

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration HEALTH CENTER PROGRAM: SUPPLEMENTAL INFORMATION FORM	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Evidence-Based Strategies		
Identify nce. Select all that apply. If you select “other evidence-based strategy,” you must complete the “Other Evidence-Based Strategy(ies)” section below.implement and/or advayou funding will help Expanded Servicesthat evidence-based integration strategy(ies) the	Select All That Apply	
Medication-Assisted Treatment HYPERLINK "https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview"	<input type="checkbox"/>	
Collaborative Care Model HYPERLINK "https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained/about-collaborative-care"	<input type="checkbox"/>	
Patient-Centered Medical Home HYPERLINK "http://www.pccpc.org/resource/behavioral-health-integration-pcmh"	<input type="checkbox"/>	
Medicaid Health Homes HYPERLINK "https://www.medicaid.gov/medicaid/ltss/health-homes/index.html"	<input type="checkbox"/>	
Four Quadrant Model HYPERLINK "https://www.integration.samhsa.gov/resource/four-quadrant-model"	<input type="checkbox"/>	
Assertive Community Treatment HYPERLINK "https://www.centerforebp.case.edu/practices/act"	<input type="checkbox"/>	
Integration of Mental Health, Substance Use, and Primary Care Services HYPERLINK "https://www.integration.samhsa.gov/sliders/slider_10.3.pdf"	<input type="checkbox"/>	
Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) HYPERLINK "http://impact-uw.org/about/research.html"	<input type="checkbox"/>	
Screening, Brief Interventions, Referral to Treatment (SBIRT) HYPERLINK "https://www.samhsa.gov/sbirt"	<input type="checkbox"/>	
Other evidence-based strategy(ies)	<input type="checkbox"/>	
Other Evidence-Based Strategy(ies)		
If you selected “other evidence-based strategy(ies)” above, provide the strategy name and a publicly available URL demonstrating evidence that each other strategy identified is effective for its intended purpose. If your strategy includes multiple components, provide the name of the broader, overall strategy. If you plan to implement/advance more than three “other” strategies, include their information in an attachment.		
Strategy name:		
Reference:		
Strategy name:		
Reference:		

Strategy name:			
Reference:			
Minor renovationAlterations/R			
<p>Are you proposing to use funding for minor alteration/renovation (A/R) that will support services?the expanded If yes, HRSA will request additional information about your minor A/R plans separately after funds requested for minor A/R may not be obligated until required information is submitted and HRSA approves your A/R plans (6 to 9 months post award).Expanded Services awards are announced. Expanded Services</p>			Select One Option
<p>Yesproposal includes minor A/R costs, and I acknowledge that the A/R activities may not begin until HRSA approves our A/R plans Expanded Services, my health center's</p>			<input type="checkbox"/>
<p>Noproposal does not include minor A/R costs Expanded Services, my health center's</p>			<input type="checkbox"/>
Scope of Services			
<p>Review erVICES are on your Form 5A?S Expandeddd changes to cope Adjustment or Change in Scope request be necessary to ensure that all planne Will a S.Form 5A: Services Providedyour current approved</p>			
<p>Access the technical assistance materials on the 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).Scope of Project resource website HYPERLINK "https://bphc.hrsa.gov/programrequirements/scope.html"</p>			

