

**Mental Health Service Expansion – Behavioral Health Integration (BHI)**  
**HRSA-14-110**  
**Technical Assistance Call**  
**February 10, 2014**  
**3:00 pm ET**

Coordinator: Good afternoon and thank you for standing by. At this time all participants are in listen only mode. After the presentation, we will conduct a question and answer session. At that time if you would like to ask a question please press star 1 and record your name.

I'd like to inform participants that today's call is being recorded. If anyone has any objections you may disconnect at this time. And I would now like to turn the call over to your conference host today, to Rene Herbert. You may begin.

Rene Herbert: Thank you. Welcome everyone to the Technical Assistance call for the Fiscal Year 2014 Mental Health – Service Expansion Behavioral Health Integration or BHI FOA, as we will refer to it throughout the call. I am Rene Herbert, a public health analyst in OPPD that will be serving as the lead for the BHI Funding Opportunity.

Before we review the Fiscal Year 2014 BHI Funding Opportunity, Dr. Seiji Hayashi, Chief Medical Officer in the Bureau of Primary Health Care, will provide some introductory remarks.

Dr. Seiji Hayashi: Great, thank you very much Rene. And welcome to everybody to this call. When my wife convinced me to come to Washington D.C. she didn't tell me that it was so cold during the winters. But this year has been quite cold, and I know that many of you in the Midwest and the Northeast have been

suffering from the snow and ice which can be dangerous, and without electricity. So I hope that everybody is doing well today.

So we are very excited to be able to announce this Funding Opportunity to expand access to mental health services and to further integrate behavioral health into health centers. Since the inception of the Health Center Program, health centers have provided access to behavioral health services for underserved communities and populations, so I know that many of you on the call already provide behavioral health services directly, or work very closely with behavioral health providers in the community. According to some of our data from the Uniform Data System (UDS), over 6 million visits to health centers are for behavioral health issues and health centers employ over 6,000 behavioral health providers. And this doesn't even include some of the conditions and visits for which people come in with other chronic conditions such as diabetes and hypertension, where behavioral health could be impacting, adversely, their health. And because of that, primary care settings have been increasingly becoming gateways for many individuals with behavioral health and primary care needs.

We've heard from our grantees and definitely have been encouraged by many behavioral health stakeholders, that integrating behavioral health and primary care in health centers is the right thing to do, and that it would help in addressing the needs of individuals with mental illness and substance abuse disorders. So integrating behavioral health and primary care services certainly improves screening, diagnosis of mental illness and treatment, and even health outcomes. Furthermore, we believe that it may be cost effective and increase access to services for people with multiple health care needs, especially when it's closely coordinated with, you know, their entire care, and then integrated with behavioral health services and providers. So for this funding announcement we are so excited to offer this for the 2014 Fiscal

Year, and for the expansion of the funding for mental health and Behavioral Health Integration. The last time HRSA was able to provide such funding to health centers was in Fiscal Year 2009.

What makes this opportunity different from previous behavioral health funding is that the purpose of this supplemental grant is to improve and expand behavioral health services through a model of integration: integrated behavioral health and primary care. Some of these models include using SBIRT, or Screening Brief Intervention and Referral to Treatment, and also the provision of integrated onsite direct team based behavioral health care. Another unique factor for this Funding Opportunity is its emphasis on collaboration with community behavioral health providers. Not only are applicants able to propose contracted services for the required new licensed onsite FTE, but the review criteria put a heavy emphasis on demonstrated community collaboration. So I'm excited for the Funding Opportunity and excited to see how health centers respond to this enormous need. I thank you, and I hand the mic back to Rene.

Rene Herbert: Thank you Seiji. For those of you joining the call late, if you've not already logged into the webinar you can join by clicking [https://hrsa.connectsolutions.com/bhi\\_sessions](https://hrsa.connectsolutions.com/bhi_sessions).

Once you are logged onto the Web page, you can click Guest and sign in with your first and last name. If you have trouble connecting to the webinar, the slide presentation is available at the Technical Assistance Web page located at [www.hrsa.gov/grants/apply/assistance/bhi](http://www.hrsa.gov/grants/apply/assistance/bhi).

Once again this call will focus on Fiscal Year 2014 Mental Health Service Expansion – Behavioral Health Integration, otherwise called BHI FOA. I will do my very best to reference the slide numbers throughout this call so you can

easily follow along if you are viewing the slides via the TA Web page. For those on the webinar, the presentation is attached to the Adobe for download.

Turning to Slide 2, we'll discuss the overview. The presentation will start with a basic overview of the BHI FOA, including the eligibility and application requirements and the submission process. I will then touch on different key sections of the BHI FOA including: the program narrative and corresponding review criteria, the budget presentation, and the program specific information. We will conclude the call with a review of important considerations and a list of TA resources and contacts, followed by a Q&A session.

Just to remind you all on the phone, participants are currently in a listen only mode so please make a note of any questions that arise as we go along so you can ask them at the end of the presentation. If you are logged into the webinar you can also type your questions as we go along, but please note that we will likely be answering the majority of these questions at the end of the call.

Slide 3 provides an overview on the focus of the BHI Funding Opportunity. The purpose of the Funding Opportunity is to expand the capacity of an integrated behavioral health model into the health centers' current primary care. It is to improve and expand the delivery of behavioral health services throughout the establishment or enhancement of an integrated primary care and behavioral health model. With this goal in mind, the funding will aim to increase access to behavioral health services and increase the number of health centers with integrated primary care and behavioral health models of care across their sites.

On Slide 4 we provide a summary of the funding for this FOA. HRSA will award up to \$50 million to support 200 awards of up to \$250,000 each that will be awarded in August 2014 for a 2-year project. We expect applicants to discuss behavioral health in the context of services provided to address both mental health and substance abuse in the service area and target population currently being served. The Behavioral Health Integration FOA has a two-tiered process: the first deadline is through Grants.gov on March 3 at 11:59 pm Eastern Time, and the second deadline is through HRSA EHB on April 3 at 5:00 pm Eastern Time.

Please note that unlike other HRSA funding opportunities you may have applied to in the past, there will be a gap between the availability of the Grants.gov and HRSA EHB portion of the application. The EHB portion will not be available before February 26. However, if you submit your Grants.gov application early you can still work on the narrative attachments, such as the program narrative, the work plan, and budget justification that make up the bulk of the EHB submission by going on to the TA Web page. By the end of this week, we'll provide forms that will be available on the EHB portion of the application.

Slide 5 provides a list of the eligibility requirements. To be eligible to apply an applicant must be an existing health center program grantee that was not first funded in FY 2013 or FY 2014 through a New Access Point grant. This means the grantees that received their initial health center program award via a New Access Point grant in 2013 (in September 2013 or November 2013) are not eligible to apply. In addition, applications must adhere to the funding cap of \$250,000 in Year 1 and Year 2. An eligible applicant must either currently be providing in scope onsite behavioral health services or propose such services through Form 5A in this application. Lastly, all applicants must add at least one onsite full-time equivalent (FTE) licensed behavioral health

provider through this grant funding. The new FTE can be a single new staff member or contracted provider, or a combination of part-time staff members or contract providers equaling at least one licensed FTE.

Slide 6 provides an overview of some of the application requirements that will be assessed in the Program Narrative and review criteria. Applicants must propose a plan for achieving or enhancing a fully integrated care and behavioral services model of care. The plan must include use of Screening, Brief Intervention, and Referral to Treatment (SBIRT), and discuss the achievement of a team based integrated model of care. Characteristics of a fully integrated model of care are included in Appendix D on Page 41 of the Funding Opportunity.

On Slide 7, applicants cannot request funds, nor can funds be used for construction costs, fixing or installing equipment, or the purchase of facilities or land. Later on in the presentation I will discuss how you can request funding for movable equipment.

On Slide 8 we discuss the two-tiered submission process. As stated previously, this competition has a two-tiered submission process. Since all applicants are current health center program grantees, everyone should verify all active registrations -- SAM.gov, Grants.gov -- and EHB registration in advance of the application deadline. Active registration should be maintained throughout the entire application period. Please note that Phase I of the Grants.gov application process is completed through a successful submission to Grants.gov in which you will receive a validation email upon successful submission.

Slide 9 provides some of the tips for the EHB submission process. Please register the authorizing official and other application preparers at the link

listed in the slide. Make sure that your authorizing official is available to pursue the EHB application to the final step to avoid missing the deadline. Unlike Grants.gov, which generates an email confirmation, with EHB you will only receive an onscreen notice that your application has been successfully submitted. Please print and save this for your records.

In Slide 10 we provide you some information on the Grants.gov Web page, along with a list of the required submission components. This includes the SF-424 Application for Federal Assistance -- you would upload the Project Abstract on Page 2; SF-424B, the Assurances Non-Construction Programs; the Additional Congressional Districts as applicable; the Project/Performance Site Location Form; the Grants.gov Lobbying Form, the Certification Regarding Lobbying, which requires applicants to certify their grant funds will not be used for lobbying activities; and the SF-LLL Disclosure of Lobbying activities as applicable.

On Slide 11 we discuss some of the application components for EHB. This includes a Program Narrative; the SF-424 Budget information, Non-Construction Programs; the Budget Justification, uploaded in the Budget Narrative Attachment Form field; the Attachments; the Program Specific Forms; and the Program Specific Information.

Slide 12 provides information on the attachments. More details about the attachments can be found in Table 3 on Page 11 and 12 of the Funding Opportunity. The attachments that will be required for this application are:

- Attachment 1, the Work Plan which should span the proposed 2-year project;
- Attachment 2, the Position Description for Key Project Staff;

- Attachment 3, where you will provide the Biographical Sketches for key project staff and relevant licenses and all certifications for new onsite behavioral health care providers;
- Attachment 4, the Service Area Map, which is intended to reflect the applicant's site along with other behavioral health care providers in the service area -- instructions on using the UDS Mapper to create the map are located on the Technical Assistance Web page;
- Attachment 5, the Letters of Support should be current, dated letters, reflecting the commitment of other service area organizations to your proposed project;
- And Other Relevant Documents will be included Attachment 6, which may include contracts, agreements or brochures -- please note that the relevant documents in Attachment 6 are also counted towards your page count.

Slide 13 provides a reminder of the forms required for the BHI application. More details about the forms can be found in Table 4 on Page 13 of the Funding Opportunity, as well as in Appendix A. As noted earlier, by the end of the week samples of the EHB forms will be available on the Technical Assistance Web page. All program specific forms will be completed online in HRSA EHB. These forms do not count against the page count. But as I read through the list I will just provide a quick overview and we can discuss each of the forms in detail in later slides:

- In Form 1A, the General Information Worksheet, applicants will be required to provide the number of current and proposed providers and projected patients.
- Form 2, the Staffing Profile, will capture proposed staff in areas relevant to the BHI project.
- Form 5A, the Services Provided form, will permit you to propose services relevant to the BHI project.

- In the Federal Object Class Categories form we will capture the federal and non-federal budget breakdown for Year 1.
- And in the Supplemental Information form we will collect information on expert and new onsite licensed behavioral health providers to be supported with this funding.
- As mentioned earlier, in terms of requesting funding for movable equipment, the Equipment List is where applicants can request to utilize up to \$40,000 in funding in Year 1 only for moveable equipment.
- And lastly, the Clinical Performance Measure, the new depression screening and follow-up will capture baseline and goal data for this new measure.

Slide 14 is a screenshot of a portion of Form 1A focusing on the Patients and Visits by Service Type section. For the BHI application only, there are specific business rules for this section of the form. In this Patients and Visits by Service Type section shown here, applicants are to report projected patient and visit numbers for both current patients not currently receiving these services, as well as new patients that will receive these services by the end of the 2-year period.

On Slide 15 is another screenshot of the lower portion of the Form 1A, but looking at the Unduplicated Patients and Visits by Population Type section of the form. In this section, applicants should include only new patients that will receive services at the health center as a result of the project by the end of the 2-year project.

Slide 16 is a table list of the eligible services and changes to Form 5A through this BHI project. While we are discussing scope, I want to point out that Form 5B is not part of the BHI application and no sites can be added to, or be removed. While you're looking at the Services Provided, the table does not

pop-up, but in the presentation slide online it should be working. Also we have a list of the Eligible Services included on the Technical Assistance Web page that you can click on, and this is included in the last appendix page in the Funding Opportunity, for those who have access to that. But on that, the services provided, you will see eligible services and eligible changes to Form 5A which will be required to be discussed in the BHI project.

As I noted earlier, Form 5B is not part of this application and no sites can be added to or removed from the scope through this project. For the purposes of this Funding Opportunity, it is to integrate behavioral care in your current sites, thereby changing the way permanent health care is provided. As noted, you can see the table that's not showing under AdobeConnect in Appendix A on Page 38 of the Funding Opportunity.

Moving on to Slide 17, it's an overview of the sections of the Program Narrative and corresponding review criteria. These include the Need section for 20 points; the Response section for 25 points; Collaboration for 15 points; Evaluative Measures for 15 points; Resources and Capabilities for 15 points; and Support Requested for 10 points. Applicants should note the emphasis we've placed on collaboration through the assignment of point values to the different components of the application. It is critical that health centers reach out to their community partners in both the design and the implementation of the BHI projects. Please also note that the FOA directs applicants to cross reference the narrative forms and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

Moving to Slide 18, we'll discuss the budget presentation. If you've completed a BPR or SAC this year, you are familiar with the Federal Object Class Categories form which captures details on the federal funding request.

This form will collect the federal and non-federal breakdown for Year 1 only. In addition to completing this form and the SF-424A, applicants must also provide a 2-year Budget Justification, which we also refer to as the Budget Narrative. The Budget Justification will correspond with the new Federal Object Class Categories form.

As noted before, it will breakout the federal and non-federal revenue and line item expenses for Year 1 only, and will provide a total budget line item breakout for Year 2. The Budget Justification must provide sufficient information to show that costs are reasonable and necessary for implementation of the BHI project. If the line item Budget Justification does not provide sufficient detail, additional narrative should be provided to fully explain all costs.

Appendix E on Page 42 of the Funding Opportunity includes more information about the Budget Presentation. Currently, on the Technical Assistance Web page, sample budget forms are also available for you to preview.

On Slide 19 we provide you a screenshot of the Work Plan. And the Work Plan is a key requirement of your proposed project. Your submission should include a well-developed comprehensive Work Plan that outlines key action steps and measurable results under four required focus areas. When defining your goals and action steps, ensure that you fully address the Work Plan review criteria listed in the Funding Opportunity. If you do not discuss all four focus areas in your Work Plan, or provide clear goals and key action steps under each, it will affect your score. Details of the Work Plan are in Appendix C on Page 40 of the Funding Opportunity. In addition, a sample Work Plan can be downloaded from the Technical Assistance Web page.

Slide 20 is a screenshot of the Supplemental Information Form that will collect data on SBIRT and the new licensed onsite behavioral health providers. For the SBIRT information, applications should report baseline and goal data for the percentage of patients currently receiving SBIRT, and the percentage of patients projected to receive SBIRT at the end of the 2-year project period. This portion of the Supplemental Information Form is on the top of the form. At the lower part is the new licensed behavioral staff information where applicants should report the number of onsite FTE licensed behavioral health providers to be added through the funding listed, listing the providers by two categories: 1) the direct hire staff, and 2) the contractor staff. The total of these categories must be equal to at least one FTE for the application to be eligible for BHI funding.

On Slide 21 we will provide an overview of the Clinical Performance Measure Depression Screening and Follow Up that will be completed online in EHB and reported for the 2-year project. Since applicants are current grantees, you are all familiar with reporting of clinical measures. This measure is not unique to the BHI Funding Opportunity, but it's part of the new measures that will be collected in calendar year 2014 UDS reports as discussed in the Program Assistance Letter (PAL) 2014-01. And since the Depression Screening and Follow Up measures align closely with the goals of the BHI Funding Opportunity it was included in advance of the 2014 UDS report. When you're reporting the baseline data for this measure, you should report current data, or if data's not available, you can include an estimate or set the baseline as zero. The goal for this measure should be realistic and achievable by the end of the 2-year project given the target population needs and key proposed activities discussed in the Program Narrative and the Work Plan. Details on this clinical measure can be found in Appendix B on Page 38 of the Funding Opportunity.

On Slide 22, please be reminded that the application process for the BHI project occurs in two stages: the first deadline is through Grants.gov on March 3 at 11:59 pm Eastern; and the second is through HRSA EHB on April 3 at 5:00 pm Eastern Time. Also again, the EHB system is not available before February 26, 2014.

Moving to Slide 23, we provide a summary of the reporting requirements for this project in the future out years. HRSA will look at two reports to measure the progress of the BHI project: the first is the UDS data which will enable HRSA to track progress for new patient numbers, the new clinical performance measure and SBIRT; and the future Budget Period Progress Report, the BPR submission, will also be required to provide a brief BHI progress report.

Some considerations, on Slide 24, for all applications. Please note that failure to report and include all of the documents listed as required for completeness will result in your application not making it through the completeness and eligibility screening and will be deemed ineligible. You can reference Tables 2 to 4 in the Funding Opportunity Announcement, which will provide you a list of the required for completeness documents. When you're uploading attachments, please double check that you uploaded the correct document in each attachment field. We unfortunately have had to deem applications ineligible when applicants have accidentally uploaded the same document into places, thereby inadvertently omitting a required item.

Next, HRSA will assess current grant status for all applications considered for funding approximately 30 to 45 days prior to award. Grantees with five or more active health center program requirement related 60 day conditions, or one or more active health center program requirement related 30 day

conditions, will not be awarded Behavioral Health Integration supplemental funding.

Lastly, your submission may not exceed 80 pages. And as I noted earlier on Attachment 6: Other Relevant Documents, those will also be counted toward your page count.

On Slide 25 is the Technical Assistance Contacts and Information. The most commonly accessed resource is the BHI TA Web page located at the link listed. And throughout the application process, please refer to the Frequently Asked Questions on the BHI TA Web page. On this site you can access a sample form, the resources on Behavioral Health Integration models, along with other useful documents such as the FAQs. The contact person for program related questions is myself, Rene Herbert, and the contact person for budget related questions is Brian Feldman. For today's call any questions related to the budget can be directed directly to Brian on his email or at the phone number listed.

For problems with registering or submitting in Grants.gov, you can contact the Grants.gov contact center. And problems encountered when completing the application in EHB, such as error messages, contact the Bureau of Primary Health Care's Help Line.

Lastly, before closing I'd like to remind you that the Frequently Asked Questions document on the BHI TA page will be updated throughout the application period as questions arise between now and April. Whenever documents are updated on the TA page you will see the revised date besides the link, so please check back periodically.

And now I would like to open the call for any questions. Operator, please open the call for questions.

Coordinator: Thank you. At this time we're ready for the question and answer session. If you'd like to ask a question please press star 1 and record your name. To withdraw your question, press star 2. Once again at this time to ask an audio question please press star 1 and record your name. One moment for the first question.

Our first question does come from Robert Osborne. Your line is open. Once again, Robert Osborne, your line is open. Please check your mute button.

Robert Osborne: I'm sorry, yes. I wondered if we could get information about the different models that are available. I'm wondering if the model we have in mind would be - is going to be appropriate for the grant.

Olivia Shockey: So Robert, there's information on the BHI Technical Assistance Web site that links you to the SAMHSA-HRSA Center for Integrated Health Solutions. They have a wealth of information about different models that might be appropriate under this project. We've listed out the minimal requirements for integrated behavioral health in terms of this FOA: we're looking for you to add at least one new licensed FTE onsite provider, we're looking for you to do SBIRT and other evidence based practices across your health center, that you have a team based care approach.

So I think as long as you're meeting those requirements, there's a multitude of ways that you might be able to provide integrated behavioral health care. So please feel free to reach out to the Center for Integrated Health Solutions, as well as follow-up with our technical assistance email address -- it's

[bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) -- so that we can answer any specific questions that you might have as you're developing your model of care.

Robert Osborne: Okay, thank you.

Coordinator: Our next question comes from Roberta Feinberg. Your line is open. Miss Feinberg, please check your mute button, your line is open. We can go to the next question, Victoria, your line is open.

Victoria: On your Slide 15 it says "Report on only new patients that will receive services at the health center as a result of the BHI project." Can you elaborate on that? Are you just talking about completely new patients? Because we have existing patients, but due to a lack of our capacity we have not been able to let them - or allow - or have the room to access behavioral health. So I'm just kind of confused about what did you mean by "New?"

Olivia Shockey: So we've decided to use Form 1A in some unusual ways in this Funding Opportunity application, and that's to enable us to capture two different points of information about your patients. There's a section on Patients and Visits by Service where we want you to describe patients and visits for both new -- meaning completely new to the health center -- as well as current patients who have not been able to be served with behavioral health services in the past because of those kinds of capacity issues.

The second section of Form 1A that asks about patients and visits is the Unduplicated Patients and Visits by Population Type section, and that's where we want you to just report on the new patients to your health center that you expect to provide behavioral health services to.

Victoria: So any new patient as of August 1 who is accessing behavioral health services?

Olivia Shockey: Right. So it will be a little different for the two sections of the form. And please feel free to reach out to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) with specific questions as you're navigating through this form. And we'll also add some more detailed FAQs to our FAQ document that help to clarify how we're using those two sections differently.

Victoria: Okay. Can I ask one more question?

Olivia Shockey: Of course.

Victoria: You know, on Attachment 4, the Map, you know that map gets really crowded. And so are you looking for behavioral health providers or community behavioral health centers that are really nonprofit and are serving the underserved? Because we have a lot of behavioral health providers out there but some are for profit.

Olivia Shockey: Yes, I mean to the greatest extent possible we would like you to use that map to create a full picture of the behavioral health environment in your community. ~~If it's getting really crowded and things are getting confusing, obviously it's very important to us to be able to know who the providers are that would actually see the patients that are coming to your center.~~

*[CORRECTION: The Service Area Map should reflect the behavioral health services that are provided to your target population in your service area.]*

Victoria: Okay.

Olivia Shockey: So to the extent possible, if the map cannot contain all of your information and you need to provide information in the narrative as well, that might be a great way to balance the two needs.

Victoria: Okay, thank you.

Coordinator: Rena Schpeigel, your line is open.

Rena Schpeigel: Yes, we had two questions. And actually I wanted follow-up on that other question about the map. So the map can just show the behavioral health providers that would see the patients that would come to our centers, not the community overall?

Olivia Shockey: We would prefer that the map show all of the behavioral health providers in your service area. If your map is becoming too cumbersome and difficult to read and create and you are concerned that reviewers will not be able to interpret the information, then it's a great idea to limit that map to the behavioral health providers that would serve the types of patients that come to your center -- people that are in your target population.

*[CORRECTION: The Service Area Map should reflect the behavioral health services that are provided to your target population in your service area.]*

Rena Schpeigel: Okay.

Olivia Shockey: And then you can describe the other providers in your narrative.

Rena Schpeigel: Okay great, thank you. The other two questions that we had is that on Page 1 you said, "How - you have to explain how services will be made available to all individuals in the service area while maximizing collaboratives." So if you would just - my understanding of that is we have to tell how patients are

low-income patients. The target population for us could be - could receive behavioral health services in our community. If you could elaborate on that.

Olivia Shockey: Can you rephrase your question? I'm not completely sure what you're asking.

Rena Schpeigel: I want to know what you want in the response. You said - it's on Page 1, it's the second paragraph. It says, "Applicants are expected to explain how services will be made available to all individuals in the service area while maximizing collaboration with existing behavioral health providers in the community." How do we address that?

Olivia Shockey: Right, so what we're looking for you to do is to provide us with a plan to address the behavioral health needs of your service area and target population, similar to what you do with the rest of your H80 Project. We understand that this funding may not be able to provide one full-time onsite behavioral health provider at every single one of your sites, so that there may need to be some intense collaborations, some new connections formed with others in your community at sites that may not have as much access to onsite behavioral health care.

So we want you to think holistically as you're presenting your project plan, that it's not just about what you can provide with the dollars that we're providing to you, but what can you provide to your service area and target population through leveraging community resources and ensuring that your service area and target population have access to care. And in some cases that may look like enabling services, in some cases that may look like new collaborations -- it could look different based on your service area and target population's characteristics.

Rena Schpeigel: Okay, thank you. The last question we had, we just wanted to make sure, when we're looking at the new depression measure, if we're using the PHQ-9, we can - you don't - do you have a specific tool that you want us to use, or any tool that we're using or have used, that we have found effective we can use to evaluate the number that have received screening?

Laura Makaroff: Sure. Hi, thanks for your question. This is Laura Makaroff, I'm the Senior Clinical Advisor in BPHC's Office of Quality and Data. And the measure is really any standardized depression screening tool is fine, so the PHQ-9 or the PHQ-2 with appropriate follow-up if needed.

Rena Schpeigel: Okay.

Laura Makaroff: Does that help?

Rena Schpeigel: Yes, that helps. That's perfect. Thank you so much.

Laura Makaroff: Great, sure thing.

Coordinator: Jackie Provost, your line is open.

Jackie Provost: Hi, good afternoon. I have a question in terms of - can you hear me? Hello?

Olivia Shockey: Yes we can.

Jackie Provost: Okay I'm sorry. I have a question about the eligibility. It says that if you received the New Access Point funding in November 2013 then you're ineligible. But I wasn't clear if that's for newly founded FQHCs or if it's - because we're a current FQHC who also received a NAP.

Olivia Shockey: Right, the intent is that our organizations that were funded for the first time under the New Access Point grants in September or November 2013 would not be eligible to apply. Other organizations that received supplemental NAP funding at that time are eligible. And the intent is that those new organizations are working toward operational status for their current NAP grant proposal, so we don't want to pull people in too many directions. We want them to be able to focus on implementing the NAP as planned. So if it was a new organization who had not been a part of the health center program before, they are not eligible to apply, all other NAP recipients are.

Jackie Provost: Great, thank you so much.

Olivia Shockey: You're welcome.

Coordinator: Our next question comes from Steve. Your line is open.

Steve: Hi, I have a couple of questions for you. The first one has to do with, you know, like the scoring for the providers. Okay, right now we don't have a mental health provider, and is that going to hurt us? You know, like it does say in the application, "You're going to have 120 days to implement," and we could certainly have one on board by then. But right now we don't have one.

Olivia Shockey: So our goal for all applicants is for you to tell us about the needs in your community and to paint a picture through your application of how you're going to get from Point A to Point B through your application, so for you to tell us how you are going to provide onsite services in an integrated team-based way, to get new provider in place within 120 days. So there is no threshold in terms of where you have to be at this point as long as you provide a reasonable and achievable plan for getting to where you need to be.

Steve: Okay, my second question is, we were intending to open another site before the end of February, okay? And the change in scope will be going in within the next week or two. Would we be able to mention that? Because the application deadline is not until April, would we be able to mention that or not in this particular grant?

Olivia Shockey: We would strongly encourage you to work with your project officer around sites. There is no Form 5B in the Behavioral Health Integration application. We are not looking for a focus on sites as much as we're looking for a practice transformation within your health center as a whole. We know that when we're thinking about adding onsite providers that that becomes a site-specific process of where they might be, where they can float their time, how it can best be utilized. So we don't want you to link an application to sites that are not in scope at the time of the application. We think that's risky in terms of review and it doesn't paint a full picture of your project for reviewers. But if a site is in process of being added and is added to scope before the application is due, then certainly you can talk about that site in your application.

Steve: Okay, thank you.

Coordinator: Our next question comes from Kristin. Your line is open.

Kristin: Hi, thank you so much. I have a couple of - well, one question in particular. We just had our HRSA site visit, yay, so we do have some conditions. I'm confused, is it 30 to 45 days prior to the August 1 deadline or is it 30 to 45 days prior to when you're going to tell us that we would receive an award that we need to have conditions worked out?

Olivia Shockey: Well the good news is that initial verification conditions do not count against our conditions assessment. So we will be assessing conditions 30 to 45 days prior to award, which looks like 30 to 45 days prior to the August 1 date -- somewhere in that time range. We will be looking for conditions that are related to the health center program requirements that are in 60 and 30 day status. So grantees that currently have conditions on their award have time to start working toward getting those resolved. We encourage grantees to try not to have any issues pop up with health center program requirements at any point in time. So hopefully grantees that do not have an issue at this point will not have an issue when it's time to assess applicants for this award.

Kristin: Okay great. And if we already have behavioral health within our current scope, that's fine correct? It's not about adding it, but if we already have behavioral health included and we're looking to enhance, is that also acceptable under this FOA?

Olivia Shockey: Yes, both approaches are completely acceptable. So either adding if you don't have it or enhancing what you already have.

Kristin: Great. And would telemental health activities be something that you all would look at? That's something that's sort of an emerging or innovative kind of approach and we are kind of currently considering that as well.

Olivia Shockey: Yes, that is something that could be considered through part of this application.

Kristin: Fantastic, thanks.

Olivia Shockey: And there is information in the resources that we have on our behavioral health TA site that can provide you with some information about that.

Kristin: Fantastic, thank you so much.

Coordinator: Julie Woodyard, your line is open.

Julie Woodyard: Thank you. I have two questions. My first is: in order to add any health center personnel we would have to expand our space. Currently we rent clinic space and there is some available. Would some of this funding be able to go to help us pay rent?

Olivia Shockey: Expansion of space is considered a change in scope, and that's not feasible through this Funding Opportunity.

Julie Woodyard: Even if it's at our current site?

Olivia Shockey: I would encourage you to send your question via email to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) so we can get more details about your specific situation. But the intent overall of this funding is to expand in the realm of behavioral health in our current sites. So I do understand your question is nuanced in the sense that you may not physically be able to add even one more provider in the space that you have. So please send your question to the inbox so that we can give it the attention it requires.

Julie Woodyard: Okay. My second question is: are we able to use some of this funding as a recruitment bonus for a psychiatrist?

Olivia Shockey: The Funding Opportunity Announcement does not prohibit that as a cost for the grant.

Julie Woodyard: Okay, thank you.

Olivia Shockey: You're welcome.

Coordinator: Tim Davis, your line is open.

Tim Davis: Thank you, it's just a single question regarding the level funding. Is that \$250,000 per year or for the 2 years in total?

Olivia Shockey: It's \$250,000 per year. And there have been many questions that have come into the Chat Inbox that I have not been able to answer as we've been moving through the presentation, so let me go ahead and say that it is feasible that this funding may be part of ongoing funding. But that's completely dependent upon health center appropriation, performance, and you know, other factors that we typically assess as we're determining whether funding becomes part of an organization's base funding or not. So it's \$250,000 a year for the 2-year project at this given point in time.

Coordinator: Our next question comes from Alan Shector. Your line is open.

Alan Shector: Hi, thanks for taking the call. I'm - we're a long established FQHC grantee. This is another question about scope. And the best place for us to carry out our expansion and integration would be at one of our other health centers that is not yet in scope. So am I correct that we can't deliver this program at a health center that is not in scope? And here's the second to that: could we start the program at our main site, which is in scope, and then at a future date move the program to the other health center via a change of scope?

Olivia Shockey: So let me just pull us back for a second out of thinking about sites.

Alan Shector: Okay.

Olivia Shockey: The Funding Opportunity is intended to support a transformation in the way that practice occurs within the health center sites that are in your current scope of project.

Alan Spector: Even though we have this lovely site but it's not in the scope yet?

Olivia Shockey: Right.

Alan Spector: Yes.

Olivia Shockey: So the challenge is that things like SBIRT, things like other evidence based screening practices, really are intended to be part of your entire practice. The focus on team-based care is intended to be part of your entire practice.

Alan Spector: Right.

Olivia Shockey: So while people are, I think, getting very focused on what to do with their required one new licensed onsite provider for behavioral health services, I want to make sure that people don't forget that the focus is really much more broad than that and that it needs to be a commitment health center wide, not just for one site to do that from.

Alan Spector: Right.

Olivia Shockey: So where your one new onsite licensed behavioral health provider would be located I think is up to you, but you should not describe locating that person at a site that is not in your scope of project at the time that the application comes in. It may be the case that that person will split time between multiple

sites or that you have enough funding to hire multiple new providers to split time at multiple sites. So we can't tell you how to write your project...

Alan Spector: No.

Olivia Shockey: But we can say that we don't support projects that are proposing to do things at sites that are not in scope at this point.

Alan Spector: Okay, thank you very much.

Coordinator: Eleanor Larrier, your line is open.

Eleanor Larrier: Thank you. I'd like clarification on Slide Number 20. During the presentation I was not sure that whether you said that Direct Hire column and the Contractor column for a title should add up to 1, the 1 FTE that's required, or could you do let's say a .5 psychiatrist and a .5 clinical psychologist as direct hires with nothing in the Contractor side?

Olivia Shockey: Yes. Any combination of these rows and columns, as long as they total 1 or greater, is going to enable you to meet the eligibility requirement.

Eleanor Larrier: Okay. And then the other supporting non-licensed staff would just appear in the budget?

Olivia Shockey: It would appear in the budget and on your Form 2 Staffing Profile, but they would not appear here.

Eleanor Larrier: Okay. And one last question. It's - the grant supports transformation and enhancement. If you've already implemented a successful program, we can enhance that program?

Olivia Shockey: Yes.

Eleanor Larrier: Okay, thank you.

Olivia Shockey: You're welcome.

Coordinator: Andrea Jaylee, your line is open.

Andrea Jaylee: Hi, thank you. And I apologize in advance, I'm a behavioral health provider so I may not be using the terminology correctly. We're looking - there's a health center that would like to partner with us. They're a health center according to HRSA's health center listing, but they're a subcontractor of an existing grantee. And I'm wondering if they are able to apply for this Funding Opportunity, or does it have to be the original grantee organization?

Olivia Shockey: Yes, only original grantee organizations can apply. But if it's a subcontracted site or a sub-recipient site within their scope of project, then those sites are eligible to be part of this entire project. So the actual health center program grantee is the applicant. When they're considering their project that they are going to describe to encompass their entire grant, they can certainly describe services that are going to be occurring at all of their sites, inclusive of subcontracted or sub-recipient sites.

Andrea Jaylee: Okay great, thank you.

Coordinator: Our next question comes from Gib Clark. Your line is open.

Gib Clark: My question is: how do we measure integration? Are we - I guess, are we allowed to define - are we allowed to use - propose tools that we think will

define our success, so whether that's PHQ-9 or some other measurement, or are we bound to use certain measurements, including the clinical performance measure you've listed?

Olivia Shockey: So you can certainly propose what makes sense for your organization in terms of tracking what integration will look like. We've defined the minimal requirements that we expect to see in our applications in the Funding Opportunity Announcement, so we expect to see SBIRT, we expect to see the depression screening piece occurring, we expect onsite licensed behavioral health care providers, we expect team-based care.

And there are elements in the application, including an appendix, that outline some common components or factors that you'll often see in fully integrated centers or services. So we encourage you to look at those as you're describing what integrated care is going to look like within your health center.

Gib Clark: Okay great, thank you so much.

Coordinator: Heather Pegus, your line is open.

Heather Pegus: Hi, thank you. I have several questions. The first one has to do with something that was mentioned about the PHQ-2 and 9. Back last fall when we were submitting our service area competition, we already put in a measure to our clinical measures that was going to become part of the agency's general clinical measures. And it proposed the PHQ-2 for Age 19 and higher. So now that - I think I noticed that you were looking at Age 12 and higher. I just want to confirm that you're not going to be penalized for using the PHQ-2 instead of the SBIRT. And are we going to need to try to revise our original clinical measure down to Age 12?

Laura Makaroff: Hi, thanks for the question. This is Laura Makaroff again. So to answer your question about the age, so the measure that we're using as the health center program is the standardized NQS endorsed measure, which is depression screening for all patients Age 12 and up.

Heather Pegus: Okay.

Laura Makaroff: That's also part of CMS Meaningful Use Core Measures setup that's part of what you're working on in your organization. So the age will have to be changed to Age 12 and older. For the - the PHQ-2 is perfectly acceptable and fine as an accepted standardized depression screening tool and meets the measure definition. That's part of something different, so I think that that's maybe a different question. Did you have another question on the SBIRT?

Heather Pegus: I did, and this is coming from our licensed psychologist. She asked: SBIRT needs to be supervised by a physician or a licensed psychologist, but can the person administering the SBIRT be a certified alcohol and drug counselor or an unlicensed therapist, like an intern or an associate?

Olivia Shockey: Can you email that question to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov)? The focus of new - the one new provider requirement is to have licensed providers hired that can provide care onsite. But we want to make sure that we answer your nuanced question appropriately.

Heather Pegus: Definitely. Got it. And then a follow-up on what licensed meant. I saw that there were a number of folks in the Chat asking about psychiatric nurse practitioners and that kind of stuff. So maybe some kind of definition of what licensed - what licenses are acceptable would be helpful too. And then...

Seiji Hayashi: Yes, so this is Seiji Hayashi. So when we - so there's going to be some variability from state to state in terms of what a licensed independent practitioner could be, as well as a licensed practitioner. And this - as you can see from the table, what we're collecting in the UDS and in the program are these specific licensed practitioners. And if they can fit under, you know, like a licensed psychiatric nurse practitioner, I think that would fit well within this. We would probably need to figure out where in the table that person will fall under. And perhaps it's - that's something that we can discuss later. And we'll put it in the FAQ section of the document.

Heather Pegus: Got it. And just as a slight follow-up, do you have to include a psychiatrist as part of your model, or can like a psychologist physician model suffice?

Seiji Hayashi: A psychiatrist is not necessary.

Heather Pegus: Not necessary, okay. And this is, I think, my last question and it has to go - it goes to the space issue. If there's absolutely - if you have a behavioral health site, for instance a couple of blocks away from your overall primary care site and there's no way to physically locate space-wise, both departments in one building, is it acceptable to propose one full-time person at the primary care sort of serving as like the liaison for warm handoffs, just space-wise if there's just no way to have the two departments be in the same building?

Olivia Shockey: Let me ask a clarifying question: is the behavioral health site that you're describing part of your scope of project now?

Heather Pegus: Yes it is.

Olivia Shockey: It is. So then it would - so then your new provider could serve in a multitude of capacities that would support onsite behavioral health care at - within your entire scope of project.

Heather Pegus: Okay. So it's - when I was reading the PIN, it sounded like being on the same site was part of the qualification as being fully integrated. So that's why I was concerned that if there just space-wise was no way to have all the behavioral health providers be onsite with the primary care providers.

Olivia Shockey: Can you follow-up with us at [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov)? I just want to make sure that I'm understanding the nuances of your question about onsite versus offsite, in scope versus out of scope services.

Heather Pegus: Sure. Okay, sure no problem. Thank you very much.

Coordinator: Pat Duboise, your line is open.

Pat Duboise: Hi, I've got a couple questions. We've got 11 sites in our scope and we have behavioral health in 5 of those sites. It can - is it okay for us to look at expanding the services in the existing sites, or should we look to adding services at the other sites? I guess I'm wondering which is likely to be more competitive?

Olivia Shockey: That's ultimately up to you to determine as an applicant. But we would encourage you to think about your community needs when you're deciding where the best place is to locate any new providers.

Pat Duboise: Okay. And I think I already know the answer to this: the funding cannot be used for the existing behavioral health staff that we have -- it has to be for new staff even if they are at an existing site -- as part of the expansion?

Olivia Shockey: Right, so the focus is not on supplanting current dollars.

Pat Duboise: Okay.

Olivia Shockey: What we are focused on is adding new providers.

Pat Duboise: Okay.

Olivia Shockey: There was a question in the Chat pod that I'll answer now about making a part-time provider full-time with this funding, you know, covering their additional 20 hours. And that's perfectly acceptable as long as you make sure that you get up to 1 new FTE. So if you're making 1 part-time person full-time, so you're adding .5 with that person, you have add at least .5 of another person as you're thinking about getting to that requirement

Pat Duboise: Okay. And then in the sites where we have existing services we are using the fully integrated model. We've got the primary care provider and the behavioral health provider onsite and using the SBIRT and PHQ-9 and all of that. And I'm wondering are you are looking for - will you be funding projects that kind of are across the spectrum in terms of moving to the fully integrated model? I mean the fact that we have - that we're fully integrated at some of our sites, is that going to actually put us at a disadvantage?

Olivia Shockey: So I would ask you to take another look at the Program Narrative and Review criteria in the FOA.

Pat Duboise: Okay.

Olivia Shockey: We want to support projects that meet community needs in a way that's going to provide integrated care.

Pat Duboise: Okay.

Olivia Shockey: So as long as you can describe in your application how you will be doing that, our intent is that we will probably be funding a multitude of different types of projects, all focused on getting to a fully integrated model.

Pat Duboise: Okay. All right, great. Thank you very much.

Olivia Shockey: You're welcome.

Coordinator: Angela Currents, your line is open.

Angela Currents: Hi, I have two follow-up questions. One: you asked us to show how we will become a fully integrated model within the project period. And in looking at Appendix D, one of the things you talk about is one health record. So the question that came up that we would like some clarification on is when you talk about moving to one record, does that also include having like an exchange capability or an interface, or are you truly looking at one record?

So in other - you know, you're focusing on collaboration, so let's say we work with a community mental health provider, they have their behavioral health record, we have our EMR. If they - if we create an exchange or an interface, is that enough or is that sufficient to demonstrate that we're fully integrated on the health record issue?

Suma Nair: Yes, that's a great question. This is Suma in the Office of Quality and Data. And yes, I think many health centers have a separate electronic health record

and then have later gotten a behavioral health portion to it. Some have it integrated, and then some have developed integrations, as you mentioned, across. So I think as long as the way you setup your HIT system facilitates the intent of integration, that information is exchanged and people have access to that, that that should be fine.

Angela Currents: Okay. Another question I had, and this has come up a little bit in terms of space capacity, is it okay to present a proposal that ties this opportunity, the BHI opportunity, with the PCMH facility expansion opportunity?

Olivia Shockey: You can certainly state that you are also applying for another Funding Opportunity, but the two should not be contingent on each other. So if you do not receive the PCMH funding but you do receive the Behavioral Health Integration funding, we want to make sure that you can still carry out your Behavioral Health Integration project.

Angela Currents: Okay. And then the last question we were wondering was there was some sort of staffing formula that HRSA has in mind for the personnel in terms of patient volume?

Olivia Shockey: No, we've asked all applicants to provide us with a goal percentage of patients that will receive Screening, Brief Intervention and Referral to Treatment. So depending on where you are now might play heavily into where you plan to be within the 2-year period. And there was some talk in the Chat pod about who can do this Screening, Brief Intervention and Referral to Treatment piece. And some people were thinking that we meant that it should be the behavioral health provider, but that's certainly not the case. Physical health providers can do this. There can be handoffs to behavioral health providers when needed, referrals for intensive treatment but maybe the onsite behavioral health provider cannot take care of, so

there's a multitude of ways to do it. We do expect your physical health providers to be engaged in the work.

Angela Currents: Okay, thank you.

Coordinator: Mark Harris, your line is open.

Mark Harris: Yes, hi. I just had a question about costs. So you know, after we meet our - the requirement as far as like hiring at least one FTE, can we use some of the grant dollars to train our existing behavioral health staff in like the changes that we're planning on implementing?

Olivia Shockey: Certainly.

Mark Harris: Okay. And then also, if we wanted to use - I see in the nonclinical staff, like you guys have listed like Patient/Community Education Specialists, would like the use of community health workers in this context, be an allowable expense again, just to kind of facilitate linkage and do some outreach and education and that sort of thing?

Olivia Shockey: Yes, as long as you can link it to the proposed project and the needs in your community.

Mark Harris: Sure. Okay, thank you.

Olivia Shockey: You're welcome.

Coordinator: Kim Gonzales, your line is open.

Kim Gonzales: Yes, I had a question on the eligibility requirements, but somebody I think asked that before me, so I'm all set.

Coordinator: Megan Marks, your line is open.

Megan Marks: Thank you. Yes, I just had one question with regard to your expectation or thought that folks applying would collaborate with the SBIRT grantees, the SAMHSA funded SBIRT programs, in different states across the country.

Olivia Shockey: I think if there's an opportunity for you to collaborate with other providers, regardless of their funding sources, that's an excellent opportunity. And we would love for you to describe that in your application since the focus on collaboration is high in this grant.

Megan Marks: Great, thank you.

Coordinator: Noreen Kahn, your line is open.

Noreen Kahn: Yes, good afternoon. I had just a couple of questions. Two of my other questions have already been answered -- thank you. We have five sites in our scope and one of them is currently providing behavioral health services. And now with the new measure does that mean that we have to add those four other sites doing a change in scope for adding behavioral health services?

Olivia Shockey: So services and sites are different pieces of scope. When a service is in scope it can be provided at all of your sites. So if you are expanding services at one site to services at other sites, that does not necessitate a change of scope.

Noreen Kahn: Okay, and then my second question is: you had mentioned that it's okay to use the funds for recruitment bonuses. Are fees also considered allowable?

Olivia Shockey: Can you talk more about what that might be?

Noreen Kahn: Recruitment fees, just money spent on recruiting providers?

Olivia Shockey: You know, I would like for you to send that question to our inbox. What we want to do is check with our grants management staff just to make sure that things like bonuses and fees are not prohibited through our larger HHS grants policy spending guidelines. And we'll certainly respond to you directly through the inbox, as well as put an updated FAQ on our Web site.

Noreen Kahn: Okay, thank you, that's all.

Coordinator: John Bonner, your line is open.

John Bonner: Yes, hi. I had a quick question about designing a program to serve children and youth. And we already are providing mental health services, integrated behavioral health services, in our clinics and we want to expand to provide access for children and youth, which there is a great need for in our community. Is that something that's eligible under this?

Olivia Shockey: That sounds perfectly acceptable as long as that - you make it clear in your application that the rest of your patients are also being covered by services that are currently being provided.

John Bonner: Right. No, I was just asking the question because I saw that the new measure is focused primarily on 12 and above, and if we were serving any patients that were younger than 12 whether that would be eligible.

Olivia Shockey: Right, so the intent is that it would be eligible. You know, our performance measures are sometimes limited in certain directions beyond what our services encompass.

John Bonner: Right. Okay, thank you very much.

Olivia Shockey: Thank you.

Coordinator: Randy Smith, your line is open.

Randy Smith: My question was answered, thank you.

Coordinator: Lee Johnson, your line is open.

Lee Johnson: So our question has to do with the definition of collaboration and what makes us eligible in terms of an end goal. So we're seeing here that the program requirements are that you have to be either getting to or looking to achieve full integration. And we want to confirm that assuming that we are meeting the characteristics in Appendix D of the FOA, that full integration could be a health center collaborating with a behavioral health center in the community, and that close collaboration does not mean that it's just the health center having both primary and behavioral health care in the end.

Olivia Shockey: So I think that depends on what you mean by close collaboration. Because what we're really looking for here is being able to provide behavioral health services onsite at our health center sites, and being able to screen our health center patients.

Lee Johnson: So if the health center has a behavioral health partner who provides staff to the health center and those services can happen onsite, provided by the community partner, that's full integration?

Olivia Shockey: So I think that would meet the requirements of this Funding Opportunity. I think in terms of describing how your health center is moving to a fully integrated behavioral health care model, that would be up to you to describe in your response to the FOA.

Lee Johnson: Okay, thank you.

Coordinator: Eugenie Lewis, your line is open.

Eugenie Lewis: Hi, I have a question about the SBIRT and if you could give me a place where you can find information about that tool? And secondly - I have another question. I'm sorry, you caught me a little bit off guard. Any resource Web sites related to evidence based practices and screenings for - I have a question about mental health promotion. I was wondering if what you see as the role of prevention and promotion in this grant, or is it mainly treatment for patients?

Olivia Shockey: So let me try to peel your questions off one at a time. You had asked about resources and I would refer you to, there's a 2 or 3 page PDF that you can download from the Behavioral Health Integration Technical Assistance Web site that provides you with a multitude of links to webinars, Web sites, white papers and other documents. Some are about SBIRT, some are about other evidence based practices, some are about telebehavioral health, which we talked about with the previous caller. So I would refer you to look there first to see if you can find information that you're looking for there. A lot of those resources refer you to the SAMHSA-HRSA Center for Integrated Health

Solutions which will provide you with a lot of information about integrated behavioral health care.

Your question about prevention and promotion is an interesting question because we certainly know that prevention and promotion is an important piece of this whole spectrum of services. But you did notice rightly that the FOA focuses more on the treatment end of this component. So when you're thinking about how to put together your application for funding, how to balance your budget, your needs in the community versus what you're going to apply for, we do want you to make sure that you think through how to best meet the requirements of the Funding Opportunity Announcement, which really focuses on making sure that behavioral health services are available through the health centers on the treatment end of the spectrum.

Eugenie Lewis: Can you just kind of follow-up and say where was that resource that you mentioned the document, the PDF document? Could you just clarify where that's located?

Olivia Shockey: We're going to try to navigate the Web meeting out to our Technical Assistance Web site so that you can see where to look. But if you go to our Technical Assistance Web site, which is <http://www.hrsa.gov/grants/apply/assistance/bhi>, it's in one of the chat pods on your Web meeting. If you go there you'll see a link for resources where you can find a multitude of links to other webinars and documents and Web sites. If you bear with us we'll try to navigate out there through this Web meeting, but if not, refer to our TA Web site as your landing point. And if you're still confused about where to look send us an email at [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) and we can walk you through it.

Eugenie Lewis: Thank you.

Coordinator: Patty Marksans, your line is open.

Patty Marksans: My question's already been answered. Thank you.

Coordinator: Cathy McClendon, your line is open. Miss McClendon?

Cathy McClendon: My question's already been answered.

Coordinator: Thank you. Liz Brown, your line is open.

Liz Brown: Yes, thank you. I had a question about whether or not it's okay to have several existing grantees collaborate on a joint proposal where the 1 FTE of behavioral health would be shared. Is that eligible?

Olivia Shockey: So our intent is that one grantee would apply to expand behavioral health services within their organization. If you want you can send your question with more detail to the [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) inbox, we will happily try to address the nuances of what might be your situation. But the intent of the funding is not to see multiple grantees apply to add one new behavioral health provider across those grantees. The intent is for one grantee to apply to expand services within its scope of project.

Liz Brown: Okay, thank you. One additional clarification question. Is it acceptable to, as a portion of the budget, fund some existing staff time for supervision of the new staff you're bringing on board?

Olivia Shockey: If those supervisors are not full-time at this point and you can expand their hours in order to provide supervision of the new providers then yes, that makes sense.

Liz Brown: But not if they are already full-time and they're taking on an additional provider to supervise?

Olivia Shockey: So I think the challenge with that is figuring out how providers can be more than 100% time for any given project. So, you know, the intent of the funding is to supplement, not supplant, existing funds.

Liz Brown: Thank you.

Olivia Shockey: And so for those of you that are still on the call and are looking in the Adobe Connect Meeting, we've navigated out to the Technical Assistance Web site, hopefully you're all seeing that. And we're hovering over the third document under Technical Assistance Resources, which is a document entitled, Resources on Integrating Behavioral Health and Primary Care. If you click that link it will pull up a PDF document that includes multiple links and lots of information for other resources that may help as you develop your project.

Coordinator: Our next question does come from Matthew Roman, your line is open.

Matthew Roman: Hey I have two questions. You touched on one of them earlier, but if you were to - if we were to hire a psychiatric clinical nurse specialist, would that be - who would be prescribing psychiatric meds, would that be considered under the Psychiatrist line, or it doesn't really seem to be captured under the Other Mental Health, because they would be acting as psychiatrist?

Olivia Shockey: We will provide a new FAQ on that, but please feel free to email your questions to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov).

Matthew Roman: Okay. My second question would be around SBIRT. Would an acceptable use of funding be to purchase some technology that would allow patients to do a self-assessment in the S part of SBIRT? So they would do like a standardized screening tool, and then the provider would be able to review the results of that once they got into the exam room. Would purchasing that technology be an okay expense?

Olivia Shockey: So it sounds like that may fall into the movable equipment up to \$40,000 section of the budget, but it will be up to you to describe in your application how - what you are proposing in terms of what I'm guessing might look an iPad or something that a patient might use in a waiting room, might fit into your overall proposed projects.

Matthew Roman: Okay, thank you very much.

Coordinator: Audrey Higby your line is open.

Audrey Higby: Yes, thank you. I know you've touched on the scope in many ways, but I'm still a little bit unclear. We are in the same site as an FQHC, we're interested in applying - or having the FQHC apply. They're not sure that they're eligible. They currently do not have mental health as part of their scope, but we have five offices in their site where we're providing mental health care. And they are, I think, interested in applying to, you know, include mental health in their scope as well. So I'm just not clear on whether or not they are eligible to apply for this grant or not, at this point.

Olivia Shockey: So the Health Center Program grantee would be eligible to apply as long as they were not initially funded through a new access point grant in September or November of 2013.

Audrey Higby: Yes, they were not.

Olivia Shockey: Okay, so then they're certainly eligible to apply. And how they write their application in terms of collaborating and bringing on new providers will be up to them to work out with any collaborating partners that they're working with.

Audrey Higby: Okay, great. Thank you.

Coordinator: Corrine Knuteson, you're line is open.

Corrine Knuteson: Yes I have a brief question on the SBIRT model. It was sort of answered before, but when you say we need to deliver that across all sites. What, you know, we're looking to enhance services and deliver that at our headquarter site, and then pilot it there and then move it out to our other sites, or our other existing sites. Is that not what you guys are looking for? You're looking for that model at all sites?

Olivia Shockey: I think it's up to each health center to propose the model that works for them in implementing universal screening. If for you that looks like piloting at one site and then pushing out to other sites, that might be the best model for your organization. But the expectation is that we would be able to get to a place of universal screening.

Corrine Knuteson: Okay. Universal screening within the 2-year project period or universal screening just, you know, at our main headquarter site with our largest number of patients. And then, you know, obviously it would be - it wouldn't be difficult to move it up to the other three sites. But that was kind of our intention, because our behavioral health is at all sites but it's onsite at the headquarter site, and then it's referrals at the other three sites so.

Olivia Shockey: So I think as you develop your projection for the end of this two-year project, it should reflect what you're proposing within your health center program. We know that you may not be able to touch all patients at all sites within this period, but we want our grantees to work toward the goal of universal screening.

Corrine Knuteson: Okay, great. Thank you very much.

Coordinator: John Franklin, your line is open.

John Franklin: Yes. Would you please review again the focus areas for concentration in our narrative? And then secondly, also would you discuss the program evaluation expectations that are required?

Olivia Shockey: So for program evaluation you're expected to report on the clinical performance measure for depression screening and follow up in your UDS report. You'll also be expected to report on SBIRT in the UDS report, which has been in the UDS for a number of years at this point. You'll be asked to reflect patient growth through your UDS report as well as through future Budget Period Progress Reports (BPR). And there will also be some information included in the BPR where we ask you to talk about your progress toward your specific supplemental funding goals.

John Franklin: Okay. And the second question?

Olivia Shockey: Sorry, could you repeat your second question for me?

John Franklin: Yes Ma'am. Would you discuss the program evaluation expectations are required? For when the evaluations.

Olivia Shockey: Right. So the program evaluation is what I just described, what we expect for you to report so that we'll be able to roll that data across all supplemental awardees. Was there another part of your question that I missed?

John Franklin: Yes, yes, yes. What about concentration in the focus areas?

Olivia Shockey: I'm sorry, please repeat.

John Franklin: Discussing the focus areas that we're supposed to concentrate on and describing in our narrative.

Olivia Shockey: Right, so there are four focus areas, they're described in the Funding Opportunity Announcement and we expect for you to organize your two-year project's work plan according to those four focus areas.

John Franklin: Okay, thank you.

Olivia Shockey: And operator and everyone else on the call, please note that we have about five more minutes to answer questions. And anyone that does not have the ability to get their question answered on this call is encouraged to send their questions to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) and we will follow up.

Coordinator: Thank you. Cody Chip, your line is open.

Cody Chip: I've got to make it quick here. So I just - sounds like it's already been addressed, but the FAQ on the license type that's eligible. My specific question around that would be like a chemical dependency counselor, like a state certification around that versus say a licensed Master's level professional. Basically would a CDC 1 or 2 be eligible as an FTE person? Also,

would telebehavioral health services or an itinerate provider be eligible under this Funding Opportunity, as well as working towards better electronic health record integration through this process?

Olivia Shockey: So we'll answer the provider question in an enhanced FAQ, so please stay tuned for that. Yes, telebehavioral health would be supported under this Funding Opportunity and yes you can use funding under this Funding Opportunity to enhance EHRs that would fall into that \$40,000 limit on equipment in Year 1.

Cody Chip: Okay. And just one final question. I know the talks have been primarily on like SBIRT and depression screenings, but would - in looking at Behavioral Health Integration, would that also include using a behavioral health provider to help manage a chronic disease, such as like diabetes and cardiovascular disease?

Olivia Shockey: Yes.

Cody Chip: Okay, thank you.

Coordinator: Our next question comes from William Brent. Your line is open.

William Brent: Hello. Yes, I have a question concerning eligibility. If you're a health center that has been currently providing behavioral health services as part of the scope of service, but for some reason it was kicked off of Form 5A. How would you address that in the grant and currently do not change the scope to add it. How would you address that in the grant application?

Olivia Shockey: Which item did you leave off of your Form 5A Sir?

William Brent: It was kicked off of the Form 5A behavioral health service in 2009, so we're being required to do a change of scope to re-add it. So how would you address that in the grant?

Olivia Shockey: So there are some changes in scopes that are eligible through this application for your Form 5A. And if you have specific questions about how that will look when you get into EHB you're certainly welcome to send an email to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov) and we can talk you through that. You will be able to propose onsite behavioral health, onsite psychiatry specialty services as needed.

And as we start to wrap up for the call I do want to answer one question that came into the Chat pod. Someone asked about the start date for awards. Please note that we issued a modification to the FOA today to announce that we will be announcing these awards around August 1, instead of September 1, which should hopefully make everyone very happy to be able to get funding earlier rather than later. So for those of you that have noticed a difference between the FOA and the slides for today, the Funding Opportunity Announcement has been modified to clarify that we're targeting August 1 for awards.

Coordinator: Our next question does come from Sally Morrison. Your line is open.

Sally Morrison: Thank you very much. I am wondering about - I'm planning to partner with the local mental health center and was wondering about reciprocity. Would we, with this grant, be able to provide to them a nurse practitioner that would take care of their medical problems of their mental health patients and then work in tandem with the mental health providers at our site?

Olivia Shockey: While that's a wonderful concept, funding for this Funding Opportunity will not support that. So funding for this opportunity will support the behavior health providers operating within the Health Center Program.

Sally Morrison: Thank you.

Olivia Shockey: And operator we can take one more call. We're looking at two minutes before the end. So if we could take one more and then we'll wrap up and people can send questions to the inbox.

Coordinator: Thank you. The last questions does come from Aubrey Taylor. Your line is open.

Aubrey Taylor: Hi, thanks so much for taking my call. I'll be quick. It sounds like you all are not talking about licensed mental health providers and what that entails until the forthcoming FAQ, so I'll table that. We were wondering if within our scope of five sites, we need a Letter of Support from each site or if it needs to be more of an umbrella support; so if it's each one individually? And the last question was about operationalizing movable expense.

Olivia Shockey: So regarding the sites, if you are proposing to collaborate with five local community behavioral health providers, then certainly you would want to get letters of support from all of those sites. If you're talking about sites within your current scope of project, you're not expected to provide letters of support from your current scope of project sites with your application. And regarding movable equipment, if you have specific questions about that please email those to [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov).

Aubrey Taylor: Thank you.

Olivia Shockey: Thank you. All right, well I would like to thank everyone for their participation in today's call. You've asked wonderful questions, it shows that you're fully engaged and implementing Behavioral Health Integration within your Health Center Program and enhancing the programs that you're already offering.

We will be available to you for technical assistance throughout the application period at [bphcbhi@hrsa.gov](mailto:bphcbhi@hrsa.gov). Please keep sending in questions. We will update our FAQ document periodically throughout the application period. So please check back at our TA Web site as you move through your application process to see if there's new information that might help you with your application. And we look forward to assisting you, and ultimately supporting you as grantees. Thank you.

Coordinator: Thank you, and thank you for joining today's conference. You may disconnect at this time.

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