From: <u>Burbridge, Katherine A</u>
To: <u>DeGregorio, Elisa N</u>

Cc: Magyar, Emily M; Rodriguez, Daisy M; Harmon Schaefer, Joshua; Ettel, Veronica E; Vizandiou, Keri R

Subject: RE: Grants - Intent to Apply Submitted to OMB - FY18 Expanding Access to Quality...

Date: Tuesday, June 19, 2018 1:22:03 PM

OMB has no objection to the department submitting a grant application to the US Department of Health & Human Services, Health Resources & Services Administration (HRSA) to obtain funding for expanded access to substance use/mental health treatment services by adding at least one FTE or through additional contracted services; and increased access to professional development and training.

Requested funding is \$280,750 from the FY18 Expanding Access to Quality Substance Use Disorder and Mental Health Services program. A match is not required. Total project costs is estimated at \$280,750. The estimated expanded access funding is \$130,750. The one-time funding for professional development is estimated at \$150,000. The funding will support enhanced quality of services from treatment providers.

The Department Director can sign off on this application package. Please include this email when you send a completed submittal through Granicus. The completed application will be a delegated item to be placed on the County Administrator's Delegated Authority log.

If you have any questions, please do not hesitate to contact me. Katherine

Katherine Burbridge, AICP, LEED AP

Pinellas County Office of Management and Budget (727) 453-3457

kburbridge@pinellascounty.org

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Your opinion matters to us! Please take a moment to answer a brief survey about our service: www.pinellascounty.org/surveys/OMB

From: Grants Center of Excellence [mailto:no-reply@sharepointonline.com]

Sent: Tuesday, June 19, 2018 10:53 AM

To: Burbridge, Katherine A <kburbridge@co.pinellas.fl.us>

Subject: Grants - Intent to Apply Submitted to OMB - FY18 Expanding Access to Quality...

FY18 Expanding Access to Quality... has been added



DeGregorio, Elisa N 6/19/2018 10:52 AM

Program Manager: Rodriguez, Daisy M

Program Manager Phone #: 727-464-4206

County Department: HS - Human Services

Director's Name: Rodriguez, Daisy M

OMB Analyst:

Granting Agency: HHS | Health Resources & Services Administration

CFDA/CSFA #: 93.527

Grant Funding FY18 Expanding Access to Quality Substance Use Disorder and

Program Name: Mental Health Services

Grant Funding Type: Project

Grant Award Type: Reimbursement

Grant Funding Program Funding Cap (\$): \$280,750.00

Amount Requested: \$280,750.00

What fiscal year(s) will the award amount be FY 19 (effective Sept 1, 2018 if

made available?: awarded)

Match Amount: \$0.00

Required Match Type: None

Anticipated Match Source (Fund/Center/Program):

Is the Match in the Current Budget?:

Will the Match need to be added to the Budget?:

Total Cost of Project (including Grant, County match, and other \$280,750.00

Resources):

Granting Agency Contact Name: Bureau of Primary Health Care

Granting Agency Phone or Email: 1-877-974-2742

Granting Agency Address: n/a

OPUS Project Title: Health Care for the Homeless Program

Duration: Multi Year

Proposed If funded, the HCH Program will provide additional access to Substance Use **Abstract** and Mental Health Services prevention and treatment services, including (**Project** addressing opioid use disorder and other emerging SUD / MH issues. The Scope of funding is broken into 2 pots - expansion funding (\$130,750) and one-time Work): funding (\$150,000). Expansion funding will be used to hire additional FTEs

(TBD) to expand access to substance use/mental health treatment services. One-time funding may be used to support the increased access through professional development and training, telehealth, clinical workflow and

practice transformation and health information technology.

Benefit Summary the County, Dept, etc?):

Pinellas County homeless residents will benefit from increased (How will this benefit access to mental health and substance use services amidst the opioid crisis and enhanced quality from the treatment providers.

	Director Approval (Attach):	
	Is the proposal submitted for a different Department?: No If submitting for a different department, what is that department name?: Concept Paper Deadline (if applicable): Grant Application Due Date: 7/16/2018 Source of Notification of Grant Solicitation: Administering Agency	
	If Other, provide source:	
	FOR OMB USE ONLY BELOW THIS LINE:	**PLEASE DO NOT ENTER DATA BELOW THIS LINE**
	Assigned To: Priority: (2) Normal Task Status: Not Started OPUS Project #:	
	Grant Contract #:	
	Award Amount:	
	Grant Status: Submitted to OMB	
	Grant Start Date: Grant End Date:	
	OMB Comments:	
	Granicus #:	
	Description:	

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