

# Promoting Integration of Primary and Behavioral Health Care (PIPBHC) Program Overview FOA: SM-24-003

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Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

[fy-2024-pipbhc-states-sm-24-003.pdf \(samhsa.gov\)](https://www.samhsa.gov/foia-2024-pipbhc-states-sm-24-003.pdf)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Agenda

## **Welcome & Brief Remarks**

CDR Nicole Pascua, PIPBHC Program Lead

## **Review of Notice of Funding Opportunity (NOFO)**

Ms. Rachel Zahn, PIPBHC Government Project Officer and PIPBHC States NOFO Lead

## **Program FAQs**

CDR Nicole Pascua, PIPBHC Program Lead

## **Overview of Application Process**

Ms. Hawa Kamara, Office of Financial Resources, Division of Grant Review

## **Q&A**

CDR Nicole Pascua, Ms. Rachel Zahn, and Ms. Hawa Kamara

# Purpose of PIPBHC-States Grant Program

## State Role

State recipients are expected to partner with qualified community programs, health centers, rural health clinics, or Federally Qualified Health Centers to develop and implement an integration program plan. With this program, SAMHSA aims to improve the health outcomes for persons with behavioral health conditions by supporting the adoption and improvement of integrated care models for behavioral and primary physical health.

# Purpose of PIPBHC-States

Promote full integration and collaboration in clinical practices between physical and behavioral health care

Support the improvement of integrated care models for physical and behavioral health care to improve overall wellness and physical health status

Promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services

# Basic Information (pp. 4-5)

**Funding Opportunity Number:** SM-24-003

**Estimated Total Available Funding:** \$6,000,000

**Estimated Number of Awards:** Up to 3

**Estimated Award Amount:** Up to \$2,000,000 per year per award

**Length of Project Period:** Up to 5 Years

**Application Due Date:** May 20, 2024

**Anticipated Project Start Date:** September 30, 2024

# Eligible Applicants (Section III.1)

**Eligibility for this program is statutorily limited to a State or appropriate State agency. Appropriate state agencies include the State Mental Health Authority, the Single State Agency (SSA) for substance abuse services, the State Medicaid agency, or the State Health Department. Applicants must collaborate with one or more qualified community programs, as described in section 1913(b)(1) of the PHS Act (including community mental health centers, child mental health programs, psychosocial rehabilitation programs, and mental health peer-support or consumer-directed programs); one or more health centers [as defined in section 330(a)]; one or more rural health clinics (as defined in section 1861(aa) of the Social Security Act); or one or more Federally Qualified Health Centers (FQHCs) (as defined section 1861(aa) of the Social Security Act).**

# Eligible Applicants (Section III.1)

Only one application per state will be funded. If more than one entity from a state applies, SAMHSA will only fund the highest scoring application from that state.

States and territories (and other state agencies in those states) that received an award under the PIPBHC NOFOs (SM-20-003 or SM-23-005) to implement a Track 1 project are not eligible for this funding opportunity.

The states, territories, and state/territory agencies that are not eligible to apply are: Alabama, American Samoa, Connecticut, Indiana, Kentucky, Louisiana, Nebraska, New Jersey, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, and West Virginia.

# Evidence of Experience and Credentials (Section III.1)

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide the required services quickly and effectively.

Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All Required Activities must be provided by applicants directly, by subrecipients, or through referrals to applicant partner agencies.



# Eligible Applicants Continued (Section III.1)

Also, you must submit evidence that three additional requirements related to the provision of services have been met (in attachment 1):

1. At least one organization for direct client services appropriate to the award must be involved in the project (one or more qualified community programs, one or more health centers, one or more rural health clinics, or one or more FQHCs). The provider(s) must be an organization committed to the project as demonstrated by a Letter of Intent (LOI).
2. Each organization must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years.
3. Each of the three organizations must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

# Required Activities Overview (Section I.3)

- Required activities must be reflected in the Project Narrative of your application. This is in response to Section V of this NOFO.
- In the Project Narrative (B.1), applicants must indicate the total number of unduplicated individuals that will be served each year of the award and over the total project period. You are expected to achieve the numbers that are proposed.
- Delivery of services must begin within seven months of award. Award recipients must use SAMHSA's funds to support direct services primarily.

# Required Activities (Section I.3)

The state must partner with:

- one or more qualified community programs;
  - one or more health centers (including community mental health centers, child mental-health programs, psychosocial rehabilitation programs, and mental health peer-support or consumer-directed programs);
  - one or more rural health clinics;
  - or one or more Federally Qualified Health Centers
- to develop and implement an integration program plan. You should partner with providers in underserved communities or providers with a significant focus on serving populations facing health disparities.

# Populations to Be Served

Funding must be used to support one or more of these special populations:

Adults with a severe mental illness

Adults who have co-occurring mental illness and physical health conditions

Children/adolescents with a serious emotional disturbance who have a co-occurring physical health conditions or chronic disease

Individuals with a substance use disorder

Individuals with co-occurring disorders

# Required Activities: Program Readiness Review (Section I.3)

- Within **five months** of the award, conduct a **Program Readiness Review** to identify barriers, current or potential opportunities, and areas that need improvement in providing integrated primary and behavioral health care. At a minimum, the Program Readiness Review shall address the following areas:
  - **Physical and behavioral health conditions** commonly experienced by the population of focus and how those conditions are not being addressed;
  - The culturally responsive and **evidence-based programs** that currently address the integrated care needs and needed adaptations;
  - **Health information technology and data-sharing** capacity.
  - Any needed processes and infrastructure to support **ongoing measurement of population and individual outcomes**;
  - **Training needs** at both the state agency and provider levels;
  - Activities to ensure **engagement** with state agency and provider level leadership; and
  - Any **barriers and/or facilitators** that may impact the implementation.

# Required Activities: Integration Program Plan (Section I.3)

- Within **seven months** of the award, **develop and implement an Integration Program Plan** that includes the activities to be conducted, including:
  - Demographics and physical and behavioral health needs of population.
  - Common physical and behavioral health conditions that will be addressed.
  - Plans for how the program will address barriers and facilitators
  - Support partnerships or other arrangements with local health care providers that will provide culturally appropriate services to special populations and pediatric mental health as applicable, and
  - Integrated care program activities, including the following (refer to Appendix M for details about what must be addressed in each of these):
    - Access, screening, referral to care, and follow-up;
    - Evidence-supported prevention and intervention;
    - Ongoing care coordination and care management;
    - Person-centered self-management support;
    - Multidisciplinary team and team-based care;
    - Systematic measurement and quality improvement; and
    - Linkages with community and social services
    - Sustainable funding and practice

# Required Activities: Program Agreements (Section I.3)

Within five months of project start

- Develop and implement **Program Agreements** between the state and participating qualified community programs, recovery community organizations, community mental health centers, rural health clinics, or Federally Qualified Health Centers, to provide integrated care to chosen special population(s) and community-based organizations serving underserved populations.

# Required Activities: Training and Workforce Development Plan (Section I.3)

Within five months of project start:

- Develop and implement a **Training and Workforce Development Plan** at both the state and provider levels to support program implementation, including cross training between primary care and behavioral health providers team members

The plan should also include how state and provider leadership will be educated and engaged about:

- The need for integrated care and the integrated care program at the state and provider levels;
- How providers will take active steps to change the culture and practices across physical and behavioral health practitioners to support integrated care;
- How integrated care can be used to better serve underserved and marginalized populations.



# Required Activities: Provider-level Steering and Implementation Committee

(Section I.3)

Within seven months of project start:

Develop or maintain an existing **Steering and Implementation Committee** at each provider site that includes:

- Individuals with lived experience from the special population(s) being served at the provider site;
- People from underserved communities who are served by the program;
- Provider executive and clinical leadership;
- A state liaison; and
- Personnel with expertise in electronic medical record (EMR) data management at each provider organization directly collaborating with the state on the award.

If an existing body, with or without modifications, can fulfill the requirements of this activity, it may be used instead of developing a new committee.

# Required Activities: HIT Plan (Section I.3)

Within seven months of project start:

## Develop and implement a **Health Information Technology and Data Management Systems Plan (HIT Plan)**

- to ensure that such tools as electronic health records, registries, dashboards, cloud-based systems, digital therapeutics, and other digital health interventions to support care coordination, integrated care workflows, and data sharing across primary care and behavioral health providers are being utilized. This plan should also discuss compliance with health privacy statutes and regulations.

# Required Activities: State Planning Council (Section I.3)

Within seven months of project start:

Develop and/or maintain an existing **State Planning Council** for integrated care, which includes representation across the:

- State Mental Health Authority,
- The Single State Agency that leads efforts related to substance use disorder,
- The State Medicaid Agency to coordinate the financing and development of integrated care, and
- People with lived experience from the special population(s) served through the program, including underserved populations
- The planning council shall explore opportunities to advance integrated care and address barriers that impact the implementation of integrated care.

# Other Required Activities (Section I.3)

Actively engage in **technical assistance and training** with the Center of Excellence for Integrated Health Solutions

Implement the following **activities if they are clinically appropriate for population of focus:**

- Screen and refer individuals with HIV, sexually transmitted infections, and viral hepatitis to appropriate care; and
- Screen and assess for opioid and alcohol use disorders and immediate warm handoff to prescribers of medications for opioid and alcohol use disorders, including buprenorphine, when needed.

# Other Required Activities (Section 1.3)

## Submit a **Sustainability Plan**

- Within 12 months of project start and updated annually
- Addresses, at state and provider levels, sustainability for integrated care program when federal funding ends
- Should include the identification of financing gaps, and administrative and billing challenges, identification of sources of support that will be used to support local integration programs.

**Screen for tobacco/nicotine use and promote interventions** for tobacco/nicotine cessation, as appropriate to the population being served.

# Allowable Activities (Section I.4)

- Support the delivery of integrated care through the use of cloud-based systems, or remote support of integrated care functions;
- Pay for one-time costs that will support the integrated care program;
- Conduct state-sponsored networking activities and technical assistance to support integrated care providers;
- Support co-location of services to facilitate the delivery of integrated care;
- Develop capacity to prescribe medications for opioid and alcohol use disorders;
- Provide dental hygiene kits to program clients;
- Provide naloxone or other U.S. Food and Drug Administration (FDA)-approved opioid overdose reversal medications to program clients
- Implement and provide training on the Behavioral Health Guide for Implementing the National CLAS Standards to service providers:

# Allowable Activities Continued (Section I.4)

- Provide activities that address behavioral health disparities and the social determinants of health;
- Implement efforts aligned to the award that expand diversity equity, inclusion, and accessibility;
- Use data to identify groups or communities that are not receiving needed integrated care services;
- Develop and implement outreach and referral pathways that engage underserved populations;
- Screen for suicide risk and connect with supports when needed;
- Connect individuals served through the program with needed oral health supports; and
- Support for provision of care via telehealth.

# Key Personnel (Section I.2)

The Key Personnel for this program will be the **Project Director** with a minimum level of effort of 0.5 FTE and the **Project Evaluator** with a minimum level of 0.5 FTE.

- The Project Director is responsible for oversight of the entire project.
- The Evaluator will be responsible for supporting data collection, analysis, required reporting and participation in any federally required evaluation activities, and coordination of the evaluation and data collection with local participating providers.
- The roles of Project Director and Evaluator must not be held by the same individual.

This positions require prior approval by SAMHSA after review of credentials of staff and job descriptions.



# Evidence Based Practices (Section I.5)

- Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the people receiving the services. See SAMHSA's Evidence-Based Practices Resource Center and the National Network to Eliminate Disparities in Behavioral Health to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.
- If an EBP(s) exist(s) for the population(s) of focus and types of problems or disorders being addressed, it is expected you will use that/those EBP(s). If one does not exist but there are culturally adapted practices, and/or culturally promising practices that are appropriate, you may implement these interventions
- In Section C of your Project Narrative, identify the practice(s) from the above categories that are appropriate or can be adapted to meet the needs of your specific population(s) of focus.

# Data Collection & Performance Measurement (Section 1.6)

- Recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPR) Modernization Act of 2010.
- This data will be collected and reported into SAMHSA's Performance Accountability and Reporting System (SPARS).
- Award recipients are required to report performance on the following measures: National Outcomes Measures (NOMs) and Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators. Data will be collected at baseline, six months post baseline, and discharge on:
  - Behavioral Health Diagnoses
  - Demographic Data
  - Functioning
  - Program-Specific Questions

# Data Collection & Performance Measurement Cont.

- Recipients are required to collect and report quarterly in SPARS on the following IPP indicators.
  - The number of individuals screened for mental health or related interventions;
  - The number of individuals referred to mental health or related services;
  - The number and percentage of individuals receiving mental health or related services after referral.
- Recipients must periodically review their performance data to assess your progress and use this information to improve the management of the project. The project performance assessment allows you to determine whether your goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report.
- In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

See Application Guide Section D and E and for more information on responding to this section.

# Other Expectations (Section I.7)

- SAMHSA expects recipients to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.
- If funded, you will be expected to develop a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your award. (See Section G of Application Guide).
- Recipients must first use revenue from third-party from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding are used first when available for that individual. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities. Recipients must also assist eligible uninsured clients with applying for health insurance.

# Other Expectations Continued

- SAMHSA encourages all recipients to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs. Where appropriate, consider prioritizing this population for services.
- SAMHSA encourages all recipients to address the behavioral health needs of the LGBTQI+ population in designing and developing their programs and to consider prioritizing this population for services, where appropriate.
- SAMHSA will hold virtual recipient meetings and expects you to fully participate in these meetings.

# Funding Limitations/ Restrictions (Section IV.5)

Be sure to identify these expenses in your proposed budget.

- **As required by statute, no more than 10 percent** of funds for each budget period may support state administrative functions, and the remaining amounts shall be allocated to health facilities that provide integrated care.
- **As required by statute, not less than 90 percent** of the total award for each budget period shall be allocated to qualified community programs, community mental health centers, rural health clinics, Federally Qualified Health Clinics, and primary care providers/practices that provide integrated care.
- Food can be included as a necessary expense for individuals receiving SAMHSA-funded mental and/or substance use disorder treatment services, not to exceed \$10.00 per person per day.

You must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in Section H of the Application Guide.

# Required Application Components (Section IV)

- SF-424 – Fill out all Sections of the SF-424.
- SF-424A Budget Information Form– Fill out all Sections of the SF-424A. The totals in Sections A, B, and D must match.
  - See Section B of the Application Guide to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted
- Project Narrative– (Maximum 15 pages total)
- Budget Justification and Narrative

# Required Application Components Continued

- Attachments 1 Through 8:
  - Attachment 1: Evidence of Experience and Credentials and Letters of Intent
  - Attachment 2: Data Collection Instruments/ Interview Protocols
  - Attachment 3: Sample Consent Forms
  - Attachment 4: Project Timeline (Maximum of 2 pages)
  - Attachment 5: Biographical Sketches and Position Description
  - Attachment 6: Letter to the State Point of Contact
  - Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines
  - Attachment 8: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.



# SAMHSA Grants and Confidentiality and Participant Protection

## Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines

- All SAMHSA grantees are required to have safeguards protecting individuals from potential risks associated with their participation in SAMHSA projects, even if those projects are not focused on research
- All organizations that apply for SAMHSA grants must address all seven components of confidentiality and participant protection to ensure there are safeguards for participants and staff
- **If you are working with individuals, there are potential risks to both participants and staff.**

# Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines

## 7 Components of Participant Protection

Protect Clients  
and Staff from  
Potential Risks

Fair Selection  
of Participants

Absence of  
Coercion

Data Collection

Privacy and  
Confidentiality

Adequate  
Consent  
Procedures

Risk/Benefits  
Discussion

# Participant Protection - Common Mistakes

- Not submitting a response to the participant protection guidelines with your application
- Stating that participant protection is not applicable since you are not conducting research
- Stating there are no foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project. *If your project involves individuals, there will be some level of risk or potential adverse effects.*
- Only addressing participant protection as it relates to evaluation of the project.
- Not addressing all of the bulleted items within each of the seven components

# Application Evaluation Criteria (Section V)

- The Project Narrative (Sections A-E) together may be no longer than 15 pages.
- SECTION A: Population of Focus and Statement of Need (15 points – approximately 1 page)
- SECTION B: Proposed Implementation Approach (30 points – approximately 8 pages not including Attachment 4 – Project Timeline)
- SECTION C: Proposed Evidence-Based Service/Practice (25 points approximately 3 pages)
- SECTION D: Staff and Organizational Experience (20 points – approximately 2 pages)
- SECTION E: Data Collection and Performance Measurement (10 points – approximately 1 page)

# Section A: Population of Focus and Statement of Need

1. Identify and describe your population(s) of focus and the geographic catchment area where you will deliver services that align with the intended population of focus. Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status. Provide detail to substantiate that the state plans to partner with providers in underserved communities or providers with a significant focus on serving populations facing health disparities.
2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in A.1. Identify the source of the data (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings and Roadmaps, Social Vulnerability Index, etc.).

## Section B: Proposed Implementation Approach

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need described in A.2.
2. Describe how you will implement all Required Activities in Section I.
3. In Attachment 4, provide no more than a two-page chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I .

## Section C: Proposed Evidence-Based Service/Practice

1. Identify the EBPs or culturally adapted practices that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.
2. Describe the monitoring process you will use to ensure the fidelity of the EBPs, evidence-informed, and/or promising practices that will be implemented.

# Section D: Staff and Organizational Experience

1. Demonstrate the experience of your organization with similar projects and/or providing services to the population(s) of focus, including underserved and historically under-resourced populations.
2. Identify the organization(s) that you will partner with in the project. Describe their experience providing services to the population(s) of focus. Describe the diversity of the partnerships. Include Letters of Intent from each partner in Attachment 1.
3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Project Evaluator) and other significant personnel. For each staff member describe their: Role,
  - Level of Effort, and
  - Qualifications, including their experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this population, and working with underserved and historically under-resourced populations.



## Section E: Data Collection and Performance Measurement

Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program.

# Application Submission

You are required to complete three (3) step registration processes:

- System for Award Management (SAM);
- Grants.gov; and
- eRA Commons
  - **This process takes up to six weeks. If you believe you are interested in applying for this opportunity, start the registration process immediately. Do not wait to start this process.**

If you have already completed registrations for SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**.

**See Section A of the Application Guide for detailed instructions**

# Points of Contact

For **program and eligibility questions** contact:

Rachel Zahn

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

Email: [PIPBHC@samhsa.hhs.gov](mailto:PIPBHC@samhsa.hhs.gov)

For **fiscal/budget questions** contact:

Office of Financial Resources, Division of Grants Management Substance Abuse  
and Mental Health Services Administration

(240) 276-1940

[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

For **review process and application status questions** contact:

Hawa Kamara

Office of Financial Resources, Division of Grant Review

Substance Abuse and Mental Health Services Administration

(240) 276-1103

[Hawa.Kamara@samhsa.hhs.gov](mailto:Hawa.Kamara@samhsa.hhs.gov)

# Points of Contact

Problems submitting your application on **Grants.gov**? Contact the Grants.gov Service Desk at the following:

By e-mail: [support@grants.gov](mailto:support@grants.gov)

By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS).

Additional support is also available from the **NIH eRA Service desk** at:

To submit a service request ticket:

<http://grants.nih.gov/support/index.html>

By phone: 301-402-7469 or (toll-free) 1-866-504-9552. (Press menu option 6 for SAMHSA).

If you experience problems **accessing or using ASSIST**, you can:

Access the ASSIST Online Help Site at:

<https://era.nih.gov/erahelp/assist/>

Or contact the NIH eRA Service Desk