

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Bureau of Health Workforce  
Division of Nursing and Public Health

***Behavioral Health Workforce Development Technical Assistance and Evaluation  
(BHWD TAE) Program***

**Funding Opportunity Number: HRSA-21-086**

**Funding Opportunity Type(s): New**

**Assistance Listings (CFDA) Number: 93.732**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: May 3, 2021**

***Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!***

***HRSA will not approve deadline extensions for lack of registration.***

***Registration in all systems, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.***

**Issuance Date: March 2, 2021**

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Authority: 42 U.S.C. §§ 294e, 294e-1, 295o-2 (Sections 755, 756, 799A of the Public Health Service Act)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Behavioral Health Workforce Development Technical Assistance and Evaluation (BHWD TAE) Program.

The purpose of the program is to develop and provide tailored technical assistance (TA) to grant current and future grant recipients in these HRSA-funded programs:

- Behavioral Health Workforce Education and Training –Professionals (BHWET Pro);
- Behavioral Health Workforce Education and Training Program – Paraprofessional (BHWET Para);
- Opioid Workforce Expansion Program - Professionals (OWEP Pro);
- Opioid Workforce Expansion Program - Paraprofessionals (OWEP Para);
- and the Graduate Psychology Education (GPE) Program.<sup>1</sup>

Under this Notice of Funding Opportunity (NOFO), an eligible applicant may submit a maximum of one application.

Funding Opportunity Title:	Behavioral Health Workforce Development Technical Assistance and Evaluation (BHWD TAE)
Funding Opportunity Number:	HRSA-21-086
Due Date for Applications:	May 3, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$2,500,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$2,500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 30, 2025 (4 years)

<sup>1</sup> For the purpose of this NOFO, the term “behavioral health workforce development programs” refers specifically to the current active and future awarded HRSA-funded Behavioral Health Workforce Education and Training (BHWET), Behavioral Health Workforce Education and Training Program – Paraprofessional, the Opioid Workforce Expansion Program - Professionals (OWEP Pro), the Opioid Workforce Expansion Program - Paraprofessionals (OWEP Para), the Graduate Psychology Education (GPE) Programs, and any other future HRSA-funded programs authorized by section 756 of the Public Health Service Act from Fiscal Year 2020 to Fiscal Year 2024.

Eligible Applicants:	<p>Health professions schools, academic health centers, State or local governments, or other public or private nonprofit entities that provide services and training to health professions.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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### **Application Guide**

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

### **Technical Assistance**

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

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Behavioral Health Workforce Development Technical Assistance and Evaluation (BHWD TAE) Program.

### Program Purpose

The purpose of the program is to develop and provide tailored technical assistance<sup>2</sup> (TA) to the current and future grant recipient in these HRSA-funded programs:

- Behavioral Health Workforce Education and Training --Professionals (BHWET Pro);
- Behavioral Health Workforce Education and Training Program – Paraprofessional (BHWET Para);
- Opioid Workforce Expansion Program - Professionals (OWEP Pro);
- Opioid Workforce Expansion Program - Paraprofessionals (OWEP Para);
- Graduate Psychology Education (GPE) Programs;
- and any other future HRSA-funded programs authorized by section 756 of the Public Health Service Act from Fiscal Year 2021 to Fiscal Year 2024.

### Program Goals

- 1) Create community and academic partnerships to develop a behavioral health workforce that maximizes collaborative learning.
- 2) Build an educational and interconnected behavioral and public health infrastructure prepared to respond and provide treatment to those impacted by opioid use disorders (OUD) and other substance use disorders (SUD).

### Program Objectives

- 1) Improve behavioral health teaching through the provision of TA to HRSA's behavioral health workforce development (BHWD) programs.
- 2) Continually evaluate the TA provided through this program. The program performance evaluation should monitor ongoing processes, and changes to processes towards reaching the goals of this TA program.
- 3) Create a learning collaborative among HRSA, academic institutions, community partners, experiential placement sites, and HRSA's behavioral health workforce development programs to improve behavioral health teaching and develop a community of practice to inform and disseminate best practices and resources that promote the widespread enhancement of training in OUD/SUD prevention, treatment and recovery services.
- 4) Develop a compendium of the most current research and tools of treatment, prevention, and recovery practices for OUD/SUD to inform HRSA's behavioral health workforce development programs.

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<sup>2</sup> For purposes of this NOFO, the term technical assistance is defined as sharing information and expertise, training, and consulting services.

## 2. Background

This program is authorized by 42 U.S.C. §§ 294e, 294e–1, and 295o-2 (Sections 755, 756, and 799A of the Public Health Service Act).

HRSA’s behavioral health workforce development programs train behavioral health professionals and paraprofessionals in the provision of integrated, interprofessional, OUD/SUD prevention, treatment, and recovery services, and create a well-trained behavioral health workforce pipeline committed to working in high need and high demand areas, and with rural and medically underserved communities.

The behavioral health workforce has a unique role in the prevention, treatment, and recovery of OUD/SUD. Behavioral health professionals and paraprofessionals working with these populations require specialized training in providing comprehensive patient care, assistance with medication assisted treatment compliance, and treatment options beyond traditional therapies.<sup>3</sup> It is essential for the emerging behavioral health workforce to have the most updated knowledge, training, and research in data-driven prevention, treatment, and recovery practices. HRSA proposes to develop a health care workforce that maximizes collaborative learning through community and academic partnerships, and improves health outcomes by building educational, behavioral and public health infrastructure that responds to the opioid epidemic.

In 2019, an estimated 51.5 million adults (20.6% of the population), aged 18 or older, were diagnosed with a mental disorder in the United States.<sup>4</sup> In 2019, approximately 20.4 million people aged 12 or older, were diagnosed with an SUD. Moreover, an estimated 9.5 million adults, aged 18 or older (3.8 percent of all adults), had both a mental disorder and SUD in the past year.<sup>5</sup> Only half of the adults with co-occurring (mental and SUD) disorders in the past year received either mental health or substance use treatment.<sup>6</sup> In 2019, there were over 71,000 drug overdose deaths in the United States according to CDC’s Vital Statistics Provisional Drug Overdose death counts.<sup>7</sup>

The effect is especially evident in rural areas of the US, where nonmedical prescription opioid misuse remains a growing public problem.<sup>8</sup> In 2017 the rate of drug overdose deaths involving natural and semisynthetic opioids (e.g., oxycodone, hydrocodone, morphine, and codeine) and psychostimulants (e.g., methamphetamine, amphetamine and methylphenidate) was higher in rural than in urban counties.<sup>9</sup> Compounding these

<sup>3</sup> SAMHSA. Medication-Assisted Treatment (MAT). Available at: <https://www.samhsa.gov/medication-assisted-treatment>

<sup>4</sup> SAMHSA. NSDUHD data, September 2020. Available at <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetailedTabsSect8pe2019.htm>

<sup>5</sup> SAMHSA. NSDUHD, September 2020. Available at <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetailedTabsSect8pe2019>

<sup>6</sup> SAMHSA. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, 2018. Available at <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.htm#mhisud>

<sup>7</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#dashboard>

<sup>8</sup> CDC. Vital Statistics Rapid Release. November 2020 Available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#dashboard>

<sup>9</sup> Holly Hedegaard, M.D., Arialdi M. Miniño, M.P.H., and Margaret Warner, Ph.D. Urban–rural Differences in Drug Overdose Death Rates, by Sex, Age, and Type of Drugs Involved, 2017. NCHS Data Brief. August 2019. 345. Available at <https://www.cdc.gov/nchs/data/databriefs/db345-h.pdf>

behavioral health and substance use issues is the fact that significant behavioral health disparities persist in underserved communities across the United States. These disparities are due to lack of access to health care, need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.<sup>10</sup>

With over 5,000 Mental Health Shortage Areas across the nation, access to a range of behavioral health services in primary care settings is needed.<sup>11</sup> Recent HRSA National Center for Workforce Analysis projections indicated that for many behavioral health disciplines there will be deficits in the workforce by 2030.<sup>12</sup>

There is a need not only to increase the number of providers but also to develop quality behavioral workforce programs using this new knowledge gained from research. A gap remains between the practice of behavioral health and the knowledge gained from research.<sup>13</sup> For example, after completing training, many psychologists have limited exposure to SUD treatment and there are increasing attempts to build this more holistically into training programs.<sup>14</sup> Similarly, after 4 months, medical students who received training about alcohol and drug abuse had improved knowledge, skill, and self-efficacy on the matter.<sup>15</sup> The behavioral health workforce programs, with their emphasis on training, are uniquely positioned to equip emerging professionals with the tools to implement high quality, up-to-date and effective OUD/SUD prevention, treatment, and recovery methods. The services and products generated by this TA program are essential for training a behavioral health workforce prepared to stem the addiction-related problems facing the nation.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism in which HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

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<sup>10</sup> SAMHSA. Behavioral Health Equity. Available at <https://www.samhsa.gov/health-disparities>

<sup>11</sup> HRSA. HPSA Find. Available at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>12</sup> HRSA Health Workforce. Behavioral Health Workforce Projections. 2017-2030. Available at <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/bh-workforce-projections-fact-sheet.pdf>

<sup>13</sup> Lamb S, Greenlick MR, McCarty D. Bridging the Gap between Practice and Research: Forging Partnerships with Community-Based Drug and Alcohol Treatment. *National Academies Press (US)*. 1998. Available at <https://www.ncbi.nlm.nih.gov/books/NBK230400/>

<sup>14</sup> Dimoff, J. D., Sayette, M. A., & Norcross, J. C. (2017). Addiction training in clinical psychology: Are we keeping up with the rising epidemic? *American Psychologist*, 72(7), 689-695. Available at <https://psycnet.apa.org/fulltext/2017-43854-006.html>

<sup>15</sup> [Devyani Kothari](#), MD., [Marc N. Gourevitch](#), MD, MPH., [Joshua D. Lee](#), MD, MSc., [Ellie Grossman](#), MD, MPH., [Andrea Truncali](#), MD, MPH., [Tavinder K. Ark](#), MSc., and [Adina L. Kalet](#), MD, MPH., Undergraduate Medical Education in Substance Abuse: A Review of the Quality of the Literature. *Acad Med*. 2011 Jan; 86(1): 98–112. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3148085/>

In addition to the usual monitoring and TA provided under the cooperative agreement, **HRSA program involvement responsibilities will include:**

1. Participating in the strategic direction of the services provided to include but not limited to planning, development, and evaluation of all phases of the project;
2. Providing programmatic input and consultation for development and delivery of TA;
3. Participating in the development of outcome measures specific to TA provided;
4. Participating in the planning of the awarded recipient's learning collaborative;
5. Participating in the planning of TA conducted by the awarded recipient;
6. Reviewing and approving project activities and products prior to dissemination; and
7. Reviewing and approving publications and other products created by the awarded recipient.

**The cooperative agreement recipient's responsibilities will include:**

1. Completing activities proposed by the award recipient and approved by HRSA, except as modified in consultation with HRSA through the appropriate prior approval processes;
2. Collaborating with federal, state, and other HRSA-funded entities;
3. Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the R&R Application Guide (Acknowledgement of Federal Funding);
4. Working with HRSA and behavioral health workforce development programs in identifying TA needs and implementing TA strategies and activities that meet individual grantee needs and can be used by any entity receiving TA. Working with HRSA in the development of data collection tools, training materials, publications to strengthen the behavioral health workforce programs and other complementary resources; and
5. Developing and maintaining an initiative-specific, private, secure website for communication about the initiative. The private, secure website will be accessible to the award recipient, partnering experiential placement sites, and HRSA staff. The website will be expected to support:
  - TA resources, such as evidence-based and educational materials, linkages to products, tools, evaluation resources for OUD/SUD prevention, treatment, harm reduction, risk management, and overdose prevention, recent findings of interest from outside the initiative, and links to relevant resources;
  - Logistical and administrative information, such as registration information for the national meetings of the initiative; a calendar of events, online trainings, and publications.

This website will also serve as a repository of learning collaborative webinars, tools, and resources to share among the behavioral health workforce development programs.



## **2. Summary of Funding**

HRSA estimates approximately \$2,500,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$2,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through August 31, 2025 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for BHWD TAE in subsequent fiscal years, satisfactory recipient progress, and a decision that continued funding is in the best interest of the Federal Government.

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

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants for the BHWD TAE are: Health professions schools, academic health centers, State or local governments, or other public or private nonprofit entities that provide services and training to health professions.

A nationally recognized accrediting body, as specified by the U.S. Department of Education, must accredit applicants that are institutions of higher education. These applicants must submit their accreditation documentation as Attachment 4. Accredited health professions schools and academic health centers applicants are required to submit accreditation documentation. Those that fail to attach a copy of the required accreditation documentation as Attachment 4 will be considered non-responsive and will not be considered for funding under this announcement. Applicants are required to maintain their accreditation throughout the project period and notify HRSA of any change in status.

Eligible entities must be located in the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply, if otherwise eligible.

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### 3. Other

#### **Ceiling Amount**

HRSA expects approximately \$2,500,000 to be available per year to fund one recipient. Applicants may apply for a ceiling amount of up to \$2,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

HRSA will consider any application that exceeds the page limit referenced in [Section IV.2](#) non-responsive and will not consider it for funding under this notice.

#### **Deadline**

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

#### **Maintenance of Effort**

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. §§ 295n-2(b) (§ 797(b) of the Public Health Service Act). Complete the Maintenance of Effort information and submit as *Attachment 5*.

#### **Multiple Applications**

NOTE: Multiple applications from an organization are not allowable.

An organization is an entity with its own unique DUNS number or Unique Entity Identifier (UEI).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

## **2. Content and Form of Application Submission**

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

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-086 it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).

- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 8: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

## **Program-Specific Instructions**

### **Program Requirements**

The award recipient funded under this funding opportunity will be required to:

1. Develop a minimum of five (5) community of practice learning collaboratives for HRSA's behavioral health workforce development programs that include academic institutions, community partners, experiential placement sites, and other TA programs or centers, to inform and disseminate evidence-based practices and resources that promote the widespread enhancement of behavioral health practice in OUD/SUD.
2. Provide tailored TA services to HRSA's behavioral health workforce development programs, through, but not limited to, individual and group virtual TA, webinars, and engagement calls. The TA should link grant recipients to resources that address gaps, as well as enhance and strengthen knowledge and skills, on developing behavioral health workforce programs in OUD/SUD prevention, treatment, harm reduction, risk management, overdose prevention, and recovery services.
3. Continuously review the overall effectiveness of the private secure website, TA, and training tools, by monitoring ongoing processes and progress toward meeting goals and objectives of the project.
4. Contribute to publication-worthy report(s) for dissemination to HRSA's behavioral health workforce development programs on a private secure website accessible to HRSA's behavioral health workforce development award recipients. These reports must include outcomes and recommendations on:
  - a. Mechanisms for identifying, establishing, supporting and maintaining training sites and networks, including community-based and non-traditional sites such as Emergency Rooms, Police Departments and other sites critical for OUD/SUD identification, intervention and initiation of treatment; and
  - b. The most effective didactic models, curricula, and approaches that prepare trainees to practice focusing on OUD/SUD prevention, treatment, and recovery services commensurate with their discipline, education level, license level, and/or certification upon program/degree/certificate completion.

#### **i. Project Abstract**

See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

1. A brief overview of the project as a whole;

2. Specific, measurable objectives that the project will accomplish; and
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

## ii. **Project Narrative**

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

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

### *PURPOSE AND NEED -- Corresponds to Section V's [Review Criterion #1](#)*

In this section, you must describe the purpose of the proposed project and need for the program. This section will help reviewers understand the need and purpose for multidisciplinary TA, and evaluation in OUD and other SUD.

You must describe:

1. The current OUD/SUD treatment and prevention landscape, including best practices and approaches that are most effective in addressing OUD/SUD;
  2. The current best and evidence-based practices for educating health providers across a variety of fields on effective OUD/SUD interventions; and
  3. The current operations, including current services and gaps, TA, and evaluation activities currently in place across the variety of fields on effective OUD/SUD interventions.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*
  - *(a) WORK PLAN -- Corresponds to Section V's [Review Criterion #2 \(a\)](#).*

In this section, you must provide a comprehensive, detailed work plan that addresses how, through concrete steps, you plan to implement the proposed project in order to achieve the goals of the NOFO and successfully implement the proposed activities identified in the Methodology/Approach section. The work plan must drive and align with the methodology and include the following:

1. Description of the activities or steps, key partners, staff responsible, and timeframes during the four (4) year project period. Goals and objectives must be specific, measurable, achievable, realistic, and time framed; and
2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and four (4) year project period.

A sample work plan can be found at <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

Documentation of work plan must be submitted as Attachment 6.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion #2 \(b\)](#).*

In this section, you must describe your objectives, proposed activities and strategies to institute a TA program for HRSA's behavioral health workforce development programs, provide evidence for how they link to the project purpose, the stated needs, and meet each of the program requirements in this NOFO.

You must include the methodologies, strategies, and approaches for the following:

1. Executing a program with each of the program requirement functions in this NOFO;
2. Creating and delivering TA to academic and community based programs focusing on OUD/SUD prevention, treatment, and recovery services;
3. Transforming behavioral health workforce development grantees' environments to ensure trainees and health workforce are well prepared in OUD/SUD prevention, treatment, and recovery services;
4. Building a community of practice of academic and community partnerships, including partnerships with other TA programs or centers sites to compile and develop the most up-to-date resources focusing on the OUD/SUD treatment;
5. Evaluating the TA provided through rapid cycle quality improvement (RCQI) to the behavioral health workforce development programs, including how the TA improves trainees' readiness to practice commensurate with their discipline, education level, license level, and/or certification upon program/degree/certificate completion; and the needs of faculty and experiential site supervisors focusing on OUD/SUD prevention, treatment and recovery services;
6. Developing and maintaining an online closed facing webpage of a compendium of tools, resources, and consultation services to HRSA's behavioral health workforce development programs, as described in the NOFO;
7. Providing a work plan as Attachment 6 that drives and aligns with the methodology and incorporates the activities and strategies to institute a TA program; and
8. Providing a Logic Model for designing and managing the project as Attachment 7. You can find additional information on developing logic models at the following website: [https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-models\\_0.pdf](https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-models_0.pdf)

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

In this section, you must discuss challenges that you anticipate you are likely to encounter based on prior workforce development program experience in designing and implementing the activities described in the work plan, and approaches to resolve such challenges. This section must include:

1. Challenges related to program requirements, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., performance measurement requirements);
2. Challenges related to providing TA to multidisciplinary professional and paraprofessional workforce development programs, providing TA in a learning collaborative, managing a TA program including responding to rapid response requests, developing and engaging in academic and community partnerships, developing and maintaining a private, secure website in the public domain with linkage to resources, and implementing methodologies and strategies for measuring progress toward TA goals; and
3. Resources and plans to resolve and overcome these challenges and obstacles, and examples of such.

*IMPACT -- Correspond to Section V's Review Criterion #3*

Describe plans to monitor and evaluate the proposed TA Program. Describe how the TA program will promote effective execution of the proposed activities and accountability to proposed project goals. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g. key evaluation personnel and organization support, collaborative partners, budget and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluation measures will be reported. You must submit as Attachment 1 a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, 2) the extent to which these can be attributed to the project, and 3) how will the evaluation plan be linked to the behavioral health workforce development programs. The BHWD TAE awardee will be expected to report on their findings in their Annual Progress Report.

Meaningful and accurate endpoint data will demonstrate the success of the BHWD TAE, inform quality improvement activities, and demonstrate accountability to stakeholders.

In this section, you must describe how you plan to monitor, evaluate, and document your project's performance.

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

1. Description of how you will monitor ongoing processes and progress toward meeting goals and objectives of the project;
2. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured;
3. Expected outcomes of the funded activities; and

4. Description of how all key evaluative measures will be reported and disseminated.
5. Description of specific actions you will take to highlight key elements of the project, which have been effective in developing a behavioral health workforce with OUD/SUD expertise;

**Performance Reporting Plan:** You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of the required data forms for this program:

<http://bhw.hrsa.gov/grants/reporting/index.html>.

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

You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which TA program results may be national in scope, and the degree to which the project activities are replicable and plans to sustain all or part of the proposed TA program after the end of the four-year period of performance.

Describe your plan and capacity to collect, validate, and report required data measures on the TA being provided to HRSA's behavioral health workforce development programs, such as, but not limited to:

1. Number and type of institutions constituting the five (5) community of practice learning collaboratives;
2. Number, type, and location of TA events that were requested by the programs and their sites during the project period; number and type of TA events provided to HRSA's behavioral health workforce development programs. These include: number of individual and group TA sessions, number of webinars, and number of engagement calls; and
3. Number and type of publication-worthy report(s) disseminated and maintained on a private, secure website; number of surveys received from HRSA's behavioral health workforce development programs that utilized the TA services of the awarded entity; number and types of satisfaction ratings and impacts the services had on their programs; number of web-based links to products, tools, and evaluation resources for OUD/SUD; and
4. Number and types of calendar of events, online trainings, and publications, linkage to products, tools, evaluation resources for OUD/SUD prevention, treatment, harm reduction, risk management, and overdose prevention, listed on a single online private secure website.

You must describe a plan for RCQI for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned



activities to effect course corrections. Additional information on RCQI is available at the following website:

[https://www.healthworkforceta.org/wpcontent/uploads/2016/06/RCQI\\_Resource\\_Guide.pdf](https://www.healthworkforceta.org/wpcontent/uploads/2016/06/RCQI_Resource_Guide.pdf)

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's [Review Criterion #4](#)*

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

You must describe the following:

1. Experience in developing or assisting behavioral health workforce development programs in high need and high demand areas, and with rural and/or medically underserved communities as defined by HRSA, characterization of the social determinants of health and behavioral health disparities in these areas, and discussion of how these will be addressed by the TA cooperative agreement, and examples of such;
2. Proven ability to identify and disseminate best practices for prevention, treatment, and recovery of OUD/SUD, as well as identify and alleviate gaps and barriers in the training of the behavioral health workforce, linking it to improved behavioral health outcomes and examples of such;
3. Experience in working with a multidisciplinary behavioral health workforce, and/or academic and community based programs focused on research based OUD/SUD prevention, treatment, and recovery services, and examples of such;
4. Demonstrated capability to leverage behavioral health training environments and improve health outcomes by employing a collaborative learning environment, use of partnerships between academic institutions, community partners, experiential placement sites, other TA centers, and outcome based evaluation for accomplishing these goals, and examples of such;
5. Practice in working with special populations and population health and improving the behavioral health workforce, and examples of such;
6. Demonstrated evidence of capacity and expertise to successfully manage the proposed program, including relevant current or previous organizational experience as evident in the staffing plan as Attachment 1, staff biosketches, institutional support and letters of agreement as Attachment 2, project organizational chart as Attachment 3, and response in the narrative section;
7. Demonstrated evidence of capacity and expertise to provide TA to multidisciplinary professionals and paraprofessionals of various disciplines and education levels in best practices for interprofessional, integrated team-based care with a focus on OUD/SUD prevention, treatment, and recovery;
8. Evidence of expertise in developing, and maintaining to health workforce stakeholders a resource webpage with closed facing, on-demand resources, materials, and links to other workforce development partners; and

9. Describe how BHOWD TAE's TA would be routinely assessed and improved based on prior experience providing assistance to similar behavioral health workforce programs outside of HRSA.

**iii. Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

The Further Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

**iv. Budget Justification Narrative**

See Section 4.1.v of HRSA's [SF-424 R&R Application Guide](#).

The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, the BHOWD TAE requires the following:

*Consultant Services:* If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need

Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact	(3) Impact
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

**v. Attachments**

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. Clearly label **each attachment**.

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#)) (Required)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Please include a description of your organization’s time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Copies of biographical sketches or resumes for any key employed personnel that will be assigned to work on the proposed project must be uploaded in the SF-424 R&R Senior/Key Person profile form. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Key personnel should have adequate time devoted to the project to achieve the project objectives. Project staff should also have expertise in successful academic-practice partnerships, workforce development issues, adult learning and evidence-based education models, particularly distance learning and those that utilize available and emerging technologies.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
- Section A (*required*) **Personal Statement**. Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors**. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (*optional*) **Peer-reviewed publications or manuscripts in press (in chronological order)**. You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional*) **Other Support**. List both selected ongoing and completed (during the last 4 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

*Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (As applicable)*

If applicable, provide any documents that describe working relationships between your 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 3: Project Organizational Chart (Required)*

Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

*Attachment 4: Accreditation (As Applicable)*

Provide documentation of institution’s accreditation as defined in the eligibility section of this NOFO.

*Attachment 5: Maintenance of Effort Documentation (Required)*

Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2020 (Actual) Actual FY 2020 non-federal funds, including in-kind, expended for activities proposed in this application.  Amount: \$ _____	FY 2021 (Estimated) Estimated FY 2021 non-federal funds, including in-kind, designated for activities proposed in this application.  Amount: \$ _____

*Attachment 6: Work Plan (Required)*

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

*Attachment 7: Logic Model (Required)*

Attach the required [logic model](#) that presents the conceptual framework for your project.

*Attachment 8: Other Relevant Documents (As applicable)*

Include here any other document that is relevant to the application (e.g. subaward budgets)

**3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an

application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

\*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

#### 4. Submission Dates and Times

##### Application Due Date

The due date for applications under this NOFO is *May 3, 2021 at 11:59 p.m. EST*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

#### 5. Intergovernmental Review

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

See Section 4.1 ii of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

#### 6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$2,500,000 per year (inclusive of direct **and** indirect costs). 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.

Funds under this announcement may not be used for purposes specified in HRSA’s [SF-424 R&R Application Guide](#). In addition, funds may not be used for the following purposes:

- a) Construction;
- b) Foreign Travel; and
- c) Accreditation, Credentialing, Licensing and Franchise fees and expenses.

The General Provisions in Division H of the Further Consolidated Appropriations Act, 2021 (P.L. 116-260) 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 following fiscal years as required by law.

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

Funding restrictions for HRSA recipients and subrecipients regarding prohibition on certain telecommunications and video surveillance services or equipment are located at 2 CFR § 200.216. For details, see the HRSA Grants Policy Bulletin Number 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under

the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## V. Application Review Information

### 1. Review Criteria

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

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

Review criteria are used to review and rank applications. The BHWD TAE has five review criteria. See the review criteria outlined below with specific detail and scoring points.

*Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to [Section IV's Purpose and Need](#)*

Reviewers will consider whether you have presented a clear purpose and compelling need to provide behavioral health TA by providing a description of the following:

1. Best practices and approaches that are most effective in the OUD/SUD treatment, prevention, and recovery landscape;
2. The effectiveness of best and evidence-based practices for OUD/SUD treatment for the education of health providers across a variety of fields; and
3. Identification of current services and gaps in TA, and evaluation activities.

*Criterion 2: RESPONSE TO PROGRAM PURPOSE (25 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges*

*Criterion 2 (a): WORK PLAN (5 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(a\) Work Plan](#)*

Reviewers will consider the extent to which the application proposes a work plan that: (1) incorporates the [program requirements](#) and expectations of the NOFO; (2) addresses the need, expertise, and experience required in the [Purpose and Need Section](#); and (3) provides a clear, comprehensive, and specific set of goals, and objectives and the concrete steps that will be used to achieve those goals and objectives.



Reviewers will consider:

1. The quality, thoroughness, and feasibility of successfully completing all proposed activities and timelines within the project period as documented in the Work Plan as Attachment 6 and [VI. 3 Reporting](#);
2. The time devoted to the project by project director as outlined in the NOFO and key personnel is adequate to achieve project objectives;
3. The extent to which the applicant proposes a Work Plan with (1) an implementation timeline that ensures that the applicant will have resources, adequate staffing with skill sets proposed, qualifications of key personnel as documented in Attachment 1, and subcontracts in place (if applicable) at the beginning of the project period and throughout the budget years, and (2) has the ability to adapt staffing to respond to rapid response TA requests; and
4. An explanation of how the Work Plan is appropriate for the program design and how the targets fit into the overall timeline of a four (4) year project period.

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

Reviewers will consider the methodology that (1) aligns with and drives the work plan; (2) incorporates the [Program Requirements](#) and expectations of the NOFO; (3) addresses the needs, expertise, and experience requirements demonstrated in the [Purpose and Need Section](#); and (4) is able to anticipate needs for TA and program evaluation of HRSA's behavioral health workforce development programs.

Reviewers will consider:

1. The methodology's capability to support each of the TA program requirements and expectations of the NOFO, and attaining the project objectives within the project period;
2. The strength and viability of partnerships between academic institutions, experiential placement sites, community programs, and other TA programs for compilation of knowledge, and resources of effective, data driven treatment and prevention practices on OUD/SUD;
3. Demonstrates a systematic approach to the provision of TA to HRSA's behavioral health workforce development programs in the development of learning collaborative activities, private, secure website, tools, and resources; and
4. The proven ability of the methodology described in the logic model as Attachment 7 for instituting, managing, and sustaining a national TA program.

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

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

Reviewers will consider:

1. Ability to foresee possible challenges related to project implementation, and the ability to adapt if necessary to overcome these challenges for the achievement of the proposed goals and objectives; and
2. Demonstrated familiarity and experience with alleviating challenges related to academic, multidisciplinary and community partnerships.

*Criterion 3: IMPACT (30 points) – Corresponds to Section IV's Impact*

Reviewers will consider the extent to which the proposed project demonstrates how the applicant will: (1) report on the measurable outcomes for program performance evaluation that includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures; (2) monitor programs, analyze data to identify gaps and assess the attainment of program outcomes and longer-range program impact, of behavioral health workforce development programs and (3) perform data-based continuous quality improvement activities that will identify areas for improvement where effective enhancements can be implemented within behavioral health workforce development programs.

Reviewers will consider the following information:

1. The overall quality of the evaluation plan, demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and ability to comply with HRSA's performance measurement requirements and [evaluation function](#) as described in this NOFO;
2. A description of the evaluation plan including necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;
3. The quality of the plan including the methodology and proposed approach for utilizing both quantitative and qualitative data efforts to periodically review program outcomes;
4. The feasibility and effectiveness of plans for dissemination of project results;
5. The strength of the plan to inform RCQI efforts to review periodically program progress and to make adjustments toward TA goals;
6. Description of a plan that includes sustained key elements of their cooperative agreement, e.g., strategies for dissemination of best practices, partnerships which have been effective in improving practices, and tangible next steps for continuing the effort described in their application beyond the duration of the grant period;
7. Description of actions to enhance relationships between academic institutions, experiential placement sites, and other interdisciplinary partners; and
8. Description of the extent to which project results may be national in scope, the degree to which the project activities are replicable.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (25 points) – Corresponds to [Section IV's Organizational Information, Resources, and Capabilities](#)*

Reviewers will consider the extent to which the application demonstrates that the applicant organization has the proven ability, demonstrated successes, and organizational capacity to ensure that the [program requirements](#) and expectations of the NOFO are met, and an understanding of potential obstacles and challenges during the design and implementation of the TA program, as well as describes a reasonable and practicable plan to sustain all or part of the proposed program after the end of the 4-year funding period, while providing TA services to HRSA's behavioral health workforce development programs.

**Organizational Capacity (10 points)**

Reviewers will consider the following information:

1. Prior experience in instituting, managing, and sustaining a TA program that focuses on enhancing and strengthening the knowledge, skills, and expertise of behavioral health workforce development programs in OUD/SUD prevention, treatment, and recovery services, or other similar behavioral health workforce programs; and
2. The extent to which the project director and other personnel are qualified by training and/or experience and can dedicate the required time on the project to implement and carry out the project per the project narrative and Attachments.

**Organizational Expertise (15 points)**

Reviewers will consider the following information:

1. Evidence of the capabilities and subject matter expertise to institute the BHWD TAE with the TA and evaluation functions as outlined in this NOFO;
2. Evidence of meaningful support, collaboration, and commitment with key stakeholders in planning, designing, and implementing all activities. This may be demonstrated by resources and/or letters of agreement and support as Attachments 2 and 9 (i.e., commitment to provide financial or in-kind resources);
3. Evidence of the organization's ability to successfully manage federal funds; and
4. Evidence of the organization's ability to build and maintain the program's website.

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

Reviewers will consider the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results. Reviewers will consider the extent to which:

The budget and budget justification follows the program-specific budget instructions specified in the NOFO and the SF-424 R&R Application Guide. This includes, but is not limited to:

- TA Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Key personnel have adequate time devoted to the project to achieve project objectives; and

- The budget justification is detailed with an itemized cost breakdown. Costs are clearly justified by a narrative description and adequately aligns with the proposed line item budget.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

## **3. Assessment of Risk**

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

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

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

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

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

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award, and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

#### Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

#### Data Rights

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

Attribution. You are required to use the following acknowledgement and disclaimer on all products produced by HRSA funds:

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, and, if applicable, the percentage financed with nongovernmental sources). This

information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.”

You are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HHS supported publications and forums describing projects or programs funded in whole or in part with HHS funding, including websites. Examples of HHS-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies, and issue briefs.

### 3. Reporting

Award recipients must comply with Section 6 of HRSA’s [SF-424 R&R Application Guide](#) and the following reporting and review activities:

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

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

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

Further information will be available in the NOA.

- 2) **Performance Reports.** Performance data for the recently completed academic year must be reported for each budget period semi-annually before January 30 and before July 30. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The BHWDTAE requirements and performance measures will be available at <http://bhw.hrsa.gov/grants>. Contact your BHWDTAE project officer for additional information; further information will be provided in the award notice.
- 3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are

required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be included in the NOA.
- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).
- 6) **Rapid Response Requests.** The award recipient will be required to fulfill Rapid Response Requests in each budget year. Rapid response may include responding to TA requests virtually, or submitting products such as short reports, TA reports, memoranda, tables, or other products. Deadlines for responses will be provided by the Project Officer and will usually range from five to ten business days from the date of request.
- 7) **Technical Assistance Strategy Reports.** The award recipient will be required to submit quarterly strategy reports. The purpose of reports is for the award recipient to inform HRSA about the technical assistance activities provided on the following:
  - a. type of technical assistance requested and provided
  - b. topics covered
  - c. source of request and resolution
  - d. topic trends
  - e. satisfaction for the service renderedThe award recipient must work with HRSA to develop the report format that will be used.
- 8) **Intellectual Property.** Pursuant to 45 CFR §§ 75.322 and 75.448, to ensure that the investment of HRSA funds has as broad an impact as possible and to encourage innovation in the development of new learning materials, the Federal Government reserves a royalty-free, nonexclusive

and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The Federal Government has the right to: (1) obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and (2) authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

These rights extend to products developed under the award, including a sub award or contract under the award (including, but not limited to, curricula, TA products, and any related materials). Such uses include, but are not limited to, the right to modify and distribute such products worldwide by any means, electronically or otherwise.

The recipient may not use Federal funds to pay any royalty or license fee for use of a copyrighted work, or the cost of acquiring by purchase a copyright in a work. If revenues are generated through selling products developed with Federal funds, including intellectual property, HRSA treats such revenues as program income; however, pursuant to regulation, recipients shall have no obligation to HHS with respect to program income earned from license fees and royalties for copyrighted material, patents, patent applications, trademarks, and inventions made under a Federal award unless the terms and conditions for the Federal award provide otherwise.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

## **VII. Agency Contacts**

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

Nandini Assar, Ph.D.  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-4920  
Email: [nassar@hrsa.gov](mailto:nassar@hrsa.gov)

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

Megan Lincoln, MSW  
Public Health Analyst  
Behavioral and Public Health Branch, Division of Nursing and Public Health



Attn: BHWD TAE Program  
Bureau of Health Workforce  
Health Resources and Services Administration  
5600 Fishers Lane, Room 11N94D  
Rockville, MD 20857  
Email: [BHWDTAE@hrsa.gov](mailto:BHWDTAE@hrsa.gov)

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

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

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

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

## **VIII. Other Information**

### **Technical Assistance**

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

### **Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).

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

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

### **Program-Specific Definitions**

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#).

**Community of Practice** – a group of entities who share a common interest, and become more knowledgeable through interaction among themselves. A Community of Practice requires a community, a shared interest, and shared experiences with the interest.<sup>16</sup>

**Experiential Placement Site** – A location where first-hand experience, skills, and knowledge are acquired outside of the traditional academic classroom setting.

**Health disparities** – differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.

**High Need and High Demand Area** – For purposes of this NOFO high need and high demand areas are identified as sites located within

- Mental Health Professional Shortage Areas (HPSAs) or Facility Mental HPSAs with a score of 16 or above; or
- Counties with an overdose rate that is higher than the national average of 20.7 per 100,000 population (2018 CDC);

**Learning Collaborative** – A group where members actively interact by sharing experiences and evaluating one another's ideas in which two or more people learn or attempt to learn something together.

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

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

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

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<sup>16</sup> Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice*. Boston: Harvard University Press.