



Pennsylvania
Department of Drug and
Alcohol Programs

GIFA 24-09 Integrated Health Solutions	
Grant Initiative Funding Application (GIFA) Title:	Integrated Health Solutions between Behavioral Health Care and Primary Physical Health Care
GIFA Number:	24-09
Due Date for Applications:	Friday, January 24, 2025, by 12:00 p.m., Eastern Time.
Application Submitted Via Email Only:	Application shall be submitted via email to RA-DAGrantsMgmt@pa.gov through Friday, January 24, 2025, by 12:00pm., Eastern Time.
Anticipated Total Available Funding:	Up to \$3,000,000 for 36 months.
Estimated Number of Grant Awards:	Approximately three grants totaling \$1,000,000 each will be awarded.
Length of Project Period:	Beginning July 1, 2025, ending on June 30, 2028, and the possibility of two renewals for up to 12 months each time if funding is available.
Eligible Applicant:	Applicants must be primary physical health care providers, hospitals, rural health centers, or federally qualified health clinics. These organizations should have experience and expertise in addressing substance use disorder (SUD), opioid use disorder (OUD) or work with community-based providers that have this experience and expertise and must have a desire to

GIFA 24-09 Integrated Health Solutions	
	<p>provide integrated care that addresses both behavioral health care and primary physical health needs.</p> <p>This integrated care can focus on the Collaborative Care Model (CoCM). The CoCM is an evidence-based, integrated care approach that addresses substance use conditions in primary care settings. Care is provided by a primary care team that includes a case manager, behavioral health professionals, and a consulting doctor with a specialty in addiction.¹</p> <p>Applicants can also choose another evidence-based integrated care model.</p> <p>Applicants cannot be involved in a current integrated behavioral health and physical health implementation project.</p> <p>Single County Authorities (SCAs) are not eligible to be the primary applicant under this funding announcement but may partner with one of the physical health providers mentioned above.</p> <p>Department of Drug and Alcohol Programs (DDAP)-licensed treatment providers are not eligible to be the primary applicant under this funding announcement but may partner with one of the physical health providers mentioned above.</p>
Questions:	<p>Questions may be submitted via email to RA-DAGrantsMgmt@pa.gov through Friday, January 10, 2025, by 12:00 p.m., Eastern Time.</p> <p>All questions must include the specific section of the GIFA that relates to the question.</p> <p>Questions and answers will be posted to the DDAP website by Friday, January 17, 2025, by 12:00 p.m., Eastern Time.</p>

¹ [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

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	DDAP will not accept any phone calls regarding this funding announcement.
<p>PROJECT SUMMARY:</p> <p>The purpose of this project is to (a) promote the integration and collaboration in clinical practice between behavioral health care and primary physical health needs; (b) support the improvement of integrated care to improve overall wellness and health status; and (c) promote the implementation and improvements of integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for SUD, OUD, and co-occurring physical health conditions and chronic diseases through integrated care.²</p> <p>DDAP is accepting applications from primary physical health care providers, hospitals, rural health centers, or federally qualified health clinics. These organizations should have experience and expertise in addressing SUD, and OUD, or work with community-based providers that have this experience and expertise and must have a desire to provide integrated care that addresses both behavioral health care and primary physical health needs. This project aims to promote full integration and collaboration in clinical practice between behavioral health care and primary physical health care. This integrated care can include a specific focus on the CoCM.</p>	

² [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

Submission Instructions and Format Requirements for Applications:

Due Date – Applicant must submit applications electronically through DDAP’s resource account RA-DAGrantsMgmt@pa.gov no later than Friday, January 24, 2025 by 12:00 p.m., Eastern Time. Note: DDAP is available to assist with application submission confirmations until 12:00 p.m., Eastern Time on Friday, January 24, 2025. Applicants may request application submission confirmation at the same email address listed above.

Submission – Late submissions will not be accepted regardless of the reason. In the event of a dispute, Applicant must demonstrate timely submission of the application.

Completeness – DDAP may reject applications that do not meet the requirements listed in this funding announcement.

Scoring – DDAP will competitively review and score all timely applications based on the funding announcement guidelines. DDAP will consider the quality and timeliness of an applicant’s performance on previous grant agreements with DDAP and other agencies, including the effort expended by DDAP and other agencies in securing satisfactory performance.

Application Format – Applications must include only two separate documents only.

The first document must be a portable document format (PDF) that contains:

- a. Applicant Cover Page.
- b. Project Description.
- c. Training and Workforce Development Plan.
- d. Health Information Technology and Data Management Systems Plan.
- e. Budget Narrative.
- f. Reporting Requirements, Project Evaluation Plan and Project Evaluation Plan Template.
- g. Project Sustainability.

The first document must be between 7 and 15 pages, single sided, single spaced, in Times New Roman font size 12, with narrative pages numbered.

The second document is the Budget Template, Appendix C, an Excel document which was posted on the DDAP website for this funding opportunity. The Excel document must contain the Overall Summary, Summary for each year and Budget Details for each year.

Applicant must follow the format as described above to successfully apply and compete for this funding announcement. DDAP may inform applicants that apply in a different format to submit the correct version to properly score the application.

Note: Applicant Cover Page, Project Evaluation Plan Template, Budget Template, Appendix, C are not counted in the page limit.

GRANT INITIATIVE GUIDELINES

1. OVERVIEW

According to the 2022 [National Survey on Drug Use and Health](#), 19.4 percent of people aged 12 or older who had a need for SUD treatment (54.6 million people), only 24 percent (13.1 million people) received any substance use treatment.³ As a result, there is a need to improve access to whole-person health by increasing capacity for primary care settings to identify and connect people to integrated behavioral and physical health care.

2. FUNDING AVAILABILITY

Applicant may submit a grant application for an amount up to \$1,000,000 for a 36-month period.

3. PROJECT DATES

The term of the project will commence on July 1, 2025, and end on June 30, 2028. There is the possibility of two renewals for up to 12 months each time.

4. ELIGIBLE APPLICANT

Applicants must be primary physical health care providers, hospitals, rural health centers or federally qualified health clinics. These organizations should have experience and expertise in addressing SUD, and OUD, or work with community-based providers that have this experience and expertise and must have a desire to provide integrated care that addresses both behavioral health care and primary physical health needs. This integrated care can focus on the CoCM or another evidence-based model. Applicants that do not meet this requirement will not be considered.

5. APPLICATION REQUIREMENTS

The application must contain a written narrative that includes the information listed below.

Project Description: (40 percent)

The application must include a detailed plan for full integration and collaboration in clinical practice between behavioral health care and primary physical health care operations that includes:

- a. The ability to serve 100 percent of individuals beginning on January 1, 2026. All personnel, systems, procedures, and resources must be in place to perform 100 percent of

³ Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

full integration and collaboration in clinical practices between behavioral and physical health care.

- b. A Statement of Need for the delivery of integrated care. The Statement of Need must include:
- i. Prevalence rates or incidence data of SUD, OUD and indicate the lack of current resources.
 - ii. Description of the extent of the problem, including service gaps and barriers related to the delivery of integrated care with a focus on underserved populations and the geographic service area of the applicant.
 - iii. Description of the integrated care-related assistance needs of health systems and care providers, other-nongovernmental organizations, and the public. This should address integration broadly in addition to the evidence-based model to be used, specifically.
 - iv. Description of the current state of knowledge and research regarding integrated care and implementation science and how that knowledge and research can be used to develop, disseminate, and promote effective delivery of integrated services.
- c. A Project Readiness Review⁴ for the delivery of integrated care that the applicant will use to develop the Integration Project Plan and quality improvement activities described in Appendix A. The Project Readiness Review must include:
- i. Physical and behavioral health conditions commonly experienced by the selected populations of focus and how those conditions are not currently being addressed.
 - ii. Identified current or potential opportunities providing integrated behavior health care and primary health care and a description of any integrated care-related assistance needs to be addressed with this implementation.
 - iii. Extent to which health information technology and data-sharing capacity across behavior and primary health to support integrated care are available or need to be developed.
 - iv. Any needed processes and infrastructure to support ongoing measurement of population and individual's outcomes for both common and specific behavioral and physical health conditions that will be addressed.
 - v. Training needs for applicant staff or community providers.
 - vi. Activities to ensure continuous engagement between the DDAP and applicant leadership to promote the successful implementation of the integrated care model.
 - vii. Any barriers and facilitators that may impact the implementation of the integration project.

⁴ [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

- d. An Integration Project Plan⁵ that includes the activities to be conducted. The Integration Project Plan must include descriptions of the following:
- i. Demographics and behavioral and physical health needs of the selected populations of focus to be served by the applicant or participation provider organizations.
 - ii. Common behavioral and physical health conditions, and other specific behavioral and physical health conditions that will be addressed directly through the integrated care project.
 - iii. The plans for how the applicant will address barriers and facilitators identified in the Project Readiness Review.
 - iv. Support partnerships or other arrangements with local health care providers that will provide culturally appropriate services to special populations and, as applicable, in areas with demonstrated need, such as rural, or other medically underserved communities and those with a workforce shortage or mental health and SUD, pediatric mental health, or other related professionals.
 - v. Integrated care project activities, including the following areas (refer to Appendix A for details about what must be addressed in each of these areas).⁶
 1. Assess, screening, referral to care, and follow-up.
 2. Evidence-supported prevention and intervention.
 3. Ongoing care coordination and case management.
 4. Person-centered self-management support.
 5. Multidisciplinary team and team-based care.
 6. Systematic measurement and quality improvement.
 7. Linkages with community and social services.
 8. Sustainable funding and practice.

Training and Workforce Development Plan: (10 percent)

Applicant must develop and implement a Training and Workforce Development Plan⁷ to support project implementation, including cross-training between behavioral and primary care health providers team members (e.g., training on health information technology, providing culturally responsive services to advance health equity, trauma-informed care, integrated care processes, chosen intervention, social determinants of health).

⁵ [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

⁶ These domains have been adapted from the [Comprehensive Healthcare Integration Framework](#) developed by the Center of Excellence for Integrated Health Solutions with support from SAMHSA.

⁷ [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

- a. Applicant must describe the Training and Workforce Development Plan and how they will educate and engage about:
 - i. The need for integrated care and the integrated care project at the provider level.
 - ii. How providers supported through these funds will take active steps to change the culture and practices across behavioral and physical health practitioners to support integrated care.
 - iii. How integrated care can be used to better serve underserved and marginalized populations.

Health Information Technology and Data Management Systems Plan: (10 percent)

Applicant must develop and implement a Health Information Technology and Data Management Systems Plan⁸ to ensure that such tools as electronic health records, registries, dashboards, cloud-based systems, digital therapeutics, and other digital health interventions to support care coordination, integrated care workflows, and data sharing across behavioral and physical health providers are being used. This plan must also discuss compliance with health privacy statutes and regulations.

Budget Narrative: (10 percent)

This budget narrative must provide accurate budget details and clearly explain the relationship between the budgeted costs and the proposed project. The budget narrative must provide a justification for all the costs and figures submitted in the Budget Template, Appendix C.

Budget Template: (10 percent – completion of Budget Template, Appendix C)

Applicant must complete the Budget Template, Appendix C to align with the Project Description and Budget Narrative. This is not included in the 15-page maximum. This Budget Template, Appendix C, is the Excel document that was posted on the DDAP website for this funding opportunity. The Excel document must contain the Overall Summary, Summary for each year, and Budget Details for each year.

Reporting Requirements and Project Evaluation Plan: (10 percent)

Applicant must describe their capacity to report the metrics in Section 9.

Applicant must provide a detailed description of their capacity to measure and report effectiveness of the project provided under this grant. The application must explain the collection of data and timely submission of reports to DDAP in Section 9. The application must specify and justify any additional measures or instruments being used.

⁸ [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

Applicant must describe the process to create a project evaluation plan and any prior experience their staff has in creating project evaluation plans. Applicant must explain the collection of feedback from participants and stakeholders and how this feedback will be used to continuously improve the project. The Applicant must use the provided template including SMART (Specific, Measurable, Achievable, Realistic, and Timebound) goals and objectives, outcomes, and measures used to evaluate the project. This project evaluation plan must address the overall effectiveness of the project after analyzing the data outcomes from the Data Reports and Annual Reports listed in Section 9.

Project Sustainability: (10 percent)

The Applicant must explain and provide details of their plan to continue the project after the grant funds expire. If the plan involves partnerships with other entities, the application must include letters of support from those partners that state their willingness to accept some or all financial responsibility for the continuation of the project. The sustainability plan must include:

- a. How ongoing support for this project will be generated and maintained, which could include collaboration with Single County Authorities and Managed Care Organizations.
- b. How commitments from key stakeholders necessary for successful sustainability of the project will be established.
- c. Identification of financing gaps, and administrative and billing challenges, in addition to the identification of sources of support that will be used to support local integration projects.

6. ELIGIBLE PROJECT ACTIVITIES AND EXPENSES

The Budget Narrative must describe and justify all expenses and correspond to the Budget Template, Appendix C provided. No more than 10 percent of the total grant for the budget period may be used for administrative costs. DDAP has final approval of all budgets. Each cost must be listed as a separate line item and include the itemization and calculation. The following are examples of expenses that directly support this grant initiative funding application:

- a. Personnel Services: This budget category must identify each position by job title, hourly rate, and number of hours allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and must include a detailed listing of the benefits being covered.
- b. Consultant Services: This budget category must identify the services to be provided by each consultant including hourly rate and number of hours to be utilized under this grant. It must identify services to be provided but does not need to name the consultant(s) that will be retained. A “consultant” is an individual who provides professional or services for a fee, but normally not as an employee of the engaging party. The term “consultant” also includes a firm which provides paid professional advice or services.

- c. Subcontract Services: This budget category must identify the services to be provided by each subcontractor under this grant. It must identify services to be provided but does not need to name the subcontractor to be retained.
- d. Patient Services: This budget category must reflect funding dedicated for patient/participant services. Transportation costs to connect an individual to treatment within the Commonwealth of Pennsylvania is an allowable expense. Transportation can include fuel cards if the cards can be used for fuel only. Cards from organizations that can be used for other purchases are not considered an allowable expense.
- e. Equipment: This budget category must reflect the actual or projected cost of any equipment which is \$10,000/unit or greater necessary for the direct execution of the project. It must identify the equipment, quantity, and unit cost.
- f. Supplies: This budget category must reflect expected costs for general office supplies. Identify supplies in general terms. Equipment items under \$10,000-unit cost must be listed here. All personal computers under \$10,000-unit must be considered as office supplies.
- g. Travel: This budget category must include anticipated expenditures for travel including mileage, hotels, and subsistence for staff personnel. Mileage between sites for staff personnel is an allowable expense.
- h. Other Costs: This budget category must be used for anticipated expenditures that do not fit into any of the other budget categories such as postage, telephone, printing, outreach, and indirect costs (overhead, general and administrative). Indirect rates cannot exceed the Applicant's Federally approved indirect cost rate schedule. There are no caps to the Federal rate. If the applicant does not have a Federally approved indirect rate, then they may use the de minimis rate which is 15% of modified total direct costs. The description area under "Other Cost" must include the % that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect rate is paying for within this grant. Costs may include training for personnel, particularly regarding trauma-informed care.

Below is a list of eligible integrated health activities. Applicants may propose to use funds for the following activities:

- a. Support the delivery of integrated care through cloud-based systems, or remote support of integrated care functions, such as expert consultation on the delivery of integrated behavioral or primary health care, care management, recovery support services, or support for stepped care protocols.
- b. Pay for one-time costs that will support the integrated care program (e.g., standing up shared team resources, establishing clinical workflows, policy development, initial engagement to establish relationships across care providers).
- c. Conduct networking activities and technical assistance to support integrated care providers.

- d. Support co-location of services to facilitate the delivery of integrated care.
- e. Development of protocols to prescribe medications for opioid and alcohol use disorders, in the integrated care settings regardless of populations of focus identified in the integration project plan.
- f. Construction upgrades and remodeling.

Funding may not supplant/replace federal, state, or local funds that would otherwise be available to provide for project-related services. DDAP funding may be used in addition to other funds that are made available for services.

The overall budget for the application may not exceed \$1,000,000 and will be paid by monthly invoices on a cost reimbursement basis. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

Overall Summary July 1, 2025, to June 30, 2028	\$1,000,000
Summary Year 1 July 1, 2025, to June 30, 2026	\$333,000
Summary Year 2 July 1, 2026, to June 30, 2027	\$333,000
Summary Year 3 July 1, 2027, to June 30, 2028	\$334,000

7. INELIGIBLE EXPENSES

The following expenses are not eligible under this grant:

- a. Expenses related to the provision of OUD and other concurrent SUD treatment services.
- b. The purchase of overdose reversal medications or drug-testing strips.
- c. The purchase of sterile needles or syringes.
- d. Cash payments directly to the intended recipients of the services.
- e. DDAP will not pay for costs incurred prior to the period of performance of the grant.

8. STANDARDS FOR FINANCIAL MANAGEMENT

All grant recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR Part 75. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any project income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the grant.

These funds must retain their grant-specific identity. The funds may not be commingled with state funds or other federal funds. “Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.

9. REPORTING REQUIREMENTS

The application must describe the plan to collect information and submit reports in a timely manner to DDAP:

- a. Data Reports must discuss:
 - i. Updates on key personnel, budget, or project changes.
 - ii. Progress achieving goals and objectives and implementing evaluation activities.
 - iii. Progress implementing the integration of behavioral and primary health care, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
 - iv. Problems encountered and efforts to overcome them.
 - v. Problems encountered serving the population of focus and efforts to overcome them.
 - vi. Number of individuals served by age, gender, race and ethnicity.
 - vii. Number of individuals screened for behavioral health or related interventions.
 - viii. Number of individuals referred to behavioral health or related services.
 - ix. Number of individuals receiving behavioral health or related services after referral.
 - x. Behavioral health diagnosis.
 - xi. Functioning of the individual.
 - xii. Services provided to the individual.

- b. Annual Reports must contain:
 - i. Overall Summary: This section is a brief description of the project, key changes in programming and staffing, and other information applicant believes is important for DDAP to understand regarding the project.
 - ii. Outcomes: This section lists the measurable outcomes applicant establishes for this project, the indicators applicant will use to measure performance, and the extent applicant achieves the projected outcomes.
 - iii. Barriers: This section discusses the challenges applicant faced during the project and applicant's actions to address these challenges.
 - iv. Total Expenditures: This section provides a final expenditure report for the project during the proceeding state fiscal year.
 - v. Future Implications: This section describes applicant's assessment of the project has had to date, the lessons applicant learned from this project, what are some success stories, applicant's plan to improve the project.
 - vi. Project Evaluation Plan Update: This section includes updates to the project evaluation plan since the beginning of the project.

- c. A Problem Identification Report that describes each problem areas and its impact on the project. The report must list different choices with advantages and disadvantages of each and include recommendations with supporting rationale.

10. COMMONWEALTH USE

All material submitted will be considered the property of the Commonwealth of Pennsylvania and will be returned only at the Commonwealth's discretion. Notwithstanding any applicant copyright designations contained on proposals, the Commonwealth has the right to make copies and distribute proposals internally and to comply with public record or other disclosure requirements under the provisions of any Commonwealth or United States statute or regulation, or rule or order of any court of competent jurisdiction.

11. AWARDS

Applicant will receive official written notification of the status of their application from DDAP. An unsuccessful applicant may request a debriefing by emailing RA-DAGrantsMgmt@pa.gov . This email must be sent to the attention of the Division Chief, Specialty Grants Division within 10 calendar days of the written official notification of the status of the application. The Division Chief, Specialty Grants Division or their designee, will determine the time and place for the debriefing. The Division Chief, Specialty Grants Division, or their designee, will conduct the debriefing. DDAP will not provide or compare other applications. DDAP will not give any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

DDAP is an equal opportunity employer.

APPENDIX A – Requirements for Integrated Care Program Domains⁹

1. Access, screening, referral to care, and follow-up: Integrated care programs supported by the grant shall:
 - a. Increase points of access to care (e.g., through mobile clinics, telehealth, and partnerships with other organizations).
 - b. Collaborate with such entities as community mental health centers, federally qualified health centers, SUD treatment centers, opioid treatment programs, Medicaid Health Homes and Certified Community Behavioral Health Clinics.
 - c. Include the use of health information technology and development of necessary workflows to ensure the systematic use of screening, closed loop referrals, and follow-up to track engagement in activities included in individual care plans. Screening protocols shall include screening for suicide risk, and appropriate management.

2. Evidence-supported prevention and intervention for common behavioral and primary health conditions and behavioral and physical health conditions of focus that will be addressed directly through the integrated care program. Integrated care programs supported by the grant shall:
 - a. Include the use of evidence-based practices, expert consultation on the delivery of integrated behavioral and primary health care, and stepped care protocols to adjust care when ongoing measurement does not demonstrate effective treatment or management of behavioral and physical health conditions. Chosen practices shall be developmentally appropriate and chosen and adapted to address the needs of the population(s) of focus.
 - b. Develop workflows and processes to ensure that individual behavioral and physical health needs are identified and addressed.
 - c. Develop processes to ensure fidelity to selected practices and models of service delivery.

3. Ongoing care coordination and care management. Integrated care programs supported by the grant shall:
 - a. Have infrastructure and protocols in place to adjust the intensity of care coordination and management based on the needs of the individual or family being served.

⁹ [FY 2024 Promoting the Integration of Primary and Behavioral Health Care: States](#)

- b. Include a focus on care transitions and ensuring coordinated access to care when services are being provided by entities outside of the integrated care program supported by this grant.
 - c. Include an explicit focus on family and caregiver engagement and support when working with children and youth or others who depend on caregivers to help manage their care and health conditions, care coordination efforts shall have.
4. Person-centered self-management support that is adapted to culture, socioeconomic, and life experiences of the people being served. Integrated care programs supported by the grant shall actively support the individuals they serve to manage their behavioral and physical health conditions. The programs shall provide this support to caregivers when working with children and youth or other clients who depend on caregivers to help manage their care and health conditions.
5. Multidisciplinary team (including the people being served) with dedicated time to provide integrated behavioral and primary health care. Integrated care programs supported by the grant shall define of roles of the providers that comprise the integrated care team and how they support integrated care workflows and processes.
6. Systematic measurement and quality improvement. Integrated care programs supported by the grant shall:
 - a. Implement measurement-based care¹⁰ for common behavioral and physical health conditions and specific behavioral health conditions that will be addressed directly through the integrated care program.
 - b. Engage in continuous quality improvement, including identification of process and outcome measures to track improvement and demonstrate improvement in the delivery of integrated care across the course of the project period. The quality improvement program shall also have an explicit focus on addressing social determinants of health. Quality improvement programs shall also track issues identified in the needs assessment and update the findings of the needs assessment over the course of the grant.
7. Linkages with community and social services that improve behavioral and primary health and/or mitigate environmental risk factors and address social drivers of health that support a focus on sustainable funding and practice. Integrated care programs supported by the grant shall coordinate care planning and delivery with other systems that provide care or influence

¹⁰ Measurement-based care (MBC) is an evidence-based strategy to improve service outcomes that involves the systematic administration of symptom rating scales and use of the results to drive clinical decision-making.

social determinants of health (e.g., housing, employment, school-based services for children and youth).

8. Focus on sustainable funding and practice. Integrated care programs supported by the grant shall, before the end of the first grant year, update the plan that addresses sustainability for the integrated care program beyond the grant period. The sustainability plan shall include the identification of financing gaps, administrative and billing challenges, in addition to the identification of sources of support that will be used to support local integration programs beyond the project period. This sustainability plan shall be updated before the end of each grant year.

APPLICANT COVER PAGE

Name of Applicant:	
Address of Applicant:	
Telephone of Applicant:	
Email Address of Primary Contact of Applicant:	
Applicant Status:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
Federal Tax Identification Number:	
Applicant Financial Reporting Year:	Month _____ through _____
Name, Position, and Contact Information of person directly responsible for implementation of this initiative:	
Name of Project(s):	
Applicant Service Delivery Site(s):	
Counties to be Serviced by this Grant Funding:	
Total Budget Amount Requested:	
SAP Vender Number:	
Unique Entity Identifier (UEI):	
System of Award Management (SAM) Active Date:	
Are there any trade secrets within the documents submitted by the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Additional Applicant Notes:	

PROJECT EVALUATION PLAN TEMPLATE

Use the below to provide proposed overall grant funded initiative SMART (Specific/Measurable/Achievable/Realistic/Timebound) Goals and with desired outcome(s) for each SMART goal. There is space available for three (3) SMART Goals and three (3) Proposed Types of Data for Evaluation. This evaluation must reflect the requirements for all required reports.

SMART Goal 1				
Desired Outcome(s)	<i>Desired Outcome 1</i>	<i>Desired Outcome 2</i>	<i>Desired Outcome 3</i>	<i>Desired Outcome 4</i>
SMART Goal 2				
Desired Outcome(s)	<i>Desired Outcome 1</i>	<i>Desired Outcome 2</i>	<i>Desired Outcome 3</i>	<i>Desired Outcome 4</i>
SMART Goal 3				
Desired Outcome(s)	<i>Desired Outcome 1</i>	<i>Desired Outcome 2</i>	<i>Desired Outcome 3</i>	<i>Desired Outcome 4</i>

Type of Data	Tool and Process for Data Collection	Data Collection's Purpose/Use	Data Use or Application	Frequency