



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

*June 22, 2018*

Bureau of Primary Health Care (BPHC)  
Health Resources and Services Administration (HRSA)  
[SUD-MH@hrsa.gov](mailto:SUD-MH@hrsa.gov)

Technical assistance website:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/sud-mh>



# Agenda

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- **SUD-MH Summary**
- **Proposal and Reporting Requirements**
- **Application Content**
- **Reminders and Resources**



# Bureau of Primary Health Care:

## Strategic Goals



**Increase Access to  
Primary Health Care**



**Advance  
Health Center  
Quality and Impact**



**Optimize Bureau of  
Primary Health Care  
Operations**

**Health Center Program Mission**

# SUD-MH SUMMARY



# SUD-MH Purpose

To support implementation and advancement of evidence-based strategies to:

- 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
- Expand access to quality integrated **mental health services**, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD.

# Eligibility

- Organizations receiving Health Center Program (H80) operational grant funding at the time of the SUD-MH funding opportunity release are eligible to apply
- Two email notifications sent to Authorizing Officials, Business Officials, and Project Directors
  - **June 15:** SUD-MH instructions available
  - **June 19:** EHB application available
- If you cannot locate the June 19 email, contact [SUD-MH@hrsa.gov](mailto:SUD-MH@hrsa.gov)



# Summary of Funding

## \$350 million in FY 2018 SUD-MH funding

### EXPANDED SERVICES FUNDING – Required

Base amount	\$100,000
Additional MAT amount (if eligible)	\$250 per MAT patient reported in 2017 UDS

### ONE-TIME FUNDING – Optional

One-time investments to support expanded services	\$150,000
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**Refer to the emails from HRSA for funding amounts  
calculated for your health center**



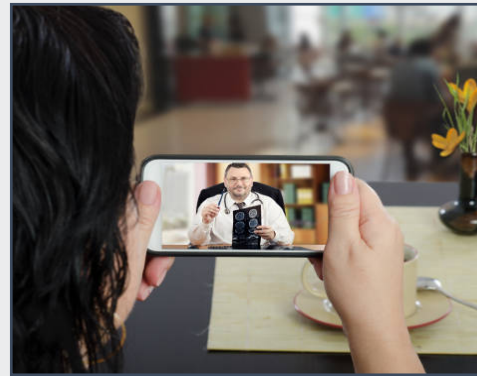
# Expanded Services: **Base Funding**

\$100,000 to expand access to integrated SUD and/or mental health services through:

- Minimum 1.0 full-time equivalent (FTE) increase in personnel
- Increase in patients receiving SUD and/or mental health services



**Hire providers and  
support staff**



**Contract with  
providers using  
telehealth**



# Expanded Services: **Additional MAT Funding**

\$250 per medication-assisted treatment (MAT) patient reported in the 2017 Uniform Data System (UDS) to:

- Increase patients receiving MAT for OUD



**Increase providers  
with DATA 2000  
waiver**



**Patient training to  
increase self-  
management**

# One-Time Funding

\$150,000 in one-time funding to support SUD and/or mental health service expansion through infrastructure investments

- May include equipment, supplies, minor alteration and renovation (A/R), and/or training



**Modify exam rooms to increase access to pain management options**



**Create space to deliver confidential virtual care**

# SUD-MH PROPOSAL AND REPORTING REQUIREMENTS



# Project Requirements

## Required for all applicants:

- Add at least 1 FTE **within 8 months of award (by April 30, 2019)**
- Increase patients receiving SUD and/or mental health services **by December 31, 2019**

## Required for MAT funding:

- Increase patients receiving MAT for OUD **by December 31, 2019**

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

# Eligible Position Categories

**Mental Health**  
(e.g., Licensed  
Clinical Social  
Workers)

**Substance  
Use Disorder**

**Physicians**  
(e.g., Addiction  
Specialist)

**NP, PA, and  
Certified Nurse  
Midwife**

**Medical**  
(e.g., Nurses)

**Pharmacy**

**Enabling**  
(e.g., Case  
Managers)

**Professional  
Services** (e.g.,  
Physical Therapist)



# Eligible Personnel

Eligible position types are detailed on the sample **Staffing Impact Form** on the [SUD-MH technical assistance website](#)

These include, but are not limited to, providers and staff that can:

Deliver or support SUD and/or mental health services

Coordinate teams working on co-occurring SUD and mental health conditions

Support comprehensive service delivery and care coordination to provide addiction treatment, including MAT

Provide acute and chronic pain management services

# Funding Restrictions



## Ineligible Costs:

- Electronic Health Record (EHR) that is **not** ONC-certified
- New construction activities, including additions or expansions
- Major A/R exceeding \$500,000 in total costs
- Installation of trailers and pre-fabricated modular units
- Facility or land purchases

**SUD-MH funding must supplement, not supplant, other resources**

# Reporting Requirements

## Triannual Reporting

- Progress reports covering 4 months
- Due in January, May, and September
- Used to track progress toward minimum 1.0 FTE requirement

## Annual Reporting

- Budget Period Progress Report (BPR), starting with the FY 2020 BPR
- UDS reporting

### Additional Details:

- Reporting Requirements section of the SUD-MH Instructions
- Post-award technical assistance





# Important Dates

**June 15, 2018:** SUD-MH funding opportunity announced



**July 16, 2018:** Applications due in EHB by 5 pm ET



**September 1, 2018:** Award start date



**April 30, 2019:** Achieve minimum 1.0 FTE staffing increase



**December 31, 2019:** Achieve projected patient increase

# Applicant Question 1

**Identify the correct statement(s) below (select all that apply)**

- A. You may propose to increase hours by 0.4 FTE for 3 existing part-time staff each who will support expanded access to mental health services
- B. You must demonstrate an increase in personnel and SUD and/or mental health patients no later than December 31, 2019
- C. You may use one-time funding to purchase sound dampeners, supplemental lighting, and webcams to begin using telehealth
- D. Personnel increases must be direct hire staff



# Applicant Question 1: Answer

## Correct Answers: **A and C**

- Option B is not correct because SUD-MH requires the addition of at least 1 FTE **within 8 months of award (by April 30, 2019)**, as well as an increase in the total number of patients receiving SUD and/or mental health services by December 31, 2019
- Option D is not correct because you may support direct hire and/or contracted personnel



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# APPLICATION CONTENT



# Completing Your Application

## Application Components

**SF-424A Basic Information and Budget Forms**

**Federal Object Class Categories Form**

**Budget Narrative**

**Project Overview Form**

**Staffing Impact Form**

**Patient Impact Form**

**Supplemental Information Form**

**Equipment Form (as applicable)**



# SF-424A Basic Information Form



The following SF-424A fields are required for completion:

- **Project Period**
  - **Start Date:** September 1, 2018
  - **End Date:** August 31, 2020
- **Project Description/Abstract:** Upload a blank document or add optional logic model
  - Sample on the [SUD-MH technical assistance website](#)


**Review and update prepopulated data on this form**



# SF-424A Budget Information Form

★ Section A - Budget Summary				2  Update		
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Update Sub Program</b> 1 	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

★ Section C - Non Federal Resources							 Update
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total	
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

## 1. Update Sub-Program, if needed (1)

- Ensure currently funded sub-programs (e.g., CHC, MHC) are listed

## 2. Complete Section A: New or Revised Budget (2)

- Enter your total federal request: **base funding + additional MAT funding (if eligible) + one-time funding**
- Align with sub-program funding proportions in your email
- Enter your total non-federal funding, if any

## 3. Complete Section C: Non-Federal Resources (if applicable)



# Federal Object Cost Categories Form

	Year 1		Year 2	
Object Class Category	Federal	Non-Federal	Federal	Non-Federal
a. Personnel	\$90,000	\$5,000	\$90,000	\$5,000
b. Fringe Benefits	\$10,000	\$2,000	\$10,000	\$2,000
c. Travel				
d. Equipment	\$125,000		N/A	
e. Supplies	\$25,000			\$5,000
f. Contractual				
g. Construction			N/A	
h. Other				
i. Total Direct Charges (sum of a-h)				
j. Indirect Charges				
k. Total Budget Specified in Section A - Budget Summary (sum of i-j)	\$250,000	\$7,000	\$100,000	\$12,000

Enter federal and non-federal costs by object class category for Year 1 and Year 2 separately

- Funding for the required 1.0 FTE must appear in the federal Personnel and/or Contractual columns





# Budget Narrative Attachment

**Provide a line-item budget narrative attachment for Year 1 and Year 2 separately, referring to:**

- Sample Budget Narrative on the [SUD-MH technical assistance website](#)
- Appendix A of the SUD-MH Instructions

Clearly link costs to the funding purpose

Include federal and non-federal costs

Align with other application budget components

Provide detail for all contracts



# Project Overview Form

## Federal Funding Requested

Federal Funding Request	Year 1	Year 2
<b>Expanded Services Funding (Required)</b>		
You must request expanded services funding to implement and/or advance evidence-based strategies to expand access to integrated SUD and/or mental health services, including additional MAT services, if applicable, for years 1 and 2.	<b>\$100,000</b>	<b>\$100,000</b>
<b>One-Time Funding to Support Service Expansion (Optional)</b>		
You may also request one-time funding to support increased access to integrated SUD and/or mental health services, including additional MAT services, if applicable, in year 1. One-time funding is not available in year 2.	<b>\$150,000</b>	<b>N/A</b>
<b><u>TOTAL</u></b>	<b>\$250,000</b>	<b>\$100,000</b>

**This is the final confirmation of your federal funding request**

**Enter your Year 1 and Year 2 federal funding request for:**

- Expanded services funding: base + MAT (if eligible)
- One-time funding (Year 1 only)



# Project Overview Form

## Evidence-Based Strategies

Identify the evidence based strategy(ies) SUD-MH funding will help you implement or advance

- 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 (If selected, provide details in Project Narrative)



# Project Overview Form

## Project Narrative Section

Responses must be no longer than 2,500 characters, counting spaces (approximately  $\frac{3}{4}$  of a page):

1. Describe how proposed activities and purchases will help implement and/or advance each identified evidence-based integration strategy
  - Identify how they address the health center's overarching SUD and/or mental health goals
  - If "Other" selected in the **Evidence-Based Strategies** section, identify the integration strategies here and briefly state the evidence base
2. Describe how you will achieve expanded access to quality integrated SUD and/or mental health services
  - Describe proposed personnel and one-time funding uses
  - If additional MAT funding is requested, specifically address expanded access to MAT for OUD



# Staffing Impact Form

**Enter expanded and/or new personnel that will support your SUD-MH project:**

- Include separate projections for Year 1 and Year 2
- Include FTEs for direct hire staff and contracted personnel separately
- The Year 1 total on this form must demonstrate an increase in personnel by at least 1.0 FTE (direct hire total + contracted personnel total)
- See the eligible position types on the sample Staffing Impact Form on the [SUD-MH technical assistance website](#)



# Patient Impact Form

You must propose to increase existing and/or new patients accessing SUD and/or mental health services by **December 31, 2019**

- **Existing patients:** currently seen by the health center and will newly access SUD and/or mental health services
- **New patients:** not currently seen by the health center that will start visiting the health center to access SUD and/or mental health services

If additional MAT funding is requested, you must also propose to increase patients receiving MAT for OUD by **December 31, 2019**

- Count both existing and new patients who will newly receive MAT for OUD as a result of SUD-MH funding



# Patient Impact Form Continued

- Projections for New Unduplicated Total Patients will be added to your H80 grant patient target
- A sample Patient Impact calculation is available on the [SUD-MH technical assistance website](#)

Existing Patient Impact	
<b>1. Total Unduplicated Existing Patients</b> This projection counts each patient only once, even if some patients are expected to access both SUD and mental health services, and includes <b>100</b> SUD-only existing patients + <b>125</b> mental health-only existing patients	<b>225</b>
<b>2. Existing Patients by Service Type:</b> In 2A and 2B below, count patients according to the services you expect them to access. If a patient will access both services, count them once for SUD and once for mental health.	
<b>A. SUD Services Patients</b> This projection includes <b>100</b> SUD-only existing patients + <b>75</b> existing patients accessing both SUD and mental health services	<b>175</b>
<b>B. Mental Health Services Patients</b> This projection includes <b>125</b> mental health-only existing patients + <b>75</b> existing patients accessing both SUD and mental health services	<b>200</b>

# Supplemental Information Form

## Telehealth:

- Indicate if telehealth will be used to expand services

## Minor Alterations/Renovations:

- Indicate if you will use one-time funding for minor A/R costs
- Additional post-award review and approval by HRSA is necessary for minor A/R, which may take 6 to 9 months

## Scope of Services:

- Review your Form 5A: Services Provided and indicate if a post-award Scope Adjustment or Change in Scope is necessary
- If yes, describe the changes required and a timeline for requesting them





# Equipment List Form

- Required for applicants requesting one-time funding for **equipment costs** in year 1
- The total on the this form must match total equipment request on the Federal Object Cost Categories Form

## Equipment

- Tangible personal property, including information technology systems
- Useful life exceeds one year
- Per-unit acquisition cost equals or exceeds \$5,000

## Supplies

- Includes equipment items that cost less than \$5,000
- **Do not include Supplies on Equipment List form**

# Applicant Question 2

**True or false:** Minor A/R plans may begin no earlier than the September 1, 2018 project start date

- A. True
- B. False



# Applicant Question 2: Response

Correct answer: **False**

- You may not begin to implement your minor A/R plans until you receive HRSA approval, which may take 6 to 9 months post-award
- Develop contingencies to ensure delays in minor A/R approval do not impact your ability to meet staffing and patient projections on time



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# REMINDERS AND RESOURCES



# Application Submission

Applications due in EHB by  
**5 pm ET on July 16**

JULY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Prior to application submission, confirm your organization's SAM.gov registration is active



# Authorizing Official Role

- Only the Authorizing Official (AO) may submit the application
- If you are **not** the AO, a 'Submit to AO' button will display on the Submit page
- Leave adequate time for the AO to complete the submission process



# Application Review

## Reviewed for completeness, eligibility, and allowable costs

- HRSA may request budget and/or narrative revisions if the application includes ineligible costs or is not fully responsive to SUD-MH requirements

## Awards will not be made if you have:

- Stopped receiving H80 grant funding
- **5** or more conditions related to Health Center Program requirement areas in the 60-day phase of Progressive Action
- **1** or more conditions related to Health Center Program requirement areas in the 30-day phase of Progressive Action





# Key Reminders

- ✓ **SUD-MH offers both ongoing and one-time funding to support service expansion**
  - Proposed costs and activities must support personnel and patient increases
  - Contact us at [SUD-MH@hrsa.gov](mailto:SUD-MH@hrsa.gov) with questions about allowable activities
- ✓ **Apply in EHB by 5 pm ET on July 16**
  - Submit in advance of the deadline to avoid system errors and delays in EHB
- ✓ **Outline funding request details for both Year 1 and Year 2 separately and consistently**
  - Exception: Only include Year 1 on the SF-424A Budget Information Form





# Technical Assistance Resources

Assistance Needed	Contact	
Guidance on Requirements and Application Components	<a href="#">SUD-MH Technical Assistance Website</a> Provides sample forms, responses to frequently asked questions, and other resources	
Application Questions	<b>SUD-MH Technical Assistance Team</b> <a href="mailto:SUD-MH@hrsa.gov">SUD-MH@hrsa.gov</a>	
Grants Regulation Questions	<b>Mona D. Thompson</b> <a href="mailto:mthompson@hrsa.gov">mthompson@hrsa.gov</a>	
Electronic Submission Issues	<b>Health Center Program Support</b> 877-464-4772, or <a href="#">send an email through Web Request Form</a>	