



<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p>Project Overview Form</p>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Federal Funding Request	Year 1	Year 2
Expanded Services Funding (Required)		
<p>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.</p> <p>Note the following when completing this form:</p> <ul style="list-style-type: none"> • Additional expanded services funding is available to health centers currently providing MAT services as demonstrated by 2017 UDS to increase the number of patients receiving MAT services. • If your health center did not report patients receiving MAT for OUD in 2017, you may request only the base level of expanded services funding in years 1 and 2 (plus one-time funding in year 1). • Funding is anticipated to continue to support service expansion activities in year 2. • HRSA provided the maximum amount of funding each health center is eligible to request for years 1 and 2 by email. • Expanded services funding is expected to become part of the H80 grant award (roll into base funding) contingent upon available funding and satisfactory progress. 		
One-Time Funding to Support Service Expansion (Optional)		
<p>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.</p>		N/A
TOTALS [Calculated by EHB]		

Evidence-Based Strategies	
Identify which evidence-based integration strategy(ies) SUD-MH funding will help you implement and/or advance. Select all that apply. If 'Other' is selected, describe the proposed evidence-based strategy(ies) in Project Narrative question 1 below.	Select All That Apply
Medication-Assisted Treatment	<input type="checkbox"/>
Collaborative Care Model	<input type="checkbox"/>
Patient-Centered Medical Home	<input type="checkbox"/>
Medicaid Health Homes	<input type="checkbox"/>
Four Quadrant Model	<input type="checkbox"/>
Assertive Community Treatment (ACT)	<input type="checkbox"/>
Integration of Mental Health, Substance Use, and Primary Care Services	<input type="checkbox"/>
Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)	<input type="checkbox"/>
Screening, Brief Interventions, Referral to Treatment (SBIRT)	<input type="checkbox"/>
Other evidence-based strategy <ul style="list-style-type: none"> – In your response to Project Narrative question 1 below, provide details on the selected integration strategy(ies) 	<input type="checkbox"/>
Project Narrative	
<p>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.</p> <p>If you selected ‘Other’ above, identify the selected integration strategy(ies) and briefly state the evidence base. If you wish to submit a table or diagram to support this narrative, do so in the Project Description/Abstract attachment.</p> <p>Maximum 2,500 characters with spaces (approximately 3/4 of a page)</p>	
<p>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.</p> <p>Maximum 2,500 characters with spaces (approximately 3/4 of a page)</p>	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.