement, not supplant, other federal, state, local or private resources.

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.

IV.   APPLICATION AND SUBMISSION INFORMATION

1. Application Announcement, Deadline, and Award Notice

HRSA will send an email to the individuals registered as Project Director, Business Official, and Authorizing Official in the Health Center Program (H80) operational grant folder in the HRSA Electronic Handbooks (EHB). This email will specify the maximum funding amount each eligible health center may request, including the current sub-program funding[13] proportions, and details on how to access the application module in EHB.

Applications are due in EHB by **5 p.m. ET on July 16, 2018**. HRSA anticipates making awards in September 2018.

2. Application Requirements

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

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[11] 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

[12] Moveable equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a unit cost of $5,000 or more.

[13] 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. HRSA may not make an award until you have complied with all applicable DUNS and SAM requirements. 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 April 27, 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

You certify, by submission of this proposal 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 CFR § 75.371, including suspension or debarment. (See also 2 CFR 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 must be tracked separately from other sources of support.

V. REPORTING REQUIREMENTS

1. Reporting and Additional Requirements

The impact of SUD-MH funding will be determined, in part, by the number of SUD and/or mental health personnel added, the number of patients accessing SUD and/or mental health services, and, if you requested additional MAT funding, the number of patients receiving MAT for OUD. You will report narrative progress toward achieving these outcomes in the Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submission, starting with the FY 2020 BPR submitted in calendar year 2019.

Progress toward achieving these and related outcomes will also be monitored through required annual UDS reports and SUD-MH specific triannual progress reports. These SUD-MH progress reports, due in January, May, and September, will each cover a 4-month reporting period and require data and a brief summary of SUD-MH implementation progress and barriers on the following:

- 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 SUD-MH instructions or if ineligible activities or purchases are proposed.

Prior to award, HRSA will assess the Health Center Program award status of all applicants. You are not eligible to receive SUD-MH funding if you meet any of the following exclusionary criteria at the time of award:

- Have stopped receiving Health Center Program (H80) operational grant funding.
- Have five or more conditions on your Health Center Program grant related to Health Center Program requirement area(s) that are in the 60-day phase of Progressive Action.
- Have one or more conditions on your Health Center Program grant related to Health Center Program requirement area(s) that are in the 30-day phase of Progressive Action.

Additional post-award submission and review requirements apply if you propose to use SUD-MH funding toward minor alternation and renovation (A/R) costs. You may not begin any minor A/R activities or purchases until you receive HRSA approval. HRSA review of the additional required submissions for A/R projects may take 6 to 9 months post-award. Additional details are available in Appendix B.

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 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.

VII. AGENCY CONTACTS

For assistance completing the SUD-MH application, contact the appropriate resource below.

Table 2: SUD-MH Points of Contact

Electronic submission issues:	Technical assistance resources:
Bureau of Primary Health Care (BPHC) Helpline 1-877-974-BPHC (2742) (select option 3) Send email through Web Request Form	**SUD-MH technical assistance website** Provides sample forms, responses to frequently asked questions, and other resources
Application and funding requirements questions:	**Grant regulations questions:**
SUD-MH technical assistance team Submit inquiries about this funding opportunity to sud-mh@hrsa.gov	**Mona D. Thompson** Office of Federal Assistance Management Division of Grants Management Operations mthompson@hrsa.gov

APPENDIX A: EXAMPLE SUD-MH FUNDING USES

See below for example activities and purchases that may support the implementation of evidence-based SUD-MH integration and expansion strategies.

Workforce Expansion
- Hire behavioral health and enabling services providers that 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.
- Hire SUD and/or enabling service providers to support the comprehensive service delivery and care coordination necessary to provide addiction treatment services, including MAT.
- Hire pain medicine specialists to provide acute and chronic pain management services.

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; 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, mental health, and OUD treatment services (e.g., diagnosing co-occurring mental health conditions, providing MAT, patient engagement, care coordination, hepatitis virus treatment).
- Support training and accredited continuing education for staff and providers in SUD, mental health, and OUD; maximizing the success of MAT; and obtaining or increasing the number of DATA 2000 waiver patients per provider to reach maximum levels.
- Provide training on evidence-based screening and treatment for co-occurring substance use, such as methamphetamines, cocaine, and alcohol (e.g., SBIRT), and mental health and physical conditions that co-occur with SUD, such as depression, anxiety, traumatic stress, intimate partner violence, HIV/AIDS, and viral hepatitis.
- Provide training on the provision of evidence-based SUD services for women and infants during the pre-, peri-, and post-natal period.
- Provide training on evidence-based pain management and treatment options, and strategies to make informed prescribing decisions and increase patient initiation, engagement, and self-management.

Telehealth

- Enhance the use of telehealth[14] 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 telehealth supplies necessary to support accurate clinical interviewing and assessment.
- 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.
- Provide training and education to personnel, patients, and families on the use of virtual and mobile self-management tools and resources, including those used for pain and addiction management.
- Improve spaces for providers to deliver and patients to receive virtual care that adhere to privacy and transmission of medical information standards, and support positive patient-provider relationships.[15]
- Purchase related supplies (e.g., sound dampeners, supplemental lighting, carts, cases to decrease equipment fan noise, backdrops, window coverings).

Clinical Workflow and Practice Transformation

- 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, including virtual care modalities.
- Strengthen partnerships to better leverage other SUD and mental health related community resources and support more effective and efficient referrals between clinical partners, including [Certified Community Behavioral Health clinics](#), [opioid treatment programs](#), health departments, emergency departments, emergency medical services, and other community-based organizations.

Health Information Technology

- Enhance health information technologies to improve patient access to their own data and enhance patient-provider shared decision making.
- Enhance the electronic health record (EHR) to include domains to record SUD and mental health risk factors, treatment adherence, post-hospitalization or

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[14] 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.

[15] This example activity may include minor alteration/renovation (A/R) activities, as appropriate. See the [Minor A/R](#) example activities section below for a definition of minor A/R costs.

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 partners.
- Enhance the EHR by adding case management software to develop, implement, and monitor treatment plans across the multidisciplinary team.
- 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 improved 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.

Equipment[16] (one-time funding in year 1 only)
- Purchase a mobile medical van to facilitate SUD and mental health service delivery (requires a Change in Scope post award).
- Purchase a transportation vehicle to facilitate patient access to SUD and mental health services.

Minor Alterations and Renovations[17] (one-time funding in year 1 only)
- Reconfigure space to facilitate co-location of SUD, mental health, and primary care services teams.
- Create space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality.
- Create or improve spaces for patients to participate in counseling and group visit services, and to access and receive training in self-management tools.
- Modify examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

Outreach, Partnerships, and Community Integration
- Strengthen partnerships that align and leverage community engagement and data-driven quality improvement to improve behavioral health outcomes by supporting community-based behavioral health outreach and awareness activities, peer support, and enabling services to improve awareness of and facilitate access to SUD and mental health services.
- Strengthen partnerships with technical assistance providers to support implementation of evidence-based practices, such as the Center for Integrated

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[16] 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 which equals or exceeds $5,000.
[17] Minor alteration/renovation activities include costs to modernize, improve, and/or reconfigure the interior or exterior arrangements or other physical characteristics of the facility to address the supplement funding purpose.

Health Solutions [Addiction Technology Transfer Centers](#), and [Provider's Clinical Support System.](#)

- Provide training and education to patients, families, and communities on SUD prevention and treatment, mental health, neo-natal abstinence syndrome, trauma-informed care, suicide prevention, and opioid overdose.

Other

- Purchase 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, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose.
- Purchase tests necessary for treatment of chronic pain, OUD, and other SUD.
- Purchase transportation support (e.g., bus tokens, vouchers for public transportation, linkages to other community transportation programs) to increase patient access to SUD and mental health services.

APPENDIX B: APPLICATION INSTRUCTIONS

You will complete and submit your SUD-MH application in EHB. There is no Grants.gov submission requirement.

Application components are listed below, followed by detailed instructions. Resources for completing your application are available on the SUD-MH technical assistance website, including sample forms and attachments.

    I. SF-424A Basic Information and Budget Forms
   II. Budget Narrative
 III. Federal Object Class Categories Form
 IV. Project Overview Form
  V. Staffing Impact Form
 VI. Patient Impact Form
VII. Supplemental Information 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.

- Project Description/Abstract (upload as attachment in SF-424A Part 2): A project description/abstract is not required for this application, however, an attachment must be provided. You may upload a blank document or, if desired, you may upload a one-page table that demonstrates the relationship between your proposed goals, activities, resources, and purchases. An example is available on the SUD-MH technical assistance website. Submission of a table is optional.

- Budget Information Form: In Section A, enter the federal and non-federal costs for year 1 (9/1/2018 through 8/31/2019) for each currently funded sub-program (i.e., CHC, HCH, MHC, and PHPC). SUD-MH funding must be requested by and will be provided to award recipients in the same sub-program funding proportions as their existing H80 grant funding. HRSA will provide each eligible health center with their sub-program funding proportions through an email to the individuals registered as Project Director, Business Official, and Authorizing Official in the Health Center Program (H80) operational grant folder in EHB.

  The total amount of federal funds requested for year 1 should include both expanded services (base of up to $100,000 and additional MAT funding, as applicable) and one-time funding (up to $150,000). Note that this form is the only

budget form in the SUD-MH application where you will include <u>only year 1</u> of your funding request.

II. *Budget Narrative (attachment)*

Provide a 2-year budget narrative that outlines federal and non-federal costs (including program income, if any) for year 1 (9/1/2018 to 8/31/2019) and year 2 (9/1/2019 to 8/31/2020) separately. Refer to the sample budget narrative available on the [SUD-MH technical assistance website](#) for guidance and details on each object class category.

Your budget narrative must:
- Clearly detail calculations for how each line item is derived on the [Federal Object Class Categories Form](#), including cost per unit.
- Explain how each cost contributes to meeting your stated SUD-MH project goals to enable HRSA to determine if costs are allowed.[18]
- Include expanded services (base and additional MAT funding, as applicable) and one-time funding, if requested (in year 1 only).

Personnel Justification Tables
In the budget narrative, include a Personnel Justification Table for year 1 and a separate Personnel Justification Table for year 2. Your response should demonstrate compliance with the salary limitation requirements noted below. Include the following information for all direct hire staff and contractors you propose to support with SUD-MH funding: name, position title, percent of FTE, base salary, adjusted annual salary based on salary limitation requirements, and the amount of federal funding requested. The sample budget narrative available on the [SUD-MH technical assistance website](#) includes sample Personnel Justification Tables. As a reminder, an increase of at least 1.0 FTE within 8 months of award (that is maintained in year 2) is required.

Salary Limitation Requirements
The *Consolidated Appropriations Act, 2018* (P.L. 115-141), states that "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." The Executive Level II salary is currently set at $189,600. This salary limitation also applies to sub-awards/sub-contracts under a HRSA grant or cooperative agreement. Note that other salary limitations may apply in FY 2018, as required by law.

III. *Federal Object Class Categories Form*

Enter federal and non-federal expenses by object class category for all proposed activities and purchases for year 1 (9/1/2018 to 8/31/2019) and year 2 (9/1/2019 to

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[18] Refer to the cost principles embedded in 45 CFR Part 75, see http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75 for details on allowable costs.

8/31/2020) separately. If one-time equipment costs are requested in year 1, you must also complete the [Equipment List Form](#). If requested, include one-time minor A/R costs in year 1 in the Construction object class category, and respond "yes" to the minor A/R question on the [Supplemental Information Form](#).

IV. *Project Overview Form*

Federal Funding Request
Enter your expanded services funding request amounts (including any additional MAT funding, if applicable) for years 1 and 2, and your one-time funding request amount for year 1. The total funding requested on this form for each year must align with the funding request amounts on the [SF-424A Budget Information Form](#), the [Federal Object Class Categories Form](#), and your [Budget Narrative](#) attachment.

Evidence-Based Strategies
Identify which evidence-based integration strategies from the list below SUD-MH funding will help you implement or advance. Select all that apply. If "Other" is selected, provide details in your response to [Project Narrative](#) Question 1, described below.
- [Medication-Assisted Treatment (MAT)](#)
- [Collaborative Care Model](#)
- [Patient-Centered Medical Home](#)
- [Medicaid Health Homes](#)
- [Four Quadrant Model](#)
- [Assertive Community Treatment (ACT)](#)
- [Integration of Mental Health, Substance Use, and Primary Care Services](#)
- [Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)](#)
- [Screening, Brief Interventions, Referral to Treatment (SBIRT)](#)
- Other evidence-based strategy

Project Narrative
You will have a maximum of 2,500 characters with spaces (approximately three-quarters of a page) to respond to each of the following questions:

1. Describe how proposed activities and purchases will help implement and/or advance each identified evidence-based integration strategy, including how they address the health center's overarching SUD and/or mental health goals.

   If you selected "Other" in the [Evidence-Based Strategies](#) section of this form, identify the integration strategies and briefly state the evidence base. If you wish to submit a table or diagram to support the narrative, do so in the [Project Description/Abstract](#) attachment.

2. Describe the actions that you will take to achieve expanded access to quality integrated SUD and/or mental health services, including proposed personnel and one-time funding uses (if requested). If additional MAT funding is requested, specifically address expanded access to MAT for OUD.

V. *Staffing Impact Form*

Enter the direct hire staff and/or contractor FTEs that will help expand access to integrated SUD and/or mental health services in years 1 and 2 according to the allowed position types listed on this form. An increase of at least 1.0 FTE within 8 months of award (that is maintained in year 2) is required. You may support multiple part-time positions that combine to meet the 1.0 FTE threshold (e.g., 0.50 FTE direct hire case manager and 0.50 FTE contracted licensed clinical social worker). Position descriptions are available in the 2017 UDS Manual. SUD-MH funds for personnel increases may not supplant existing Health Center Program (H80) support.

If you propose to hire contractors, explain how the contracted FTE estimate was developed and include details regarding the proposed contractual arrangement(s) in the Budget Narrative. The contractual arrangements must be appropriate for health center oversight of the proposed project, to include any contractors and subrecipients, or parent, affiliate, or subsidiary arrangements.

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 this supplemental funding by December 31, 2019. Patient projections should be realistic and achievable, and should not duplicate other patient targets, including your Service Area Competition (SAC) and New Access Point (NAP) patient projections.

Provide separate patient projections for existing patients and new patients:[19]
*   Existing patients are current health center patients who will newly access SUD and/or mental health services because of SUD-MH funding.
*   New patients are individuals not currently being seen by the health center who will access SUD and/or mental health services because of SUD-MH funding.

You must implement expanded SUD and/or mental health services, as demonstrated by adding 1.0 FTE minimum within 8 months of award. If additional MAT funding is requested, you must also propose to increase patients receiving MAT for OUD by December 31, 2019.

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[19] Refer to page 20 of the 2017 UDS Manual for guidance about defining health center patients.

Follow the guidance below for completing the patient projection calculations on the Patient Impact Form. An example patient projection table is available on the SUD-MH technical assistance website. You must provide projections for Question 1 (existing patients) and/or Question 3 (new patients).

Existing Patient Impact

1. **Total Unduplicated Existing Patients**: Provide the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2019, as a result of SUD-MH funding. Count each patient only once in this unduplicated total, even if some patients will access both services.

2. **Existing Patients by Service Type**: Provide the number of existing patients from "Total Unduplicated Existing Patients" above (Question 1) who will newly access each service in calendar year 2019:
   A. SUD Services Patients
   B. Mental Health Services Patients

   Count each projected existing patient according to the service(s) they are expected to access. Patients that will newly access both SUD and mental health services should be counted for each service type.

New Patient Impact

3. **Total Unduplicated New Patients:** Provide the number of new patients who will access health center services in calendar year 2019, as a result of SUD-MH funding. While Question 1 above counts *existing* health center patients newly accessing SUD and/or mental health services, this question counts unduplicated patients considered *new* to your health center that will access SUD and/or mental health services. Count each patient only once in this unduplicated total, even if some patients will access both services.

   Note: The "Total Unduplicated New Patients" value will be added to your Health Center Program (H80) grant patient target. Failure to achieve the projected patient target by December 31, 2019 may result in a funding reduction when your service area is next competed through SAC. See the SAC technical assistance website for general patient target information.

4. **New Patients by Service Type**: Provide the number of new patients (new to the health center) from "Total Unduplicated New Patients" above (Question 3) who will newly access each service in calendar year 2019:
   A. SUD Services Patients
   B. Mental Health Services Patients

Count each projected new patient according to the service(s) they are expected to access. New patients that will access both SUD and mental health services should be counted for each service type.

5. **Patients Projected to Receive MAT**: Provide a projection for both existing and new patients who will newly receive MAT for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA waiver working on behalf of the health center in calendar year 2019, as a result of SUD-MH funding.

6. **New Patients by Population Type**: Enter the total number of patients reported in response to Question 3 "Total Unduplicated New Patients" according to the Health Center Program (H80) population type listed below. This information will be used to populate future BPR submissions.
   A. General Underserved Community
   B. Migratory and Seasonal Agricultural Workers
   C. People Experiencing Homelessness
   D. Public Housing Residents

VII. Supplemental Information Form

Telehealth
Indicate if telehealth will be used to expand access to integrated SUD and/or mental health services.

Minor Alternation/Renovation
Indicate if you propose to use one-time funding for minor A/R that will support expanded access to integrated SUD and/or mental health services. Applications that include minor A/R require additional post-award review. Funds requested for minor A/R may not be obligated until required information is submitted and HRSA approves your A/R plans (approximately 6 to 9 months post-award). Additional documentation you are required to submit post-award includes, but is not limited to: Form 5B: Service Sites, Alternation/Renovation Project Cover Page, and Other Requirements for Sites.[20]

You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not impact your ability to meet staffing and patient projections on time.

Scope
Indicate whether a post-award Scope Adjustment or Change in Scope will be necessary to ensure that all planned SUD and/or mental health services are reflected on Form 5A in Column I (provided directly) and/or Column II (provided through contracts or agreements for which the health center pays). A read-only version of your current

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[20] See the Capital Development Grant Technical Assistance website for additional information.

approved Form 5A will be linked and available for your review in the form. Refer to the [Scope of Project website](#) for guidance on scope considerations.

VIII. *Equipment List Form (if applicable)*

If one-time funding is requested in the Equipment line item on the [Federal Object Class Categories Form](#) in year 1, list the equipment items on the Equipment List Form. 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 which 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. The total on this form must equal the total amount of funding requested on the Equipment line item on the [Federal Object Class Categories Form](#).