U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Maternal and Child Health Workforce Development

Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND)

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-16-031

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Letter of Intent Due Date: December 18, 2015

Application Due Date: February 5, 2016

MODIFIED on January 4, 2016:
See page *i* for list of updates

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: December 7, 2015
Issuance Date: December 7, 2015

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Authority: Section 399BB of the Public Health Service Act (42 U.S.C. 280i-1), as amended by the Autism CARES Act of 2014 (Pub. L. 113-157)

Clarifications and budget updates were made to the following pages:

Page Number	Section	Changes Made
ii Executive Summary	Available funding and number of awards	Approximately $29,000,000 available and up to 45 awards; at least $1,000,000 of these funds will support LEND programs in states that do not currently have an established program.
6-7	Summary of Funding, text and chart	Approximately $29,000,000 available and up to 45 awards; at least $1,000,000 of these funds will support LEND programs in states that do not currently have an established program.
11-12	LEND Trainees	1. Clarified language on Medicine Discipline trainees 2. Added Education as a discipline
17	Continuing Education	Added "per year" next to the requirement of three CE activities to clarify the intent
21	Project Director	Clarified requirements for Project Directors
22-23	Faculty	1. Clarified language on Medicine/Pediatrics Discipline core faculty 2. Added Education as a discipline
26	Support Requested	Approximately $29,000,000 available and up to 45 awards
27	Support Requested- chart	Clarified how to count Medicine/Pediatrics core faculty and long term trainees for funding level purposes

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2016 Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Training Program. The purpose of the LEND program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, autism spectrum disorder (ASD) and other neurodevelopmental and other related disabilities (DD) by preparing graduate-level trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence and a culturally diverse workforce.

Funding Opportunity Title:	Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND)
Funding Opportunity Number:	HRSA-16-031
Due Date for Applications:	February 5, 2016
Anticipated Total Annual Available Funding:	Approximately $29,000,000; at least $1,000,000 of these funds will support LEND programs in states that currently do not have an established program
Estimated Number and Type of Award(s):	Up to 45 grants
Estimated Award Amount:	$500,000 to $800,000 per year for five (5) years based on listed criteria
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 to June 30, 2021 Five years
Eligible Applicants:	Per the Public Health Service Act, § 399BB(e)(A), public or nonprofit agencies, including institutions of higher education. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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/sf424rrguide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the grant application:

Date: Thursday, December 17, 2015
Time: 1:00 p.m. – 2:00 p.m. ET
Adobe Connect URL: https://hrsa.connectsolutions.com/lftas/
Phone Line: 1-888-469-3018
Participant Passcode: 7919326

Recording Information – Recording Available until February 17, 2016
Recording Phone Line: 1-800-219-6395
Recording Passcode: 2716

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Maternal and Child Health (MCH) Training Program.

The purpose of this graduate-level training program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, autism spectrum disorder (ASD) or other neurodevelopmental and other related disabilities (DD), by expanding interdisciplinary training opportunities for graduate-level trainees from a wide variety of professional disciplines. The program will also increase the number of sites able to diagnose or rule out autism spectrum disorder or other developmental disabilities, ensuring that trainees:

- receive an appropriate balance of academic, clinical, and community opportunities;
- are culturally competent and diverse;
- demonstrate high levels of clinical competence in evaluating, diagnosing or ruling out, developing, and providing evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities;
- demonstrate an ability to use a family-centered approach; and
- assume leadership roles in the field after their training

Goals of the program are to:

1) Train graduate/doctoral/postdoctoral students on the complex needs of those with neurodevelopmental and other related disabilities, including autism, in an interdisciplinary manner;
2) Increase the number of trained providers available to diagnose and treat those with complex neurodevelopmental and other related disabilities, including autism; and
3) Enhance the clinical expertise and leadership skills of practicing professionals and families dedicated to caring for children with neurodevelopmental and other related disabilities, including autism.

Specific objectives of LEND programs are to:

1) Provide high-quality interdisciplinary graduate-level education to long-term trainees that emphasizes the integration of services supported by state, local agencies, organizations, private providers, and communities;
2) Train medium- and short-term trainees, including practicing professionals and families, to increase knowledge and skills around developmental disabilities and autism;
3) Engage current university faculty from a variety of disciplines to encourage interdisciplinary training and mentor trainees;
4) Increase the number of interdisciplinary diagnostic evaluations provided by LEND faculty and trainees;
5) Ensure that LEND programs are engaged in the national network of LEND programs to foster collaboration, coordinate program efforts, disseminate research to the field, and provide peer mentorship opportunities;
6) Increase the number of trainees from underrepresented racial and ethnic groups; and

7) Increase the number of individuals with disabilities and family members in the program as trainees, faculty, and program consultants whenever appropriate and feasible.

The hallmarks of LEND programs include:

- leadership training in an interdisciplinary setting, including clinical settings;
- a strong didactic curriculum to engage and educate trainees;
- a strong commitment to trainee and faculty diversity;
- commitment to improving health equity in vulnerable and underserved populations;
- capacity-building of providers able to diagnose and treat individuals with ASD and other developmental disabilities;
- culturally/linguistic competency training and practice;
- family-centered training and practice;
- inclusion of family trainees and family faculty in programs;
- inclusion of individuals with disabilities in programs; and
- trainee mentorship by experienced faculty.

2. Background

Maternal and Child Health Bureau and Title V of the Social Security Act

In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health Services Programs. This legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for 80 years. Title V was designed to improve health and assure access to high-quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB), which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components – Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with states, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation's children.

Transformation in Progress

MCHB initiated efforts to transform the Title V MCH Block Grant to States program in 2013 for the purpose of ensuring its continued effectiveness and readiness to respond to current and future needs facing the nation's mothers and children, including Children with Special Health Care Needs (CSHCN). The proposed new framework, which began in FY 2015, aims to: 1) reduce burden to states and territories; 2) maintain program flexibility; and 3) improve accountability. This transformation has brought major revisions to the National Performance Measures (NPMs) in the Block Grant to States program. These revisions are intended to enhance the ability of states to demonstrate the impact and value of this investment in improving MCH outcomes within a state, as well as to tell a national story about the impact of Title V funding across the

country. One area of focus in revising the national measures is for the federal MCH program to assume lead responsibility in ensuring that each measure has a national data source, which will allow for measurement that is timely, reliable and valid. In addition to being actionable and accountable, the new NPMs are intended to track areas where State Title V programs can demonstrate the impact of their MCH Block Grant investments.

Further information regarding the transformation of the MCH Services Block Grant can be accessed at http://mchb.hrsa.gov/blockgrant/index.html. LEND programs are encouraged to review this link (http://mchb.hrsa.gov/programs/titlevgrants/stateactionplans.html) to access the State Title V Block Grant state action plans in their states and regions.

Title V of the Social Security Act focuses on developing integrated maternal and child health service delivery systems. To ensure optimal maternal and child health outcomes, increased integration across the diverse field of MCH is necessary to achieve appropriate levels of care, service coordination, and a continuum of care across the life course. Reflecting a life course perspective, systems integration accounts for the interplay of risk and protective factors on the health of an individual over the course of his/her lifetime and promotes equity across populations and communities.

Autism Programs at the Maternal and Child Health Bureau:

MCHB supports programs to address autism and related developmental disabilities through education, early detection, and intervention. Specifically, these activities are designed to:

1) Increase awareness of ASDs and other developmental disabilities;
2) Reduce barriers to screening and diagnosis;
3) Support research on evidence-based interventions for individuals with ASD and other developmental disabilities;
4) Promote guideline development for interventions; and
5) Train professionals to utilize valid screening tools, to diagnose and to provide evidence-based interventions through an interdisciplinary approach (as defined in programs developed under section 501(a)(2) of the Social Security Act) that will also focus on specific issues for children who are not receiving an early diagnosis and subsequent interventions.

The four programs and related areas supported by the MCHB include:

1) Training for Professionals:

   • Leadership Education in Neurodevelopmental Disabilities (LEND) training programs;
   • Developmental Behavioral Pediatrics (DBP) training programs; and
   • An Interdisciplinary Training Autism Resource Center.

2) Autism Research Programs:

   • Autism research networks that focus on intervention research, research to improve care and services, guideline development and information dissemination; and
   • Maternal and Child Health (MCH) Autism Intervention Research and Secondary Data Analysis Studies grants.

3) Autism State Systems Program:

- State Implementation grants for improving services for children and youth with ASD and other DD; and
- A State Public Health Coordinating Center that coordinates with the State Implementation grants and develops and implements a strategy for defining, supporting, and monitoring the role of state public health systems in assuring that children and youth with autism receive early and timely identification, diagnosis, and intervention.

4) National Evaluation:

- Information and analysis from this evaluation contributed to the HHS Secretary's Report to Congress on progress related to ASD and other developmental disabilities as required in the "Combating Autism Act." The awardee of the HW-RN will participate in the national evaluation of the program, providing both qualitative and quantitative data.

Division of Maternal and Child Health Workforce Development (DMCHWD) 2012-2020 National Goals (URL: http://mchb.hrsa.gov/training/about-national-goals.asp)

The DMCHWD works collaboratively with national, state, and local MCH organizations to develop and sustain MCH professionals prepared to provide leadership within Title V and other MCH programs.

DMCHWD's vision for the 21st century is that all children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well-being. To achieve this vision, the Division is guided by its strategic plan for 2012-2020 which includes the following goals:

- Goal 1: MCH Workforce and Leadership Development: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academics and policy.

- Goal 2: Diversity and Health Equity: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and healthcare.

- Goal 3: Interdisciplinary/Inter-professional Training and Practice: Promote interdisciplinary/inter-professional training, practice and inter-organizational collaboration to improve the quality of care by enhancing systems integration for MCH populations.

- Goal 4: Science, Innovation and Quality Improvement: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.

The DMCHWD seeks to ensure excellent public health and health care services for families through workforce preparation. Specifically, it supports:

- *Trainees* who show promise to become leaders in the MCH field through teaching, research, clinical practice, service, and/or administration and policymaking;
- *Faculty* who mentor students in exemplary MCH public health practice, advance the field through research, develop curricula particular to MCH and public health, and provide technical assistance to those in the field; and
- *Continuing education and technical assistance* for those already practicing in the MCH field to keep them abreast of the latest research and practices.

Need for the LEND Program

According to the most recent prevalence data from the Centers for Disease Control and Prevention's Autism and Developmental Disabilities Monitoring network (2010) (http://www.cdc.gov/ncbddd/autism/data.html) approximately one in 68 children (1.5 percent) in the United States have been identified with autism spectrum disorder (ASD). The parent-reported data from the 2011-2012 National Survey of Children's Health documented that 1 in 56 children aged 2-17 years have a diagnosis of ASD, making the prevalence estimate slightly higher at 1.8 percent. Diagnosis is sometimes difficult to make and needs to be made by well-trained professionals. On average, children identified with ASD were not diagnosed until after age 4, even though children can be diagnosed as early as age two. (http://www.cdc.gov/ncbddd/autism/data.html).

It is well-established that a lack of trained providers presents an access to care issue for children/youth with complex disabilities like ASD and their families. Access to adequate health care is a significant problem for children with special health care needs, but is even more pronounced for those with ASD. Many needs remain unmet for these children and families, particularly pertaining to adequate service provision for their complex needs. (Kogan et al, *Pediatrics*, December 2008). Significant racial and ethnic disparities exist in the diagnosis and recognition of autism, suggesting additional professional training is needed in the field to mitigate these differences (Mandell et al, *American Journal of Public Health*, March 2009). Further, disparities exist in access to autism care and intervention, particularly in underserved populations. (Liptak et al, *Journal of Developmental and Behavioral Pediatrics*, June 2008). Both the public health and health care systems lack sufficient numbers of providers trained in systems thinking and exposed to interdisciplinary practices to meet the needs of children with ASD, who often have multiple co-occurring conditions. The LEND training program seeks to meet some of these documented needs.

Since their inception in 1967, LEND programs have trained tens of thousands of health professionals from a wide variety of disciplines to provide the best possible services and supports for children with developmental disabilities and their families. The focus of these training programs is on children with a wide range of intellectual and developmental disabilities (DD) and special health care conditions, especially medically fragile children with multiple or complex challenges, including children with ASD. The MCH Training Program, including the LEND network, has produced leaders and a well-trained pipeline of health professionals equipped to address the special health needs of MCH populations (Kavanagh et al, *Maternal and Child Health Journal*, Volume 19, Issue 2, 2015).

LEND training programs train providers to screen for ASD/DD using the most widely accepted tools in the field. Developmental screening is a priority at the national and state levels and has increased over time. According to 2011-2012 data from the National Survey of Children's Health, the proportion of children who received a developmental screen did not vary substantially by income, but uninsured children were less likely than those with either public or private insurance to receive a screening. LEND programs collaborate and link with early screening and early intervention programs in the state to reach as many children as possible. Developmental screening is also one of the 15 National Performance Measures for State Title V programs, which may increase the focus on screening at the state level.

In fiscal year 2013, the LEND training program collectively trained 1,326 long-term trainees (300+ hours of training); 3,725 medium-term trainees (40-299 hours of training); and 10,264 short-term trainees (less than 40 hours of training). Seventy-seven percent (77 percent) of the 385 LEND program graduates who completed a former trainee survey five years following the program indicated that they are engaged in work related to MCH populations. Further, 81 percent of respondents demonstrated field leadership in academic, clinical, public health practice, and/or public policy and advocacy activities. In fiscal year 2013, LEND training programs reported collaborating with state Title V (MCH) agencies or other MCH-related programs, to provide 3,582 technical assistance activities to almost 90,000 recipients (Source: DGIS data, 2013).

The LEND programs have made a unique contribution to the field by providing comprehensive, interdisciplinary leadership training to providers and students who screen, diagnose, and treat those with autism and other developmental disabilities. In 2013-2014, the LEND programs provided interdisciplinary diagnostic services to confirm or rule out ASD/DD to 81,167 children. (Source: Autism-specific data from LEND Performance Reports, 2014) LEND programs train a wide range of disciplines including psychology, speech-language, audiology, physical therapy, and others. In fiscal year 2013, close to 73 percent of former long-term trainees were working in an interdisciplinary manner five years after training; and 74 percent ten years after training. LEND programs also promote innovative practice models that enhance cultural/linguistic competence, partnerships among disciplines, and family-centered approaches to care. This training opportunity empowers these providers to further develop and impact the state and national systems of care, and to become leaders in the field.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation

Funding will be provided in the form of a grant.

2. Summary of Funding

This program is expected to provide funding during federal fiscal years 2016 – 2020. Approximately $29,000,000 is expected to be available annually to fund up to 45 LENDs as described in the chart below. Of these funds, at least $1,000,000 will support LEND programs in states that currently do not have an established program. This program announcement is subject

to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount as indicated below for the type of award selected. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for LEND in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

Type of Award	Estimated #Awards	Estimated $ of Award/Year	Total Program Funds/Year
All LEND programs	up to 45	$500,000 to $800,000	approximately $29,000,000

- New LEND programs will be funded at a maximum of $500,000 per year. New programs are defined as applicants who are not currently the grantee of record for a LEND award.
- Programs can only apply for the same funding level each year.
- A full chart of funding levels and criteria for each can be found in the Budget Section.
- Of the total funding, at least $1,000,000 will support LEND programs in states that currently do not have an established program.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

The indirect cost rate for all MCH Training programs is capped at 8 percent.

III. Eligibility Information

1. Eligible Applicants

Per the Public Health Service Act, § 399BB(e)(A), public or nonprofit agencies, including institutions of higher education.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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 the applicant's **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.

An individual to be trained must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence at the time of award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at Grants.gov.

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 Application Guide in addition to the program-specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the FOA to do otherwise.

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 **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.

Program-Specific Instructions

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), please include the following:

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

ii. *Project Narrative*
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

<u>INTRODUCTION</u> *-- Corresponds to Section V's Review Criterion (1) Need*

Briefly describe the background of the present proposal. State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the grant program described in Section I.1. Purpose of this FOA.

<u>NEEDS ASSESSMENT</u> *-- Corresponds to Section V's Review Criterion (1) Need*

This section outlines the needs of the community and organization. The target population and its unmet health needs must be described and documented in this section. Disparities associated with a broad range of factors, including but not limited to race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, and health literacy should be considered in assessing unmet health needs. Applicants should describe socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should provide an overview of the community and organization that will be served by the proposed project. The applicant should clearly document needs related to services and systems of care for individuals with neurodevelopmental and other related disabilities, including ASD. This section should critically evaluate the national, regional, state, and local demand for the training, and specifically identify issues to be addressed and gaps which the project is intended to fill.

<u>METHODOLOGY</u> *-- Corresponds to Section V's Review Criterion (2) Response*

Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA.

- Identify the competencies expected of trainees and the required curriculum, including didactic and experiential components.
- A brief syllabus, including descriptions of courses, workshops, seminars, and field experiences should be included in Attachment 5.

- Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project.
- Describe relevant past experience/performance as a LEND grantee, if applicable.
- If applicable, describe plans to have trainees/faculty in other states or territories to increase the national reach of LEND training network.
- Describe the skills and expertise of key project personnel in achieving project goals.
- Provide a timetable and identify responsible persons for implementation of the activities that will support the objectives.
- Include in Attachment 3, noting overall page limitations, <u>select</u> copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application. If necessary, submitting a list of documents will suffice.
- If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
- Demonstrate the ability to respond to emerging needs in the field of developmental disabilities, or areas importance to MCHB (e.g., transition).
- Respond to the provisions in the Autism CARES Act of 2014 to increase awareness of ASD/DD and reduce barriers to screening and diagnosis by training professionals to utilize appropriate tools and interventions.
- Describe recruitment plans for diverse trainees and faculty as MCHB strives to develop an MCH workforce that is reflective of the diversity of the nation. Applicants can refer to resources from the Diversity in MCH Training Peer Learning Collaborative: (http://www.mchb.hrsa.gov/training/grantee_resources_dtpc.asp). Applicants are required to submit a brief plan describing recruitment and retention of diverse faculty and trainees. (see Work Plan).

1) Goals and Objectives

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be time-framed and measurable with specific outcomes for each project year. These outcomes are the criteria for evaluation of the program.

2) LEND Trainees

The application should include criteria for and a description of methods of trainee recruitment and selection of trainees whose career goals are consonant with the program objectives. This should include an interest in acquiring knowledge and skills to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD and other developmental disabilities, when applicable, in an interdisciplinary, family-centered, and culturally competent manner. Recruitment of qualified trainees of diverse backgrounds is a priority for the MCH Training Program. The applicant should describe the plan for encouraging recruitment of trainees from diverse backgrounds and for evaluating the success of the recruitment efforts. Training projects are encouraged to develop innovative means of creating a pipeline of future students from diverse groups at the high school, community college, and undergraduate levels. Performance Measure #9 requires annual reporting on the number and percentage of trainees from underrepresented racial and ethnic groups.

Trainees may be supported in each of the disciplines represented by the core faculty. Trainees from other relevant disciplines may also be supported with consultation from MCHB as long as there is an appropriate faculty mentor. Since the intent of the LEND program is to promote an interdisciplinary health professions team model of care provision, with special emphasis on improving care for children with ASD or other developmental disabilities, sufficient numbers of trainees from the appropriate variety of disciplines indicated are necessary both to learn and practice these principles.

Trainee support varies by discipline in accordance with standards of the profession, availability of other support, nature of training required to meet program goals, and other factors. Appendix A: Guidelines for Trainees and Fellows, defines trainees and fellows and provides guidelines for stipend support.

To be considered a long-term trainee, the trainee will need to complete 300+ hours of LEND leadership and didactic training, including LEND-specific field work requirements during the program. LEND training is in addition to a trainee's graduate or post-graduate discipline related training. *Graduate* education must be provided at the master's, doctoral, or post-doctoral levels. While LEND is a *graduate* education program, practicing professionals from the community who meet the requirements and have commensurate work or leadership experience also *may* qualify as trainees. Family members and individuals with disabilities who do not meet the educational requirements specified above may be considered as long-term trainees at the discretion of each LEND program. Since LEND is a graduate-level training program, students that are currently in undergraduate programs cannot be considered long-term LEND trainees unless they meet a criteria specified above.

The following outline is intended as a guide for the types of trainees/fellows generally supportable in each profession and consonant with core faculty requirements:

- *Audiology*—clinical doctoral candidates. (Consideration may be given to post-master's and post-doctoral clinical fellowships.)
- *Family members*, including parents and siblings of those with neurodevelopmental disabilities, including ASD
- *Genetic counselors*- master's or doctoral candidates
- *Health Administration*—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.
- *Individuals with neurodevelopmental or related disabilities* with demonstrated skill or interest in developing leadership skills
- *Medicine*—Developmental-Behavioral pediatrics, Neurodevelopmental Disabilities, Med-Peds, and other relevant pediatric medical specialties and subspecialties (e.g., Child Psychiatry, Pediatric Neurology, and/or Medical Genetics) can be supported as a special residency/fellowship. Family practice and physical medicine and rehabilitation may also be considered as a residency/fellowship, provided a pediatric emphasis can be demonstrated.
- *Nursing*—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral fellowships.

- *Nutrition*—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.
- *Occupational Therapy*—Post-baccalaureate entry level, post-professional master's or doctorate levels. (Consideration may be given to post-master's and post-doctoral clinical fellowships.)
- *Pediatric Dentistry*—post-doctoral trainees in graduate pediatric dentistry programs.
- *Physical Therapy*— Post-baccalaureate entry level, post-professional master's or doctorate levels. (Consideration may be given to post-master's and post-doctoral clinical fellowships.)
- *Psychology* (in any specialization in which the focus is on child health and development) —doctoral candidates and post-doctoral clinical fellowships.
- *Public Health*- master's or doctoral candidates.
- *Social Work*—master's or doctoral candidates. Consideration may be given to post-master's or post-doctoral candidates in a clinical sequence and to clinical fellowships.
- *Special Education/Education*—master's or doctoral candidates.
- *Speech-Language Pathology*—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

Other disciplines may be considered after consultation with an MCHB project officer.

While MCHB recognizes that specialties/subspecialties of Medicine are distinctly different, the discipline entitled, "Medicine" will include all medical disciplines for the purposes of recruiting long-term trainees, in order to maintain the interdisciplinary nature of the LEND program.

In addition to long-term trainees, MCHB strongly encourages LEND programs to train short- and medium-term trainees to expand the workforce of clinicians and/or community providers better able to serve individuals with disabilities. MCHB defines short-term trainees as those with 0-40 hours of training, and medium-term trainees have two tiers: those who have completed either 40-149 hours or advanced trainees at 150-299 hours of training. Funding of advanced medium-term trainees is at the discretion of the individual program.

There should also be a plan for tracking and reporting on the field leadership of former trainees. This data will be reported on Performance Measure #8. This plan should include longitudinal follow-up data about graduates' employment, research, advocacy efforts, programs initiated, publications submitted, etc.

3) Curriculum and Training Content

This section should clearly define the applicant's curriculum and training content. The training program design, competencies, and curriculum must prepare interdisciplinary health professionals for addressing the full range of childhood neurodevelopmental disabilities, with a focus on ASD and other developmental disabilities, and new leadership roles they will play in the emerging health care system for such children and their families. Interdisciplinary approaches to care, training and research should be emphasized.
To better serve children with neurodevelopmental disabilities and other special health care needs in the emerging health care system, trainees' leadership skills need to be enhanced.

Consequently, educational programs must prepare professionals to: provide and ensure high-quality, cost-effective, community-based, integrated services; work in new settings which emphasize primary care; work in true partnership with families; respond to the growing diversity of the population; manage information effectively; work across systems (e.g., Title V) toward integration of care; lead policy discussions; and address ethical and legal issues. The curriculum should train leaders to cultivate interdisciplinary practice and research in new settings, including those which emphasize primary care or uni-disciplinary or multidisciplinary methods.

Applicants must address how the curriculum and the training program incorporate the above conceptual framework and the following content to assure an adequate base of knowledge and experience for trainees:

- Neurodevelopmental and related disabilities, with a focus on ASD and other developmental disabilities

This didactic part of the curriculum must provide training on appropriate state of the art tools for screening and diagnosing ASD/DD; give trainees an understanding of the social environment—the family, community, school, work opportunities; and present issues relevant to health care and other transitions for young adults.

- Leadership skills

The MCH Training Programs place a particular emphasis on leadership education. The curriculum must include content and experiences to foster development of effective leadership competencies. Leadership training prepares MCH health care professionals to move beyond excellent clinical or health administration practice to leadership, through practice, research, teaching, administration, and advocacy. Clearly describe how these MCH Leadership Competencies will be directly cultivated by the training curriculum. Refer to MCH Leadership Competencies at http://leadership.mchtraining.net/.

- Interdisciplinary Skills

Interdisciplinary practice is a team approach among professionals, family members, individuals with disabilities, and community partners, to improve the delivery of health services, training, policy, and research. This approach includes:

A supportive environment which values and utilizes the skills and expertise of each team member to arrive at outcome-driven joint decisions;
- Mutual respect among disciplines; and
- Shared leadership, incorporating accountability and responsibility for outcomes.

Curricula descriptions should clearly demonstrate how interdisciplinary training and practice will be accomplished. A resource on interdisciplinary practice and related definitions can be found at:
ftp://ftp.hrsa.gov/mchb/training/documents/all_grantee_meeting/2008/06_interdisciplinarytrainingindicators02.pdf.

- Systems of care for those individuals with neurodevelopmental disabilities and their families

  The educational curricula, in addition to promoting excellence in scholarship and leadership, should emphasize the integration of services supported by states (including Title V), local agencies, organizations, private providers, and communities.

  Content and philosophy must be geared to preparation of trainees to assume leadership roles in the development, improvement and integration of systems of care, especially in programs providing maternal and child health services, including those for children with special health care needs, with special emphasis on ASD or other developmental disabilities, in community-based, family-centered settings. Attention to the needs of individuals living in rural and/or underserved communities is strongly encouraged.

- Public health perspectives of care for those with disabilities

  The curriculum must address a broad public health perspective. By focusing on the importance of health promotion, disease prevention, and the benefits of coordinated health care, families, practitioners, researchers, and educators can develop creative approaches for improving the health of mothers, children and families, particularly those vulnerable groups whose needs are not currently being met by systems of care. Curricula should include training in and about community-based programs and public health services that provide leadership opportunities in interdisciplinary, family-centered, comprehensive, and coordinated care.

  It should emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, such as Title X (Family Planning), XIX (Medicaid/EPSDT), and XXI (State Children's Health Insurance Program). The curriculum should also emphasize the development, implementation and evaluation of systems of health care. At a minimum, a broad public health perspective includes, but is not limited to: community needs assessment, advocacy, public policy formulation and implementation, legislation/rule making, financing, budgeting, program administration, consultation, and program planning and evaluation.

- Cultural competency

  The curriculum must include content about the differing social, cultural, linguistic and health practices of various diverse and underrepresented groups, and the implications of these relative to health status and provision of health care. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services that provide family-centered, coordinated care that is responsive to the diversity of the community, such as low-income, racial/ethnic minorities, individuals with limited English proficiency, individuals who have limited access to services, and/or other vulnerable populations. For additional resources and information, applicants are encouraged to refer to the National Center for Cultural Competence (http://nccc.georgetown.edu/).

- Life course and social determinants of health

  The curriculum must emphasize child development within the life course development and socio-ecological framework. This framework emphasizes the cumulative impact of children developing within families, families existing within a community, and the community embedding within the larger society. The curriculum will prepare trainees to understand how systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes for children with ASD and other DD.

- Communication skills

  All students are expected to achieve effective clinical communication and teaching skills, as well as presentation skills appropriate for a variety of professional and community audiences. Training should provide trainees with the opportunities to practice, demonstrate, and document effective teaching and communication for and with diverse constituencies (e.g., professional peers; parents; CYSHCN; public health leaders; etc.). These experiences should incorporate multiple forms of communication and diverse venues and methods of delivery. Verbal, written, and conflict resolution skills should be addressed.

- Health Equity and Diversity

  The curriculum should emphasize influences on the health status of children such as their family dynamics, the environment, cultural values, access to health care, social determinants of health, and economic, legal and political conditions, are vital components of leadership training in an MCH curriculum. LEND training should include content and experiences to prepare trainees to provide leadership in cultivating and promoting a diverse MCH workforce.

- Quality Improvement

  The curriculum should also emphasize content relating to science-based judgment; evidenced-based practice and documentation of quality outcomes and performance within an established plan of care; expansion of the direct service roles to include consultation, and collaboration and supervision; and various service delivery models and approaches.

- Family-Centered Care

  The curriculum must also include content about family-centered care that assures the health and well-being of children and their families through a respectful family-professional partnership. Family-centered care is the standard of practice that results in high-quality services. Based on this partnership, family-centered care recognizes the importance of cultural diversity and family traditions; embraces community-based services; and promotes and individual and developmental approach to working with children and families. Family-centered services support youth as they transition to adulthood, and all policies, practices and systems have the family in mind. Family-centered medical home concepts should be integral to the curriculum to facilitate care

transitions and connection to community services, and ensure coordination amongst a wide range of disciplines in practice.

- Emerging Issues in the field of ASD and related neurodevelopmental disabilities

  The curriculum must reflect awareness of emerging health problems and practice issues, such as those outlined in Healthy People 2020 National Health Promotion and Disease Prevention Objectives, Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents and recent Institute of Medicine (IOM) reports. Emerging public health issues include health disparities, health equity and changing demographics, health transformation, new fields needing specialized training (e.g., audiology, transition), quality improvement via learning collaboratives and CoIINs, and coordination with Title V systems of care including developmental screening initiatives.

  The Autism CARES Act of 2014 requires a report to Congress concerning young adults with ASD and the challenges related to the transition from existing school-based services to those available during adulthood. LEND grantees should incorporate transition topics, including health care transition, into their curricula and be ready to include information in their annual LEND progress reports, as requested.

  Home visiting programs may provide opportunities for LENDs to collaborate, thereby enhancing and expanding services for children with neurodevelopmental disabilities and special health care needs. HRSA-supported community health centers may provide training sites and other experiences for trainees.

- Research

  Applicants must document research and other scholarly activities of faculty and trainees relating to LEND, and must define the relevance of these activities to the training program. Each doctoral or post-doctoral student is expected to engage in one or more active research projects during his/her tenure, and to seek to disseminate findings at scientific symposia and through published articles in peer reviewed journals. Doctoral and post-doctoral students are to prepare and to present findings in peer reviewed journals and meetings. Master's level students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. Programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge, validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life. For some trainees, it is at the discretion of the program as to how/if to include them in research projects.

- Technology

  The curriculum shall incorporate the use of web-based technology for communication and information acquisition and processing, including distance learning modalities for lifelong learning, and continuing education. Programs should use principles of adult learning and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools. Tele-health and tele-consultation are encouraged to expand the reach of LEND

programs to trainees and practicing professionals to rural and underserved areas. On-line curriculum resources are now available to all LEND programs to augment didactic training.

Interdisciplinary Clinical Experience for Trainees

Central to the LEND Training Program is the interdisciplinary nature of the program.   This requires there be a core of clinical and didactic curricula and experiences which bring together all faculty and long-term trainees, in such a manner and for such periods of time as are necessary, for the interdisciplinary process to be effectively demonstrated, developed, and practiced. Programs should provide ample opportunities for trainees to work in person with one another in an interdisciplinary manner, even when training is delivered remotely to some trainees.

Training must include clinical and non-clinical components specified throughout this Funding Opportunity Announcement.

Training, with emphasis on ASD and other developmental disabilities, should be based on a comprehensive, exemplary, interdisciplinary clinical services model which is family-centered, and culturally and linguistically appropriate. All trainees should have applied field experiences in such settings. Clinical focus should be on prevention, early detection, assessment, care coordination, and treatment of children who have, or are at risk for, neurodevelopmental and related disabilities, including autism.

In terms of ASD, appropriate trainees should demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD and other developmental disabilities. The intent is to increase the number of individuals who are able to provide information and education on ASD and other developmental disabilities to increase public awareness of developmental milestones, confirm or rule out a diagnosis of ASD and other developmental disabilities, and increase the number of individuals able to provide evidence-based interventions for individuals diagnosed with ASD or other developmental disabilities.

Training should occur within clinical settings under the direction of the funded program and appropriate faculty mentorship. Whenever possible, clinical training should occur in community-based settings with client populations representative of the cultural, social and ethnic diversity of the community. The medical home model should also be promoted. For non-clinically oriented students, field placements in educational settings, state/local agencies, and other settings may be appropriate in lieu of clinical work.

4) Continuing Education and Development

Although the primary purpose of MCH support for training is the long-term leadership training of health professionals as outlined above, programs are required conduct a minimum of *three* continuing education activities per year, such as conferences, workshops or similar short-term training activities designed to enhance skills or disseminate new information, if it is part of their overall plan. Continuing Education programs should target health professionals and others working in developmental disabilities and related fields,

and should be based on specific needs identified interactively with the group(s) to be served.

5) Technical Assistance (TA)/Consultation

The program should provide technical assistance (TA)/consultation to the field. TA refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, program evaluation, needs assessment, and policy and guidelines formulation, as well as site visits and review/advisory functions. The TA effort may be a one-time encounter or on-going activity of brief or extended frequency depending on the needs of the state or organization, and may be geared to the needs of several states or a HRSA region. List the type of TA activities that you may be conducting and how you will market your capabilities. Of particular interest to MCHB is technical assistance to support the system of care for individuals with neurodevelopmental disabilities and ASD.

6) Collaboration

All LEND applicants are encouraged to coordinate activities and collaborate with other supported MCHB training and research programs. A map of current MCHB training investments is included in Appendix B.

Under this announcement, applicants are expected to coordinate with entities that will enhance systems of care for children with autism and other developmental disabilities.

Applicants should briefly describe:

- Existing partnerships or new partnerships with service systems already serving children with ASD and other developmental disabilities such as Title V programs, Part C programs, home visiting programs and early childhood comprehensive systems programs;
- Coordination with other federal programs addressing ASD including the National Institutes of Health (NIH); the Centers for Disease Control and Prevention (CDC) (ADDM Network, Learn the Signs. Act Early. Campaign); the Administration for Community Living (ACL); and other relevant federal programs;
- Collaborations/partnerships with MCHB training and research investments, including, but not limited to, Autism CARES-funded programs in your region (State Demonstration projects; Research Networks; Developmental and Behavioral Pediatrics Programs (DBP), and other LEND training programs) and other MCHB Training Programs; and
- Current or intended membership in the Association of University Centers on Disability (AUCD).

WORK PLAN -- *Corresponds to Section V's Review Criteria (2) Response and (4) Impact*

Include the Work Plan (Attachment 1) as a chart of the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Include a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning,

designing and implementation of all activities, including development of the application and, further, the extent to which these contributors reflect the diversity of the populations and communities served, including racial and ethnic minorities.

The plan must describe each type of training activity with regard to purpose, methodology, content, time commitment, and method of evaluation. The project plan must describe the patient population, diagnostic categories and services, and the various functions related to the provision of such services. The plan should include a description of trainee roles in provision of clinical services, extensiveness of clinical preparation, and clinical supervision.
The diversity plan referenced earlier in the Methodology Section can be separate or included as part of this Work Plan.

The applicant should document in the Work Plan the extent 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 shared with other stakeholders. As programs revise and develop new curricular materials, teaching models, and other educational resources and references in neurodevelopmental and other related disabilities in response to new research findings and developments in the field of MCH, they should disseminate these products to other relevant programs in order to promote enhanced attention to this specialized area. A dissemination tool of interest is the MCH Navigator learning portal (http://MCHNavigator.org). In the area of ASD and other developmental disabilities, programs should disseminate materials, models and resources with other stakeholders, in particular the research networks, training grants including DBPs, and the state demonstration grants funded under the Autism CARES Act of 2014.

Applicants must submit a logic model for designing and managing their project as Attachment 1. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, 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 is supporting resources. Assumptions should be based 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).

Please review the sample logic model in Appendix C. More information on logic models is in Section VIII of this FOA.

RESOLUTION OF CHALLENGES -- *Corresponds to Section V's Review Criterion (2) Response*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- *Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*

A formal plan for evaluating the LEND program must address how the major goals and objectives of the project will be achieved. A project lacking a complete and well-conceived evaluation protocol may not be funded.

Applicants must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g. assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Include tracking of former trainees for the follow-up surveys. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed. The applicant should present a plan for collecting the data elements described later in the FOA in Section VI. 3. Reporting.

If there is any possibility that an applicant's evaluation may involve human subjects research as described in 45 CFR part 46, the applicant must comply with the regulations for the protection of human subjects as applicable.

ORGANIZATIONAL INFORMATION -- *Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

Describe briefly the **administrative and organizational structure** within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Organizational charts outlining these relationships must be included in Attachment 4 or in the narrative.

Practicum sites must provide exemplary, comprehensive, community-based services in a variety of institutional and rural/urban community-based settings focused on children with developmental disabilities and other special health care needs representative of the cultural,

social and ethnic diversity of the community. Practicum sites in underserved communities are especially recommended. If possible, applicants are encouraged to coordinate clinical training opportunities with MCHB-funded research sites and Title V programs. It is expected that the clinical component of the training will occur both within the primary program setting and in diverse community settings.

Describe briefly the **physical settings** in which the program will take place. Faculty and staff office space, classrooms, audiovisual and computer resources must be available to the program and should be at least at the level available to other comparable programs in the institution. Maps, if needed, should be included in Attachment 4.

Include information on the planned location and timing of LEND training activities. Provide an explanation as to how the location and time were determined and demonstrate participation across multiple disciplines. LEND long-term trainees should meet regularly as a cohort to have interdisciplinary discussions and experiences, and become true interdisciplinary colleagues appreciating each other's disciplines and perspectives.

The primary program setting must provide sufficient and appropriate spaces for core faculty and trainee offices and for clinical and teaching activities. The training plan and settings must be structured to assure sufficient formal interaction and informal association amongst trainees and faculty across disciplines to accomplish and enhance the interdisciplinary process and practice on which the program is based.

Describe briefly what **additional resources, including personnel,** are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. Position descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions). Include biographical sketches of faculty/staff on SF-424 R&R Senior Key Personnel form.

Position descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. A position description should not exceed one (1) page in length, but can be as short as one (1) paragraph in length due to page limitations.

In keeping with the specialized nature of this program, standards are specified regarding the multiple health professional disciplines which constitute the fundamental core faculty appropriate for MCH support, including their qualifications, responsibilities, and functions. It is not, however, the intent of this guidance to prescribe all details of the faculty arrangements and participants.

Project Director
The role of Project Director (PD) shall constitute a major professional responsibility and time commitment of the person appointed to the position. The LEND Project Director should be a Board-Certified Pediatrician or a health professional with a doctorate degree representing one of the core disciplines, or a currently approved LEND Project Director, with a minimum of five (5) years, preferably seven (7) or more years, of experience in programs serving children with developmental disabilities, neurodevelopmental disabilities, and other special health care needs.

The Project Director must have demonstrated leadership and expertise in working with children with neurodevelopmental disabilities. The Project Director must be the person having direct, functional responsibility for the program for which support is directed. **He/she must spend a minimum of 30 percent effort on this project as the PD**. While it is acceptable to have co-Directors, at least one of the Directors must spend a minimum of 30 percent of time on the project. The Project Director has administrative responsibility for the MCH training grant and will be expected to attend LEND and related meetings, and work directly with the MCHB project officer. Only one PD is formally recognized by HRSA on the Notice of Award.

Faculty
The applicant must describe in detail its core LEND faculty and the qualifications to be a LEND faculty per the requirements below. The highly sophisticated nature and complexity associated with interdisciplinary education demands special faculty commitment and dedication. Programs must document appropriately qualified university-affiliated core faculty with adequate time commitment to participate fully in all components of the training program. Grant support for faculty is to assure dedicated time for meeting the explicit objectives of the training program. Core faculty members have primary responsibility for planning, designing, implementing, supervising, recruiting, mentoring and evaluating all training and service elements. Along with the Project Director, core faculty members should have experience in providing academic, clinical and/or community-based training in ASD and other developmental disabilities. To achieve trainee and faculty diversity, it is strongly encouraged to recruit diverse faculty.

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program. Those faculty who are at an organizational level superior to that of the Project Director, or who are not subject to the Project Director's administrative direction, such as academic deans, department chairs and others in similar positions, while highly valued faculty, may not serve as core faculty, or receive payment from project funds without special approval from the MCHB Project Officer.

Non-MCHB sources of support for core faculty may be used, in whole or in part, so long as such support does not detract from their commitment of time and function to the training program.

Core faculty should be selected from the following 15 core disciplines:
1) Audiology
2) Family (*required of all programs)
3) Genetics
4) Health Administration
5) Medicine/Pediatrics
6) Nursing
7) Nutrition
8) Occupational Therapy
9) Pediatric Dentistry
10) Physical Therapy
11) Psychology
12) Public Health Policy
13) Social Work

14) Speech-Language Pathology
15) Special Education/Education

All grants must support at least one Family Faculty member to bring the family perspective to trainees. This could include teaching, mentoring, coordinating family experiences for trainees, advising other LEND faculty on family perspectives, etc. If your program has trainees with disabilities, whenever possible, the faculty mentor for these trainees should be an individual with disabilities or should have had experience supporting individuals with disabilities. If trainees are selected from outside of the listed disciplines, a core faculty member in that discipline should mentor the trainee. The total number of interdisciplinary faculty members will be determined based on your program budget and Allowable Funding Levels (see Budget section, Support Requested).

While MCHB recognizes that specialties/subspecialties of Medicine are distinctly different, the discipline entitled, "Medicine/Pediatrics" will include all medical disciplines for the purposes of hiring core faculty, in order to maintain the interdisciplinary nature of the LEND program.

Along with the Project Director, core faculty members should have experience in providing academic, clinical and/or community-based training in ASD and other developmental disabilities. An interdisciplinary focus is absolutely essential for this training program.

If individuals with disabilities, or parents/siblings of individuals with disabilities, consult to your program or are faculty/staff members, they must be financially compensated. Family members and individuals with disabilities can also apply to the program to be trainees and accepted at the discretion of each program based on demonstrated leadership and/or other qualifications.

In some instances, not all academic disciplines of the core faculty members listed above may be regionally located or proximal to the home institution. If so, flexibility is permitted to the extent that alternative arrangements are academically and educationally acceptable and appropriate, and patient care is acceptable and uncompromised. These arrangements must be clearly specified in the application. Participation of faculty from other relevant disciplines is encouraged. It is highly desirable that additional disciplines be included in the core faculty. Core faculty must meet at least the minimum standards of education, experience and certification/licensure generally accepted by their respective professions. Each core faculty must demonstrate leadership and must have teaching and clinical experience in pediatrics and in providing health and related services to the special health care needs of the population on which the program is focused. Core faculty must also be able to document cultural competency and knowledge and experience in family-centered care or the project must provide appropriate continuing education for faculty to achieve these competencies.

Programs are expected to accord recognition for each core faculty, in the form of an academic appointment in the appropriate degree granting school or department of his/her profession in the grantee and/or an affiliated institution of higher learning. This appointment is in addition to the core faculty's appointment in the employing institute/center program. It shall be the responsibility of the appointing academic school or department to determine the basic faculty qualifications, and the responsibility of the employing program to determine and document the additional specialized pediatric training and clinical experience. Core faculty may be

functionally, programmatically, or academically responsible to such positions as may be specified in the approved plan and position descriptions, but must be responsible to the LEND Project Director for the time allocated to the project.

Core faculty members are the chief representatives of their respective professions in the program. As such, they:

- Have individual primary responsibility for planning, implementing, coordinating, and assuring supervision of all training and service elements of their discipline components, with special emphasis on ASD and other developmental disabilities, and, collectively, for the interdisciplinary core curriculum of the overall interdisciplinary leadership training program for all trainees;

- Define appropriate criteria for recruitment of trainees of their discipline and jointly select trainees with the appropriate academic school or department and the training director and/or committee;

- Serve as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs. In addition, provide a developmental pediatric perspective and/or a neurodevelopmental disability perspective to trainees in child health across their institution of higher learning;

- Represent their discipline on internal program, policy or governance committees;

- Provide supervision and professional leadership for others of their discipline in the program; and

- Engage in scholarship directed toward the areas of integrated systems of quality care, capacity building, interdisciplinary training and practice, performance measures, quality assurance and improvement, leadership, policy analysis, medical home, and other important areas established by MCHB.

PROGRAM-SPECIFIC CRITERIA *Corresponds to Section V's Review Criterion (7), Specific Review Criteria*

1) <u>Rural and/or underserved Populations</u>: HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children, adolescents, and families from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs, including those with ASD and other neurodevelopmental disabilities. Applicants are strongly encouraged to work collaboratively with State Title V agencies and other MCH training programs to maximize access to MCH services, with special emphasis on ASD or other developmental disabilities.

2) <u>Geography</u>: The purpose of the LEND program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, neurodevelopmental and other related disabilities by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence. Programs should demonstrate, when applicable, how their programs are serving a state, region, or

geographic area that is not served by a LEND training program. Describe the number of trainees and faculty who engage in tele-health or interdisciplinary tele-training to expand the reach of the program. Further, if applicable, the applicant should describe how they are meeting a need in their geographic area in terms of training needed health professionals to screen, diagnose, or serve children with ASD and other developmental disabilities in the area.

Please indicate here the sections (and page numbers) in the program narrative where you have addressed the above areas of special concern to MCHB. Noting the section and page number where you have addressed these issues in your application will facilitate the review of your application.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.
Program Specific Criteria	(7) Specific Review Criteria – if any, the narrative should describe in what section these are to be described

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* differ from those offered by Grants.gov. Please follow the instructions included the R&R Application Guide and, *if applicable*, the additional budget instructions provided below.

Support Requested:

Approximately $29,000,000 may be available to fund up to 45 LEND programs, including at least $1,000,000 which will support LEND programs in states that do not currently have an established program. The range of funding allowable in this funding opportunity is from $500,000 to $800,000 per program per year based on criteria in the chart below. **Programs should request no more than the <u>same</u> funding level for all five years of the grant.**

Allowable funding levels for which programs can apply:

Funding Level	Minimum # of Long-term Trainees*	# of Faculty Disciplines*	Other Notes
$500,000	9	7	*This funding level includes all new LEND program applicants and will remain at the same level for each of the five years of the project period.
$500,000-$599,000	12	8	
$600,000-$699,000	18	10	
$700,000-$800,000	29	12	*All LEND programs applying for this category must provide documented evidence of the number of former long-term LEND trainees per year in the last project period to demonstrate that they can achieve the number of trainees required in this category.

- All LEND long-term trainees must complete 300+ hours of LEND-specific leadership and core curriculum requirements.
- All trainees being counted as long-term trainees must be tracked for 10 years and reported in HRSA's MCH [Discretionary Grant Information System (DGIS).](#) Once awarded recipients will be able to use the National Information Reporting System (NIRS) to avoid duplication of data entry.
- Costs associated with having trainees/faculty in more than one state or territory could justify coming in at the higher end of an applicant's appropriate funding level.

Note: * All medical disciplines will be subsumed under "Medicine" or "Medicine/Pediatrics" and be counted as <u>one</u> discipline when determining appropriate funding levels that are dependent on the number of faculty disciplines and trainees in your program.

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 Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information.   Note that these or other salary limitations may apply in FY 2016, as required by law.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*. In addition, the LEND program requires the following:

All budget justifications must also provide details to fully explain the resources needed to accomplish the training objectives, and should include:

- Elements that are unique to the program or curriculum, and their associated costs;
- Explicit documentation of required resources to accomplish the goals of the program and expected outcomes;
- Number of long-term trainees completing 300+ hours of LEND-specific curricula, including leadership training (Note: this information needs to be very clearly stated to determine the appropriate funding level.);
- If applicable, the number of remote long-term trainees and distance faculty that incur additional costs to the program;
- The number of masters level, pre-doctoral, and post-doctoral LEND trainees and their stipend levels;
- If applicable, the costs associated with significant training of short- and medium-term trainees;
- The number of LEND faculty; time on the grant; and salary from grant funds; and
- Costs related to provision of continuation education and technical assistance.

Applicants should budget funds for required LEND meetings, and include in their justification a description that includes:

- Up to two LEND grantee meetings per year in the Washington, DC area, one in conjunction with the AUCD annual meeting in November. At least one program representative must attend. A Project Director, Training Director, or other key staff are considered program representatives.
- The Autism CARES grantee meeting which is held every other year in Washington, DC. At least one program representative must attend. At a minimum, a Project Director, Training Director, or other key staff must attend.
- One MCHB meeting in the DC area every other year which brings LEND programs together with other MCHB-funded training programs.

Budget justifications must document that the program meets the minimum thresholds listed above for funding at that level. The award amount should reflect the size and complexity of the overall program. In addition to all program requirements stated throughout the funding opportunity, applicants must demonstrate the capacity to train the number in their selected funding level.

v. *Program-Specific Forms*

1) *Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for LEND*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T73_3.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information will be due to HRSA within 120 days after the Notice of Award.

vi. *Attachments*

Please 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: Work Plan and Logic Model
   Attach the Work Plan and the Logic Model for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*
   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 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific)
   Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that

confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart
  Provide charts and/or maps that depict the organizational structure of the project.

Attachment 5: Tables, Charts, Syllabus/Curriculum
  To give further details about the proposal, include tables or charts that show the program's curriculum, syllabus, workshop descriptions, field placements and other elements of the training.

Attachment 6: Summary Progress Report (20 pages maximum; counts towards overall 80 page application limit)

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT. Note that this summary counts towards the 80 page application limit.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

(1) The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

(3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 7: Letters of Support

  Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Other letters of support can be included as a list due to space limitations, if needed.

Attachments 8-15: Other Relevant Documents, as needed

3. **Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant 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 it has 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 an applicant/awardee organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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.*

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

4. **Submission Dates and Times**

Application Due Date
The due date for applications under this FOA is ***February 5, 2016 at 11:59 P.M. Eastern Time*.**

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. **Intergovernmental Review**

The LEND program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than $500,000 to $800,000 per year depending on specific criteria clearly stated in the FOA. Programs must request no more than the same funding level for all five years of the grant, without any fluctuations in budget requests. 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

7. Other Submission Requirements

Notification of Intent to Apply

A Letter of Intent from applicants is strongly encouraged. An applicant is eligible to apply even if no letter of intent is submitted. The letter should identify the applicant organization and its intent to apply, and briefly describe the proposal to be submitted. Receipt of Letters of Intent will *not* be acknowledged.

This letter should be sent via e-mail by **December 18, 2015***, to:

    Director, Division of Independent Review
    HRSA Digital Services Operation (DSO)
    Please use HRSA opportunity number as e-mail subject (HRSA-16-031)
    HRSADSO@hrsa.gov

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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 the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *LEND Program* has *seven (7)* review criteria:

Criterion 1: NEED (10 points) *Corresponds to Section IV's Introduction and Needs Assessment*

The extent to which the application describes the need and associated contributing factors:

- Specifically identifies problem(s) to be addressed and gaps which the proposed project is intended to fill.
- Documents a strong knowledge of health and related issues for individuals with neurodevelopmental and other related disabilities, including ASD.
- Includes a summary of needs assessment findings.
- Documents the critical national, regional, and local needs that the LEND training program will address pertaining to neurodevelopmental and other related disabilities, including ASD.

Criterion 2: RESPONSE (30 points) *Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges*

The extent to which the proposed project responds to the "Purpose" section of this Funding Opportunity; the strength of the proposed goals and objectives and their relationship to the identified project; the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Methodology and Work Plan (10 points)

The degree to which the applicant:
- Articulates overall goals and specific time-framed objectives for the proposed project.
- Highlights past LEND experiences and accomplishments, if applicable.
- Fully describes its plans to have trainees/faculty in other states or territories to increase the national reach of LEND training network, if applicable.
- Demonstrates that the overall approach to training is thoughtful, logical and innovative.
- Includes a work plan (Attachment 1) that describes the activities or steps used to achieve each of the objectives proposed in the methodology section.
- Includes a logic model (Attachment 1) that demonstrates the relationship among resources, activities, outputs, target population, short and long-term outcomes.
- Describes an outreach, recruitment, and retention plan for diverse long-term trainees and faculty (Attachment 1).
- Includes a highly qualified core faculty and key personnel with experience in developmental disabilities.
- Includes activities for continuing education, consultation and technical assistance to those practicing in the disabilities field.

Trainees (10 points)

The degree to which the applicant:
- Presents a plan for recruiting and retaining trainees with training and career goals consonant with the purpose of the LEND program trainees
- Includes a variety of disciplines as listed on pages 10-11.
- Strives to expand the reach of the program and increase the workforce by offering LEND training to short and medium trainees.
- Presents a plan for tracking and reporting current and former trainees.

Curriculum and Training Content (10 points)

The degree to which the applicant:
- Fully describes its leadership curriculum, building on the MCH leadership competencies.
- Presents a curriculum of training activities that includes an implementation strategy over the five-year project period, including a syllabus with course descriptions in Attachment 5.
- Presents training curriculum/content that is interdisciplinary in focus.
- Includes strong interdisciplinary clinical opportunities for trainees.
- Presents curriculum that includes content in the required focus areas listed in the Curriculum and Training Content section.
- Includes a description of a variety of clinical and research opportunities appropriate for the trainees.

Criterion 3: <u>EVALUATIVE MEASURES</u> (15 points) *Corresponds to Section IV's Evaluation and Technical Support Capacity*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the applicant's program objectives have been met, and 2) to what extent these can be attributed to the project.

- The extent to which the applicant describes an evaluation plan that addresses how the major goals and objectives of the project will be achieved and that will assess the effectiveness of the dissemination methods and impact of the program on training the next generation.
- Describes the data to be collected, the methods for collection and the manner in which data will be analyzed and reported.
- Articulates who on the project will be responsible for refining, collecting and analyzing data for evaluation.

- Describes how feedback from evaluation findings will be incorporated into the program for continuous quality improvement.
- Evaluates center objectives and activities, to include a plan to track required annual performance data and outcome measures.
- Assures data collection quality.

Criterion 4: IMPACT (10 points) *Corresponds to Section IV's Work Plan and Attachment 6, when applicable*

The overall impact of the project on the field, the feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- Presents a detailed and targeted plan to describe the project's methodologies and outcomes, including the extent to which the project results and products are national in scope.
- Competing continuation applicants have included an accomplishments summary as Attachment 6.
- Includes dissemination information on how the applicant will share curricula, assessment and other tools, training approaches, research findings (if any), and successes.

Criterion 5: RESOURCES/ CAPABILITIES (20 points) *Corresponds to Section IV's Evaluation and Technical Support Capacity, and Organizational Information*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Organizational (10 points):

The quality and extent to which the applicant:
- Describes the administrative and organizational structure within which the applicant will function, including an organizational chart (Attachment 4).
- Demonstrates the applicant organization already has established training programs and/or documented access to graduate students in the discipline areas included in the application.
- Describes adequate physical resources and settings to perform the training.
- Documents history of providing interdisciplinary graduate training in the disciplines identified.
- Demonstrates that the organizational and administrative structures are adequate and appropriate to address the outlined long term training program.

- Provides or lists formal affiliation agreements if multiple institutions or programs are contributing to the training program (Attachment 3).
- Describes available resources – faculty, staff, space, equipment – used to carry out the project.
- Demonstrates that the organization has the capacity to enable long-term trainees to meet regularly as a cohort in order to have interdisciplinary discussions and experiences.

Faculty (10 points):

The quality and extent to which the applicant:
- Includes biographical sketches of faculty and staff that indicate expertise required to carry out the program, and a staffing plan and job descriptions for key personnel (Attachment 2).
- Demonstrates that key personnel have adequate time devoted to the project to achieve project objectives, including a 30 percent time/effort from one Project Director. (*Not all effort must be supported by grant funds.)
- Demonstrates that the Project Director and faculty have demonstrated leadership in neurodevelopmental disabilities and meet the requisite job requirements (e.g., 5-7 years serving children with developmental disabilities).
- Demonstrates that the Project Director and faculty are well qualified by training and/or expertise to conduct the training; mentor graduate and post-graduate level students; and serve as leaders in the field.
- Clearly demonstrates the role of paid Family Faculty member(s) on the project.

CRITERION 6: SUPPORT REQUESTED (10 points) *Corresponds to Section IV's Budget and Budget Justification Narrative*

The reasonableness of the proposed budget for each year of the project period in relation to the objectives and complexity of the project; the quality and degree to which:

- The proposed budget and budget justification is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and expected outcomes.
- An applicant adheres to budget requirements:

  o If a new applicant, the base requested must be no more than $500,000 per year for five years.
  o Based on the level of funding that the applicant requests in their application, the applicant must document that they meet the minimum number of required faculty disciplines and long-term trainees outlined in the chart in the Budget Section.
  o Applicants requesting $700,000 to $800,000 have provided documentation of their past number of trainees over the last funding cycle.

- The proposed budget justification provides explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.
- Applicant must explicitly state the number of long-term trainees completing 300+ hours of LEND-specific curricula, including leadership training and their intention to track each trainee for ten years.
- Trainee stipends are clearly articulated in the budget and based on the maximums in the Guidelines for Trainees and Fellows (Appendix A).
- Funds are allocated for applicants to attend two grantee meetings in Washington, DC and one in-person Autism CARES meeting in the DC area every other year.

CRITERION 7: PROGRAM SPECIFIC CRITERIA (5 points) *Corresponds to Program-Specific Criteria*

- Clearly describes efforts to serve rural and/or underserved populations through their LEND program.
- Clearly demonstrates how their program is serving a state, region, or geographic area that is not served by a LEND training program.
- Clearly describes the number of trainees and faculty who engage in tele-health or interdisciplinary tele-training to expand the reach of the program.

2. Review and Selection Process

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

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

The Health Resources and Services Administration 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).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant'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 § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 16, 2016. 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 of HRSA's *SF-424 R&R Application Guide*.

Human Subjects Protection:
Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR Part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

The successful applicant under this FOA 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. Further information will be provided in the award notice.

>   2) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) **Performance Measures and Program Data**
To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T73_3.HTML.

Performance Reporting
Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T73_3.HTML.

This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the project period. Recipients will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

b) **Project Period End Performance Reporting**
Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T73_3.HTML.
The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

3) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Crystal Howard
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N-176C
Rockville, Maryland 20857
Phone: (301) 443-3844
Fax: (301) 443-9320
E-mail: choward@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Robyn Schulhof or Denise Sofka
Senior Public Health Analysts
Attn: Funding Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W50
Rockville, MD 20857
Telephone: (301) 443-0258 and (301) 443-0344
Fax: (301) 443-4842
E-mail: rschulhof@hrsa.gov and dsofka@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: 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, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Logic Model:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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. 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:

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the grant application:

Date: Thursday, December 17, 2015
Time: 1:00 p.m. – 2:00 p.m. ET
Adobe Connect URL: https://hrsa.connectsolutions.com/lftas/
Phone Line: 1-888-469-3018
Participant Passcode: 7919326

Recording Information – Recording Available until February 17, 2016
Recording Phone Line: 1-800-219-6395
Recording Passcode: 2716

IX. Tips for Writing a Strong Application

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

Appendix A: Guidelines for Trainees and Fellows

A. Definitions

    1. A trainee is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.

    2. A fellow is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

B. Qualifications

    1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.

    2. A fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.

    3. A post-doctoral fellow must have an earned doctorate and must have completed any required internship.

    4. A post-residency fellow must have an earned medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.

    5. A special trainee or fellow may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.

    6. Citizenship – A fellow or trainee must be a United States citizen, or must have been admitted to the United States with a permanent resident visa.

    7. Licensure – For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

    1. Concurrent Income

    It is expected that most trainees/fellows will be full time LEND trainees while enrolled in the program. In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment. In the case of part-time trainees/fellows, exceptions may be requested and will be considered on an individual basis. Tuition support may be provided to full-time or part-time trainees.

2. Non-Related Duties

   The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. Field Training

   Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4. Other Grant funds may not be used:
   a. for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training;
   b. to continue the support of a trainee who has failed to demonstrate satisfactory participation; or
   c. for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

D. Trainee Costs

   1. Allowable Costs Stipends
      a. Tuition and fees, including medical insurance
      b. Travel related to training and field placements
      c. For a few institutions, it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities.
   2. Non-Allowable Costs
      a. Dependency allowances
      b. Travel between home and training site, unless specifically authorized
      c. Fringe benefits or deductions which normally apply only to persons with the status of an employee
   3. Stipend Levels
      All stipends indicated are for a full calendar year, and must be *prorated for an academic year or other training period of less than twelve months*. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed the amounts indicated*. However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on December 30, 2014, see
      https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-048.html.

a. Pre-Doctoral

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2015	Monthly Stipend
Pre-doctoral	All	$22,920	$1,910

b. Post-Doctoral

The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. *The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year.*

| Career Level	Years of Experience	Stipend for FY 2015	Monthly Stipend
Postdoctoral	0	$42,840	$3,570
	1	$44,556	$3,713
	2	$46,344	$3,862
	3	$48,192	$4,016
	4	$50,112	$4,176
	5	$52,116	$4,343
	6	$54,216	$4,518
	7 or More	$56,376	$4,698

**Determination of the "years of relevant experience" shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of "years" (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

b. Supplements to Stipends

Stipends specified above may be supplemented by an institution from non-federal funds. *No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived*

Appendix B: MCHB Training Investments Map

MAP OF DMCHWD CURRENTLY FUNDED PROJECTS
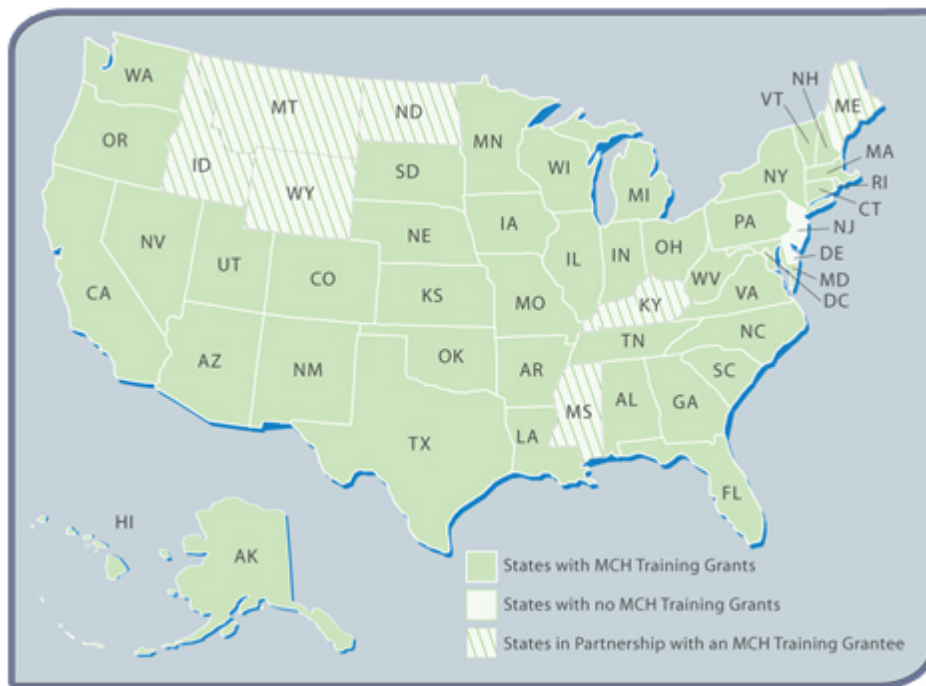
Fiscal Year 2014

In Fiscal Year 2014, the Division of MCH Workforce Development awarded 152 awards, an investment of $47 million. Grants are awarded to develop trainees for leadership roles in the areas of MCH teaching, research, clinical practice, public health administration and policy making, and community-based programs.

http://www.mchb.hrsa.gov/training/map.asp

Appendix C: Sample Logic Model

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCT/SYSTEMS		
<u>Partners & resources needed</u>	<u>Activities to create Health/Service systems and infrastructure</u>	<u>Health/Service Systems and infrastructure created to support desirable systems behaviors</u>	<u>Health/Service Systems behaviors (quality of care) that lead to improved health outcomes</u>	<u>Improved health & wellness outcomes for population/ sub-population</u>
<u>Eligible Grantee:</u> •Public or non-profit agencies and institutions of higher education <u>Other Key Partners:</u> •Assoc. of University Centers on Disabilities (AUCD) Member Organization •Graduate Schools •Community and clinical based organizations •State Title V and other state agencies	•Recruit trainees from graduate schools and communities, with special emphasis on recruiting underrepresented racial/ethnic groups •Recruit and maintain family "faculty" to mentor trainees and provide family perspective •Train healthcare and related providers, graduate students, families, self-advocates on ASD/DD systems of care and services (e.g., leadership, policy, clinical, community, public health, cultural competency, interdisciplinary teamwork) •Train providers to rule out	•Increased knowledge/skills in ASD/DD and systems of care for children and youth with ASD/DD •Increased knowledge/skills to use valid screening tools to diagnose and rule out ASD/DD •Improved clinical knowledge/skills to treat ASD/DD and to work in an interdisciplinary manner •Increased representation of underrepresented racial/ethnic groups working in the field of ASD/DD •All programs include a family "faculty" member(s) •Increased knowledge/skills of	•Trainees are leaders at local, state and national levels (e.g., make decisions, implement programs/ policies) •Increased number of professionals trained to work specifically with ASD/DD populations •Healthcare and related providers work on interdisciplinary teams to address complex ASD/DD issues •Improved diagnosis and treatment of ASD/DD using valid tools •Increased/improved access and delivery of care for children and youth with ASD/DD	•Improved health and well-being for children and youth with ASD/DD •Reduced health and healthcare disparities in ASD/DD populations

Measures of success	and diagnose ASD/DD	community engagement •Increased research skills	•Increased research outputs and advances	
	•# of trainees recruited, including underrepresented racial/ethnic groups recruited (PM 9) •# of family faculty recruited/retained (PM 7) •# of people trained •Cultural competence incorporated into training (PM 10) •Medical home concepts incorporated into training (PM 63) •Grantees partner with State Title V agencies and other MCH programs (PM 59)	•% change in trainees pre/post-test •Self-efficacy of trainees to apply knowledge/skills learned	•# of trainees that demonstrate field leadership (PM 8) •% trainees working in an interdisciplinary manner (PM 60) •% trainees working with ASD/DD/MCH populations (PM 84) •# of trainees engaged in activities to inform policy and improve health outcomes for ASD/DD populations (PM 85) •% change and/or # of children accurately diagnosed with ASD/DD •# of publications and research advances	•Increased quality of life (e.g., fewer missed school days, reduced hospitalizations) •% change in disparities in ASD/DD populations