U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Opioid-Impacted Family Support Program

Funding Opportunity Number: HRSA-20-014
Funding Opportunity Type: New

Assistance Listings (CFDA) Number: 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: April 27, 2020

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: January 21, 2020
MODIFIED 3/26/2020
Cover, Executive Summary, and Section IV.4 – Extended the Application Due Date

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Authority: Section 756(a)(4) of the Public Health Service (PHS) Act, as amended
(42 U.S.C. § 294e–1(a)(4))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Opioid-Impacted Family Support Program. The purpose of this program is to support training programs that expand the number of peer support specialists and other behavioral health-related paraprofessionals who are trained to work in integrated, interprofessional teams in providing services to children whose parents are impacted by opioid use disorders (OUD) and other substance use disorders (SUD), and their family members who are in guardianship roles.   Additionally, a special focus is on demonstrating knowledge and understanding of the specific concerns for children, adolescents and transitional aged youth in high need and high demand areas who are at risk for mental health disorders and SUDs. For the purpose of this NOFO, the term "paraprofessional" refers specifically to those working in the behavioral health-related field. Additionally, this program will provide developmental opportunities and educational support to increase the number of paraprofessional trainees receiving a certificate upon completion of pre-service training (Level I training which includes didactic and experiential field training) and entering into in-service training (Level II training which includes training at a registered Department of Labor apprenticeship site).

Funding Opportunity Title:	Opioid-Impacted Family Support Program
Funding Opportunity Number:	HRSA-20-014
Due Date for Applications:	April 27, 2020
Anticipated Total Annual Available FY 2020 Funding:	$11,500,000
Estimated Number and Type of Award(s):	Approximately 19 grants
Estimated Award Amount:	Up to $600,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2024 (4 years)

| Eligible Applicants: | State-licensed mental health nonprofit and for-profit organizations (see Definition in Section VIII). For the purpose of this NOFO, these organizations may include academic institutions, including universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible. Individuals are not eligible to apply.

See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information. |
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Opioid-Impacted Family Support Program (OIFSP).

Program Purpose
The purpose of this program is to support training programs that enhance and expand paraprofessionals[1] knowledge, skills and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to children whose parents are impacted by opioid use disorders (OUD) and other substance use disorders (SUD), and their family members who are in guardianship roles. Additionally, a special focus is on demonstrating knowledge and understanding of the specific concerns for children, adolescents and transitional aged youth in high need and high demand areas[2] who are at risk for mental health disorders and SUDs.

Program Goal
The program goal is to increase the number of peer support specialists and other behavioral health-related paraprofessionals who are prepared to work with families who are impacted by OUD and other SUDs in high need and high demand areas.

Program Objectives
The program objectives are to:
1) Enhance and expand, didactic educational support and experiential field training opportunities for OIFSP paraprofessional trainees that target children, adolescents and transitional age youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles. These two components (didactic and experiential field training) comprise Level I training and are further explained in the Background section.
2) Develop, or establish a partnership with, registered apprenticeship programs to provide in-service training that places paraprofessional trainees in behavioral health-related positions addressing OUD and other SUDs. The apprenticeship program constitutes Level II training and is also further explained in the Background section.
3) Reduce financial barriers by providing financial support to trainees in the form of tuition/fees, supplies, and stipend support.
4) Create additional training positions beyond current program capacity to increase the number of paraprofessionals trained by a minimum of 10 percent in year one and maintain that level each year of the 4-year project period, with a focus on working with families who are impacted by OUD and other SUDs.

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[1] For the purpose of this NOFO, the term "paraprofessional" refers specifically to those working in the behavioral health-related field

HHS and HRSA Priorities
You are encouraged to address HHS's and HRSA's clinical priority: *Combatting the opioid crisis.* https://www.hhs.gov/about/leadership/secretary/priorities/index.html

2. Background

The OIFSP is authorized by Section 756(a)(4) of the Public Health Service (PHS) Act, as amended (42 U.S.C. § 294e–1(a)(4)) and builds upon existing HRSA paraprofessional programs. Increased levels of individual substance use, including but not limited to opioids, have devastated many American families, and impacted the child welfare system. Child welfare caseloads nationally increased by 10 percent from 397,600 to 437,500 between fiscal years 2012 and 2016.[3] Child welfare agencies and their community partners are struggling to meet families' needs due to shortages of trained staff, which can undermine the efforts of family reunification.

Paraprofessionals, including behavioral specialists, peer support specialists and community health workers, continue to represent an under-utilized segment of the behavioral health workforce.[4] The role of behavioral health-related paraprofessionals and the unique skills and abilities they bring to the behavioral health workforce is increasingly being recognized as a critical component of coordinated care teams.[5] In addition, there is increasing federal support for utilizing an integrated care model for addressing the behavioral health needs of children and youth.[6] Paraprofessionals and other behavioral health technicians have also been increasingly recognized for their key role in mitigating provider shortages and increasing behavioral health care access to underserved youth and minority populations.[7] [8] A number of studies in the literature provide evidence that families fare better when their children are provided with services that support their developmental, behavioral, and social-emotional needs to help mitigate the long-term impacts of OUD and SUD. [9]

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[3] Laura Radel, Melinda Baldwin, Ph.D., Gilbert Crouse, Ph.D., Robin Ghertner and Annette Waters, Ph.D. Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study. ASPE Research Brief, HHS. March 2018. Available at https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf

[4] Scope of Practice Alignment with Job Tasks for Paraprofessionals and Addiction Counselors. University of Michigan Behavioral Health Workforce Research Center. Available at: http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/05/FA3P3_SOP-Parapro_Addiction-Couns_Full-Report_v2.pdf
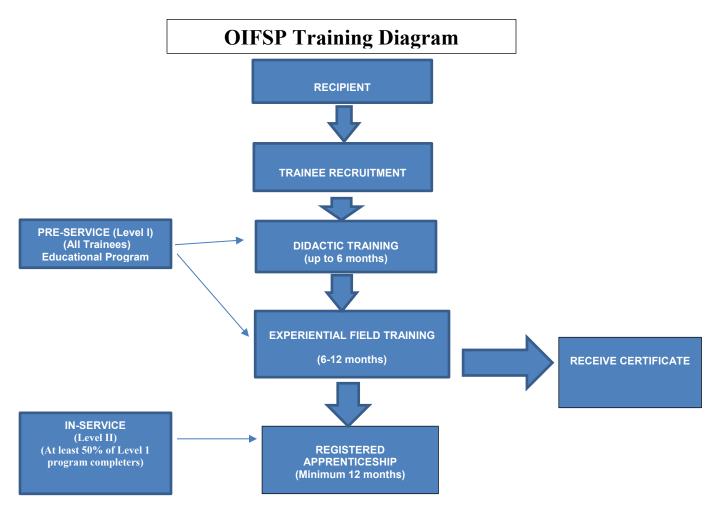
[5] Ibid

[6] Briggs, H.E., Miller, S.E, Briggs, A.C. Enhancing Behavioral Health Workforce in Youth Mental Health through Grand Challenges in Social Work. Journal of Child and Adolescent Behavior 2016; 4(1): 270. Available at: https://www.omicsonline.org/open-access/enhancing-behavioral-health-workforce-in-youth-mental-health-throughgrand-challenges-in-social-work-2375-4494-1000270.php?aid=69568

[7] David Newlin et al, "Environmental Transmission of DSM-IV Substance Use Disorders in Adoptive and Step Families," Alcoholism: Clinical and Experimental Research, 24 (April 2006): 1785-1794, https://doi.org/10.1111/j.1530-0277.2000.tb01982.x.

[8] The Annapolis Coalition on the Behavioral Health Workforce. An Action Plan for Behavioral Health Workforce Development. Cincinnati, OH: Annapolis Coalition 2007.

[9] Calhoun S, Conner E, Miller M, Messina N. Improving the outcomes of children affected by parental substance abuse: a review of randomized controlled trials. Subst Abuse Rehabil. 2015 Jan 28;6:15-24. doi: 10.2147/SAR.S46439.

The diagram below represents the idealistic training flow for funded OIFSP recipients.

OIFSP Training Diagram

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                        ┌─────────────────────┐
                        │      RECIPIENT      │
                        └─────────────────────┘
                                  │
                                  ▼
                        ┌─────────────────────┐
                        │ TRAINEE RECRUITMENT │
                        └─────────────────────┘
                                  │
                                  ▼
┌──────────────────────┐  ┌─────────────────────┐
│ PRE-SERVICE (Level I) │ → │  DIDACTIC TRAINING  │
│    (All Trainees)     │   │   (up to 6 months)  │
│  Educational Program  │   └─────────────────────┘
└──────────────────────┘ ↘            │
                                       ▼
                        ┌─────────────────────────┐      ┌──────────────────────┐
                        │ EXPERIENTIAL FIELD      │  →   │  RECEIVE CERTIFICATE  │
                        │ TRAINING                │      └──────────────────────┘
                        │ (6-12 months)           │
                        └─────────────────────────┘
                                       │
┌──────────────────────┐              ▼
│      IN-SERVICE       │   ┌─────────────────────────┐
│      (Level II)       │ → │      REGISTERED         │
│ (At least 50% of Level 1 │ │    APPRENTICESHIP       │
│   program completers) │   │   (Minimum 12 months)   │
└──────────────────────┘   └─────────────────────────┘
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OIFSP Training (Level I Pre-service training)

Recipients will recruit peer support specialists and other behavioral health-related paraprofessional trainees into their program. Trainees must be enrolled full- or part-time in the school or program receiving the grant award in order to receive tuition and stipend support in the OIFSP. Level I pre-service training consists of two components – the first part is didactic training and the second part is hands-on learning in the form of experiential field placements to understand specific concerns of the targeted population in OUD and other SUD prevention treatment and recovery services. Recipients will identify these field placement sites and match trainees to those sites. Trainees may participate in didactic and experiential field placement training simultaneously, or complete the didactic portion first and then move on to experiential field placements portion. Both the didactic and experiential curriculum will help trainees develop competencies in integrated and interprofessional teams focusing on children, adolescents and transitional age youth. Depending on whether students are full-time or part-time, Level I pre-service training can take up to 6-12 months. Full time trainees

who successfully complete Level I pre-service training will receive the full tuition/fees and supplies (maximum $3,000) and stipend ($5,000) support for no more than 12 consecutive months. Part-time trainees are allowed to receive a stipend prorated at one-half of the fixed amount per budget year for no more than twenty-four (24) consecutive months. Throughout the training period, the trainee will receive portions of their stipend to help defray the cost of living expenses. The recipient organization determines how often the stipends will be disbursed based on their institution policies. If a full time trainee completes didactic as well as experiential training in 6 months, they will receive the full amount for tuition/supplies (maximum $3000) and stipend ($5000). This will ensure trainees will receive support during their training period. The maximum stipend amount is awarded to those trainees who complete both the didactic and experiential trainings (Level I pre-service). Once a trainee completes the didactic and experiential training and receives a certificate, these trained paraprofessionals are known as Level I pre-service program completers.

The recipient will aim for at least 50 percent of the Level I pre-service program completers to enter into a registered apprenticeship program (Level II in-service training). Level I pre-service program completers that agree to enter into a registered apprenticeship program will sign a commitment letter that describes the training relationship, including the expectations of the registered apprenticeship site and the role of the apprentice. The award recipient will manage and serve as the conduit between the Level I pre-service program completer and the registered apprenticeship training program.

Level I pre-service program completers may be referred by the recipient to receive in-service training by entering into a registered apprenticeship (Level II in-service training).

Registered Apprenticeship (Level II In-service training)
The Department of Labor describes an apprenticeship as a proven approach for preparing workers for jobs while meeting the needs of business for a highly-skilled workforce. It is an employer-driven, "learn-while-you-earn" model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national skills standards. The model also involves progressive increases in an apprentice's skills and wages. For the purposes of this NOFO, a registered apprenticeship is described as a system of training behavioral health-related paraprofessional trainees that receive on-the-job training once they have completed didactic and experiential field training (Level I pre-service training) and attained the required Level I pre-service certificate. An apprentice is a paraprofessional who is enrolled into the registered apprenticeship training program, receiving paid on-the-job training, working with a skilled professional. The recipient may provide a stipend in the amount of $7,500 per year for Level II in-service fulltime trainees during their apprenticeship. Each full-time trainee may receive $7,500 per year and $3,750 per year for part time trainees, for each level of training attained, up to a maximum of four (4) years.

The recipient can develop their own registered apprenticeship program or they can establish a partnership with an existing registered apprenticeship program that has registered with the Department of Labor or with a State Apprenticeship Agency.

Additionally, the duration of a Level II in-service training will be for a minimum of 12 months and the recipient will track the apprenticeship status of the apprentice. Information about the Level II in-service training must be included in APPENDIX B Table 2. You must provide data for each Level II in-service trainee placed in the registered apprenticeship program, the location(s) of your apprenticeship site(s) and other pertinent information. All data provided is subject to verification.

To become a Registered Apprenticeship program or partner with one, please refer to the Department of Labor's apprenticeship toolkit. https://www.doleta.gov/oa/employers/apprenticeship_toolkit.pdf. This toolkit provides helpful steps and resources to start and register an apprenticeship program.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. Additional definitions specific to this NOFO can be found in Section VIII below.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $11,500,000 to be available annually to fund approximately 19 recipients. You may apply for a ceiling amount of up to $600,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2024 (4 years). The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Funding beyond the first year is subject to the availability of appropriated funds for the Opioid-Impacted Family Support Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

Limitations on indirect cost rates

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include the following:

State-licensed mental health nonprofit and for-profit organizations (see definition in Section VIII). These organizations must be able to support programs for pre-service or in-service training of paraprofessional child, adolescent and transitional aged youth mental health workers. These training programs can include behavioral health-related paraprofessional occupations such as peer support specialist, peer support counselor, community health worker, outreach worker, behavioral health aide, social services aide, substance abuse/addictions worker, youth worker, and promotor/a (for full list of occupations see the Paraprofessional definition in section VIII). For the purpose of this NOFO, these organizations may include academic institutions, including universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. Domestic faith-based and community-based

organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible. Individuals are not eligible to apply under this NOFO.

In addition to the 50 states, eligible entities include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

PHS Act section 756(b) outlines several requirements for these awards, including:
   (1) the requirement that to be eligible for a grant, an institution shall demonstrate an ability to recruit and place the students in areas with a high need and high demand population.

   For purposes of this NOFO, an area will be deemed to be in high need and high demand if it satisfies one of the two criteria below:

   i.   Mental Health Professional Shortage Areas (HPSAs) or Facility Mental HPSAs with a score of 16 or above as found in the HPSA Find tool https://data.hrsa.gov/tools/shortage-area/hpsa-find); or a
   ii. County with a drug overdose rate that is higher than the national average of 21.7 per 100,000 population (2017 CDC)

   (2) knowledge and understanding of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;
   (3) knowledge and understanding of the concerns of the individuals and groups described in bullet (2) listed above, especially individuals with mental disorder symptoms or diagnoses, particularly children, adolescents and transitional aged youth;
   (4) any apprenticeship or other field placement program assisted under the award will prioritize cultural and linguistic competency; and
   (5) the recipient will provide to HRSA such data, assurances, and information as HRSA may require.

Paraprofessional Trainee Eligibility
Level I pre-service trainees must be enrolled full- or part-time in the school or program receiving the grant award in order to receive tuition and stipend support in the OIFSP. Level II in-service trainees must have completed Level I pre-service training. A trainee receiving support from grant funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

Accreditation/Approval Documentation
Applicants must be accredited by a nationally recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government as Attachment 6, as specified by the U.S. Department of Education, or must be approved

by the state government to provide a behavioral health-related paraprofessional certificate training program.

HRSA may consider any application that fails to attach a copy of the required accreditation or related documentation as Attachment 6 to be non-responsive and may not consider it for funding under this notice. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of change in status.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $600,000 per year non-responsive and will not be considered for funding under this notice.

Deadline
HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 as non-responsive and will not consider it for funding under this notice.

Maintenance of Effort
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award. Complete the Maintenance of Effort information and submit as Attachment 5.

Multiple Applications
All eligible applicants can submit only one application. Multiple applications from an organization with the same DUNS number are not allowed.

For eligible colleges and universities, only one application per campus will be accepted; multiple applications from a single campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings and faculty. Where multiple programs from an institution are interested in applying under this funding notice, you may collaborate across programs to submit a single application.

Experiential Training Sites
Experiential training sites must participate in integrated, interprofessional team based practices with a special focus on Level I pre-service training in a behavioral health-related paraprofessional field. You must submit agreements and/or contracts with the experiential training sites that meet these criteria in Attachment 2.

Registered Apprenticeship Sites

Registered apprenticeship sites will also participate in integrated, interprofessional team based practices, and can be run either directly through the recipient's organization or through a documented partnership with an outside site. All registered apprenticeship sites will provide preceptors/mentors to provide guidance to trainees. You must submit a Memorandum of understanding/Memorandum of agreement with the registered apprenticeship site(s) that meet the criteria in Attachment 12 within 12 months of receiving the OIFSP award if not already provided in your application.

If your entity is an already established apprenticeship site, you must submit official documentation (e.g., certificate of approved registration) from the Department of Labor in Attachment 12.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 14: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions

Program Requirements
The program will be required to facilitate the following program requirements:

1) Enhance the existing paraprofessional certificate training program(s) through curriculum development or enhancement and inclusion of hands-on learning in the form of experiential field placements to understand the specific concerns of the targeted population in OUD and other SUD prevention, treatment and recovery services.

2) Establish or leverage partnerships with community-based, non-traditional community organizations and tribal colleges to serve high need and high demand areas and populations.

3) Provide "on-the-job training", through a registered apprenticeship program to assist paraprofessional trainees in gaining career ladder opportunities, earning stackable credits, and enhancing their skills that lead to obtaining meaningful employment in high need and high demand areas.

4) Create additional training positions beyond current program capacity by a minimum of 10 percent in year one and maintain that level each year over the 4-year project period to increase the number of paraprofessionals trained with a focus on working with families impacted by OUD and other SUD. For example, a program with a baseline of 10 trainees will increase the capacity to 11 thus training at least 11 trainees annually for the 4-year project period.

5) Provide support up to $8,000 (maximum $3,000 tuition/fees and supplies and $5,000 stipend) to Level I pre-service behavioral health-related paraprofessional trainees to help defray the cost of living while in the training program, as detailed in Section IV.2.iv Budget, not to exceed twelve months. In addition, provide stipend support $7,500 to Level II in-service trainees during the apprenticeship period. Each full-time trainee may receive a stipend of $7,500 per year, for up to four (4) years, for each level of training attained.

6) Identify experienced preceptors/mentors to provide assistance to trainees at experiential placement and registered apprenticeship sites.

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. ***Project Abstract***
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:
1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
3. Which of the clinical priorities will be addressed by the project, if applicable; and
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1*

  You must describe the purpose and need for the proposed project, including:

  - Focus on target population and its unmet health needs, specifically describing the lack of access to health care, with an emphasis on children, adolescents and transitional aged youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles. Specifically applicant should include a robust discussion (using current, well-cited available data) of poverty, unemployment, and OUD and other SUD in the target service areas;
  - Describe the participation of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, and your knowledge and understanding of the concerns of those individuals, especially individuals with behavioral health disorder symptoms or diagnoses, particularly children, adolescents and transitional aged youth;
  - The needs of the behavioral health workforce in the local community including the Level I pre-service and Level II in-service training sites' patient populations, and a description of the services that paraprofessional trainees will provide to address these needs;
  - Your relationship with the experiential training site(s) that provide care through integrated, interprofessional teams to children, adolescents and transitional aged youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles;
  - Your relationships with the academic, community and non-traditional community organization partnerships (e.g., social services, faith-based services, judicial systems) that foster integrated, interprofessional training

experiences for the trainees and impact the quality of and access to OUD and other SUD prevention, treatment, and recovery services in the community;

- Your ability to identify two or more health disciplines or service providers that will be collaborating and training with the trainees supported under this NOFO in integrated, interprofessional team based care of OUD and other SUD services; and
- As applicable, your ability to describe how telehealth will be utilized to meet health and treatment needs of the target population.

Table 1. Experiential Field Training Sites (Attachment 4)

Site Name	Experiential Site Address (EXAMPLE: XX Main Street, Town, State, Zip code)	Number of OIFSP Trainees Trained	Number of trainee hours or hours in rotation	Mental Health HPSA score using the HPSA Find Tool	County Overdose Rate (Provide Rate per 100,000 Population)	Name and Link of Site from which County Overdose Rates were obtained
1						
2						

RESPONSE TO PROGRAM PURPOSE -- *This section includes three sub-sections —*

(a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).

 (a) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (a).
Provide a comprehensive, detailed work plan that addresses how, through concrete steps, you plan to implement the proposed project in order to achieve the goals of the NOFO and successfully implement the proposed activities identified in the Methodology/Approach section. The work plan must drive and align with the methodology and include the following:

1. Description of the activities or steps, key partners, staff responsible and timeframes to complete all programmatic activities. Timeframes include Level I pre-service (up to 12 months) and Level II in-service (up to 12 months), during the four (4) year period of performance. Work plan must include baseline positions (start point used for comparisons) and planned number of new trainees' positions. Goals and objectives must be specific, measurable, achievable, realistic, and time framed. A sample tool to understand SMART goals can be found here

https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html;

2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and four (4) year period of performance; and

3. Identification of meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.

A sample work plan can be found at http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx. Documentation of work plan must be submitted as **Attachment 10**.

(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2

Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program objectives in this NOFO.
  You must present a clear plan to:
  - Recruit and train behavioral health paraprofessional trainees to prepare them in their future careers to work on integrated, interprofessional teams and provide services to children, adolescents and transitional aged youth and their family members who are in guardianship roles;
  - Identify the number of trainees that will be trained focusing on OUD and other SUD prevention, treatment and recovery services;
  - Develop and deliver experiential and didactic curriculum that develops competencies in integrated and/or interprofessional teams focusing on children, adolescents and transitional aged youth;
  - Create additional training positions beyond current program capacity by a minimum of 10 percent in year one and maintain that level each year over the 4-year project period to increase the number of trainees trained in high need and high demand areas with a focus on working with families who are impacted by OUD and other SUDs;
  - Implement a disbursement plan for the provision of stipend support for paraprofessional trainees for the required Level I pre-service training experiential field placement, and for Level II in-service training support (if applicable), which includes the disbursement schedule/rate of that support , and is consistent with your institution's policies and procedures. Differentiation between Level I pre-service disbursement and Level II in-service (if applicable) disbursement should be clear;
  - Assist trainees who complete Level I pre-service training to transition into a Level II in-service registered apprenticeship program or job placement services to attain employment in high need and high demand areas;

- Discuss the strategies for how you will aim for at least 50 percent of the Level I pre-service program completers to enter into a registered apprenticeship program (Level II in-service training);
- Ensure there is a mechanism to track trainee supervision used in the delivery of integrated and/or interprofessional team based practices for OUD and other SUD prevention, treatment and recovery services; Additionally, the plan should:
- Train staff, field supervisors, facilitators and training instructors to create an infrastructure of skills, expertise, and support of interprofessional teams;
- The implementation of telehealth solutions, as applicable;
- Discuss the strategies for coordinating the integration and/or interprofessional training in community based experiential training sites, including community-based and non-traditional community partners and organizations (e.g., emergency departments, first responders, judicial systems) that serve high need and high demand areas. Collaboration among traditional and non-traditional experiential training sites is highly encouraged for coordination of integration and/or interprofessional training;
- Discuss strategies for identifying registered apprenticeship sites or creating new registered apprenticeship sites, placing trainees in those sites and identifying preceptors/mentors/liaisons to provide assistance to trainees;
- Describe career ladder opportunities offered to trainees during Level I Pre-service and Level II In-service training (e.g. college credits, stackable credits, additional credentials beyond entry level, job promotions);
- Include a logic model for designing and managing the project as Attachment 8. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products or deliverables of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).
- Strong, pre-existing relationships with external partners, such as non-profit and public organizations focused on health care, social services, and behavioral health needs of these at-risk populations, and how these

organizations will host trainee field placements and apprenticeship sites and assist with career placements for program graduates;

- Direct connection between the certificate offered and the support needed within the population served, including future career ladder opportunities stemming from the proposed program (i.e., how the certificate can lead to an associate or bachelor's degree); and
- Provide "on-the-job training" through a registered apprenticeship program to assist paraprofessional trainees in obtaining employment after completing experiential field placements in high need and high demand areas.

(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)

Discuss challenges that they are likely to encounter in designing and implementing the activities described in the work plan, and approaches to resolve such challenges. This section must include:

1. Challenges related to program objectives, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., program performance evaluation and performance measurement requirements);
2. Challenges related to the workforce development, such as recruitment and retention and education and training of paraprofessionals in high need and high demand areas;
3. Obstacles to identifying and collaborating with experiential training sites with the principal focus on OUD and other SUD prevention, treatment and recovery services;
4. Challenges related to identifying and managing preceptors/mentors for experiential field training sites and apprenticeship sites; and
5. Resources and plans to resolve and overcome these challenges and obstacles.

IMPACT - This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).

(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)

Describe how you plan to monitor, evaluate, and document your project's performance.

Performance Evaluation Plan: You must provide a Performance Evaluation Plan that will contribute to continuous quality improvement. The plan must include:

1. How you will monitor ongoing processes and progress toward meeting goals and objectives of the project;

2. An approach for utilizing both quantitative and qualitative data efforts to quarterly review program outcomes;
3. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured;
4. Expected outcomes of the funded activities; and
5. Description of how all key evaluative measures will be reported and disseminated.

You must submit as **Attachment 1** a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

It is required that all recipients will work collaboratively with HRSA's technical assistance provider (to be determined) for technical assistance and evaluation needs.

Performance Reporting Plan: You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html.

Describe the data collection strategy to collect, manage, analyze and track data to measure the impact/outcomes, of the work plan in a way that allows for accurate and timely reporting of performance outcomes.

Describe potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Describe your capacity to collect, validate, and report required data measures:
- Ability to provide trainee support for experiential training;
- Ability to increase the number of paraprofessional trainee program slots capacity by a minimum of 10 percent in year one and maintain that level each year over the 4-year project period;
- Ability to identify registered apprenticeship sites or create new registered apprenticeship sites and recruit trainees into those sites;
- Ability to identify preceptors/mentors for assisting trainees;
- Ability to recruit trainees interested in behavioral health with a focus on improving trainee's knowledge and understanding of the specific concerns

of children, adolescents and transitional aged youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles;

- Ability to recruit and place the trainees in areas with a high need and high demand population;
- Ability to develop and implement training in integrated and/or interprofessional team based practice settings;
- Ability to develop and implement experiential field placements;
- Number of trainees trained in behavioral health care and the number of available experiential field placements, including those in high need and high demand areas as defined in this NOFO;
- Number and demographics of trainees trained, number who complete training during the period of performance, and number of graduates who pursue employment providing behavioral health services working in high need and high demand areas;
- Number and types of organizations partnered with for experiential field placements, registered apprenticeships and job placements;
- Number of hours trainees trained in didactic training, experiential field placements, and registered apprenticeships working with children, adolescents and transitional aged youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles;
- Number of paraprofessionals participated in interprofessional, team-based care trainings;
- Number of staff, field supervisors, facilitators, and training instructors to receive training/development in OUD and other SUD prevention, treatment, and recovery; and
- If applicable, number of encounters for OUD and other SUD prevention, treatment, and recovery services involving telehealth.

(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)

Provide a clear plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

The sustainability plan must include:
1. Description of specific actions you will take to highlight key elements of the project which have been effective in training and improving paraprofessional practice;
2. Description of actions to maintain relationships between behavioral health organizations, community-based and non-traditional community organizations, experiential training sites, registered apprenticeships and other collaborative and interprofessional partners;

3. Future sources of potential funding;
4. Timetable for becoming self-sufficient;
5. Challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges;
6. Challenges in recruiting preceptors/mentors; and
7. Challenges that are likely to be encountered in identifying and sustaining apprenticeship sites.

***ORGANIZATIONAL INFORMATION, RESOURCES and CAPABILITIES* --**
Corresponds to Section V's Review Criterion #4

Succinctly describe your capacity to manage effectively the programmatic, fiscal, and administrative aspects of the proposed project, including:

1. The ability of your organization to meet the program goals and objectives and meet program expectations;
2. Organizational and/or institutional mission and its congruence with interprofessional behavioral health services with a focus on OUD and other SUD prevention, treatment and recovery services in high need and high demand areas;
3. Organizational/institutional commitment to the promotion of a workforce that reflects the population served and provides evidence of recruitment, retention, and training efforts to that end;
4. Evidence of the capacity to provide didactic and experiential training and supervision to trainees;
5. Evidence of capacity to provide coordination and communication between the OIFSP recipient and the registered apprenticeship program;
6. Evidence of the capacity to identify a mentor/preceptor;
7. Evidence of an adequate staffing plan as Attachment 1 and project organizational chart as Attachment 3;
8. Evidence of institutional support, e.g. letters of agreements and/or contracts with experiential training sites provided in Attachment 2;
9. Evidence of institutional support and collaborations/MOUs with apprenticeship sites provided in Attachment B, Table 2; and
10. How the unique needs of behavioral health and OUD, and other SUD and at-risk populations in the community are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency,

and experience working with individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, class backgrounds, and different genders and sexual orientations.

Biographical sketches should include the following information:

- **Senior/Key Personnel Name**

- **Position Title**

- **Education/Training.** Begin with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:

    o   Institution and location

    o   Degree (if applicable)

    o   Date of degree (MM/YY)

    o   Field of study

- Section *A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., Project Director or Principal Investigator) in the project that is the subject of the award. There can only be one Project Director. The Project Director must be employed by the awarded applicant organization. The PD/PI is encouraged to dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities, and is encouraged to have a minimum of three (3) years of experience in the provision of services for OUD and other SUD in prevention, treatment and recovery services. Provide a brief description of the individual's experience and qualifications that make him/her particularly well-suited for his/her role. There can be staff occupying these positions at the HRSA recipient as well as at the Apprenticeship site. In addition to the Project Director, applicants may support other project personnel, such as a Project Coordinator, Support Specialist, Liaison, and Preceptor/Mentor.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer- reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional)* **Other Support.** List both ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

You must submit as **Attachment 3** a project organizational chart.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if the application is selected for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Over the four year period of performance, fifty percent of the budget must be dedicated to participant support (i.e., tuition/fees, and supplies plus stipends). The other fifty percent of the budget can be directed to administration and management of the project. No budget year may exceed 60 percent in administration and management costs. See example below in Budget Justification Narrative.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, §202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

To ensure the appropriateness of the proposed budget, you should refer to Section IV.2.iv. Budget Justification Narrative; Section V.6. Funding Restrictions; and the SF-424 R&R Application Guide.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*.

Applicants will prepare a budget for each of the funding years, not to exceed the 4-year period of performance. Prepare your budget based on the needs of your program per budget year.

Over the 4-year period of performance, no more than 50 percent of total funding can be used for program management or other recipient activities, and at least 50 percent of total funding must be dedicated to trainee support. Within a given budget year, your budget request may not drop below 40 percent in trainee support costs.

These costs must be reflected under Section E of the SF-424 R&R Budget Form, participant/trainee support costs.

In addition, the OIFSP requires the following:

Participant/Trainee Support Costs: List tuition/fees/supplies, travel, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs. Note: The 50 percent participant support requirement allows for tuition/fees, supplies and stipends only; other participant trainee support is allowed and must be budgeted out of the other 50 percent administrative and management portion of the budget.

For Level I pre-service, you may request a maximum of $3,000 per trainee to cover trainee support activities (i.e., tuition/fees, supplies) and $5,000 for stipends for the 12-month period for each full-time trainee. Part-time trainee support is allowed for tuition/fees, and supplies and stipends at the fixed amount for no more than 24 consecutive months. Part-time students receive the same amount but over a longer period.

For Level II in-service, you may request to provide trainee support ($7,500) in the form of a stipend.

v. Attachments
Applicants must provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel
(Required) See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide* for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts with Level I Pre-Service Training Experiential Field Placement Sites
(Required)
Provide any documents that describe working relationships between your organization and other entities and programs, including experiential training sites, cited in the proposal, including agreements or contracts with the experiential training sites. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverables. Letters of agreement must be signed and dated by both parties. You do not need to submit full agreements or contracts with the application; however, do submit the cover letter and signature pages.

Attachment 3: Project Organizational Chart *(Required)*
Provide a one-page figure that depicts the organizational structure of the project *(not the applicant organization)*.

Attachment 4: Experiential Training Site Documentation *(Required)*
Provide a description of the experiential training site as depicted in Table 1 in the PURPOSE and NEEDS section, including the number of hours per week that each trainee will participate.
- Provide the Mental Health Professional Shortage Areas (HPSAs) or Facility Mental HPSAs score of the county where the experiential training site is located in using the HPSA Find Tool as found in the HPSA Find tool (https://data.hrsa.gov/tools/shortage-area/hpsa-find).
- Provide the County Overdose Rate (Provide Rate per 100,000 Population) of the county where the experiential training site is located, and indicate the source of your data.

In order for HRSA to validate the data, you must include the specific addresses for the partnering training sites. All data must be appropriately cited as valid at the time of application, and is subject to verification.

Attachment 5: Maintenance of Effort (MoE) Documentation *(Required)*
You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2019 (Actual)	FY 2020 (Estimated)
Actual prior FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated current FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Documentation of Accreditation of the Certificate Training Program *(Required)*
Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education or must be approved by the state government to provide a behavioral health-related paraprofessional certificate training program.

Training programs must be recognized by the state government(s) within the proposed geographic coverage of the training program. Provide documentation in the form of a letter on state government letterhead. For example, the certificate training program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Prerequisites for certificate training programs for Paraprofessionals must be at a minimum a high school diploma or GED, and the certificate must be able to lead to an associate and/or bachelor's degree in the future, as applicable.

Attachment 7: Student/Trainee Commitment Letter *(Required)*
You must provide a copy of a student/trainee commitment letter template, through which trainees will commit to complete an experiential field placement and indicate their willingness to pursue employment working with persons in OUD and other SUD prevention, treatment and recovery services in high need and high demand areas. Additionally, the commitment letter should address how the acceptance of tuition/fees, supplies, and stipend support may have an impact on the student's financial aid award. The commitment letter will also include how stipends will be disbursed.

Attachment 8: Logic Model *(Required)*
You must provide a logic model that presents the conceptual framework for your project. For more information on logic models, see Section VIII.

Attachment 9: Letters of Support *(As Applicable)*
Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (e.g., CEO, Chair), must be dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (e.g., in-kind services, dollars, staff, space, equipment).

Attachment 10: Work Plan *(Required)*
Attach the work plan for the project that includes all information detailed in Response to Program Purpose.

Attachment 11: Documentation to Support Request for Funding Priority and/or Funding Preference *(As applicable)*
If requesting a Funding Priority or Funding Preference, include any relevant information and data to support your request, as outlined in Section V.2. For example, you may wish to submit the training curriculum showing emphasis on role of family and lived experiences.

Attachment 12: Memorandum of Understandings with Level II In-service training Apprenticeship Site *(as applicable - not included in page limit)*
 Provide a MOU with at least one apprenticeship program that will fulfill, at a minimum, the stated Partnering Apprenticeship Requirements. If, at the time you submit your application you have not yet established a relationship with a registered apprenticeship

site, you will be allowed a maximum of 12 months from the date of your award to develop an MOU and submit it to HRSA.

If your entity is an already established apprenticeship site, you must submit official documentation (e.g., certificate of approved registration) from the Department of Labor.

***Attachment 13: Apprenticeship Training Site Documentation** (as applicable – not included in page limit)* Provide a description of the apprenticeship training sites as depicted in Appendix B Table 2.

Attachment 14: Other Relevant Documents

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide.*

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 27, 2020 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

OIFSP is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $600,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Unallowable Costs

Funds under this notice may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, grant funds may not be used for construction and or foreign travel.

Fringe Benefits for Trainees
Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable costs under this grant.

Accreditation Costs
Accreditation costs (i.e. Renewals, annual fees, etc.) of any kind are not allowable under this program.

Student (Participant/Trainee) Support and Stipends Activity
At least 50 percent of an applicant's total requested budget (direct and indirect costs) per year must be used for student support (i.e., tuition/fees, and supplies) and stipends. You may request a maximum of $8,000 per student to cover student support activities (maximum $3,000) and stipends ($5,000) for the 12-month period for full-time trainees. Part-time student support is allowed for tuition, fees, and supplies and stipends prorated at the fixed amount for no more than 24 consecutive months. Part-time students receive the same amount but over a longer period. You may also request $7,500 per student/trainee to cover stipends during apprenticeship period.

Administration and Management

Up to 50 percent of funding is for the administration and management of the program and may be dedicated to recipient activities; e.g. Project staff time, travel, subawards, indirect costs, etc.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for the following fiscal year.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The OIFSP program has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (25 points) – Corresponds to Section IV's Purpose and Need

Reviewers will consider whether applicants have presented a clear purpose and evidence of a significant and compelling need for behavioral health services with a focus on OUD and other SUD prevention, treatment and recovery services within training sites.

Applicants that partner with at least one Level I (Pre-service) training site located in high need, high demand areas, as listed in Table 1 in **Attachment 4**, will receive up to 10 points total if:

1. The data in Table I, Attachment 4 indicates that the experiential field placement site(s) is/are located in Mental Health Professional Shortage Areas (HPSAs) or is/are Facility Mental HPSAs with a score of 16 or above. (5 points); and/or

2. The data in Table I, Attachment 4 indicates that the experiential field placement site(s) is/are located in a county with a drug overdose rate higher than the national average of 21.7 per 100,000 population (2017 CDC). (5 points).

Applicants will receive zero points under (1) above if they fail to provide a HPSA score, or the HPSA score is below 16. Applicants will receive zero points under (2) above if they fail to provide a county overdose rate, or the rate is less than the national average of 21.7 per 100,000.

Applicants will receive up to 15 points based upon the quality, relevance, and extent to which they:

- Describe the target population and its unmet health needs, specifically describing the lack of access to health care, with an emphasis on children, adolescents and transitional aged youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles. In particular, the applicant should include a robust discussion (using current, well-cited available data) of poverty, unemployment, and OUD and other SUD in the target service areas;
- Describe the program's ability to ensure participation in the program of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, and knowledge and understanding of the concerns of such individuals, especially individuals with behavioral health disorder symptoms or diagnoses, particularly children, adolescents and transitional aged youth;
- Describe the needs of the behavioral health workforce in the local community including the Level I pre-service and Level II in-service training sites' patient populations, and a description of the services that paraprofessional trainees will provide to address these needs;
- Describe the experiential training site(s) that provide care through integrated, interprofessional teams to children, adolescents and transitional aged youth whose parents are impacted by OUD and other SUDs, and their family members who are in guardianship roles;
- Describe academic, community and non-traditional community organization partnerships (e.g., social services, faith-based services, judicial systems) that foster integrated, interprofessional training experiences for the trainees and impact the quality of and access to OUD and other SUD prevention, treatment, and recovery services in the community;
- Identify two or more health disciplines or service providers that will be collaborating and training with the trainees supported under this NOFO in integrated, interprofessional team based care of OUD and other SUD services; and
- Describe, as applicable, how telehealth will be utilized to meet health and treatment needs of the target population.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

Reviewers will consider the extent to which the application proposes a work plan, as **Attachment 10**, that (1) incorporates the program objectives and expectations of the NOFO; (2) addresses the needs in the Purpose and Need section; and (3)

provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider whether you have provided the following:

- A description of the activities or steps, key partners, staff responsible, and timeframes to complete all programmatic activities. Timeframes include Level I pre-service (up to 12 months) and Level II in-service (up to 12 months), during the four (4) year period of performance. A work plan that includes baseline positions (start point used for comparisons) and planned number of new trainees' positions. Goals and objectives must be specific, measurable, achievable, realistic, and time framed;
- An explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and four (4) year period of performance; and
- An identification of meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the methodology used to address the stated purpose, needs, goals, and objectives of the proposed project. The methodology will align with the work plan, incorporates the program objectives and expectations of the NOFO, and addresses the needs in the Purpose and Need section. The methodology should include approaches, tools, strategies, and rationales, and extent to which you address the following:

- Recruit and train behavioral health paraprofessional trainees to prepare them in their future careers to work on integrated, interprofessional teams and provide services to children, adolescents and transitional aged youth and their family members who are in guardianship roles;
- Identify the number of trainees that will be trained focusing on OUD and other SUD prevention, treatment and recovery services;
- Develop and deliver experiential and didactic curriculum that develops competencies in integrated and/or interprofessional teams focusing on children, adolescents and transitional aged youth;
- Create additional training positions beyond current program capacity by a minimum of 10 percent in year one and maintain that level increase each year over the 4-year period of performance to increase the number of trainees trained in high need and high demand areas with a focus on working with families who are impacted by OUD and other SUDs;
- Implement a disbursement plan for the provision of stipend support for paraprofessional trainees for the required Level I pre-service training

experiential field placement, and for Level II in-service training support (if applicable), which includes the disbursement schedule/rate of that support, and is consistent with your institution's policies and procedures; Differentiation between Level I pre-service disbursement and Level II in-service (if applicable) disbursement should be clear;

- Assist trainees who complete Level I pre-service training to transition into a registered apprenticeship program or job placement services to attain employment in high need and high demand areas;

- Discuss the strategies for how you will aim for at least 50 percent of the Level I pre-service program completers to enter into a registered apprenticeship program (Level II in-service training).

- Ensure there is a mechanism to track trainee supervision used in the delivery of integrated and/or interprofessional team based practices for OUD and other SUD prevention, treatment and recovery services;

- Train staff, field supervisors, facilitators and training instructors to create an infrastructure of skills, expertise, and support of interprofessional teams;

- Implement telehealth solutions, as applicable;

- Discuss the strategies for coordinating the integration and/or interprofessional training in community based experiential training sites, including community- based and non-traditional community partners and organizations (e.g., emergency departments, first responders, judicial systems) that serve high need and high demand areas;

- Discuss strategies for identifying registered apprenticeship sites or creating new registered apprenticeship sites, placing trainees in those sites and identifying preceptors/mentors/liaisons to provide assistance to trainees;

- Describe career ladder opportunities offered to trainees during Level I Pre-service and Level II In-service training (e.g. college credits, stackable credits, additional credentials beyond entry level, job promotions);

- Include a logic model for designing and managing the project as Attachment 8. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products or deliverables of program activities); and

- Outcomes (i.e., the results of a program, typically describing a change in people or systems).
  - Strong, pre-existing relationships with external partners, such as non-profit and public organizations focused on health care, social services, and behavioral health needs of these at-risk populations, and how these organizations will host trainee field placements and apprenticeship sites and assist with career placements for program graduates;
  - The certificate offered and the support needed within the population served, including future career ladder opportunities stemming from the proposed program (i.e., how the certificate can lead to an associate or bachelor's degree);
  - Provide "on-the-job training," job placement services through a registered apprenticeship program to assist paraprofessional trainees in obtaining employment after completing experiential field placements in high need and high demand areas.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to [*Section*](#) [*IV's Response to Program Purpose Sub-section (c) Resolution of Challenges*](#)

Reviewers will consider the extent to which an application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Reviewers will consider:
- Challenges related to program objectives, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., program performance evaluation and performance measurement requirements);
- Challenges related to the workforce development, such as recruitment and retention and education and training of paraprofessionals in high need and high demand areas;
- Obstacles to identifying and collaborating with experiential training sites with the principal focus on OUD and other SUD prevention, treatment and recovery services;
- Challenges related to identifying and managing preceptors/mentors for experiential field training sites and apprenticeship sites; and
- Resources and plans to resolve and overcome these challenges and obstacles.

Criterion 3: IMPACT (20 points) – Corresponds to <u>Section IV's Impact</u> Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the extent to which the application describes a manner to effectively report on the measurable outcomes for program performance evaluation that includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures.

Reviewers will consider the following in reviewing the plan:

- How the applicant will monitor ongoing processes and progress toward meeting goals and objectives of the project;
- The approach for utilizing both quantitative and qualitative data efforts to quarterly review program outcomes;
- Description of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured;
- Expected outcomes of the funded activities; and
- Description of how all key evaluative measures will be reported and disseminated.

Criterion 3 (b): PROJECT SUSTAINIBILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

Reviewers will consider whether the applicant described a plan for project sustainability after the period of federal funding ends.

Reviewers will consider the extent to which your sustainability plan provided the following:

- Description of specific actions applicant will take to highlight key elements of the project which have been effective in training and improving paraprofessional practice;
- Description of actions to maintain relationships between behavioral health organizations, community-based and non-traditional community organizations, experiential training sites, registered apprenticeships and other collaborative and interprofessional partners;
- Future sources of potential funding;
- Timetable for becoming self-sufficient;
- Challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges;
- Challenges in recruiting preceptors/mentors; and

- Challenges that are likely to be encountered in identifying and sustaining apprenticeship sites.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to [Section IV's Organizational Information, Resources and Capabilities](#)

Reviewers will consider if the applicant has the organizational mission, structure, resources and capabilities in place to implement and complete the project by the timeframe set in the period of performance.

Reviewers will consider the following information:
- The ability of your organization to meet the program goals and objectives and meet program expectations;
- Organizational and/or institutional mission and its congruence with interprofessional behavioral health services with a focus on OUD and other SUD prevention, treatment and recovery services in high need and high demand areas;
- Organizational/institutional commitment to the promotion of a workforce that reflects the population served and provides evidence of recruitment, retention, and training efforts to that end;
- Evidence of the capacity to provide didactic and experiential training and supervision to trainees;
- Evidence of capacity to provide coordination and communication between the OIFSP recipient and the registered apprenticeship program;
- Evidence of the capacity to identify a mentor/preceptor;
- Evidence of an adequate staffing plan as Attachment 1 and project organizational chart as Attachment 3;
- Evidence of institutional support, e.g. letters of agreement and/or contracts with experiential training sites provided in Attachment 2;
- Evidence of institutional support and collaborations/MOUs with apprenticeship sites provided in Attachment B, Table 2;
- How the unique needs of behavioral health and OUD, and other SUD and at-risk populations in the community are routinely assessed and improved; and
- The extent to which the biographical sketch reflects a PD with approximately three or more years of experience in the provision of services for OUD and other SUD in prevention, treatment and recovery services.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV's Budget Justification Narrative and SF-424 R&R budget forms](#)

The reviewers will consider the extent to which the proposed budget for each of the budget years of the project period is reasonable in relation to the objectives, the complexity of the training activities, and the anticipated results.

Reviewers will consider:
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time (approximately 20 percent of time) devoted to the project to achieve project objectives;
- The extent to which the budget justification clearly describes each line item and how the costs were estimated;
- The extent to which participant/trainee support (tuition/fees, supplies and stipends) is reasonable and supportive of the project objectives;
- The extent to which the proposal follows the budget guidelines specified in the NOFO and the SF-424 R&R Application Guide;
- The number of trainees and the cost per trainee are clear and concisely described. The overall budget in any given year includes at least 40 percent for tuition/fees and supplies and up to 60 percent for administrative support; and
- Extent to which the budget meets the 50/50 requirement over the four budget years, clearly displaying that of the budget is fees, supplies, stipends, and that no more than 60 percent is and management in any given year.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will use the funding priorities, preference, and other factors listed below in making award selection.

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

Funding Factors

Funding Priority (5 points)

Pursuant to Section 756(d)(2), HRSA shall give priority to any applicant in which training emphasizes the role of the family and the lived experience of the consumer and family-paraprofessional partnership. Applicants determined to meet the criteria for the priority will have an additional 5 points added to the final score. HRSA staff will determine whether applicants meet the funding priority. **In order to qualify, you must provide supporting information and data in Attachment 11.**

Funding Preference

Section 791 of the Public Health Service Act requires a funding preference for any qualified application ranked at or above the 20th percentile of proposals that have been recommended for approval by the peer review group that:

- Has a high rate for placing trainees in practice settings having the principal focus of serving residents of medically underserved communities (**Qualification 1** as described below); or
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing trainees in such settings (**Qualification 2** as described below).

Qualification 3 serves as a pathway for new programs (defined in Section 791(c)(2) as those having graduated fewer than three classes) to compete equitably. New programs that meet at least four of the criteria described under **Qualification 3** below shall qualify for a funding preference under this section.

In order to request a funding preference under this funding notice, applicants must submit as **Attachment 11** the qualifications they meet and any information and/or data to support the requested funding preference:

- **Qualification 1 (High Rate)** – Applicants who wish to request funding preference under this qualification must demonstrate that the percentage of graduates/Level I program completers placed in practice settings serving medically underserved communities for Academic Year (AY) 2017-2018 and AY 2018-2019 is greater than or equal to fifty (50) percent. You must submit the following documentation in **Attachment 11.**

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's/Level I program completer's practice in medically underserved communities: https://data.hrsa.gov/ (**Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs)** - Health Professional Shortage Area - Medically Underserved Area - Medically Underserved Population or - Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$$\text{High Rate} = \frac{\begin{array}{c}\text{\# of Graduates/Level I Program Completers in}\\\text{AY17-18 Employed in MUCs}\\\text{Plus}\\\text{\# of Graduates/Level I Program Completers in}\\\text{AY 18-19 Employed in MUCs}\end{array}}{\begin{array}{c}\text{Total \# of Graduates/Level I Program}\\\text{Completers in AY 17-18}\\\text{Plus}\\\text{Total \# of Graduates/Level I Program}\\\text{Completers in AY 18-19}\end{array}} \times 100$$

Qualification 2 (significant Increase) – During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings.

Applicants who wish to request funding preference under this qualification demonstrate a twenty five (25) percent increase of placing graduates/Level I program completers in medically underserved communities from AY 2017-2018 and AY 2018-2019. Applicants who wish to request funding preference under Qualification 2 must submit as Attachment 11 the following documentation:

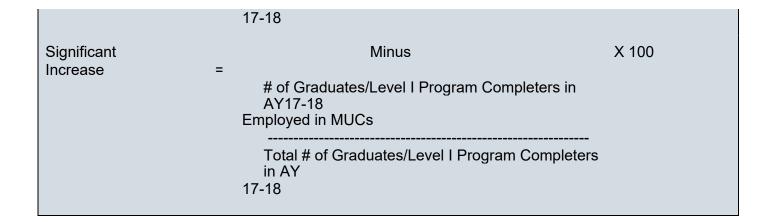| Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's/Level I program completer's practice in medically underserved communities: https://data.hrsa.gov/ **(Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs)** • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$$\frac{\begin{array}{c}\text{\# of Graduates/Level I Program Completers in AY}\\\text{18-}\\\text{19 Employed in MUCs}\end{array}}{\begin{array}{c}\text{Total \# of Graduates/Level I Program Completers}\\\text{in AY}\end{array}}$$

<table>
<tr><td></td><td></td><td>17-18</td><td></td></tr>
<tr><td>Significant
Increase</td><td>=</td><td>Minus</td><td>X 100</td></tr>
</table>

	17-18
Significant Increase =	Minus X 100

# of Graduates/Level I Program Completers in
AY17-18
Employed in MUCs

Total # of Graduates/Level I Program Completers
in AY
17-18

• **Qualification 3 (New Program) –** To permit new programs to compete equitably for funding under this section, those new programs that meet at least four (4) of the criteria shall qualify for a funding preference. New Program means any program that has graduated/completed less than three classes. Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 11** documentation that they have graduated less than three (3) classes and meet at least four (4) of the following criteria:

a) The training organization's mission statement includes preparing health professionals to serve underserved populations.
b) The curriculum of the program includes content that will help to prepare practitioners to serve underserved populations.
c) Substantial clinical training in MUCs is required under the program.
d) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
e) The entire program or a substantial portion of the program is physically located in a MUC.
f) Trainee assistance, which is linked to service in MUCs, is available to trainees through the program. Federal and state student assistance programs do not qualify.
g) The program provides a placement mechanism for helping graduates find positions in MUCs.

To award the funding preference, HRSA staff will review data submitted in **Attachment 11**, and will determine whether the applicant meets the preference. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

3. **Assessment of Risk**

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Recipient Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report. Further information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at https://grants.hrsa.gov/webexternal/home.asp.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

   Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs system. More specific information will be included in the NOA.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-8056
Email: wweisenberg@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Andrea L. Knox, Public Health Analyst
Division of Nursing and Public Health
Attn: Opioid-Impacted Family Support Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N128C
Rockville, MD 20857
Telephone: (301) 443-4170
Email: OIFSP@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Program Specific Definitions

Adolescent - a young person who is developing into an adult. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19.

Behavioral Health – the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. Behavioral health encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.

Behavioral Health-Related Paraprofessional – An individual who is not a mental or behavioral health service professional, but who works at the first stage of contact with individuals and families who are seeking mental or behavioral health services, including substance abuse prevention and treatment services. This job classification includes occupations such as mental health worker, peer support counselor, peer support specialist, community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotor/a, recovery coach, recovery manager, recovery mentor, recovery support specialist, and recovery coach/guide.

Certificate – a process by which an agency or organization validates, based upon predetermined standards, an individual paraprofessional's qualifications and knowledge for program completion or practice. Once trainees complete the didactic and experiential training they are known as Level I pre-service program completers.

Children - persons under 18 years old.

Experiential Field Training/Placement –The process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

Family Member – for the purpose of this NOFO, a family member is considered someone who serves as a caregiver to children. This may include biological family (including parents with SUDs) or temporarily and permanently court-appointed persons; e.g., a foster parent, group home staff, mother, father, aunt, uncle, cousin, etc.)

Health Professional Shortage Areas (HPSAs) - Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health; or mental health. These shortages may be geographic-, population-, or facility-based.

High-need and high-demand areas – For purposes of this NOFO high need and high demand areas are identified as sites located within Mental Health Professional Shortage Areas (HPSAs) and/or a Facility Mental HPSA with a score of 16 or above, or Counties that have a drug overdose rate that had higher than the national average of 21.7 per 100,000 population per the CDC in 2017.

Integrated Care – A graduated spectrum of health services wherein a facility delivers primary care services and coordinates with behavioral health care, oral health care, and/or public health strategies and interventions.

Liaison- A person that assists with communication or cooperation between groups of people. For the purpose of this NOFO, the liaison will assist with communication, data collection, sharing and coordination between the HRSA award recipient and the apprenticeship program.

Opioid Use Disorder (OUD) – A problematic pattern of opioid use leading to clinically significant impairment or distress occurring within a 12-month period.

Preceptor/mentor - An experienced and competent staff and/or clinician who serves as a role model and point person to paraprofessional trainees at the field placement site and/or the apprenticeship sites.

Registered Apprenticeship Program - A Registered Apprenticeship Program (RAP) is a proven model of apprenticeship that has been validated by the U.S. Department of Labor or a State Apprenticeship Agency. An apprenticeship is a proven approach for preparing workers for jobs while meeting the needs of business for a highly-skilled workforce. It is an employer-driven, "learn-while-you-earn" model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national skills standards.

State-licensed mental health nonprofit and for-profit organization - These organizations include, but are not limited to, entities licensed or certified by an authorized political subdivision or instrumentality of a State to provide training in mental health, including those organizations with a scope of practice focused on OUD and other SUD prevention, treatment and recovery services. For the purposes of this NOFO, these organizations may include academic institutions, including universities,

community colleges, and technical schools. Native American tribal organizations may meet this definition if appropriately licensed by an applicable Tribal government or political subdivision.

Substance Use Disorder (SUD) – A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

Support Specialist - Staff responsible for providing a wide variety of services and supports to the paraprofessional trainees in order to help them to maximize their quality of work performance. This staff plans, facilitates, provides care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources.

Trainee - An individual who participates in a paraprofessional training program or training activity.

Transitional Age Youth — Individuals who are 16-24 years old, falling in between older adolescence (15-16) and young adulthood (24-26).

Unique Identifier- A set of numbers or characters used to protect the identity of an individual when reporting data. For purposes of this NOFO, unique identifier is used by the OIFSP recipient to report data to HRSA on paraprofessional trainees entering into Level II in-service training.
Logic Models:

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.

APPENDIX A

Apprenticeships

You will submit a memorandum of understanding (MOU) with the apprenticeship sites that meet the criteria in Attachment 12. If, at the time, you submit your application and have not yet established a relationship with an apprenticeship site, you will be allowed a maximum of 12 months from the date of your notice of award to develop an MOU and submit it to HRSA. Each paraprofessional trainee must complete both a didactic training and experiential field placement before becoming eligible for the apprenticeship program. The recipient will aim for at least 50 percent of the Level I pre-service program completers to enter into a registered apprenticeship program (Level II in-service training).

For an apprenticeship site to be eligible as an OIFSP partner, the MOU must state that the site:

1. Is an approved intermediary or single employer sponsor through the Department of Labor and is able to deliver related training through on-the-job learning to advance the OIFSP apprentices' knowledge, skills, and expertise. Visit https://www.dol.gov/apprenticeship/;
2. Provides mental health, family support services and SUD services either directly or through formal or written agreement;
3. Will host an identified number of apprentices in academic years 2020-2024 and evaluate the trainees' performance and the patient outcomes directly correlated with their services at least annually;
4. Will provide mentorship to OIFSP apprentices referred to their sponsoring site by the HRSA recipient;
5. Will identify the timeframe in which it will take the OIFSP apprentice to complete the apprenticeship program. For example, the apprentice will complete at least 6 months of on the job training at an apprenticeship site;
6. Will identify a preceptor/mentor and the role they will play in providing wraparound services to trainees while they are in the apprenticeship program; and
7. Will identify a point of contact that will act as a liaison for the Apprenticeship site and the HRSA recipient.

If your entity is an already established apprenticeship site, you must submit official documentation (e.g., certificate of approved registration) from the Department of Labor.

APPENDIX B

Table 2. Registered Apprenticeship Sites

Apprenticeship Site Name and Address EXAMPLE: XX Main Street, Town, State, Zip code)	Unique Identifier of the OIFSP Apprentice (list each trainee)	Number of Apprenticeship hours	Target Population Served (for example, children, adolescents, TAY)	OIFSP Apprentice occupation name
1.				
2.				