

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<input type="text"/> <input type="text"/>	

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
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* 5.a Federal Entity Identifier: Application #: 149033 Grants.Gov #:	5.b Federal Award Identifier: H80CS00247
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* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. Applicant Information:	
* a. Legal Name	COUNTY OF VENTURA
* b. Employer/Taxpayer Identification Number (EIN/TIN):	<input type="text"/>
	* c. Organizational DUNS: 066691122

d. Address:	
* Street1:	800 S. VICTORIA AVE.
Street2:	<input type="text"/>
* City:	VENTURA
County:	Ventura
* State:	CA
Province:	<input type="text"/>
* Country:	US: United States
* Zip / Postal Code:	93009-1290

e. Organization Unit:	
Department Name:	Division Name:
Ambulatory Care	<input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/>	* First Name:	Susan
Middle Name: Middle Name:	A		
Last Name:	White Wood		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	(805) 339-1103	Fax Number:	<input type="text"/>
* Email:	susan.whitewood@ventura.org		

9. Type of Applicant 1:	B: County Government
Type of Applicant 2:	<input type="text"/>
Type of Applicant 3:	<input type="text"/>
* Other (specify):	<input type="text"/>

* 10. Name of Federal Agency:	N/A
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11. Catalog of Federal Domestic Assistance Number:	93.224
CFDA Title:	Community Health Centers

* 12. Funding Opportunity Number:	HRSA-17-118
* Title:	Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

13. Competition Identification Number:	7195
Title:	Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

Areas Affected by Project (Cities, Counties, States, etc.):	See Attachment
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* 15. Descriptive Title of Applicant's Project:	Health Center Program
Project Description:	See Attachment

16. Congressional Districts Of:	* a. Applicant: CA-26	* b. Program/Project: CA-26
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Additional Program/Project Congressional Districts:
See Attachment

17. Proposed Project:

* a. Start Date:	<input type="text" value="3/1/2002"/>	* b. End Date:	<input type="text" value="2/28/2018"/>
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18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$150,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$150,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Susan"/>
Middle Name:	<input type="text" value="A"/>		
* Last Name:	<input type="text" value="White Wood"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text" value="(805) 339-1103"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="susan.whitewood@ventura.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Susan A White Wood"/>	* Date Signed:	<input type="text"/>

SF-424A: BUDGET INFORMATION - Non-Construction Programs

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$100,500.00	\$0.00	\$100,500.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$49,500.00	\$0.00	\$49,500.00
Total		\$0.00	\$0.00	\$150,000.00	\$0.00	\$150,000.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
 Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Susan A White Wood

* APPLICANT ORGANIZATION

COUNTY OF VENTURA

* TITLE

* DATE SUBMITTED

Program Specific Form(s) - Review

00149033: COUNTY OF VENTURA		Due Date: 07/26/2017 (Due In: 19 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: H80CS00247	Federal Funding Request Amount: \$150,000.00	
Resources		

Federal Budget Information Table

As of 07/06/2017 07:43:27 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

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 type="checkbox"/> Telehealth
Prescription Drug Monitoring Program	<input type="checkbox"/> Prescription Drug Monitoring Program
Clinical Decision Support	<input checked="" 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 checked="" type="checkbox"/> Cybersecurity
Other Training (describe in the Response section of the Project Narrative)	<input 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

As of 07/06/2017 07:43:27 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

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
Total	\$150,000.00

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	\$1,500.00	\$0.00	\$1,500.00	
d. Equipment	\$0.00	\$0.00	\$0.00	
e. Supplies	\$75,000.00	\$0.00	\$75,000.00	
f. Contractual	\$37,500.00	\$0.00	\$37,500.00	
g. Construction	N/A	N/A	N/A	
h. Other	\$36,000.00	\$0.00	\$36,000.00	
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

As of 07/06/2017 07:43:27 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

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 Direct Hire Staff FTEs Proposed	New Contractor FTEs Proposed
Psychiatrists	0.00	0.00
Licensed Clinical Psychologists	0.00	0.00

Licensed Clinical Social Workers	0.00	0.30
Other Mental Health Staff Please Specify: <input type="text"/>	0.00	0.00
Other Licensed Mental Health Providers Please Specify: <input type="text"/>	0.00	0.00
Substance Abuse Providers	0.00	0.00
Case Managers	0.00	0.00
Patient/Community Education Specialists (Health Educators)	0.00	0.00
Community Health Workers	0.00	0.00
Total	0.00	0.30

Patient Impact

As of 07/06/2017 07:43:27 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

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).

52000

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
52000	10400

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).

100

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
50	50

▼ **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
Total NEW Patients (from Question #3)	100
General Underserved Community	50
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	50
Total	100

Project Narrative

As of 07/06/2017 07:43:27 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

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)

Opioid abuse constitutes one of the most significant threats to public health. In the past 2 decades, unparalleled access to prescription opioids such as hydrocodone, oxycodone, and fentanyl has led to a full-scale epidemic. Between 1999 and 2010, fatal opioid overdoses nationally quadrupled from 4,030 deaths in 1999 to more than 16,000 in 2010. The CDC has reported that for every unintentional overdose death related to an opioid analgesic, nine people are admitted for substance abuse treatment, 35 visit emergency departments and 161 report drug abuse or dependence. In Ventura County 77% of self-reported drug users in Ventura County are enrolled in Medi-Cal, the primary payor for services provided at our FQHCs. In April 2017 the Ventura County Behavior Health Department summarized local drug-related deaths in from 2008-2014. The majority of overdose deaths in Ventura County are opioid related with prescription drug-related overdose deaths accounting for 63%. The mortality rate of other substance abuse categories include alcohol-related (25%), heroin related (24%) and illicit drugs (18%) with West County showing a higher number of these deaths than East County. Approximately 82.5% of the overdose deaths reported are accidental and 96% of suicide overdose deaths were related to prescription drugs. Many of these tragic drug overdose deaths were CHC patients and most of the patients seen at the Health Care for the Homeless clinic are addicted to drugs and/or alcohol. There have been significant strides in developing initiatives to decrease fatal opioid overdose, most of which fall into three broad areas: 1) primary prevention; 2) increasing access to effective treatment; and 3) harm reduction strategies, including wide distribution of naloxone. In each of these areas, there are opportunities for interventions. HCA's AIMS proposal will address all three areas - 1) Primary prevention will occur in the community with our marketing and out reach campaign and also with the mass SBIRT screening at primary care clinics; 2) Increasing access to effective treatment will occur as at risk patients are referred for treatment as a result of the screening. Additionally, effective treatment will be facilitated by a Licensed Clinical Social Worker who will facilitate both group and individual 12 step recovery treatment; and 3) harm reduction strategies will be implemented through the dissemination of emergency overdose kits among providers and staff.

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)

HCA will use the AIMS supplemental funding to contract with an LCSW to provide weekly 12 step group therapy and individualized counseling at our Health Care for the Homeless Clinic locations where we currently provide addiction medicine services. Evidence-based, twelve-step facilitation therapy is an active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence and increasing the propensity for self-care. Three key ideas predominate 12 Step facilitation therapy: (1) acceptance - the realization that drug addiction is a chronic, progressive disease over which one has no control, that life has become unmanageable because of drugs, that willpower alone is insufficient to overcome the problem, and that abstinence is the only alternative; (2) surrender - giving oneself over to a higher power, accepting the fellowship and support structure of other recovering addicted individuals, and following the recovery activities laid out by the 12-step program; and (3) active involvement in 12-step meetings and related activities. The efficacy of 12-step programs (and 12-step facilitation) in treating alcohol dependence has been well established and the treatment appears promising for helping drug abusers sustain recovery.

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)

Timeline for AIMS Project: Application Due Date: July 26, 2017 CHC & Board of Supervisors Approval of Application: July 2017 HRSA Notice of Award: September 2017 Board of Supervisors & CHC Approval to Accept Grant Award: October 2017 AIMS Outreach Campaign: October is National Drug Abuse Awareness Month • Board of Supervisors Resolution • PSAs at Ventura County DMVs • County Website PSA • Presentation @ Clinic Manager's Meeting Contract LCSW: November 2017 Purchase of Overdose Rescue Kits & Training: November 2017 Weekly 12 Step Facilitation Groups Commence: November 2017 Purchase of I pads (OTO Funding): November 2017 2017 UDS Training: December 2016 2017 UDS Report Due: February 14, 2018 Implementation of i-pads in concert with Tonic (OTO Funding): March 2018

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)

Each FQHC will receive five (5) i-pads for patients to utilize. Along with the i-pads, HCA will purchase warranties and anti-theft devices to protect the i-pads. 52,000 existing patients will utilize the i-pad upon registration where they will interact with a user friendly interface that will take them through a screening process for drug and alcohol abuse (SBIRT) as well as depression (PHQ2) screenings. The patient interface screening device's robust screening capabilities combined with the ability to dynamically serve up patient education that is personalized to each patient means that it can help spur better outcomes across a variety of conditions. Triggers within each survey or questionnaire on the i-pads are set by the Provider to automatically flag issues or irregularities with each patient, resulting in many potential health problems that can be resolved (or even avoided altogether) early on. It is believed that the patient interface with the patient interface screening technology on the i-pad will increase accuracy of data collection, improve the patient's completion of the screening forms, eliminate paper waste, improve tracking and response to those patients at risk of substance abuse, facilitate data to improve clinical quality and provide greater interoperability with the EHR. The i-pads funded with the one-time-only AIMS grant will support the direct integration of clinical support tools into the EHR thereby improving providers' ability to make evidence based decisions about substance abuse treatment. The patient interface screening technology's real-time screening capabilities allow for running any risk assessment algorithm, screening protocol or scoring mechanism to evaluate and flag patients before they even leave the waiting room. Researchers have found that screening and brief intervention (SBIRT) was the single most effective treatment method of more than 40 treatment approaches that were studied, particularly among groups of people not actively seeking treatment. Additional studies and reports have produced similar results showing that substance use screening and intervention help people recognize and change unhealthy patterns of drug and alcohol misuse. Studies have also found that patients identified through screening as having unhealthy patterns of drug or alcohol use are more likely to respond to brief intervention than those who drink heavily.

Equipment List

As of 07/06/2017 07:43:27 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016



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.

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