

**Program Specific Form(s) - Review**

00149919: PINELLAS, COUNTY OF

**Due Date: 07/26/2017 (Due In: 5 Days)**

Announcement Number: HRSA-17-118

Announcement Name: Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$150,000.00

**Resources**

[View](#)

[FY 2017 AIMS User Guide](#) | [Funding Opportunity Announcement](#)

**Federal Budget Information Table**

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**Federal Budget Information**

**Note(s):**

You must propose to increase direct hire staff and/or contractors to expand access to mental health and substance abuse services, including the treatment, prevention, and awareness of opioid abuse. Funding must be requested equally for mental health and substance abuse service expansion (i.e., the same amount in the identified rows below).

If desired, you may also request one-time funding to leverage health information technology (IT) and/or training to support the expansion of mental health and substance abuse services and their integration into primary care.

Use of Funds	Federal Funds Requested
Ongoing Service Expansion Funding for Increasing Access	
Mental Health Service Expansion Personnel (Required)	\$37,500.00
Substance Abuse Service Expansion Personnel (Required)	\$37,500.00
One-Time Funding to Support Expanded Services	
Health IT and/or Training Investments	\$75,000.00
Total	\$150,000

**One-Time Funding Focus Areas**

If one-time funding is requested for health IT and/or training to support the expansion of mental health and substance abuse services and their integration into primary care, indicate which of the following focus areas the one-time funding will address. Select all that apply. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative.

Focus Areas	Select All That Apply
Medication Assisted Treatment	<input type="checkbox"/> Medication Assisted Treatment
Telehealth	<input checked="" type="checkbox"/> Telehealth
Prescription Drug Monitoring Program	<input type="checkbox"/> Prescription Drug Monitoring Program
Clinical Decision Support	<input type="checkbox"/> Clinical Decision Support
Electronic Health Record Interoperability	<input checked="" type="checkbox"/> Electronic Health Record Interoperability
Quality Improvement	<input checked="" type="checkbox"/> Quality Improvement
Cybersecurity	<input type="checkbox"/> Cybersecurity
Other Training (describe in the Response section of the Project Narrative)	<input checked="" type="checkbox"/> Other Training (describe in the Response section of the Project Narrative)
Other Health IT (describe in the Response section of the Project Narrative)	<input type="checkbox"/> Other Health IT (describe in the Response section of the Project Narrative)

**Scope of Services**

Review the currently approved Form 5A: Services Provided for your organization by clicking this link: [Current Approved Form 5A](#).

Indicate below whether a Scope Adjustment or Change in Scope request will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time).

Access the technical assistance materials on the [Scope of Project resource website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).

Note the following before selecting "Yes" or "No" below:

- AIMS funding may support the expansion of existing services in scope as well as new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.
- You must separately submit a Scope Adjustment or Change in Scope request to HRSA to add new services to your scope of project or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II. You may not modify your approved Form 5A through this application.
- You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- AIMS funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. AIMS funded services are limited to: Mental Health, HCH Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education.
- All services supported by AIMS funding, including those to be added to or changed on Form 5A, must be implemented within 120 days of award.

Yes, I have reviewed my Form 5A and have determined that my proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

No, I have reviewed my Form 5A and determined that my proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A through a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.

Approximately 1/4 page. (Max 1000 Characters with spaces)

### Federal Object Class Categories

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Total Proposed Budget	Amount
Section 330 federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	\$150,000.00
Non-federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	\$0.00
<b>Total</b>	<b>\$150,000.00</b>

Budget Categories				
Object Class Category	Federal	Non-Federal	Total	
a. Personnel	\$0.00	\$0.00	\$0.00	
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	
c. Travel	\$0.00	\$0.00	\$0.00	
d. Equipment	\$0.00	\$0.00	\$0.00	
e. Supplies	\$0.00	\$0.00	\$0.00	
f. Contractual	\$150,000.00	\$0.00	\$150,000.00	
g. Construction	N/A	N/A	N/A	
h. Other	\$0.00	\$0.00	\$0.00	
i. Total Direct Charges (sum of a - h)	\$150,000.00	\$0.00	\$150,000.00	
j. Indirect Charges	\$0.00	\$0.00	\$0.00	
k. Total Budget Specified in this application (sum of i - j)	\$150,000.00	\$0.00	\$150,000.00	

### Staffing Impact

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**Note(s):**

You must propose to use AIMS ongoing funding to expand and/or add new direct hire staff and/or contractors who will support mental health and substance abuse service expansion, from the list below.

Allocate direct hire staff and contractor full-time equivalents (FTEs) by position. An individual's FTE should not be duplicated across positions. For example, a Licensed Clinical Social Worker serving as a part-time mental health provider and a part-time substance abuse provider should be recorded as Licensed Clinical Social Worker 0.3 FTE and Substance Abuse Provider 0.3 FTE. Do not exceed 1.0 FTE for any individual.

Applicants proposing to increase contractors should explain in the Budget Narrative attachment how the contracted FTE estimate was developed and include details regarding the contractual arrangement.

Include personnel on this form that will be supported with the total AIMS funding (federal and non-federal, if any) listed on the Federal Object Class Categories form. Refer to the [2016 UDS manual](#) for position descriptions as needed.

Position	New <u>Direct Hire Staff</u> FTEs Proposed	New <u>Contractor</u> FTEs Proposed
Psychiatrists	0.00	0.00
Licensed Clinical Psychologists	0.00	0.00
Licensed Clinical Social Workers	0.00	0.00
Other Mental Health Staff Please Specify: <input type="text" value="Licensed Therapist"/>	0.00	0.50
Other Licensed Mental Health Providers Please Specify: <input type="text"/>	0.00	0.00
Substance Abuse Providers	0.00	0.50
Case Managers	0.00	0.00
Patient/Community Education Specialists (Health Educators)	0.00	0.00
Community Health Workers	0.00	0.00
<b>Total</b>	<b>0.00</b>	<b>1.00</b>

**Patient Impact**

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**Note(s):**  
 You must propose to increase the number of patients who will newly access mental health and/or substance abuse services as a result of AIMS funding by December 31, 2018. The patient projection must break down existing patients that will access these services for the first time as a result of this funding separately from the projection for new patients. See the [2016 UDS manual](#) for the definition of patient. An example patient projection is provided in the AIMS Instructions.  
 NOTE: A projection of new patients is not required if the proposed project will focus on making expanded mental health and substance abuse services newly available for existing health center patients who have not accessed these services through the health center in the past, and a projection for existing patients is provided below.  
 If new patients are projected, enter the population type breakdown for the new unduplicated patients only in the Patients by Population Type section.

**Patient Impact Questions**

**Existing Patient Impact**

1. **Unduplicated Total (Existing Patients):** Enter the number of existing patients who will newly access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute the total projected existing patients to EITHER mental health OR substance abuse in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).  
120

2. **Patients by Service Type (Existing Patients):** Enter the number of existing patients who will access each service in calendar year 2018 in the table below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual who will newly access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
30	90

**New Patient Impact**

3. **Unduplicated Total (New Patients):** Enter the number of new patients (new to the health center) who will access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding.



**Note(s):**

New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this projection by December 31, 2018 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the SAC technical assistance website for patient target resources.

Attribute the total projected new patients to EITHER mental health OR substance abuse in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).

0

4. **Patients by Service Type (New Patients):** Enter the number of new patients (new to the health center) who will access each service in calendar year 2018 in the table below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual new to the health center as a result of this funding who will access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
0	0

▼ **New Patients by Population Type**



**Note(s):**

Enter the total number of new unduplicated patients by Health Center Program sub-program. The total must equal the number of new unduplicated patients entered in response to Question 3 above, if any. The information entered in the table below will be used to populate future Budget Period Progress Reports.

Population Type	NEW Patients Projected
<b>Total NEW Patients (from Question #3)</b>	<b>0</b>
General Underserved Community	0
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	0
<b>Total</b>	<b>0</b>

**Project Narrative**

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Fields with are required

**Need**

**1. Describe the need to expand or begin providing mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.**

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless has realized a high demand for the Medication Assisted Treatment (MAT) provided to clients through Substance Abuse Expansion funding. During the first 13 months of the project, Pinellas County was able to provide MAT services to 81 unduplicated clients (202.5% of the 40 proposed clients). 2016 UDS data shows that the program provided 602 unduplicated mental health patients a total of 1,447 clinic visits and 60 unique substance abuse patients received 474 clinic visits. Compared to 2015 UDS data, Pinellas County saw an 87% increase in mental health patients (322 unduplicated in 2015), a 147% increase in mental health visits (587 in 2015), a 9% increase in substance abuse patients (55 unduplicated in 2015) and a 123% increase in substance abuse visits (213 in 2015). This significant increase in conjunction with the continued demand for MAT services is indicative of the need to expand mental health and substance abuse services to our clients. Beyond the homeless population seen by the health center, the local area has seen a significant increase in opioid misuse. Data from the local emergency medical services (EMS) provider and medical examiner shows an increase in EMS naloxone administrations (19%) and opioid related deaths (52%) between 2015 and 2016. This trend appears to be continuing into 2017. Given the local landscape related to opioids coupled with the service data regarding the health center's clients, there is a significant need to expand the services that are currently being offered.

**Response**

**1. Describe the proposed direct hire staff and/or contractor(s) to be supported with AIMS funding, including how they will meet the identified needs through the use of evidence-based strategies.**

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless program will utilize AIMS funding to contract for 1.0 FTE licensed therapist to provide clients with group therapy, substance abuse counseling, and co-occurring counseling. One area that has been realized as a barrier to successful treatment is maintaining client engagement. Through the addition

of this FTE, the program anticipates the ability to seek increased engagement of clients in the evidence based provision of MAT services and evidence based therapeutic practices. The proposed contracted provider (Operation PAR) utilizes evidence based practices for substance abuse and co-occurring treatments. Proposed funds include 1.0 FTE licensed therapist, 0.05 FTE Director of Outpatient Services, local travel associated with the travel to the various service sites, and a computer bundle for the FTE.

**2. Provide a timeline that lists the implementation steps and expected outcomes of the proposed mental health and substance abuse service expansion activities. The timeline must show that expanded access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, will be implemented within 120 days of award.**

Approximately 3/4 page. (Max 2500 Characters with spaces)

Pinellas County will leverage an existing contractual relationship with Operation PAR to hire staff through the AIMS funding. Operation PAR has extensive experience working on Federal grants and within specified timelines. Through leveraging the current contract with Operation PAR, the specific position for this funding opportunity will be posted upon notice of award. Operation PAR is an organization of more than 400 employees and is a well-known name throughout the community. The organization will leverage current recruitment strategies to maximize the number of eligible candidates for the position. Given the current contractual relationship between Pinellas County and Operation PAR, we will be able to provide assurance to make the contractual arrangement retroactive to the funding start date. Through this, the contracting and recruitment activities can occur simultaneously. The timeline is as follows: Notice of Award: Position to be posted and contractual agreement between Pinellas County and Operation PAR to be initiated. Days 0-30: Position to be posted and applications accepted. Days 31-60: Interviews and background checks of eligible applicants. Day 61-90: Job offer and new hire processing. Day 91-120: Implementation of services to the Health Center's clients.

**3. If one-time funding is requested for health IT and/or training investments, describe how that funding will be utilized to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse and address the need for integration with primary care. Include a timeline that demonstrates all one-time funding will be expended within 12 months of award.**

**If one-time funding for health IT and/or training is not requested, enter N/A below.**


Approximately 3/4 page. (Max 2500 Characters with spaces)

One-Time funding is being requested for IT and training investments. IT investments include: telehealth software and equipment, EtransX development, and .NET developer. The telehealth equipment and software will be utilized by clinic staff to enhance client engagement in healthcare services. Through increased engagement, the health center can treat the whole person, to include their behavioral health needs. EtransX and .NET development will be utilized to allow the health center to integrate behavioral health crisis data and emergency room data for clinic clients to provide better performance reporting to evaluate clinical quality and identify areas for innovation to better improve and manage the population's health. Through integrating data, the health center will be able to facilitate performance reporting through multiple disparate systems to determine areas for improvement to better assist client health. Training investments identified for use of AIMS funding include staff attendance at the Integrating Behavioral Health and Primary Care Models Conference in May of 2018 and the 2018 National Health Care for the Homeless Conference. These conferences will provide two higher level staff perspectives on best practices associated with behavioral health and primary care integrations, substance abuse opportunities, and population specific best practices. Training opportunities for all health center staff have been identified by the management team to provide the resources to ensure staff have the opportunities and appropriate tools to be aware of the concerns associated with substance abuse, provide an additional opportunity to seek client engagement, and to learn verbal de-escalation techniques to assist in rapport development, which is key to clients engaging in active management of the primary and behavioral health care needs. Lastly, training for clients regarding various behavioral health topics have been identified as an opportunity to educate and encourage an individual's active participation in their overall health. Through these trainings, clients will be provided opportunities to receive additional information regarding the effects of substance abuse, untreated behavioral health conditions and local opportunities for treatment. The timeline is as follows: Sep-Nov 2017: contract development/execution – training class scheduling/initiation Dec 2017: purchase of telehealth equipment May/June 2018: Conference attendance by health center staff

### Equipment List

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 **Alert:**  
This form is not applicable to you as you have not requested federal funds for the Equipment category in the Federal Object Class Categories form of this application.

Close Window

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