HRSA Health Center Program
FY 2019 School-Based Health Center Capital (SBHCC) Program

Notice of Funding Opportunity (NoFO) HRSA-19-073

February 28, 2018
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Reminders

• All attendees are in listen-only mode.
• We want to hear your questions! To ask a question during the session, use the “Chat” icon that appears on your Zoom toolbar.
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Webinar Archives

- Mapping Tool Introduction
- Policy & Advocacy
- School Oral Health Programs
- Confidentiality in School-Based Health Care
- Vision Screening 101
- School-Based Health Alliance Tools

http://www.sbh4all.org/webinars
Today’s Presenters

Laura Brey
Tammy Alexander
Tammy Greenwell
Thaddeus Labhart
Agenda for Call

- Welcome, overview of HRSA NoFO
- Blue Ridge Health Center’s use of telehealth for SBHC mental health and nutrition counseling
- Community Counseling Solutions’ use of telehealth for mental health counseling, substance abuse counseling, psychiatric medication management
- 15 minutes – Q&As
Objectives

1. Assess your eligibility for and interest in applying for one or more of the three types of funding opportunities included in HRSA’s School-Based Health Center Capital (SBHCC) Program Notice of Funding Opportunity (NoFO).

2. Describe how SBHCs in two states utilize telehealth to provide mental health, substance abuse, and nutrition counseling services.

3. List examples of the type and cost of equipment and space renovation needed to provide mental health, substance abuse, and nutrition counseling services via telehealth.
Eligibility

• Be an SBHC or a sponsoring agency of an existing SBHC
• SBHC(s) targeted for A/R and/or equipment did not receive capital funding from HRSA SBHCC capital opportunities in FY 2011, 12, or 13
• Serve a large population of children eligible for medical assistance – Medicaid
• Demonstrate how funds for A/R and/or equipment will increase access to mental health, substance abuse counseling, and childhood obesity related services
Types of Funding

• One application per sponsor for:
  • Up to four minor A/R projects at four different SBHCs
    • one equipment only project
    • Up to 3 minor A/R projects and an equipment project
• Maximum funding request total - $100,000
Minor A/R Projects

• Work required to modernize, improve, and/or reconfigure the interior arrangements of physical characteristics of a facility or and/or installation of equipment at an exiting facility

• Purchase of related moveable equipment to be located at the proposed site to be altered/renovated
Equipment Only

- Purchase of moveable equipment only with a useful life of more than one year.
- Can propose one moveable equipment project for any number of operational SBHCs or in addition to three minor A/R project(s).
- Examples: mobile vans, telehealth equipment, telehealth equipment, laptops, servers, videoconferencing equipment, and scales.
Required documents for inclusion: page 6

1. Grants.gov application components – April 17
   Application for federal assistance (SF-424)
   Project abstract (attached under box 15 of SF-424)
   Project/performance site locations
   Grants.gov Lobbying form
   Key Contacts
Required Documents

2. HRSA EHB.gov application components – May 31
   Uploaded as Project cover page form
   Project narrative
   Program specific forms
   Assurances for construction programs (SF-424D)
   Project qualifications criteria
   Project cover page (funding preference p 24)
   Uploaded to Project cover page(s) pp 9, 10
   Project specific budget justification
   Floorplans/schematics drawings/site plan
   Consolidated budget information for construction programs (SF-424C)
   Project-specific budget information for construction programs (SF-424C)
Required Documents - continued

- Funding sources, p 15
- Equipment list
- Form 5B: service sites
- Environmental information and documentation (EID) checklist, p 15
- Other requirements for sites, p 17
- Uploaded to Other requirements for sites form
- Landlord letter(s) of consent, p 18
- Property information, p 18
- Attachment 1 - Operational agreements, pp 4, 9, 17, 18-19
- Attachment 2 – Collaboration documentation, pp 9, 12, 19
- Attachment 3 – Consolidated budget narrative, pp 13, 19
- Attachment 4 or 5 – Other relevant documents pp 7, 19
Deadlines and Funding Period: HRSA-19-073

April 17 – [http://www.grants.gov](http://www.grants.gov) application packet and submission date-Phase 1


Funding Period:
February 1, 2019 - January 31, 2021
Disqualifications:

- Incomplete or inaccurate applications
- Exceed ceiling amount of $100,000
- No multiple applications from an organization
- Construction: increasing physical SF
- Major Alteration/renovation activities (part of larger project > $500,000)
Disqualifications (continued)

- Sites who received money from previous SBHCC funding FY 2011, 2012, 2013 (exception-equipment only)

- One application per sponsoring organization

- Missed deadlines:
  - April 17. Grants.gov submission
  - May 31, 2018 final grant submission
Funding Restrictions (page 20 and 21)

- Up to two years

- One application to request funding for up to four minor A/R projects

- Or - one equipment only project and up to three minor A/R projects.

- Or – one equipment only project
Funding Restrictions (continued)

- $$ may not be used for:
  - A/R activity associated with project or connected activity that started before the award date.
  - Pre-construction (architectural and engineering) costs incurred more than 90 days prior to the award date.
  - Operating costs (e.g., funding for direct services, clinical staff, rent, mortgage payments, refinancing)
RESTRICTIONS: 20-21

- Expenditures for personnel unrelated to the project.
- Facility or land purchases.
- Mobile vans for purposes other than the initiation or expansion of mental health, substance abuse and childhood obesity-related services to children, alone or in addition to other primary health care services.
- Lease or purchase of vehicles for transportation.
- Expendable supplies (e.g. office, educational, medical).
- Costs that would supplant any HRSA funding for capital activities at the site.
- Creation of shell space for future use.
- Installation of trailers or prefabricated modular units.
- Concrete or asphalt paving of areas outside of a building.
- Creation or improvement of space that will be used for purposes that are not directly related to the SBHC operation.
- Costs related to Electronic Health Record (EHR) system initiation, ongoing operations, and maintenance.
Review Criteria: pages 21-23

Five Review Criteria

1. Need: 30 points

defines the target population and the extent of unmet need for mental health, substance abuse, and childhood obesity-related services
2. **Response: 20 points**

- Increases access to mental health, substance abuse, and childhood obesity-related services
- Leverages current primary health care services to support the initiation and/or expansion of mental health, substance abuse, and childhood obesity-related services
- Demonstrates collaboration and coordination of series with other health care provider in the area and includes evidence of support through letters of support documentation
3. **Impact: 15 points**

- Enhances the quality of care and patient outcomes in the areas of mental health, substance abuse, and childhood obesity related services

- Increases access to the services including the number of unduplicated patients served annually at the SBHC
4. **Resources/Capabilities: 25 points**

- Current level of primary health care service provided at the SBHC; description of facility partnership, purpose, scope and services
- SBHCs capacity to *begin providing or increase* services to address the three focus areas
- SBHCs capacity to implement and complete the proposed project (leased sites)
- Applicant demonstrates administrative structure and capacity
- Applicant demonstrates federal procurement requirements compliance
- Reasonable representation of completion on time/budget
5. Support Requested: 10 points

• Budget presentation and multiple forms are consistent, clear, complete, and reasonable
• Budget/cost clearly contribute to goals and objectives of the project
• Project description and budget justification are consistent with plans/drawings
• Amount of federal funding requested in appropriate given other sources of funds committed/available to project
Review and selection

1. Merit-based ranking: highest ranked applications; may also consider geographical distribution

2. Preference given to SBHCs that serve a large population of children eligible for medical assistance under the state Medicaid plan (Title XIX) or waiver (Title XXI)

Must request consideration of a funding preference, and meet that criteria, within the proposal Cover Page form in HRSA EHB. Page 24.
Technical Assistance Links
pages 31-32

http://bphc.hrsa.gov/programopportunities/fundingopportunities/ SBHCC

Additional Technical Assistance Links

Tips: SF-424 Two-Tier Application Guide:

General How to Apply for a Grant
http://www.hrsa.gov/grants/apply
TELEHEALTH COUNSELING AND NUTRITION SERVICES
Blue Ridge Health

Blue Ridge Health is a not-for-profit, privately owned, FQHC in WNC

- Serve a 7-county region
- 35,000 patients
- 132,000 patient encounters
- Primary care medical, dental, behavioral health (including substance use disorder), pharmacy, nutrition services
- Mobile dental services
- Teaching Health Center (Medical Residency) Program
- Migrant Health Center
SBHC Program at Blue Ridge Health

5 SBHC sites
- 3 elementary schools; 1 middle school; 1 high school
- State funding for (2) sites
- Billing at all locations
- Comprehensive care – medical, behavioral health, nutrition services
- Clinical Staffing: Midlevel provider, nurse (RN), CMA, BH Counselor (LPC, LCAS), Dietitian

Telehealth sites
- All other school locations without an SBHC = 16 schools
- Behavioral health and nutrition counseling
SBHC Program Telehealth History

• Original Funding for telehealth through HRSA SBHC Capital grant in 2011
  • Connectivity – main issue during start up
  • Equipment/technology constantly evolving
  • Staffing changes at schools

• Completed Behavioral Health telecounseling and added nutrition counseling services
  • Ongoing funding supported via patient revenue and grant funding
  • Sustainability of program - NC Medicaid
  • Internal staff and school staff turnover
  • “selling the service” to internal staff and schools
SBHC Program Telehealth Now

• Telehealth provided via a HIPAA compliant app – Vsee Messenger
  • Secure, 256-bit AES encrypted platform (www.vsee.com)
  • Connectivity – use school Wi-Fi/network
  • Use IPad – don’t need a room for equipment
  • Initial outlay = purchase Vsee ($2k per year) + cost of IPad ($395)

• Behavioral Health telecounseling and nutrition counseling services
  • Changed to telecounseling provided only if payor source will pay for BH counselors and dietitians to provide service
  • Training of internal staff on comfort and compliance of system

• Expanding telehealth to other counties to support SBHC program development
  • Adding primary medical care
  • Group visits
Thad Labhart, LPC, MAC - Clinical Director for Community Counseling Solutions (CCS).

CCS is a non-profit operating in mostly rural Oregon providing mental health, substance abuse, primary care and developmental disability services.

14 million dollar budget. 150 employees. 6 outpatient offices. Residential, acute and primary care centers. 3 SBHC’s and 12 contracts with schools throughout the core counties we operate in.

Disclosures….IT, HIPPA, FERPA, software, hardware, billing, efficacy of telehealth
WHAT WE USE

Started with Polycom units....$150 refurbished up to 10K+ plus hardware

Moved to Vidyo system. Had help from our Coordinated Care Organization via USDA RUS-DLT grant. 661K+

Don’t fret! Vidyo and other basic software available at low cost. $20/per user per month. GTM, Zoom, many others...

Existing telehealth companies

Hardware vs Software
CONSIDERATIONS

HIPPA and FERPA. Become friends with your compliance officer/department

Invest in IT staff and networking capacity

Educate patients and allow for documented consent

Billing and documentation opportunities. Consult school and payers for feedback and potential financial match.

Let the need drive the decision-making. What are you missing that telehealth could fill?

Mainly used for prescribers and specialized counselors but it’s more than just provider time. Think supervision, meetings, educational opportunities, community partners, etc.
THINK BIG IF YOU WANT....

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Getting Started

1. To join a Vidyo meeting, you need a computer, microphone, speakers, camera and an internet connection.

2. Click the **Guest Link** included in your email or calendar invite.

3. First time users will be prompted to download the VidyoWeb plugin. Depending on your browser, you may have to enable plugins.

4. Adjust the devices used for your Vidyo meeting.

5. Enter your name as you wish it to be displayed in the meeting and select **Connect**.

   You may have to prompt your computer to give access to VidyoWeb before logging into a Vidyo conference.

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- To join as a Guest from VidyoDesktop, VidyoMobile, or VidyoStar:
  - Click [https://Main.vidyo.com/flex.html?roomdirect.html&key=gtm-4MPVd1Ys239Y0X5d63K3G:Z5OU](https://Main.vidyo.com/flex.html?roomdirect.html&key=gtm-4MPVd1Ys239Y0X5d63K3G:Z5OU)
- To join from another VidyoRoom using IP: Enter 995381134110@Main.vidyo.com in your browser.
- To join from an HLS323 or SIP endpoints: Dial 669.247.37 and enter the Extension and PIN (if provided) when prompted.

tlabhart@communitycounselingsolutions.org
Questions?

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NATIONAL SCHOOL-BASED HEALTH CARE CONVENTION

June 24-27

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Thank You!

Additional Questions? Contact us at: info@sbh4all.org