Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

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Purpose

This announcement details the fiscal year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity for existing Health Center Program award recipients (hereafter referred to as health centers).[1,2] The purpose of AIMS funding is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Health centers will enhance these services by increasing personnel. They will also leverage health information technology (IT) and provide training to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care. The Health Center Program funding opportunity is authorized by Section 330 of the Public Health Service Act (42 U.S.C. 254b, as amended).

Background

Mental health and substance use disorders have life-long, costly effects on patients, their families, and communities. Despite being treatable, and in some cases preventable, an alarming gap remains between the services available and the number of patients receiving needed services. In 2015, the same year that the United States experienced the highest number of overdose deaths in its history, only 1.1 percent of health center visits were for substance abuse services and 7.5 percent for mental health services.[3,4] The high rate of comorbid mental health and substance use disorders requires a comprehensive, integrated treatment approach with concurrent diagnosis and treatment.[5] Health centers will use AIMS funding to increase access to critical mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. The resultant service expansion will build upon the nearly 2 million patients treated for depression and other mood disorders, more than 225,000 diagnosed with alcohol related disorders, and nearly 400,000 diagnosed with other substance related disorders in 2015.[6]

Through the combination of one-time and ongoing funding, health centers will address their priority integrated care needs through investments in mental health and substance abuse services personnel, health IT, and training. AIMS supports the HHS Strategy for Fighting the Opioid Crisis by improving access to substance abuse treatment and

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[1] See Eligibility section for additional details.

[2] For the purposes of this funding opportunity announcement, the term "health center" means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended (Health Center Program award recipients).

[3] Secretary Thomas Price's remarks at the National Rx Drug Abuse and Heroin Summit on April 19, 2017 are available at https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html.

[4] 2015 Uniform Data System National Report is available at https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=.

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

[6] 2015 Uniform Data System National Report is available at https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=.

recovery services, with a focus on treatment, prevention, and awareness of opioid abuse.[7]

Summary of Funding

The Health Resources and Services Administration (HRSA) will award approximately $195 million in AIMS funding to eligible health centers. Funding is available as follows:

- $100 million in **ongoing** supplements of up to $75,000 to each health center, of which:
  - $50 million will support expansion of services related to mental health (up to $37,500 for each health center); and
  - $50 million will support expansion of substance abuse services focusing on the treatment, prevention, and/or awareness of opioid abuse (up to $37,500 for each health center).
- $95 million in **one-time** supplements of up to $75,000 to each health center for health IT and/or training investments that will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care.

Depending on the number of approvable applications, HRSA may adjust award amounts consistent with available funds. Cost sharing or matching is not required. AIMS 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.[8]

AIMS funding will be made available as a supplement to your health center's existing H80 grant. You may need to request to carry over a portion of these funds to use them in your upcoming budget period.

AIMS **ongoing funding (up to $75,000)** to support the expansion of mental health services (up to $37,500), and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (up to $37,500) is expected to become part of H80 grant awards (roll into base funding) in the future. However, future support is dependent on the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

By contrast, AIMS **one-time funding (up to $75,000)** for health IT and/or training investments may only be proposed for 12 months (September 1, 2017 through August 31, 2018). Activities initiated with AIMS one-time funding will not receive future AIMS funding support.

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[7] Secretary Thomas Price's remarks at the National Rx Drug Abuse and Heroin Summit on April 19, 2017 are available at https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html.

[8] 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).

Application Announcement, Deadline, and Award Notice

HRSA will send an email to each eligible health center through HRSA Electronic Handbooks (EHB). This email will provide the health center's maximum funding request amount in the current sub-program funding proportions (i.e., CHC, MHC, HCH, PHPC) along with details on how to access the application module in EHB. Applications are due in the EHB by **5 PM ET on July 26, 2017**. You may access the EHB application module beginning June 30, 2017. You are encouraged to start preparing your application materials immediately by using the sample forms available on the AIMS technical assistance website and the instructions provided in this document. HRSA anticipates that awards will be made in September 2017.

Eligibility

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

Project Requirements

Proposals must describe how your health center will achieve the AIMS purpose according to the following Funding Request Rules and Required Activities. Expanded services must be made available to all individuals in the health center's service area and maximize collaborations with existing mental health and substance abuse providers in the community, including opioid abuse treatment centers, where appropriate.

Funding Request Rules

- You must request mental health and substance abuse service expansion ongoing funding equally in both service expansion areas (i.e., $37,500 for mental health service expansion and $37,500 for substance abuse service expansion).
- You must propose to use the ongoing funding to add new direct hire staff and/or contractor(s) and/or expand the hours of existing direct hire staff and/or contractor(s) who will support mental health service expansion, and substance abuse service expansion focusing on the treatment, prevention, and awareness of opioid abuse.
- You must request mental health and substance abuse service expansion ongoing funding to request one-time funding.
- You may request mental health and substance abuse service expansion ongoing funding without requesting one-time funding.
- AIMS funding must supplement and not supplant other resources (federal, state, local, or private).

Required Activities

- Expand direct hire staff and/or contractor(s) who will support mental health service expansion, and substance abuse service expansion focusing on the treatment, prevention, and awareness of opioid abuse, within 120 days of award.
    - The Staffing Impact Form must demonstrate an increase in full time equivalents (FTEs).
    - Expanded and/or new direct hire staff and contractors must be in one or more of the following personnel positions: psychiatrist, licensed clinical

psychologist, licensed clinical social worker, other mental health staff, other licensed mental health provider, substance abuse provider, case manager, patient/community education specialist (health educator),[9] and/or community health worker.[10]

- Provide access to expanded mental health services, and expanded substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, directly or through contracts or agreements for which the health center pays within 120 days of award.
    - AIMS funding may expand existing services in scope as well as support new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.
        - AIMS funded services must be listed in Column I and/or II on Form 5A: Services Provided and are limited to: Mental Health, Health Care for the Homeless (HCH) Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education (related to mental health and substance abuse services).
    - An approved Scope Adjustment or Change in Scope request[11] must be obtained prior to the implementation of new and/or expanded services if AIMS funding will:
        - Add new services, including psychiatry, to your Form 5A: Services Provided; and/or
        - Move one or more services currently provided only in Form 5A Column III to Column I and/or Column II.
- Increase the number of mental health patients and/or substance abuse patients as a result of AIMS funding by December 31, 2018. The Patient Impact Form must demonstrate an increase in the number of existing patients and/or new patients accessing mental health services, and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Examples of AIMS Funding Uses

The following examples of eligible activities are not exhaustive. Applicants may propose other activities that align with the AIMS purpose.

Examples of Activities for Mental Health and Substance Abuse Personnel Supported with Ongoing Funding

- Diagnose and treat mental health disorders.
- Diagnose and treat substance use disorders focusing on the treatment, prevention, and awareness of opioid abuse.
- Use an integrated approach to diagnosing and treating co-occurring mental health and substance use disorders.

[9] Patient/community education specialists must have expertise in mental health and/or substance use disorders.
[10] For more information about personnel definitions, see https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf.
[11] For more information about scope of project requirements, Form 5A, and the Change in Scope request process, see the https://bphc.hrsa.gov/programrequirements/scope.html.

- Use evidence-based tools and other standards of care (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)).
- Provide case management services to patients with mental health disorders to support treatment, including coordination with specialty providers that will provide care via referral agreement for severe/complex cases, if applicable.
- Provide case management services to patients with substance use disorders to support treatment, including coordination with specialty providers that will provide care via referral agreement for severe/complex cases, if applicable.
- Provide integrated case management services to patients with co-occurring mental health and substance use disorders to support treatment, including coordination with specialty providers that will provide care via referral agreement for severe/complex cases, if applicable.
- Expand evidence-based mental health and substance abuse prevention and education programs for patients, families, communities, and personnel to increase awareness of, patient access to, and patient retention in mental health and substance use disorder treatment programs.
- As part of a comprehensive approach to reducing risk for people struggling with opioid abuse, increase awareness of the appropriate use of naloxone to reverse opioid overdose through patient, family, community, and personnel training.
- Empower patients with mental health and substance use disorders to make informed decisions about their care, including pain management alternatives, treatment options, and recovery through peer counselling, patient education, or other evidence-based strategies.
- Enhance education for patients, families, communities, and personnel to support patient engagement and self-management that includes medical conditions that often co-occur with mental health and substance use disorders (e.g., diabetes mellitus, heart failure, hepatitis, HIV/AIDS, hypertension, obesity).
- Collaborate with existing community resources to address environmental factors that impact the onset or recurrence of substance use disorders, with a focus on opioid use disorders.

Examples of One-Time Funding Uses

- Facilitate referrals at point of care to increase access to and patient engagement in mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.
- Increase access to medication-assisted treatment (MAT) by supporting substance abuse and primary care providers, including non-physician providers (e.g., nurse practitioners, physician assistants), in obtaining appropriate Drug Addiction Treatment Act of 2000 (DATA) waivers.

- Increase the use of telehealth[12,13] to support access to and delivery of mental health and substance use disorder treatment services across sites in scope, including purchasing equipment (e.g., webcams, videoconferencing equipment, speakers).[14]
- Enhance documentation and sharing of electronic health record (EHR) information to support telehealth patient visits.
- Improve interoperability of mental health/substance abuse and primary health care EHR systems.
- Enhance EHR interoperability and health information exchange with clinical and public health partners.
- Improve integration of prescription drug monitoring program data into EHR and quality improvement activities.
- Integrate clinical decision support tools into EHR[15] (e.g., chronic pain management and prescribing guidelines; condition-specific order sets; evidence-based screening tools; SBIRT).
- Enhance operational and clinical workflows to support the use of health IT that improves the effectiveness of mental health and substance abuse services and increases patient engagement and self-management.
- Enhance performance reports to facilitate the use of data to evaluate clinical quality, identify areas for innovation and clinical quality improvement, and better manage population health.
- Strengthen participation in cybersecurity information sharing and analysis systems to protect patients' mental health and substance use disorder clinical information.[16]
- Provide evidence-based training and educational resources to health professionals on screening for mental health and substance use disorders, making informed prescribing decisions, supporting patient-provider shared decision making on pain management and treatment options, and/or maximizing the success of MAT, including engagement in Internet-based mentoring and provider education and support (e.g., Project ECHO).
- Provide training and educational resources to personnel, patients, families, and communities on trauma-informed care, suicide prevention, and opioid abuse, including the use of live and virtual self-management resources.[17]

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[12] Telehealth supports patient assessment, treatment, medication management, and continuity of care, as well as patient and provider education and collaboration. For more information, see http://store.samhsa.gov/shin/content/SMA16-4989/SMA16-4989.pdf.

[13] Health center services using telehealth technology must be in the health center's approved scope of project, and provided by health center providers to health center patients.

[14] For more information, see https://effectivehealthcare.ahrq.gov/ehc/products/636/2350/opioid-use-disorder-report-161123.pdf.

[15] For more information, see https://www.healthit.gov/policy-researchers-implementers/clinical-decision-support-cds.

[16] For more information, see https://www.healthit.gov/providers-professionals/cybersecurity-shared-responsibility.

[17] For more information, see http://psych.ucsf.edu/news/empowering-addiction-treatment-patients-engage-health-management-may-improve-overall-health-and.

- Enhance cybersecurity training for providers and personnel to ensure the robust and consistent security of patient's mental health and substance use disorder clinical information.

Ineligible Costs

All proposed budget items must directly support the purpose of AIMS, as demonstrated in the Budget Narrative attachment and in the Response section of the Project Narrative Form. AIMS ongoing funding can only be used to increase direct hire staff and/or contractor(s) who will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (i.e., personnel, fringe, and/or contractual costs). Additionally, the following uses of AIMS funding are not permitted:

- Purchase or upgrade of an EHR that is not ONC-certified.[18]
- Fixed equipment costs, such as permanent signage or heating, ventilation, and air conditioning (HVAC) units.
- Construction or minor alterations and renovation.[19]
- Facility, land, or vehicle purchases.

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

Projected Impact

The impact of AIMS funding will be determined, in part, by the number of mental health and substance abuse services direct hire staff and/or contractor(s) added and the number of patients accessing mental health and/or substance abuse services for the first time. See Appendix A for instructions on completing the related forms in EHB. Sample forms are available on the AIMS technical assistance website.

Resources for Applicants

To identify high impact and cost effective uses for AIMS funding, you are encouraged to leverage HRSA strategic partners for assistance. This includes your Primary Care Association (PCA) and Health Center Controlled Network (HCCN), along with applicable National Training and Technical Assistance Cooperative Agreements (NCAs).[20] Your state and/or local health department(s) are additional resources.

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[18] To confirm the Office of the National Coordinator for Health Information Technology (ONC)-certification, see https://chpl.healthit.gov/#.

[19] Costs for installation of equipment that are considered alteration or renovation, such as those that require wiring or plumbing, are not allowable (e.g., installation of a fiber optics line).

[20] For the list of current Primary Care Associations and their States/regions, see http://bphc.hrsa.gov/qualityimprovement/supportnetworks/ncapca/associations.html. For the list of current National Training and Technical Assistance Cooperative Agreements and their areas of focus, see http://bphc.hrsa.gov/qualityimprovement/supportnetworks/ncapca/natlagreement.html. For more information on Health Center Controlled Networks, see https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/hccn.html.

Application Requirements
Proposals must respond to the AIMS purpose and fulfill the Project Requirements. See Appendix A: Application Instructions for a detailed description of how to complete each application component. Refer to Appendix B: Budget Narrative Instructions for detailed Budget Narrative instructions.

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

Prior to award, HRSA will assess the status of all Health Center Program award recipients applying for AIMS funding. You are not eligible to receive AIMS funding if you have any of the following on your Health Center Program grant at the time of award:

- 5 or more 60-day Health Center Program Requirement progressive action conditions;
- 1 or more 30-day Health Center Program Requirement progressive action conditions;
- 1 or more Health Center Program Requirement progressive action conditions in default status (i.e., that were not adequately addressed in the 30-day phase of progressive action).

Reporting and Additional Requirements
You must implement expanded mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, within 120 days of award. This includes the onboarding of new personnel required to support this expansion. You must demonstrate projected increases in existing and new patients by December 31, 2018, as documented through the 2018 Uniform Data System (UDS) report. Additional information related to this funding to be collected in UDS includes:

- Number of mental health services and substance abuse services FTEs (as listed on the AIMS Staffing Impact Form).
- Number of patients receiving mental health services and substance abuse services, including the number of visits for each service type.
- Number of patients receiving SBIRT.
- Number of physicians, on-site or with whom the health center has contracts, who have obtained a DATA waiver to treat opioid use disorder with medications specifically approved by the Food and Drug Administration for that indication.
- Number of patients who received MAT for opioid use disorder from a physician with a DATA waiver working on behalf of the health center.

Award recipients will also report narrative progress toward achieving the expected outcomes outlined in the AIMS application in future Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submissions.

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.

Every organization 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 to you 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.

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). Where you are unable to attest to any of the statements in this certification, you must attach an explanation.

Agency Contacts

For assistance with completing the AIMS application, contact the appropriate resource below.

Electronic submission issues:	**Technical assistance resources:**
BPHC Helpline 1-877-974-BPHC (2742) (select option 3) Send email through Web Request Form	**AIMS technical assistance website** Provides sample forms, responses to frequently asked questions, and other resources
Program related questions:	**Budget or other fiscal issues:**
AIMS technical assistance team Submit inquiries about this funding opportunity to bphcsupplement@hrsa.gov	**Mona D. Thompson** Office of Federal Assistance Management Division of Grants Management Operations mthompson@hrsa.gov

Appendix A: Application Instructions

AIMS applications will be completed and submitted in EHB. Below are instructions for each application component. Additional resources are available on the AIMS technical assistance website, including sample forms and attachments (for planning purposes only).

SF-424 Basic Information and Budget Forms

Enter the required information on SF-424 Part 1 and Part 2. Fields that are not marked as required may be left blank. AIMS 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.[21] Enter the federal and non-federal costs for the 12-month period starting 9/1/2017 through 8/31/2018 for each currently funded sub-program, as applicable, in Section A of the SF-424 Budget Information form. HRSA will provide each eligible health center the maximum funding request values, based on a total request of $150,000, by their sub-program funding proportions.

Project Description/Abstract (upload as attachment)

A project description/abstract is not required, however, an attachment must be provided. Upload a blank document to this field.

Budget Narrative (upload as attachment)

Complete a 12-month Budget Narrative for 9/1/2017 through 8/31/2018 that describes costs for all proposed activities. Clearly detail the federal and non-federal costs (including program income, if any) for each line item within each object class category of the Federal Object Class Categories form and explain how each cost contributes to meeting the AIMS purpose. See Appendix B for additional instructions.

Federal Budget Information Table Form

Federal Budget Information

- **Ongoing Service Expansion Funding for Increasing Access**: Enter costs for direct hire staff and/or contractor(s) that will expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, **up to $75,000 (up to $37,500 for each service)**. Service expansion funding must be requested equally for mental health and substance abuse services (i.e., a request of $37,500 for mental health service expansion requires a request of $37,500 for substance abuse service expansion).

- **One-Time Funding to Support Expanded Services**: You may also request one-time funding to leverage health IT and/or training to support the expansion of mental health services, and substance abuse services focusing on the treatment,

[21] 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).

prevention, and awareness of opioid abuse, and their integration into primary care, **up to $75,000**.

One-Time Funding Focus Areas

If one-time funding is requested, indicate which focus area(s) the one-time funding will address: Medication-Assisted Treatment, Telehealth, Prescription Drug Monitoring Programs, Clinical Decision Support, EHR Interoperability, Quality Improvement, Cybersecurity, Other Training, and/or Other Health IT. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative Form. If one-time funding is not requested, leave this section blank.

Scope of Services

In EHB, use the link in this section of the form to access a read-only copy of your currently approved Form 5A: Services Provided. Determine whether a Scope Adjustment or Change in Scope will be necessary using technical assistance materials on the Scope of Project resource website by expanding "Services" under the Resources header.

Indicate if a Scope Adjustment or Change in Scope will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time). Since modifications to your Form 5A cannot occur through the AIMS application, describe the proposed changes and provide a timeline for submitting a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.

Federal Object Class Categories Form

Enter federal and non-federal expenses by object class category (e.g., personnel, equipment, supplies) for all proposed activities for the 12-month period starting 9/1/2017 through 8/31/2018. This should include both ongoing and one-time funding as requested (up to $150,000 total).

Staffing Impact Form

Enter expanded and/or new direct hire staff and/or contractor(s) FTEs to be supported by AIMS funding that will expand mental health and substance abuse services, whether fully or in part. Funding for the following personnel is allowed: psychiatrist, licensed clinical psychologist, licensed clinical social worker, other mental health staff, other licensed mental health provider, substance abuse provider, case manager, patient/community education specialist, and/or community health worker. Refer to the 2016 UDS Manual for position descriptions, as needed. Do not include personnel already supported entirely by other funding sources (e.g., current Health Center Program funding awarded through an FY 2017 BPR or Service Area Competition (SAC) award).

An individual's FTE should not be duplicated across positions. For example, an individual serving as a part-time mental health provider and a part-time substance abuse services provider should have the appropriate FTE listed in each respective category (e.g., 0.3 FTE mental health provider and 0.3 FTE substance abuse services provider). Do not exceed 1.0 FTE for any individual. Applicants proposing to increase contractors should provide clarifying details in the Budget Narrative attachment to explain how the contracted FTE estimate was developed and include details regarding the contractual arrangement.

Patient Impact Form

You must propose to increase the number of patients who will newly access mental health services, and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, as a result of AIMS funding by December 31, 2018. See the 2016 UDS Manual for the definition of patient.

You will provide separate patient projections for existing patients and new patients.

- Existing patients are current health center patients who will newly access mental health and/or substance abuse services as a result of AIMS funding.
- New patients are individuals not currently being seen by the health center who will access mental health and/or substance abuse services as a result of AIMS funding.

You will project patients by 1) Unduplicated Total and 2) Service Type.

- To calculate Unduplicated Totals for existing and new patients (questions 1 and 3, respectively), count each projected patient only once, even if some patients are expected to access both mental health services and substance abuse services.
- To calculate Patients by Service Type for existing and new patients (questions 2 and 4, respectively), count patients according to the services you expect them to access (mental health services and/or substance abuse services). If a patient will access both services, they would be counted once for mental health and once for substance abuse for these questions only.
- See the table below for how the following example for existing patient projections should be entered into the Patient Impact Form.[22]

  Example: As a result of AIMS funding, a health center projects that of existing patients, 100 will access mental health (MH) services only, 100 will access substance abuse (SA) services only, and 50 will access both mental health and substance abuse services by December 31, 2018. The health center would complete the Patient Impact Form as follows.

[22] The same process will be used to calculate new patient projections.

Example Patient Impact Projections

1. Unduplicated Total (Existing Patients): 250 (calculated as 100 MH-only + 100 SA-only + 50 that will access both services)	
2. Patients by Service Type (Existing Patients):	
Mental Health Services	**Substance Abuse Services**
150 (calculated as 100 MH-only + 50 that will access both services)	**150** (calculated as 100 SA-only + 50 that will access both services)

Patient projections made through the AIMS application should not duplicate other patient targets (e.g., SAC projections, New Access Point projections). Projections for New Unduplicated patients will be added to your H80 grant's patient target. Failure to achieve this projection by December 31, 2018 may result in a funding reduction when your service area is next competed through SAC. See the SAC technical assistance website for patient target resources.

Notes:

- An increase in patients new to the health center is not required if the proposed project will focus on making mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, available for current health center patients who have not accessed these services through the health center in the past.
- If new patients are projected, complete the Patients by Population Type section. The information entered in this section will be used to populate future Budget Period Progress Reports.

Project Narrative Form

Need (maximum 2,500 characters, which includes spaces)

1. Describe the need to expand or begin providing mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Response (maximum 2,500 characters, which includes spaces, each)

1. Describe the proposed direct hire staff and/or contractor(s) to be supported with AIMS funding, including how they will meet the identified needs through the use of evidence-based strategies.

2. Provide a timeline that lists the implementation steps and expected outcomes of the proposed mental health and substance abuse service expansion activities. The timeline must show that expanded access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, will be implemented within 120 days of award.

3. If one-time funding is requested for health IT and/or training investments, describe how that funding will be utilized to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and

awareness of opioid abuse, and address the need for integration with primary care. Include a timeline that demonstrates that all one-time funding will be expended within 12 months of award. If one-time funding for health IT and/or training is not requested, enter "N/A".

Equipment List Form (as applicable)

If one-time funding is requested in the Equipment line item on the Federal Object Class Categories form, list the costs for 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 threshold should be considered Supplies and would not be entered on the Equipment List Form. See additional details in Appendix B.

Appendix B: Instructions for Completing the Budget Narrative

You must provide a 12-month Budget Narrative that explains the amounts requested for each line item in the Federal Object Class Categories Form. The Budget Narrative must contain sufficient detail to enable HRSA to determine if costs are allowed[23] and must outline federal and non-federal (if any) costs for each line item. It is important to ensure that the Budget Narrative contains detailed calculations explaining how each line-item expense is derived (e.g., cost per unit). AIMS funding may not be used to support costs incurred prior to award or to supplant existing funding sources.

The Budget Narrative should describe how each cost will support the proposed project supported by AIMS ongoing and one-time funding. Include the following for the 12-month period starting 9/1/2017 through 8/31/2018:

Cost Category	Budget Presentation Description
Personnel	List each direct hire staff member who will be supported by mental health and substance abuse service expansion ongoing funding. Include the name (if possible), position title, FTE, and annual salary. Review the salary limit information provided below to develop the required Personnel Justification Table.
Fringe Benefits	List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement) for the proposed direct hire staff. The fringe benefits should be directly proportional to the portion of personnel costs allocated for the AIMS project.
Travel	The travel budget should reflect expenses associated with travel for consultants, direct hire staff, and/or contractors to attend trainings. List travel costs according to local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and individuals traveling.
Equipment	List equipment costs consistent with those provided in the Equipment List Form. 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 threshold should be considered Supplies.
Supplies	List the items necessary for implementing the proposed project. Equipment that does not meet the $5,000 threshold listed above should be included here.

[23] 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.

Cost Category	Budget Presentation Description
Contractual	Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.
Other	Include all costs that do not fit into any other category and provide an explanation of each cost.

Salary Limitation Requirements

The Consolidated Appropriations Act, 2016 Division H, § 202, (P.L. 114-113), states, "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." This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement. Note that these or other salary limitations may apply in FY 2017, as required by law.

The information included in Personnel Justification Table, example below, must be provided for all direct hire staff and contractors proposed to be supported by AIMS funding. Direct hire staff and contractors supported entirely with non-federal funds do not require this level of information.

Example Personnel Justification Table for Proposed Personnel

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Psychiatrist	10%	$200,000	$187,000	$18,700
R. Doe	Licensed Clinical Social Worker	100%	$47,550	No adjustment needed	$47,550
D. Jones	Case Manager	25%	$35,000	No adjustment needed	$8,750
	TOTAL		**$282,550**		**$75,000**