

Promoting Integration of Primary and Behavioral Health Care

Funding Opportunity Announcement SM-17-008

Frequently Asked Questions

Applicant Eligibility

Who is eligible to apply?

Eligible applicants are states or an appropriate state agency (e.g., state mental health authority, the single state agency (SSA) for substance abuse services, the State Medicaid agency, or the state health department). Providers, clinics, etc., are not eligible to apply but may be a collaborating agency with the state applicant if the state chooses them, and they meet the criteria for 1913(b)(1) **OR** section 330 of the Public Health Services (PHS) Act. Below are the criteria for the two different ways in which a provider or clinic can qualify as a collaborating agency:

Qualified Community Health Program (Section 1913(b)(1) of the PHS Act)

- “May include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs”
- Please note the language here does not exclude substance use agencies, therefore substance use treatment facilities or clinics can qualify as a Community Health Program.

Community Health Center (Section 330 of the PHS Act)

- The organization must be directly funded by HRSA through a 330 designation.
- Federally Qualified Health Center satellites do qualify.
- Please note that designated look-alike health centers do not qualify under section 330, but they can be an informal community partner.

Can a state apply for this grant, if it has not implemented the CCBHC certification among its community mental health providers?

Assuming that “CCBHC” refers to the Certified Community Behavioral Health Clinics and the eight states selected to participate in the Demonstration Program under the Protecting Access to Medicare Act of 2014, a state can apply for the grant even if they

have not implemented the CCBHC certification within their state. All states are eligible to apply and Qualified Community Health Programs and Community Health Centers can be collaborating agencies within the state as long as they meet the criteria under Section 1913 (b)(1) or Section 330 of the PHS Act.

Can multiple state agencies within the same state apply for this grant?

State agencies are encouraged to work together to submit one comprehensive application supported by all departments within the state. If SAMHSA receives more than one application from a state, the applications will be reviewed and scored, and the state agency with the highest priority score would be awarded the grant, provided the application is in the fundable range. Only one award per state will be made.

Can tribes apply?

Federally Recognized Tribes are not eligible to apply but are eligible to be a collaborating agency, if chosen by the state. The FOA states “Provider organizations shall be located among communities of high need, including federally recognized tribes; an Urban Indian organization; tribal organizations, tribally operated clinics, urban health clinics, or a HRSA Designated Health professional Shortage Area (HPSA).”

If we are or were to develop a school based clinic would Public Schools be considered an appropriate state agency?

No, Public Schools would not be an appropriate state agency.

Partnerships with State Applicants & Collaborating Agencies

What criteria does a collaborating agency have to meet to partner with a state who is applying for the grant?

Each state that applies chooses the collaborating agency (minimum of 1, but can choose more than one). The collaborating agency must be 1913(b)(1) **OR** section 330 of the Public Health Services Act. Below are the criteria for the two different ways in which a provider or clinic can qualify as a collaborating agency:

Qualified community health program (1913(b)(1) of the PHS Act)

- Per the PHS Act: “May include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs”
- Please note the language here does not exclude substance use agencies, therefore substance use treatment facilities or clinics can qualify as a 1913(b)(1) community health program.

Community health center (section 330 of the PHS Act)

- FQHC satellites do qualify.
- Please note that designated look-alike health centers do not qualify under section 330, but they can be an informal community partner.
- The organization must be directly funded by HRSA through a 330 designation.

How can I find eligible health centers that fulfill the requirement stated in the funding opportunity announcement, “community health centers as described in section 330 of the PHS Act, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers)?”

Health centers that are currently funded by the Health Resources and Services Administration (HRSA) through Health Center Program (H80) grants fulfill this requirement. You can search for these health centers using HRSA’s Data Warehouse, available at: <https://datawarehouse.hrsa.gov/tools/findgrants.aspx>. The search results may yield multiple entries for the same health center based on awards for multiple fiscal years, as identified by the same organization name in the “Grantee” field and the same “Grant Number”. As displayed in the below screen shot:

1. Under HRSA Program Areas, select Primary Health Care.
2. Under Fiscal Year, select “All Active Grants”.
3. Under Program Name, select “Health Center Program (H80)”.
4. Further filtering can be performed using the State and/or County fields.
5. Make no selection under the Grantee Class field.

See next page for a visual of the instruction above.

Find Grants

Find HRSA grants from fiscal year 1999 through the current date.

To select multiple items in any dropdown, hold down the "Ctrl" key while clicking (Cmd-Click on iOS).



HRSA Program Areas:

Health Workforce
Healthcare Systems
HIV/AIDS
Maternal and Child Health
Office of the Administrator
Primary Health Care
Rural Health

Fiscal Year:

All Active Grants
FY 2017
FY 2016
FY 2015
FY 2014
FY 2013
FY 2012

Program Name:

All Programs
Capital Development (C8A)
Capital Development (C8B)
Grants for School-Based Health Centers Capital Program (C12)
Health Center Controlled Networks (H2Q)
Health Center Program (H3Q)
HEALTH INFRASTRUCTURE INVESTMENT PROGRAM (C8D)
Native Hawaiian Health Care (H1C)
Patient Centered Medical Home – Facility Improvements Grant Program (C8C)
State and Regional Primary Care Associations (U58)
Training and Technical Assistance National Cooperative Agreements (NCAs) (U30)

State:

All States
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida

County:

All Counties
Bibb County
Dallas County
Etowah County
Jackson County
Jefferson County
Madison County
Mobile County
Montgomery County
Pike County

Grantee Class:

Does a state-Primary Care Association (PCA) partnership fulfill the requirement for states to partner with “community health centers as described in section 330 of the PHS Act, as amended (e.g., community health centers, health care for the homeless, public housing health centers, and migratory and seasonal agricultural workers health centers)?”

No. PCAs are state or regional organizations that provide training and technical assistance to health centers. PCAs are not clinical service delivery providers themselves. State applicants may collaborate with PCAs to conduct their proposed PIPBHC activities, but this collaboration does not fulfill the state-health center partnership requirement. For more information about PCAs, see <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html>.

Ideally how many partnerships should States form in order to be competitive?

This is a state decision. These grants are up to \$2 million and the state must have at least one collaborative agency. The state agency needs to consider the amount of money they are requesting, the population to be served and the number of people that would be served and ensure that the amount requested is a reasonable and sound amount related to the population and number of people to be served.

Who initiates the partnership with the state? The state or the organization(s)?

The state is the eligible applicant. If the state is interested in applying, they will be seeking collaborating agencies within the state. If a collaborating agency is interested in being a provider organization within the state that provider organization could certainly contact the state or appropriate state agency to see if they're interested in applying.

Can the agencies a state works with evolve/be added to and change over the five year period?

If you are awarded a grant, the state agency that submitted the application is responsible for carrying out the goals and objectives and working with the partners that were identified in the application submitted.

My state agency is trying to determine which clinics to choose, but I'm confused by who qualifies. For example, could we partner with a university who primarily serves students?

It is up to the state to determine who they choose to partner with. The partner organization must meet the criteria for 1913(b)(1) **OR** section 330 of the Public Health Services Act.

May the state agency choose to collaborate with two different mental health centers in different regions of the state?

The state can pick as many collaborating agencies to partner with as they would like across their state.

Does a clinic trying to meet the Section 330 criteria to be a collaborating agency need to be a FQHC prior to application deadline, or could it become one prior to the start of the grant?

They need to be an FQHC prior to the application deadline.

If a FQHC already provides integrated care, do they still have to partner with a behavioral health agency?

If the selected provider organization is a community health center as described in Section 330, then a formal partnership with a qualified community health program as described in Section 1913(b)(1) of the Public Health Services Act will be required to provide integration of behavioral health services into the primary care setting and vice versa. If the agency meets both the criteria for 1913 (b) (1) and Section 330, this satisfies the requirements to partner.

Must the provider already be able to meet the requirements of meaningful use 2 prior to submitting or can they apply with the proviso that they get to meaningful use 2 by year 2?

The state can apply with the provision that the provider will meet the requirements of meaningful use by year two.

Can critical hospitals serve as an informal partner to the state applicant?

This is a state decision. There is nothing that precludes the state from doing this.

Does the provider that the state chooses have to be a sub-recipient of either the Mental Health Block Grant or the Substance Abuse Prevention and Treatment Block Grant?

The collaborating agency is not required to be a MH or SA block grant recipient.

Can a collaborating agency have more than one federal grant?

There are no restrictions regarding having two projects at the same time, as long as it's clear they are complementary to one another. Per the FOA, under Award Criteria on pages 24-25, grants funds cannot supplant an existing federal program.

Can a collaborating agency have an existing PBHCI grant?

Having a PBHCI grant will not exclude you from being one of the agencies involved in the new PIPBHC project. If you are selected by the State to provide integrated care services, you can do that, but it cannot replace or supplant your current program. In other words, the new funding should not be used to continue your post-PBHCI grant program. However, the new grant funds can be used to provide primary care services to a new group of clients or location that were not funded under PBHCI.

Project Director

Please clarify that the Project Director has to be a state employee and that a state health department (local) can be the grantee.

The project director must be part of the state agency and is the point person for the grant. The project director is who the staff at SAMHSA will collaborate and coordinate with on the grant. A state health department is eligible as an appropriate state agency.

Is the Project Director position funded through the 10% of the grant that goes to the state or the 90% that is allocated for the community program or community health center?

Yes, the project director position can be funded with the 10 percent of the grant award that goes to the state. The remaining 90 percent of the grant award must be allocated to the community health programs and/or community health centers for them to provide

direct integrated care. No more than 10 percent of the 90 percent of the funding may be used by the community program or community health center for data collection, performance measurement and performance assessment.

Does the project director have to be full time?

That is at the discretion of the state. The FOA requires that the project director be part of the state agency and that they are very involved in the grant program, understands the grant program, and is responsive to the federal government.

Target Population Requirements

Is high need defined as high volume or can we target areas with less population but a more pronounced shortage of services?

High need is not defined as high volume. It is based on the need of the population and what services are missing in that area. For example, if the population is in a rural community with few services available, that will be taken into account.

From my understanding the target population is required to have a diagnosed Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) with co-occurring chronic primary health condition or risk of developing one. Instead of mental illness as the diagnosis though, can the target population be patients with Substance Use Disorder (SUD) and a co-occurring chronic primary condition or at risk of one?

Yes, the FOA outlines “individuals with substance use disorder” as one of the special populations.

When serving target populations with access barriers (i.e. transportation and provider shortages), is telehealth (skyping, etc.) considered a viable solution for integration?

Yes, that's something the state could consider in a collaborating agency.

If you are serving the target population in settings that also serve individuals who would not be in the target population of this grant, can grant funds only be used for services for people in the target population?

Yes, grant funds can only be used to provide services to the target population identified in your application and the FOA.

If a collaborating agency works across the life cycle of clients - in essence serving all the identified populations, can the coverage of populations be phased in over the 5 year period?

Grant dollars are to be used to serve the target population(s) during all 5 years of the grant period.

If a 330 center is participating, do all patients have to be screened for behavior health in addition to a depression screening such as substance abuse screenings?

Yes, all patients have to be screened for behavioral health and substance abuse screening.

Can a facility that currently provides integrated care expand those services either to more people or a new population using grant dollars?

Yes, a facility that currently provides integrated care can expand the services to more people or a new population.

Data, Outcomes, & Evaluation

Can a provider use the same functional outcomes for transitional age youth and adults?

If the transition age youth is age 18 and older, then the adult functional outcomes must be followed. If they are under age 18, then the functional outcomes related to children or adolescents with SMI or SED would be used.

Are the health outcomes that grantees are required to report specific to the participants of the program?

Yes, the data collection is specific to the participants of the program.

Should the cost for evaluation come from the up to 10% allowed for administrative costs or the 90% that must go to the community health programs and/or centers within the grant?

No more than 10% of the **total** grant amount can be used by the State for administrative costs which could include evaluation. The Funding Opportunity Announcement states that the 90 percent must be allocated to the community health programs and/or community health centers for them to provide **direct** integrated care. No more than 10 percent of the 90 percent of the funding may be used by the community program or community health center for data collection, performance measurement and performance assessment. The state may work with their provider organizations to determine how to conduct and pay for the evaluation and how they want to manage the data collection and evaluation.

Can the state pay an evaluator directly with that money or does the community health center have to be the entity to pay the evaluator?

No more than 10% of the **total** grant amount can be used by the State for administrative costs which could include evaluation. The State could pay the evaluator directly if the evaluator was hired by using the 10% administrative costs. The Funding Opportunity Announcement states the 90 percent must be allocated to the community health programs and/or community health centers for them to provide direct integrated care. No more than 10 percent of the 90 percent of the funding may be used by the community program or community health center for data collection, performance measurement and performance assessment.

Would it be allowable for the state to contract with a 3rd party to conduct the performance measurement/assessment?

It is allowable for the state to contract with a 3rd party to conduct the performance measurement/assessment. The state is allowed to use their 10 percent administrative funding for this activity. The FOA states that “10 percent of the total grant award may be used for State or other State agency administrative costs.”

Miscellaneous Questions

Where can I get more information on this grant?

If you haven't already looked at the Funding Opportunity Announcement (FOA), you can check it out at <https://www.samhsa.gov/grants/grant-announcements/sm-17-008> and click on the FOA links at the bottom of the page.

When will the state be notified if they have been selected?

States selected will be notified by September 30, 2017.

May funds be used to hire state level staff to manage the grant as long as it is within allowable percentages?

A state or the appropriate state agency receiving funding under the grant may not allocate more than 10 percent of the total grant award for administrative costs at the state level. Hiring a state level staff person to manage the grant is an acceptable cost.

Can a mobile clinic be an expansion of integral care services under this grant?

A collaborating agency with the state applicant if the state must meet the criteria for 1913(b)(1) **OR** section 330 of the Public Health Services Act. If the expansion of integrated care services within these criteria were to provide services through a mobile clinic, the clinic would need to be able to do everything required in the FOA, including report on all of the required outcomes. The providing partner would need to work with the state agency in order for the state to justify this choice in their application.