



ACA Mental Health Service Expansion – Behavioral Health Integration (BHI) Funding Opportunity Announcement (FOA)

HRSA-14-110

Technical Assistance Presentation

<http://www.hrsa.gov/grants/apply/assistance/bhi>



Agenda



- Overview
- Eligibility Requirements
- Application Requirements
- Submission Process
- Program Narrative and Review Criteria
- Budget Presentation
- Program Specific Information
- Important Considerations
- Technical Assistance Contacts
- Questions & Answers



Overview



BHI is a competitive funding opportunity to improve and expand the delivery of behavioral health services through the establishment and/or enhancement of an integrated primary care behavioral health model at existing Health Center Program grantee sites. Specifically, this funding opportunity will:

- Increase access to behavioral health services; and
- Increase the number of health centers with integrated primary care and behavioral health models of care.



Summary of Funding



- \$50 million to support approximately 200 awards of up to \$250,000 each.
- Behavioral health services include mental health and substance abuse services.
- Two-Tier Submission Process:
 - Grants.gov due March 3, 2014 (11:59 PM ET)
 - HRSA EHB due April 3, 2014 (5:00 PM ET)
- Applications will not be accessible in HRSA EHB before February 26, 2014.



Eligibility Requirements



- Applicant is an existing Health Center Program grantee.
- Applicant is not a newly funded FY 2013 or FY 2014 New Access Points (NAP) grantee.
- Applicant DOES NOT request more than \$250,000 in BHI Federal funding in Year 1 or Year 2.
- Applicant demonstrates onsite behavioral health services are currently provided or will be added to the scope via the proposed BHI project.
- Applicant demonstrates that at least one new onsite full-time equivalent (FTE) licensed behavioral health care provider will be in place within 120 days of notice of award.



Application Requirements



- Applicants must propose a plan for achieving or enhancing a fully-integrated primary care and behavioral health services model of care. The plan must include:
 - Use of screening, brief intervention, and referral to treatment (SBIRT) and other evidence-based practices.
 - Use of a team-based, integrated model of care.



Ineligible Use of Funds



- The following uses of funds are not eligible under BHI:
 - Construction costs, including minor alterations and renovation
 - Fixed/installed equipment
 - Facility or land purchases



Two-Tiered Submission Process



Phase 1: Grants.gov

- Register in the System for Award Management (SAM) and Data Universal Numbering System (DUNS) prior to registering in Grants.gov
- Register in Grants.gov as soon as possible
- Receive a validation email from Grants.gov following successful submission



Two-Tiered Submission Process



Phase 2: HRSA EHB

- To submit the application in HRSA EHB, register the Authorizing Official (AO) and other application preparers in EHB at <https://grants.hrsa.gov/webexternal/home.asp>.
- Applicants will **not** have access to EHB before February 26, 2014.



Phase 1: Grants.gov Required Forms



- SF-424: Application for Federal Assistance (upload Project Abstract on page 2, box 15)
- SF-424B: Assurances – Non-Construction Programs
- Additional Congressional Districts (as applicable)
- Project/Performance Site Location(s) Form
- Grants.gov Lobbying Form (Certification Regarding Lobbying)
- SF-LLL: Disclosure of Lobbying activities (as applicable)

<http://www.grants.gov>



Phase 2: EHB Application Components



- Program Narrative
- SF-424A: Budget information – Non-Construction Programs
- Budget Justification (upload in Budget Narrative Attachment Form field)
- Attachments
- Program Specific Forms
- Program Specific Information

<https://grants.hrsa.gov/webexternal>



Phase 2: EHB Attachments



- Attachment 1: Work Plan
- Attachment 2: Position Description for Key Project Staff
- Attachment 3: Biographical Sketches and Licenses and Certifications for Key Project Staff
- Attachment 4: Service Area Map
- Attachment 5: Letters of Support
- Attachment 6: Other Relevant Documents (as applicable)



Phase 2: EHB Forms



- Form 1A – General Information Worksheet
- Form 2 – Staffing Profile
- Form 5A – Services Provided
- Federal Object Class Categories
- Supplemental Information
- Equipment List (as applicable)
- Clinical Performance Measure



Form 1A – General Information Worksheet



■ Patients and Visits by Service Type

| Patients and Visits by Service type | | | | |
|-------------------------------------|----------------|--------|------------------------------------|--------|
| Service Type | Current Number | | Projected at End of Project Period | |
| | Patients | Visits | Patients | Visits |
| Total Medical | N/A | N/A | N/A | N/A |
| Total Dental | N/A | N/A | N/A | N/A |
| Total Behavioral Health | N/A | N/A | | |
| Total Substance Abuse | N/A | N/A | | |
| Total Enabling Services | N/A | N/A | | |

- Report on existing patients not currently receiving these services as well as new patients that will receive BHI funded services by the end of the 2-year project.



Form 1A – General Information Worksheet



■ Unduplicated Patients and Visits by Population Type

| Unduplicated Patients and Visits by Population Type | | | | | | | | |
|---|--------------------|--------|-----------------------------|--------|-----------------------------|--------|-------------------------------------|--------|
| Population Type | Current Number (b) | | Number at End of Year 1 (b) | | Number at End of Year 2 (c) | | Number at End of Project Period (d) | |
| | Patients | Visits | Patients | Visits | Patients | Visits | Patients | Visits |
| General Underserved Community | N/A | N/A | N/A | N/A | N/A | N/A | | |
| Migratory and Seasonal Agricultural Workers | N/A | N/A | N/A | N/A | N/A | N/A | | |
| Public Housing Residents | N/A | N/A | N/A | N/A | N/A | N/A | | |
| People Experiencing Homelessness | N/A | N/A | N/A | N/A | N/A | N/A | | |
| TOTAL | N/A | N/A | N/A | N/A | N/A | N/A | | |

- Report on only new patients that will receive services at the health center as a result of the BHI project by the end of the 2-year project.



Form 5A – Services Provided



| Eligible Services | Eligible Changes to Form 5A |
|---|--|
| <ul style="list-style-type: none">• Substance Abuse Services:<ul style="list-style-type: none">○ Detoxification○ Outpatient Treatment○ Residential Treatment○ Rehabilitation (Non-Hospital Settings)• Mental Health Services<ul style="list-style-type: none">○ Treatment/ Counseling○ Developmental Screening○ 24-Hour Crisis• Psychiatry | <ul style="list-style-type: none">• Applicants must propose to provide behavioral health services directly (Column I) if they are not already doing so.• Applicants may also propose to:<ul style="list-style-type: none">○ Provide a behavioral health service directly (Column I) that is currently offered through an agreement in which the grantee pays for the service (Column II).○ Provide a behavioral health 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 grantee does NOT pay (Column III).○ Add a new behavioral health service (this application will serve as the Change in Scope request if BHI funding is received). |



Program Narrative & Review Criteria



- Need (20 points)
- Response (25 points)
- Collaboration (15 points)
- Evaluative Measures (15 points)
- Resources/Capabilities (15 points)
- Support Requested (10 points)



Budget



- Federal Object Class Categories form.
- The budget justification should correspond to the object class categories as listed on the Federal Object Class Categories form. It should include a line-item budget (Federal and non-Federal) and any narrative required to explain costs and demonstrate that costs are reasonable and necessary for implementation of the proposed project.

Work Plan

| Focus Area 1: Adoption or enhancement of current primary and behavioral health care integration | | | |
|--|--|--|--|
| Goal: <i>For each focus area, provide at least one measurable goal. Additional Goals and corresponding Key Action Steps, Person/Area Responsible, Time Frame, and Comments should be added to clarify activities under each focus area.</i> | | | |
| Key Action Steps | Person/Area Responsible | Time Frame | Comments |
| <i>For each goal, provide at least one action step.</i> | <i>Identify at least one person/area responsible for carrying out the action step.</i> | <i>Identify a time frame for carrying out the action step.</i> | <i>Provide supplemental information, if desired.</i> |
| | | | |
| Focus Area 2: Collaboration in a fully integrated system | | | |
| Goal: | | | |
| Key Action Steps | Person/Area Responsible | Time Frame | Comments |
| | | | |
| | | | |
| Focus Area 3: Addition of a total of at least one new, onsite licensed behavioral health FTE (staff or contractor, or any combination of part-time staff or contractor positions) | | | |
| Goal: | | | |
| Key Action Steps | Person/Area Responsible | Time Frame | Comments |
| | | | |
| | | | |
| Focus Area 4: Training to support integration of primary medical and behavioral health care and use of SBIRT and other evidence based practices | | | |

- Focus Area: Applicants must organize their work plans into four focus areas and identify key action steps and goals for each focus area.
- Should describe realistic and measurable results.



Supplemental Information Form



| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration HEALTH CENTER PROGRAM: SUPPLEMENTAL INFORMATION FORM | | FOR HRSA USE ONLY | |
|--|------------------------|-------------------|------------------------|
| | | Grant Number | Application Tracking # |
| | | | |
| Screening, brief interventions, referral to treatment (SBIRT) Information | | | |
| Percentage of patients currently receiving SBIRT | | | |
| Percentage of patients projected to receive SBIRT at the end of project period | | | |
| New Licensed Behavioral Staff | | | |
| Licensed Staffing Position | Direct Hire Staff FTEs | Contractor FTEs | Total FTEs |
| Psychiatrists | | | |
| Licensed Clinical Psychologists | | | |
| Licensed Clinical Social Workers | | | |
| Other Licensed Mental Health Providers | | | |
| Licensed Substance Abuse Providers (e.g., Licensed Professional Counselors) | | | |
| Total Direct and Contractor FTEs: | | | |



Clinical Performance Measure



New Standard Clinical Performance Measure

- *Depression Screening and Follow Up*
 - *Numerator:* Report the number of patients age 12 years and older who were (1) screened for depression with a standardized tool during the measurement year and, if considered to be depressed, (2) had a follow-up plan documented.
 - *Denominator:* Report the number of patients age 12 years and older that were seen as medical patients during the measurement year.
- Provide baseline data if available (if not available, input zero)
- Provide a realistic and achievable 2-year goal



Application Submission



Grants.gov

- Applications are due in Grants.gov on March 3, at 11:59 PM ET.

HRSA EHB

- Applications are due in HRSA EHB on April 3, at 5:00 PM ET.



Reporting



- Project Timeframe: 2 years
- Project Start date: August 1, 2014
- Future UDS reports should demonstrate progress toward meeting overall BHI patient targets and goals.
- BHI progress towards meeting goals will also be required in future Budget Period Progress Report (BPR) submissions.



Considerations



- Failure to include all documents noted as “required for completeness” will result in an application being considered incomplete. Incomplete applications will be ineligible for BHI funding.
- Grantees with 5 or more active 60-day conditions, or 1 more active 30-day Health Center Program requirements related conditions, at the time of award will not be awarded BHI funding.
- Applications may not exceed 80 pages. Applications over this page limit will be ineligible.



Technical Assistance Contacts



BHI TA page

<http://www.hrsa.gov/grants/apply/assistance/bhi>

Program Related Questions

- Rene Herbert: BPHCBHI@hrsa.gov or 301-594-4300

Budget Related Questions

- Brian Feldman: bfeldman@hrsa.gov or 301-443-3190

Grants.gov Related Questions

- support@grants.gov or 800-518-4726

EHB Related Questions

- BPHC Helpline for questions about completing forms in EHB: BPHCHelpline@hrsa.gov or 877-974-2742



Questions and Answers



Questions