



FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Funding Opportunity

Frequently Asked Questions (FAQs)

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Eligibility

1. Who can apply for SUD-MH funding?

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

2. What communications have eligible health centers received?

Individuals at eligible health centers who are registered as Project Director, Business Official, or Authorizing Official in the Health Center Program (H80) operational grant folder in HRSA's Electronic Handbooks (EHB) received two emails. An email on June 15 provided a link to the [SUD-MH technical assistance website](#), where the SUD-MH instructions and application resources are available, along with the maximum federal funding amount you may request.

Another email sent June 19 provided a link to the SUD-MH application module in EHB along with total maximum federal funding amount you may request, divided by your current H80 grant sub-program¹ funding proportions. If you believe your health center is eligible for SUD-MH funding and you did not receive the above-mentioned emails, or if you have questions on the subprogram funding proportions HRSA provided, contact the SUD-MH technical assistance team at SUD-MH@hrsa.gov.

3. Can sub-recipients and subcontractors apply for SUD-MH funding?

No, they cannot apply directly. However, if a site operated by a sub-recipient/subcontractor is included in an eligible health center's approved scope of project (i.e., on Form 5B: Service Sites), the health center may propose to use SUD-MH funding to support activities at that site.

¹ CHC= community health center; MHC= migrant health center; HCH= health care for the homeless; PHPC= public health primary care

Budget Requirements

4. How much SUD-MH funding is available?

The amount of funding you may request is based on a formula detailed in the table below.

Formula Components	FY 2018 Funding
Service Expansion – Base funding: Supports the expansion of integrated substance use disorder (SUD) and/or mental health services.	\$100,000
Service Expansion – Medication-assisted treatment (MAT) funding: In addition to base funding, health centers that reported MAT patients in the 2017 Uniform Data System (UDS) are eligible for additional funding to increase the number of patients receiving MAT for opioid use disorder (OUD).	\$250 per MAT patient reported in 2017 UDS
One-time funding: Supports infrastructure investments that will support the expansion of SUD and/or mental health services, which may include equipment, minor alterations and renovations (A/R), and other one-time costs.	\$150,000

5. Will there be funding beyond FY 2018?

The service expansion funding requested 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, and a decision that continued funding is in the best interest of the federal government.

Note: Satisfactory recipient performance includes achievement of SUD-MH funding requirements (see [FAQ #33](#) for details).

6. How much funding should be requested on the SF-424A Budget Information Form?

Enter your FY 2018 federal and non-federal funding request and non-federal funding amount, according to your current sub-program funding proportions. Refer to the [EHB User Guide for Applicants](#) for additional instructions on completing the SF-424A Budget Information Form.

7. Am I required to include non-federal funding in the SUD-MH budget?

If non-federal resources will be leveraged for your proposed SUD-MH project, they must be reflected in the [SF-424 Budget Information Form](#), the [Federal Object Class Categories Form](#), and the [Budget Narrative](#) attachment.

8. What constitutes minor A/R costs?

As part of a plan to implement and/or advance evidence-based strategies to expand access to SUD and/or mental health services, minor A/R projects may include work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location. Minor A/R activities may not increase the total square footage of an existing building, and may not be part of a larger construction project.

Equipment installation costs that require wiring or plumbing, for example, are considered minor A/R and are an allowable use of one-time funding, to the extent that they support expanded access to SUD and/or mental health services. See [FAQ #34](#) for additional details on post-award submissions required for minor A/R plans.

9. Can I use SUD-MH one-time funding to support personnel costs?

Yes, if such personnel will increase access to integrated, evidence-based SUD and/or mental health services. Keep in mind that only one-time funding (\$150,000) may be utilized for equipment and minor A/R costs, and that activities and costs covered by one-time funding in FY 2018 will not receive continued support.

10. Can I carry over SUD-MH funding into my next H80 budget period? (Updated)

Yes. SUD-MH awards will include 12 months of SUD-MH funding (September 1, 2018 through August 31, 2019), which spans two H80 grant budget periods (FY 2018 and FY 2019). As such, a portion of the funding is intended 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.

To use SUD-MH funding in your FY 2019 budget period, you must submit a Prior Approval Request. Consult your Grants Management Specialist with questions.

11. Are there any formatting guidelines for the Budget Narrative attachment? Can I submit a Microsoft Excel document?

Yes. Use single line spacing and an easily readable font, such as Times New Roman, Arial, or Courier. The font should be size 10-point or larger. Limit Excel documents to one workbook tab and ensure the print area is set to the information that must appear in the submission, minimizing blank cells where possible.

Scope and Services

12. Can I make changes to my approved scope of project (Form 5A: Services Provided) through the SUD-MH application?

No. If needed, you must separately submit a Scope Adjustment or Change in Scope request to add new services or to move services between Form 5A columns (e.g., from column III to column I and/or II). Your request must be approved prior to implementing the new service(s). You do not need to submit a Scope Adjustment or Change in Scope request if SUD-MH funding will expand services in the same way you are already providing them.

For guidance in determining whether a Scope Adjustment or Change in Scope is necessary, access the technical assistance materials on the [Scope of Project](#) website (click on the “Services” header in the Resources section to access the Form 5A information).

13. Can I propose activities at a site that I plan to bring into scope later?

No. Proposed activities must be implemented at sites (including mobile vans) in a health center’s approved scope of project. However, if a new site is added to scope in the future, SUD-MH funding may be used to support approved SUD-MH activities at that location.

14. Does HRSA require that expanded SUD services only address OUD?

For the purposes of the SUD-MH funding opportunity, SUD service expansion is the expansion of evidence-based, integrated SUD prevention and treatment services. At a minimum, a portion of the SUD services must address OUD. Additionally, other high need SUD issues impacting your target population, particularly those emerging and/or co-occurring with OUD, may be addressed. Note that

if you are eligible for and request additional MAT funding, you must use this additional funding to increase access to MAT for OUD.

15. Am I required to expand access to SUD services?

No. If appropriate to address the health needs of the population you serve, you may propose to expand access to mental health services with a focus on conditions that increase risk for, or co-occur with SUD, including OUD.

16. Can I use SUD-MH funding to implement and/or expand screening, brief intervention, and referral to treatment (SBIRT)?

SBIRT is an evidence-based practice for screening patients and referring them, as needed, to treatment. SUD-MH funding may support providers that are using SBIRT in conjunction with SUD and/or mental health services. For example, training staff in the effective use of SBIRT is an allowed use of SUD-MH funding.

17. Am I required to use additional MAT funding to hire a MAT provider?

Additional MAT funding must be used to support activities and purchases that will increase the number of patients receiving MAT for OUD by December 31, 2019. Such costs may include recurring expenses, such as personnel and/or contractual costs to support the provision of MAT, and/or one-time expenses, such as MAT-related supplies and training costs. If current MAT providers have capacity to see the projected increase in patients, additional MAT funding may be focused on other staff or purchases that will support the increase in MAT patients.

Patient Impact

18. Where can I find guidance on how to calculate SUD-MH patient projections?

Refer to the sample [Patient Impact Calculation](#).

19. Is there a minimum new patient requirement?

You must increase the number of patients newly accessing integrated, evidence-based SUD and/or mental health services due to SUD-MH funding by December 31, 2019. This includes both existing and/or new patients newly accessing such services. There is no minimum *new* patient increase required if you propose to focus on addressing your *existing* patients' unmet access needs for SUD and/or mental health services.

Staffing Impact

20. Am I required to expand services through the addition of direct hire staff?

No. Personnel increases may include direct hire and/or contracted FTEs. You may support multiple part-time positions that combine to meet the 1.0 FTE minimum threshold. See the [Staffing Impact Form](#) for the list of eligible positions. For example, you may support 0.5 FTE direct hire case manager and 0.5 FTE contracted licensed clinical social worker to address your community's SUD and/or mental health needs.

21. Can I use SUD-MH funding to increase the salaries of our existing providers?

No. SUD-MH funding must be used to implement and/or advance evidence-based strategies to expand capacity provide access to SUD and/or mental health services by hiring new personnel and/or increasing the hours of existing personnel. SUD-MH funding may not supplant existing resources.

22. Would a medical provider who provides MAT be considered a SUD provider?

A medical provider who provides MAT is an eligible position for use of SUD-MH funding. Consistent with the [2017 UDS Manual](#), include FTEs for physicians, nurse practitioners, or physician assistants who have a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat OUD with MAT in the rows identified for each position (i.e., physicians, nurse practitioners, or physician assistants) on the [Staffing Impact Form](#), not the SUD provider row.

23. May SUD-MH funding be used to incentivize health center personnel to attend trainings or to encourage patients to participate in needed SUD and/or mental health services?

No. SUD-MH funding may not be used for incentives. However, funding may be used to support the development of a training or educational program or costs such as registration and travel to attend a training.

24. May SUD-MH funding be used to reimburse the health center for revenue lost when a provider is participating in an SUD-MH-supported activity, such as a training?

No. SUD-MH funding may not be used to offset lost revenue or productivity. However, SUD-MH funding may be used to support a substitute provider who will provide temporary clinical services in the absent provider's place.

25. Can I use SUD-MH funding for recruitment bonuses to improve our success in securing qualified providers for this project?

Recruitment bonuses may be part of a salary package supported by SUD-MH funding, if consistent with your health center's standard practice.

26. Can I use SUD-MH funding to cover recruitment agency fees?

Yes. Costs or fees associated with an outside recruitment agency to hire personnel to support the SUD-MH project are allowed.

27. Can I hire a new staff member prior to award?

Yes. SUD-MH applications must demonstrate that SUD-MH funding will result in an increase in FTEs and the number of patients accessing SUD and/or mental health services. Plans to increase direct hire staff and/or contractors should be implemented based on need and available resources, taking into consideration that the application submitted to HRSA is a request, not an approved plan, for the proposed activities. SUD-MH funding may not be used to support costs incurred prior to award.

28. Can I propose to support a position that is not listed on the SUD-MH Staffing Impact Form?

You must meet the SUD-MH 1.0 FTE minimum staffing increase through expansion or addition of FTEs for position types listed on the [Staffing Impact Form](#). After meeting this requirement, you may propose to use available SUD-MH funding to increase FTEs for additional positions on this form, or if necessary, positions not included on this form that are critical for the expansion of SUD and/or mental health services. Your application must demonstrate how such positions will support expanded access to SUD and/or mental health services. Contact SUD-MH@hrsa.gov to discuss such position proposals prior to finalizing your application.

Evidence-Based Strategies

29. Can I propose to continue using an evidence-based strategy already in practice, or do I have to implement a new strategy?

You may use SUD-MH funding to advance use of an evidence-based strategy already in practice. For example, if you are already providing MAT for OUD, you may select MAT as the evidence-based strategy you will use to expand access to OUD services through SUD-MH funding.

30. Can I propose more than one evidence-based strategy?

Yes, you should propose the evidence-based strategy or strategies that you plan to use to increase access to quality SUD and/or mental health services through this supplemental funding. For example, building on the question above, in addition to MAT, you may also indicate that you will use SUD-MH funding to initiate a new evidence-based strategy, such as Collaborative Care Model.

31. Can I use a different evidence-based strategy from those listed in the application?

Yes. Eligible evidence-based strategies include, but are not limited to, those listed in the [SUD-MH instructions](#) and the [Project Overview Form](#). You must implement one or more evidence-based strategies that are aligned with the SUD-MH funding purpose, and will help you meet the identified needs of the population you serve. If you choose to implement an evidence-based strategy that is not listed, select “Other evidence-based strategy” from the list of options in the SUD-MH application, then identify the strategy and succinctly describe the evidence base in your Project Narrative response.

32. Do you have additional guidance for implementing an evidence-based strategy for the first time?

Each of the evidence-based strategies included in the [SUD-MH instructions](#) and the [Project Overview Form](#) is hyperlinked to a resource for that strategy. In addition, there are a number of behavioral health resources linked on the [SUD-MH technical assistance website](#) that may support the implementation and/or advancement of evidence-based integration strategies and/or expanded access to SUD and/or mental health services.

Review and Reporting Requirements

33. Are there reporting requirements related to SUD-MH funding?

Yes. In addition to updates provided in annual UDS reports and Budget Period Progress Report (BPR) submissions, recipients will complete triannual SUD-MH progress reports in January, May, and September. Refer to the Reporting Requirements section of the instructions for details. Additional information and guidance will be provided to SUD-MH award recipients after awards are announced.

34. By what date must required SUD-MH outcomes be achieved?

SUD-MH expanded services are comprised of two required components, with the following timelines:

- **Staffing Impact:** You must add at least 1.0 FTE direct hire and/or contracted personnel who will support SUD and/or mental health services within 8 months of award (by April 30, 2019).
- **Patient Impact:** You must increase patients receiving SUD and/or mental health services by December 31, 2019. Applicants requesting additional MAT funding must also increase patients receiving MAT for OUD by December 31, 2019.

35. What are the additional review requirements for minor A/R?

You may not begin any minor A/R without HRSA approval of additional documentation of your minor A/R plans submitted post-award. Review of such materials may take 6 to 9 months. 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 the staffing requirement and patient projections on time.

Contacts and Technical Assistance Resources

36. Who should I contact with questions concerning the SUD-MH application requirements, forms, and allowable costs?

Contact the SUD-MH technical assistance team at SUD-MH@hrsa.gov.

37. Who should I contact with questions concerning federal grant regulations?

Contact Mona D. Thompson, Grants Management Specialist in the HRSA Office of Federal Assistance Management, at mthompson@hrsa.gov.

38. If I encounter technical difficulties when trying to submit my application in EHB, who should I contact?

Contact the BPHC Helpline, Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding federal holidays), at 1-877-974-2742, or via the [BPHC Contact Form](#).

Other

39. Is the SUD-MH application subject to review by State Executive Order 12372?

Yes. If your health center is in a state that has a Single Point of Contact (SPOC), contact the [SPOC](#) to alert them that you will be submitting an application. If there is no SPOC, then you may contact your [Primary Care Office \(PCO\)](#) for guidance.

40. The SUD-MH instructions state that HRSA will not award SUD-MH funding to health centers that exceed specified condition thresholds. Does this include all conditions?

HRSA will only consider progressive action conditions related to Health Center Program Requirements when determining if health centers are able to receive SUD-MH funding. Scope verification conditions are not considered. Direct questions regarding the status of conditions on your H80 grant award to your Project Officer.

41. What is the purpose of the Logic Model attachment?

The sample logic model is a new option for the SUD-MH application that can be used to develop a concise, conceptual framework for a proposed project. Completion of a logic model is **optional**. If desired, you may submit a logic model or other document of your choosing (e.g., narrative abstract) in the Project Description/Abstract attachment field in the SUD-MH application, or you may upload a blank document, if desired. Refer to the sample [Logic Model](#) for guidance.

42. Can I apply for SUD-MH funding if I also currently or will participate in collaborative projects and/or state-led efforts addressing SUD and/or mental health issues?

Yes. To maximize the impact of SUD-MH funding, you are encouraged to collaborate on projects to address SUD and/or mental health issues, as well as participate in such activities sponsored by [HRSA's strategic partners](#) or state-led efforts, such as those supported by [SAMHSA's Targeted](#)

[Capacity Expansion: MAT-Prescription Drug and Opioid Addiction](#) funding. Activities supported by SUD-MH funding may not duplicate or supplant other funding.

43. Should we consult the [2017 UDS Manual](#) referenced in the SUD-MH materials, or the recently released [2018 UDS Manual](#)?

You may reference either versions of the UDS Manual for information on the health center patient definition and position descriptions. This content does not differ between the 2017 and 2018 UDS manuals.

44. Why are we being asked to review our SAM.gov registration information?

You are required to maintain an active [System for Award Management \(SAM\)](#) registration at all times. This spring, SAM started requiring notarized letters to enable processing of SAM renewals. Review the [SAM.gov update](#) for guidance and log into [SAM.gov](#) to confirm your registration information is correct. HRSA may not make an SUD-MH award if your SAM registration has lapsed.