U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Graduate Psychology Education Program

Funding Opportunity Number: HRSA-22-043
Funding Opportunity Type(s): Competing Continuation and New

Assistance Listings (AL/CFDA) Number: 93.191

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: December 9, 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: September 24, 2021

LCDR Candice T. Karber, LICSW, BCD
Project Officer, DNPH
Telephone: (301) 443-2785
Email: GPE@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: Section 756(a)(2) of the Public Health Service Act (U.S.C. 42 U.S.C. § 294e–1(a)(2))

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Graduate Psychology Education (GPE) Program. The purpose of this program is to train doctoral health service psychology students, interns, and post-doctoral residents to provide quality interdisciplinary, integrated behavioral health including but not limited to Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) into community-based primary care settings in high need and high demand areas.[1] The program also supports faculty development of health service psychologists.

Through these efforts, the GPE Program transforms clinical training environments and is aligned with HRSA's mission to improve health and achieve health equity through access to quality services, a skilled workforce, and innovative programs.

Funding Opportunity Title:	Graduate Psychology Education Program
Funding Opportunity Number:	HRSA-22-043
Due Date for Applications:	December 9, 2021
Anticipated Total Annual Available FY 2022 Funding:	$25,000,000
Estimated Number and Type of Award(s):	Approximately 55 grants
Estimated Annual Award Amount:	Up to $450,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2025 (3 years)

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[1] American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders Fifth Edition DSM-5. Washington, DC and London, England: American Psychiatric Publishing.

Eligible Applicants:	Eligible applicants are American Psychological Association (APA)-accredited doctoral level schools and programs of health service psychology, APA-accredited doctoral internships in professional psychology, APA-accredited post-doctoral residency programs in practice psychology and Psychological Clinical Science Accreditation System (PCSAS)-accredited doctoral level schools of psychology.
	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Graduate Psychology Education (GPE) Program.

Program Purpose

The purpose of this program is to train doctoral health service psychology students, interns, and post-doctoral residents in integrated, interdisciplinary behavioral health for placement into community-based primary care settings in high need and high demand areas. The program also supports faculty development in health service psychology.

Program Goal

Goal: To increase the number of trained doctoral health service psychology students, interns, and post-doctoral residents providing quality interdisciplinary, integrated behavioral health for placement into community-based primary care settings.

Program Objectives

The GPE Program objectives are to:

- Improve access to quality behavioral health, including trauma-informed care, by increasing the number of doctoral health service psychology graduates; Demonstrate an ability to recruit and place the doctoral health service psychology students, interns, and post-doctoral residents in experiential training sites that provide integrated, interdisciplinary behavioral health for placement into community-based primary care settings in high need and high demand areas[2] with two (2) or more health disciplines other than psychology, and also ensure at least twenty-five (25) percent of the time in the experiential training site(s) is in the delivery of OUD and other SUD prevention, treatment, and recovery services;
- Demonstrate enhanced didactic and experiential training activities to develop competencies of doctoral health service psychology students, interns, and post-doctoral residents in integrated, interdisciplinary (in collaboration with two (2) or more health disciplines) team based care to address the social determinants of health (SDOH), provider resiliency, trauma-informed care, OUD and other SUD, and other behavioral health concerns;
- Establish or enhance academic and community partnerships for the development of experiential training sites, settings may include but are not limited to academic, K-12 schools, gerontology, criminal justice, and community health

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[2] For purposes of this NOFO, high need and high demand areas are identified experiential training sites that are:
- Located in a county that has less than 10 licensed psychologists per 100,000 population (APA County Level Analysis of US Licensed Psychologists);
- Located in a Mental Health Professional Shortage Area (HPSAs) or that are Facility Mental HPSAs with a score of 16 or above as found in the HPSA Find Tool; or
- Located within a geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP).

centers to create a pipeline of well-trained, culturally responsive health service psychologists, who are committed to working in high need and high demand areas following graduation;

- Promote technology integration in the provision of psychological services and training programs, including utilizing tele-behavioral health services, offering options for distance learning to improve access to health services and improved patient outcomes; and
- Enhance faculty development and training program content that includes incorporating a holistic review strategy that assesses an individual's SDOH health factors alongside traditional mechanisms of providing behavior health services in the provision of OUD and other SUD prevention, treatment, and recovery tele-behavioral health services, and other relevant trainings such as provider resiliency, culturally appropriate service delivery, and trauma informed care.

HHS and HRSA Priorities

Ending the crisis of opioid addiction and overdose in America, improving mental health access and care, and strengthening health care access through telehealth are HHS's and HRSA's clinical priorities. The GPE program seeks to address these priorities by increasing the number of psychologists trained in the provision of OUD and other SUD prevention, treatment, and recovery services and the collaborations with community-based partnership in high need and high demand areas.

Promoting equity is essential to the Department's mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021).

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. Applicants must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to graduate psychology training.

2. **Background**

The GPE Program is authorized by Title VII, Section 756(a)(2) of the Public Health Service Act (U.S.C. 42 U.S.C. § 294e–1(a)(2)). The program was established to assist

American Psychological Association (APA) accredited doctoral programs and internships in meeting the costs to plan, develop, operate, or maintain graduate psychology education programs to train health service psychologists to work with high need and high demand populations.

The focus of the FY 2022 GPE Program is to provide quality training to doctoral health service psychology students, interns, and post-doctoral residents in integrated, interdisciplinary behavioral health for placement into community-based primary care settings in high need and high demand areas. In 2017, the U.S. Department of Health and Human Services (HHS) declared a public health emergency and announced a [five point strategy](#) to combat the opioid crisis.[3] Access to better prevention, treatment, and recovery services is one of the strategies and a priority for improvement of behavioral health workforce programs.

In 2019, an estimated 51.5 million adults (20.6 percent of the population) aged 18 or older were diagnosed with any mental illness (AMI) in the past year. Among the 20.4 million people aged 12 or older with a past year SUD in 2019, 71.1 percent (or 14.5 million people) had a past year alcohol use disorder, 40.7 percent (or 8.3 million people) had a past year illicit drug use disorder, and 11.8 percent (or 2.4 million people) had both an alcohol use disorder and an illicit drug use disorder, 10.1 million people misused opioids in the past year, including 9.7 million pain reliever misusers and 745,000 heroin users.

Additionally, an estimated 9.5 million adults, aged 18 or older, had both AMI and SUD in the past year. Of the 9.5 million adults with co-occurring AMI and SUD, 48.6 percent received either substance use treatment at a specialty facility or mental health services Of the 397,000 adolescents in 2019 who had a major depressive episode (MDE) and SUD co-occurring disorder, 66.3 percent received either substance use treatment at a specialty facility or mental health services.[4]

Drug overdose death rates increased from 1999 to 2019 for all age groups. In 2019, there were 70,630 drug overdose deaths in the United States. The age-adjusted rate of drug overdose deaths in 2019 (21.6 per 100,000) was higher than in 2018 (20.7).[5] Moreover, according to the National Center for Health Statistics, the number of fatal overdoses involving psychostimulants, such as methamphetamine, amphetamine, and methylphenidate is on the rise. There has been a yearly significant increase by 30 percent (0.8 to 3.9) from 2012-2018.[6] The opioid crisis and its effect is especially evident in geographical areas with large rural concentrations, where nonmedical prescription opioid misuse continues to remain a growing public problem.[7]

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[3] U.S. Department of Health and Human Services (HHS). (2021). 5-Point Strategy to Combat the Opioid Crisis. https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html

[4] Substance Abuse and Mental Health Services Administration. (2020). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report

[5] Centers for Disease Control and Prevention (CDC). (2020, December). *Drug Overdose Deaths in the United States, 1999–2019.* https://www.cdc.gov/nchs/data/databriefs/db394-H.pdf

[6] Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf

[7] Pear, V. A., Ponicki, W. R., Gaidus, A., Keyes, K. M., Martins, S. S., Fink, D. S., ... & Cerdá, M. (2019). Urban-rural variation in the socioeconomic determinants of opioid overdose. *Drug and alcohol dependence*, 195, 66-73. https://dx.doi.org/10.1016%2Fj.drugalcdep.2018.11.024

Across the United States, these behavioral health and substance use issues highlight the significant disparities in underserved communities. Such disparities may be attributed 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 responsive care and programs.[8] Research has shown that health care profession students who are exposed to training in rural and/or medically underserved communities are more likely to care for similar populations once employed.[9]

SDOH affects behavioral and physical health, individually and in combination with each other. Exposure to adverse SDOH factors can increase the level of stress experienced by individuals, which then can raise the risk for experiencing mental health issues and substance use problems.[10] The implementation of resilience training aims to provide faculty and trainees with basic psychological skills to improve mental health outcomes for the individuals for whom they provide care. In learning these skills, resiliency training is essential for enhancing provider resiliency. Improving the wellbeing of current and future providers can be beneficial for both patients and providers, as poor wellbeing is associated with reduced clinical care capacity and is a risk factor for developing mental illness in the short and long-term.[11]

[Tele-behavioral health](#) is an important tool for delivering services and resources to HRSA's target populations in underserved communities. The use of tele-behavioral health can serve to reduce barriers that connect patients and providers to a wider network, regardless of location, making it easier to match patients with specialists and providers, engage in unique treatments, and unite patient communities who speak their native language or share a similar cultural background. Tele-behavioral health also offers more privacy than face-to-face care, often making patients more willing to seek behavioral health treatment via online counseling.[12]

In 2020, the nation was impacted by the Novel Coronavirus (2019-nCOV), also referred to as COVID-19. Although COVID-19 is a respiratory illness that easily spreads from person to person, this virus also had implications on other aspects of individual's lives and exacerbated existing public health crises. A public health crisis that COVID-19 exacerbated is opioid use and other substance use, which sometimes result in overdose.[12] CDC preliminary data show that 81,230 overdose deaths occurred in the United States from June 2019 through May 2020, which is the highest number of overdose deaths ever recorded in a 12-month period. Overdose deaths involving

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[8] Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). *Behavioral Health Equity*. https://www.samhsa.gov/behavioral-health-equity

[9] VanderWielen, L. M., Vanderbilt, A. A., Crossman, S. H., Mayer, S. D., Enurah, A. S., Gordon, S. S, & Bradner, M. K. (2015). Health Disparities and Underserved Populations: A Potential Solution, Medical School Partnerships with Free Clinics to Improve Curriculum. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408316/#CIT0013

[10] Center for Health Policy, Indiana University. (2020). Social Determinants of Health and Their Impact on Mental Health and Substance Misuse. https://fsph.iupui.edu/doc/research-centers/Social-Determinants-of-Health-and-Their-Impact2.pdf

[11] van Agteren, J., Iasiello, M. & Lo, L. (2018). Improving the Wellbeing and Resilience of Health Services Staff via Psychological Skills Training. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6303850/

[12] U.S. Department of Health and Human Services (HHS). (2021). Telehealth for behavioral health care. https://telehealth.hhs.gov/providers/telehealth-for-behavioral-health/getting-started/

[12] Centers for Disease Control and Prevention (CDC). (2021). Drug Overdose Deaths Increased During the COVID-19 Pandemic. https://www.cdc.gov/drugoverdose/featured-topics/save-lives-now.html

cocaine increased by 26.5 percent. These deaths are likely linked to co-use of cocaine with illicitly manufactured fentanyl or heroin. Overdose deaths involving psychostimulants, such as methamphetamine, increased by 34.8 percent.[13] As a result, training in OUD and other SUD prevention, treatment, and recovery services continue to be vital for behavioral health professionals.

HRSA has a number of investments targeting OUD and other SUD resources across its Bureaus and Offices that applicants may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit here: https://www.hrsa.gov/opioids.

Program Definitions: A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. A listing of other key terms relevant to this announcement can be found in Section VIII Other Information.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation. HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $25,000,000 to be available annually to fund approximately 55 award recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $450,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2025, three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the GPE Program 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.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at eight (8) percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and sub-awards and subcontracts in excess of $25,000 are

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[13] Ibid.

excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible entities are APA-accredited doctoral, internship, and post-doctoral residency programs of health service psychology (including clinical psychology, counseling, and school psychology) and Psychological Clinical Science Accreditation System (PCSAS)-accredited doctoral level schools of psychology.

Note: Individuals are not eligible to apply under this NOFO.

In addition to the fifty (50) states, eligible entities include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Domestic faith-based and community-based organizations, and tribal organizations are also eligible to apply, if otherwise eligible.

Current GPE award recipients whose grants are scheduled to end on August 31, 2022 are eligible to apply for this funding opportunity and should apply as "Competing Continuations." All other applicants should apply as "New." If funded, for-profit organizations are prohibited from earning profit from the federal award ([45 CFR part 75.216(b)](#)).

Accreditation

Doctoral-level schools and programs of health service psychology, professional psychology internships, and post-doctoral psychology residencies must provide documentation of their institution's APA or PCSAS accreditation, specifying the dates covered by the active accreditation, including expiration date letter as **Attachment 6**.

All applicants must provide proof of accreditation. HRSA may consider any application that fails to attach a copy of the required accreditation or certification documentation nonresponsive, and may not consider it for funding under this notice. Applicants are required to maintain their accreditation throughout the period of performance and notify HRSA of change in status.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount

- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

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 (PHS Act section 797(b)). Such federal funds are intended to supplement, not supplant, existing non-Federal expenditures for such activities. Complete the Maintenance of Effort information and submit as **Attachment 5.**

HRSA will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications
Multiple applications from an organization are not allowable. An institution must select and submit an application for only one (1) of either a:
- Doctoral school or program of health service psychology <u>or</u>
- Doctoral internship in professional psychology <u>or</u>
- Post-doctoral residency program in practice psychology.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before 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. **Applications received without the appropriate tables will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

Beneficiary eligibility requirements – Trainee Eligibility
Doctoral students, doctoral interns, and post-doctoral residents receiving a stipend or other funds in the GPE Program must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible participants. In addition, trainees must be enrolled full or part- time in the school or program receiving the award in order to receive stipend support.

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 HRSA-22-043 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

Application Format Requirements

Section 4 of HRSA's *[SF-424 R&R Application Guide](#)* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. 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 HRSA *[SF-424 R&R Application Guide](#)* for the Application Completeness Checklist.

Application Page Limitation
The total size of all uploaded files may not exceed the equivalent of 75 pages, when printed by HRSA.

The page limit includes the project narrative, budget justification narrative, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *[SF-424 R&R Application Guide](#)* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limitation. Biographical sketches do count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-043, 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) will not be counted in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 75 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum 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) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 12: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website via http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx.

Program Requirements

1. Recruit and train doctoral health service psychology students, interns, and post-doctoral residents in experiential training sites that provide integrated, interdisciplinary behavioral health for placement into community-based primary care settings in high need and high demand areas with two (2) or more health disciplines other than psychology, and also ensure at least twenty-five (25) percent of the time in the experiential training site(s) is in the delivery of OUD and other SUD prevention, treatment, and recovery services;
2. Provide stipend support to GPE doctoral health service psychology students, interns, and post-doctoral residents who are in their final experiential training and are committed to working in high need and high demand areas following graduation;
3. Establish or enhance academic and community-based partnerships to expand experiential site settings including academic institutions, K-12 schools, gerontology, criminal justice and community health centers to create a pipeline of well-trained, culturally responsive health service psychologists;

4. Enhance didactic and experiential training activities to develop competencies of doctoral health service psychology students, interns, and post-doctoral residents in integrated, interdisciplinary (in collaboration with two (2) or more health disciplines) team based care to address SDOH, teach strategies for providing tele-behavioral health, provider resiliency, trauma-informed care, OUD and other SUD, and other behavioral health concerns;

5. Enhance faculty development training and program content to include a holistic review strategy that assesses an individual's SDOH factors alongside traditional mechanisms of providing behavioral health services in the provision of OUD and other SUD prevention, treatment, and recovery, tele-behavioral health services, and other relevant trainings such as provider resiliency, trauma-informed care;

6. Develop or enhance training that focuses on site supervisors and faculty from collaborating programs to create an infrastructure of skills and expertise, to support Drug Addiction Treatment Act (DATA-waived) Medication Assisted Treatment (MAT) prescribers as part of coordinated care teams;

7. Collaborate regularly during the period of performance with other GPE grant recipients (e.g. the grantee engagement platform, consortium developed by recipients in state or nearby states, etc.) to leverage resources, enhance integrated training, and collaborate across regions;

8. Recruit a workforce of health service psychologists to participate in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, class backgrounds, and different genders and sexual orientations, interested in serving high need and high demand areas;

9. Follow-up with graduates to collect post-graduation employment demographics for at least one (1) year after program completion. Awardees should encourage doctoral psychology trainees to apply for a National Provider Identifier (NPI) number, and must collect the NPI numbers of doctoral psychology trainees who receive HRSA funds, where available;

10. Inform GPE students, interns, and post-doctoral residents of HRSA-sponsored loan repayment options such as the National Health Service Corps (NHSC) SUD Workforce Loan Repayment Program, the NHSC Rural Community Loan Repayment Program and the HRSA-sponsored SUD Treatment and Recovery (STAR) Loan Repayment Program. Additional information regarding the programs and eligibility can be found at https://nhsc.hrsa.gov/loan-repayment/index.html.

11. Inform GPE students, interns, and post-doctoral residents of the NHSC plan to provide psychologists who have completed the HRSA-22-043 GPE program with priority status when applying for NHSC LRP awards.

12. Use an evidence based continuous monitoring tool to evaluate program objectives and make adjustments as needed to improve program outputs and outcomes over the three (3) year project period;

13. Collect specified program and performance data, and disseminate findings to appropriate audiences; and

14. Collaborate regularly with the identified HRSA technical assistance provider, University of Wisconsin System, Madison throughout the duration and upon completion of the period of performance regarding technical assistance and evaluation of activities taking place under the grant as well as program impact.

Program-Specific Instructions

Loan Repayment Programs – The NHSC is committed to strengthening the behavioral health workforce through the recruitment and retention of high quality behavioral health providers at NHSC-approved sites. The NHSC Loan Repayment Program (LRP) provides loan repayment assistance to behavioral health professionals in exchange for a commitment to serve in a Health Professional Shortage Area (HPSA). The NHSC plans to provide fully licensed psychologists who have completed the HRSA-22-043 GPE program with priority status when applying for NHSC LRP awards. Details concerning the priority status for fully licensed psychologists who have completed the HRSA-22-043 GPE Program will be announced in NHSC Application and Program Guidance (APG) beginning 2024.

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:
1. Project Title;
2. Program Type Applying for - indicate only one (1):
   a. Doctoral Psychology School or Program **or**
   b. Internship Program **or**
   c. Post-Doctoral Residency Program;
3. A brief overview of the project as a whole;
4. Specific, measurable objectives that the project will accomplish;
5. Which of the clinical priorities will be addressed by the project, if applicable;
6. How the proposed project for which funding is requested will be accomplished (e.g., the "who, what, when, where, why, and how" of a project); and
7. Statement indicating eligibility for funding preference (if applicable).

The project abstract must be single-spaced and is limited to one (1) page in length.

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria

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

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project. It must address the goals and purpose of the NOFO and the strategies to be used in attaining the goals and meeting the funding opportunity's purpose. Applicants who propose a tele-behavioral health component to their work plan are encouraged to reach out to one of the 12 HRSA-supported Regional Telehealth Resource Centers located at https://www.hrsa.gov/rural-health/telehealth/index.html, which provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.

Please use the following section headers for the narrative:

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

Briefly describe the purpose of the proposed project. Outline the needs of the training program or institution. Describe and document the targeted discipline and its training needs. Include a discussion of the target population served by this segment of the health workforce, as well as the SDOHs and health disparities impacting the population or communities served and/or unmet. Use and cite demographic data whenever possible to support the information provided.

This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve.

Please include the following:

- The state and local health status indicators related to behavioral health, including overdose rate, and morbidity and mortality statistics of behavioral health and OUD and other SUD in the community;
- The demographics of the community and the experiential training site(s) population that trainees will serve, and their SDOH, behavioral health disparities, and access to behavioral health and substance use services, including trauma-informed care, that will be addressed through the proposed project;
- Existing or developing tele-behavioral health services at the experiential training sites and how tele-behavioral health will be used to improve access to care and training if applicable;
- The needs of the behavioral health workforce in the community, including recruitment and retention efforts of doctoral health service psychology students, interns, and post-doctoral residents, and how the community from the academic and community partnerships in the proposed project will benefit;
- The need for development or enhancement of the applicant training program and description of training models, curriculum, courses, rotations, seminars, tracks, and other innovative methods that prepares health service psychologists to practice in the provision of OUD and other SUD prevention, treatment, and recovery services;
- The need to provide integrated, interdisciplinary behavioral health for placement into community-based primary care settings with two (2) or more health disciplines;
- The institution's experience increasing diversity of psychologists in the health workforce including participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations. Include data on enrollment and graduation rates by gender, minority status and whether the trainees were from a disadvantaged background.
- The need for faculty development in behavioral health services including but not limited to OUD and other SUD prevention, treatment and, recovery services, and other relevant trainings such as provider resiliency, culturally appropriate service delivery, and trauma-informed care; and
- A description of the experiential training site(s) where the trainees will train and include the following information depicted in the Table 1 example as **Attachment 4.**

Table 1

Site Name	Experiential Site Address (EXAMPLE: ## Main Street, Town, State, Zip code)	Number of GPE Trainees	Number of trainee hours and weeks/ months at training site	Experiential training site offers OUD and other SUD prevention, treatment, and/or recovery services (yes/no)	Experiential training site offers tele-behavioral health services (yes/no)	Experiential training site integrates behavioral health into primary care (yes/no)	Experiential training site has interdisciplinary training with two (2) or more disciplines (yes/no)	Number of psychologists in the county of experiential training site location using the APA County Level Analysis of US Licensed Psychologists	Mental Health or Facility HPSA score of the experiential using	Geographical area considered Rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP) as found in the Am I Rural tool
1										
2										
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10										

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

- *(a) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (a).*

Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.

The work plan must drive and align with the methodology and include the following:
- Description of the activities or steps, key partners, and staff responsible for achieving each of the objectives proposed during the entire period of performance identified in the Methodology section. Goals and objectives must be specific, measurable, achievable, realistic, and time framed. A sample tool to apply SMART goals can be found here;
- Description of the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section;
- Explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation and three (3) year period of performance;
- Identification of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the development of the application, and the extent to which these contributors address the cultural, racial, linguistic and/or geographic diversity of the populations and communities served; and
- If funds will be sub-awarded or expended on contracts, description of how your organization will ensure the funds are properly documented.

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

Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address

the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

Please include the methodologies, strategies, and approaches for the following:

- Building or enhancing academic and community partnerships that provide opportunity for doctoral health service psychology students, interns, and postdoctoral residents to train in an integrated, interdisciplinary, team-based care setting, in high need and high demand areas with two (2) or more health disciplines other than psychology;
- Improving access to behavioral health and substance use services in your community, particularly in the provision of OUD and other SUD prevention, treatment, and recovery services, along with the use of tele-behavioral health;
- Demonstrating that trainees will receive at least twenty-five (25) percent of the time in experiential training site(s) in the delivery of OUD and other SUD prevention, treatment, and recovery services;
- Training in tele-behavioral health in the experiential training site(s) and an estimate of the number of tele-behavioral health patient contacts per trainee during each year of the grant, if applicable;
- Creating a pipeline of well-trained, culturally responsive health service psychologists, addressing needs of the population served in the community, and committed to working in high need and high demand areas following graduation;
- Implementing experiential and didactic training, including the development or enhancement of curriculum that models and develops competencies in integrated, interdisciplinary behavioral health for placement into community-based primary care settings, with two (2) or more disciplines other than psychology, incorporates a holistic review strategy that assesses an individual's SDOH factors alongside traditional mechanisms of providing behavioral health services, including substance use services, and links patient centered services to achieved patient outcomes;
- Leveraging partnerships with training sites to provide behavioral health services and support DATA-waived MAT prescribers as part of coordinated care teams;
- Incorporating the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities, if applicable;
- Incorporating a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences;
- Implementing faculty development training and related activities, including developing skills and expertise in OUD and other SUD prevention, treatment, and recovery services that will benefit the training program, if applicable; and
- Submitting a logic model for designing and managing the project as Attachment 7. A logic model is a one (1) page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:
  - Goals of the project (e.g., reasons for proposing the intervention, if applicable);

- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention(s), 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).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

Please include the following:
- Challenges related to program goals and objectives, work plan, project implementation, and achievement of the proposed goals and objectives (e.g. program performance evaluation and performance measurement requirements);
- Challenges related to provider burnout for trainees, faculty, and experiential training site supervisor(s);
- Challenges related to workforce development, such as recruitment and retention, and the education and training of health service psychologists in high need and high demand areas;
- Obstacles to obtaining experiential training sites that offer OUD and other SUD prevention, treatment, and recovery services and the delivery of tele-behavioral health services; and
- Resources and plans to resolve and overcome these challenges and obstacles, and examples of such.

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

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

Describe the plan for program performance evaluation that will contribute to continuous quality improvement.

Please include the following:
- Explanation of how the program will monitor ongoing processes and progress toward meeting goals and objectives of the project;
- The inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes and variables to be measured;
- Expected outcomes of the funded activities;
- Description of how all key evaluative measures will be reported and disseminated;
- Description of the system and process that will support your organization's collection of HRSA's performance measurement requirements for this program;
- Examples of the required data forms for this program are found here (Note: HRSA data forms and performance measures are subject to change during future project years);
- Description of the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes;
- Documentation of the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the program;
- Description of the current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. In the Attachments section (IV. 2. v., *Attachment 1*), attach 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. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project;
- Description of 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 project results may be national in scope, and the degree to which the project activities are replicable;
- Description of your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics);
- Inclusion of a plan 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 Rapid Cycle Quality

Improvement (RCQI) is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/.

Include your capacity to collect, validate, and report required data measures, including, but not limited to:

- Number, setting, and location of practicum, internship, and residency experiential site(s) located in high need and high demand areas as defined by this NOFO;
- Number, demographics of students/interns/post-doctoral residents, hours trained in experiential training site(s), hours trained in provision of OUD and other SUD prevention, treatment, and recovery services, and trainee-patient encounters involving tele-behavioral health, primary care settings, medically underserved and rural communities;
- Number and practice location of graduates who pursue employment providing behavioral health and substance use services in high need and high demand areas as well as rural and medically underserved areas;
- Number and type of disciplines other than psychology to be trained alongside GPE Program activities and in the experiential training site(s);
- Number of students/interns/post-doctoral residents to receive GPE Program stipends;
- Number and type of new or enhanced activities, trainings, curriculum, courses, evidence-based models, rotations, seminars, and other innovative methods to be developed, enhanced, and implemented in OUD and other SUD prevention, treatment, and recovery areas;
- Number of faculty to receive training/development in OUD and other SUD prevention, treatment and recovery, including type of training; and
- Availability of resources to address access to behavioral health and substance use services and the social determinants of health.

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

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

Please include the following:
- A description of specific actions you will take to:
  - (a) highlight key elements of your project (e.g., training methods or strategies, which have been effective in improving health service psychology practices);
  - (b) obtain future sources of potential funding; and
  - (c) provide a timetable for becoming self-sufficient.
- Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES --*

Corresponds to Section V's Review Criterion #4 add hyperlink(s)

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Submit a project organizational chart is requested in Section IV.2.v., Attachment 3.)

Please include the following:
- Evidence of your organization's ability to conduct the GPE Program goals and objectives and meet program requirements;
- A description of how all of these elements contribute to the organization's ability to implement the program goals and objectives;
- Discussion on how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings;
- A description of how the unique needs of target populations of the communities served are routinely assessed and improved;
- An organizational/institutional commitment to the promotion of a health service psychology workforce to address the needs of the population served and provides evidence of recruitment, retention, and training efforts in high need and high demand areas as defined in this NOFO;
- The capacity to provide didactic and experiential training and supervision to health service psychology doctoral students, interns, and post-doctoral residents including OUD and other SUD prevention, treatment, and recovery services;
- How you plan to identify and alleviate gaps and barriers in the training of the behavioral health workforce, linking them to best practices, improved access to behavioral health and substance use services, improved behavioral health outcomes, and examples of such;
- Evidence of an adequate staffing plan as **Attachment 1** and project organizational chart as **Attachment 3**; and
- Evidence of applicable institutional support (e.g., letters of agreement and support and resource) and the commitment to provide financial or in-kind resources, including institutional policy provided in **Attachments 2 and 11**.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel).** However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO (2) pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two (2) 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 them particularly well-suited for their role (e.g., Project Director/Principal Investigator) in the project that is the subject of the award. There can only be one (1) Project Director.The Project Director must be employed by the awarded applicant organization and dedicate approximately 20 percent of their time (may be in-kind or funded) to grant activities. They are encouraged to have a minimum of three (3) years of experience in the education and training of behavioral health service psychologists and in the provision of services for OUD and other SUD in prevention, treatment, and recovery services.
- 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 3 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.

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 your 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.

No less than fifty (50) percent of the total requested budget per year must be dedicated to participant/trainee support. All other costs, including indirect, must be budgeted out of the remaining fifty (50) percent administrative and management.

Subawards/subcontracts
A detailed line-item budget form is required for each subaward and should be uploaded to the R&R Subaward Budget Attachment(s) Form.

The R & R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (e.g., back-up information) are included in the page limit.

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.

Indirect Costs: Indirect costs under training grants to organizations other than state or local governments, or or federally recognized Indian tribes, will be budgeted and reimbursed at eight (8) percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subgrants and contracts in excess of $25,000 per year are excluded from the direct cost base for purposes of this calculation.

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 GPE Program requires the following:

Participant/Trainee Support Costs*: List stipends, and other participant/trainee support costs, as applicable: (1) stipend, (2) health insurance, (3) attendance at no more than one professional conference, (4) travel related expenses, and (5) other, as well as the number of trainees. Budget breakdown must separate trainee costs, and include a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee support costs.

Applicants are required to provide a budget, with narrative, that includes no less than fifty (50) percent of a recipient's total requested budget (direct and indirect costs) per year dedicated and distributed as Participant/Trainee Support Costs to trainees in practica, internships, and residencies. Only students/interns/post-doctoral residents who receive stipends under this funding opportunity can receive the other trainee support listed in the above paragraph. Trainees must receive a stipend per the following guidelines:

- o Doctoral students in APA-accredited or PCSAS-accredited doctoral schools and programs in health service psychology in practica for ten (10) or more hours per week, per academic semester, shall receive a stipend of **$25,000** per year; **or**

- o Doctoral interns in APA-accredited doctoral internship programs in professional psychology shall receive a stipend of **$28,352** per year; **or**

- o Post-doctoral residents in APA-accredited programs in practice psychology shall receive a stipend of **$48,804** per year.

Stipends are subsistence allowance for students/interns/post-doctoral residents to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program.

The stipend amounts that can be charged to the award are **fixed**. Award recipients may not provide stipends lower than the amounts specified above; however, award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources.

No more than one (1) year or twelve (12) consecutive months of stipend support is allowed per full-time trainee. Part-time trainees are allowed to receive a stipend prorated at one-half of the fixed amount per budget year for no more than twenty-four (24) consecutive months.

In the event that a student terminates their participation from the program prior to the specified end date, the stipend must be prorated according to the amount of time spent in training and the grant recipient must contact HRSA to discuss options for the remaining stipend funds.

Faculty Development Costs*:* List the trainings, conferences, materials, travel, or other costs for faculty development. In the budget justification, identify the number of faculty, the name(s), date(s), and cost of training(s) or conference(s), along with the travel costs and total estimated costs.

Tele-behavioral Health Development and Implementation Costs (if applicable): List costs related to implementation of tele-behavioral health didactic and experiential training(s), including equipment, software, and other materials and total estimated costs.

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 they will perform, the total number of days, travel costs, and the total estimated costs.

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 limitation. Your i**ndirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limitation. Clearly label **each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

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

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (As 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 or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 3: Project Organizational Chart (Required)
Provide a one (1) page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

Attachment 4: Experiential Training Site Documentation (Required)
Provide a description of the field placement or internship as depicted in *Table 1* in the Purpose and Needs Section, including the number of hours per week/rotation that each trainee will participate. Additionally, please provide data from the Geographical area considered Rural as defined by the HRSA Federal Office of Rural Health Policy

(FORHP) as found in the [Am I Rural Tool](#), [Health Professional Shortage Areas (HPSA) Find Tool](#) and/or [APA County Level Analysis of US Licensed Psychologists](#) map that demonstrates the location(s) of your training site(s) meets the qualifications for high need and high demand areas as defined by this NOFO. In order to validate the data, you must include the specific addresses for the partnering training sites. All data must be appropriately cited as valid at the time of application, and is subject to verification.

Attachment 5: Maintenance of Effort (MOE) Documentation (Required)
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 2021 (Actual) Actual FY 2021 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	**FY 2022 (Estimated)** Estimated FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Documentation of Accreditation (Required)
Provide documentation of APA or PCSAS accreditation. The applicant organization must provide: (1) a statement that it holds APA or PCSAS accreditation, including the type of program accredited, whether the program is accredited on contingency status, and whether the program is on probation; (2) a web link to the accreditation status; and (3) the accreditation start and expiration dates.

Attachment 7: Logic Model (Required)
Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 8: Request for Funding Preference and/or Priority (As applicable).
To receive a funding preference and/or funding priority, include a statement that the applicant is eligible for the funding preference and/or funding priority, identify the preference or priority. Include documentation of this qualification. See [Section V.2](#).

Attachment 9: Student Commitment Letter (Required)
Provide a copy of a student commitment letter template, through which students will commit to completing experiential training. At a minimum the letter shall include willingness to provide award recipient with required reporting information, including one (1) year post-training completion employment status along with the practice location,

and the consequences should they neglect to complete experiential training. The letter may also ask students for a plan to voluntarily pursue employment working with persons in high need high demand areas. Additionally, the commitment letter must include how stipends will be disbursed and address the potential impact of stipend support on the student's financial aid award. Students receiving support through the GPE program should be informed in advance of the institution's financial aid policies.

Attachment 10: Progress Report (Required for Competing Continuations ONLY)
A well-documented progress report is a required and 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; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

Identify your current (or previous) grant number, include the most important objectives from your approved application (including any approved changes), and document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. More specifically, the report should include:
  (1) The period covered (dates);
  (2) Specific objectives - Briefly summarize the specific objectives of the project; and
  (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 11: Letters of Support (As Applicable)
Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (e.g., CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project, and a commitment to the project, including any resource commitments (e.g., in-kind services, dollars, staff, space, equipment, etc.).

Attachment 12: Other Relevant Documents (As Applicable)
Include here any other document that is relevant to the application.

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

You must obtain a valid DUNS number, also known as the 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](SAM.gov)). For more details, visit the following webpages: 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements. 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 HRSA may 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 (3) separate systems:
- Dun and Bradstreet (https://www.dnb.com/duns-number.html))
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (http://www.grants.gov/)

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

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, instead, 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 *December 9, 2021 at 11:59 p.m. ET*. 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 GPE Program 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 three (3) years, at no more than $450,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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, 2021 (P.L. 116-260) apply to this program. 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 the following fiscal years, as required by law.

Administration and Management of the GPE Program
No more than fifty (50) percent of funding is for the administrative and management of the program and may be dedicated to recipient activities; e.g. Project staff time, travel, indirect costs, etc. Administrative and Management activities may also include(1) development or enhancement of training program content and design including training in and implementation of tele-behavioral health services; (2) development or enhancement of financial support for the experiential training site supervisor(s) and consultant(s); (3) faculty development including attendance at a professional conference; (4) program administration and management; and (5) data collection.

Participant/Trainee Support
Applicants are required to provide a budget, with narrative, that includes no less than fifty (50) percent of a recipient's total requested budget (direct and indirect costs) per year dedicated and distributed as Participant/Trainee Support Costs to trainees in practica, internships, and residencies. Only students/interns/post-doctoral residents who receive stipends under this funding opportunity can receive the other trainee support listed in the above paragraph. Trainees must receive a stipend per the following guidelines:

- o <u>Doctoral students</u> in APA-accredited or PCSAS-accredited doctoral schools and programs in health service psychology in practica for ten (10) or more hours per week, per academic semester, shall receive a stipend of **$25,000** per year; **or**

- o <u>Doctoral interns</u> in APA-accredited doctoral internship programs in professional psychology shall receive a stipend of **$28,352** per year; **or**

- o <u>Post-doctoral residents</u> in APA-accredited programs in practice psychology shall receive a stipend of **$48,804** per year.

Stipends are subsistence allowance for students/interns/post-doctoral residents to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program.

The stipend amounts that can be charged to the award are **fixed**. Award recipients may not provide stipends lower than the amounts specified above; however, award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources.

No more than one (1) year or twelve (12) consecutive months of stipend support is allowed per full-time trainee. Part-time trainees are allowed to receive a stipend prorated at one-half of the fixed amount per budget year for no more than twenty-four (24) consecutive months.

HRSA's Standard Terms apply to this program. See section 4.1 of HRSA's <u>SF-424 R&R Application Guide.</u> For additional information.

Unallowable Costs
Funds under this notice may not be used for purposes specified in HRSA's SF-424 R&R Application Guide. In addition, grant funds may not be used for the following:

- • ***Fringe Benefits for Trainees***
  Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable under this grant.
- • ***Accreditation Cost***
  Accreditation costs (e.g., renewals, annual fees, etc.) of any kind are not allowable under this grant.
- • ***Construction***
- • ***Foreign Travel***

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.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. 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. Any program income earned by the recipient must be used under 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 the objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Five review criteria are used to review and rank GPE applications. Below are descriptions of the review criteria and their scoring points.

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

Reviewers will consider whether you have presented a clear purpose and compelling need for behavioral health training in high need and high demand areas.

Criterion 1 (a): TRAINING SITE (5 points) – Applicants that list at least one (1) training site located in one of the following high need and high demand areas (as listed in Table 1 in **Attachment 4**) will receive up to five (5) points. Points will be given to applicants by HRSA staff and provided to reviewers prior to review (5 points maximum) if:

1. County of experiential training site(s) location has less than 10 licensed psychologists per 100,000 population as documented in APA County Level Analysis of US Licensed Psychologist (5 points); or
2. Experiential training site(s) is/are located in a Mental Health Professional Shortage Areas or that are Facility Mental HPSAs with a score of 16 or above as found in HPSA Find Tool (5 points); or

3. Experiential training site(s) is/are located in a geographical area considered rural as defined by the HRSA Federal Office of Rural Health Policy (FORHP) as found in the Am I Rural Tool (5 points).

Applicants will receive zero points if (1) you fail to include the specific addresses for the training sites; or (2) if the address of the training site is not found in the HPSA Find Tool, the Am I Rural Tool, or the APA County Level Analysis Report. All data submitted is subject to verification.

Criterion 1 (b): Program Purpose and Need (20 points) – Applicants will receive up to twenty (20) points based upon the quality, relevance, and extent to which the application demonstrates the problem and associated contributing factors to the problem.

Reviewers will consider the quality and extent to which you:
1. Demonstrate the target population and its access and unmet needs for behavioral health and substance use services, including OUD and other SUD prevention, treatment, and recovery services and trauma-informed care in the community, and include data of such;
2. Describe the experiential training site(s) for doctoral students/interns/ post-doctoral residents in an integrated, interdisciplinary behavioral health for placement into community-based primary care settings with two (2) or more health disciplines other than psychology;
3. Describe how trainees will provide at least twenty-five (25) percent of the time in the experiential training site(s) in the delivery of OUD and other SUD prevention, treatment, and recovery services in an interprofessional, team-based setting;
4. Describe how trainees will be trained in tele-behavioral health and how it will be utilized to meet the behavioral health and substance use services needs in the community;
5. Identify the two (2) or more health disciplines that will be collaborating and training with the trainees supported under this NOFO in integrated, interdisciplinary behavioral health for placement into community-based primary care settings, integrated care of OUD and other SUD services – including collaborations with DATA-waived MAT prescribers as part of coordinated care teams;
6. Demonstrate that the training, recruitment, and retention efforts of doctoral psychologists are sufficient to benefit the community, academic, and community partnerships in the proposed project and address the needs of the population served;
7. Demonstrate the institution's ability to increase diversity of psychologists in the health workforce including participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations. Include data on enrollment and graduation rates by gender, minority status and whether the trainees were from a disadvantaged background.
8. Identify gaps in applicants' training programs including a description of the training models, curriculum, courses, rotations, seminars, tracks, tele-behavioral health, and other methods related to training and experiential training sites; and

9. Demonstrate the need for faculty development in behavioral health services including but not limited to OUD and other SUD prevention, treatment and, recovery services, and other relevant trainings such as provider resiliency, culturally appropriate service delivery, and trauma informed care.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 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 (15 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan](#)

Reviewers will consider the extent to which the application 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. The description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

Reviewers will consider:
1. The extent to which description of the activities, timeframes, and deliverables address and achieve each of the program goals and objectives proposed during the period of performance is documented;
2. The feasibility of successfully completing all proposed activities and timelines within the performance period;
3. The adequacy of the staffing plan as documented in **Attachment 1**, including qualifications of the project director as required in this NOFO, to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel;
4. An explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the period of performance; and
5. Identification of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

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

Reviewers will consider the extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. Applications will be reviewed base on the strength of the proposed goals and objectives and their relationship to the identified project and the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs, and the extent to which the application provides a logical description of proposed activities, describes why the project is innovative, and the context for why it is innovative. The sophistication and plausibility of the required logic model proposed will also be evaluated.

Reviewers will consider the extent to which the methodology, approach, tools, and strategies:

1. Create a pipeline of well-trained, culturally responsive health service psychologists, committed to working in high need and high demand areas;
2. Place students/interns/post-doctoral residents in experiential training sites located within high need and high demand areas that provide tele-behavioral health services as defined by this NOFO and submitted as **Attachment 4**;
3. Leverage partnerships to provide behavioral health services and support to DATA-waived MAT prescribers and create an interprofessional and/or integrated, team based coordinated model of care;
4. Build or strengthen academic and community partnerships that provide opportunities for improved access to behavioral health and substance use care in the community and allow for trainees to train in experiential training sites and with populations in high need and high demand areas;
5. Address the health care needs of the target population through tele-behavioral health and how it provides an estimated number of patient contacts in this mode of service delivery;
6. Describe how the twenty-five (25) percent of the experiential training is in OUD and other SUD prevention, treatment, and recovery services in integrated, interdisciplinary, behavioral health community-based primary care settings with two (2) or more health disciplines other than psychology, and detail any changes in program content or design;
7. Explain the linkages among the project elements in the logic model as **Attachment 7**; and
8. Cultivate faculty development, particularly in OUD and other SUD prevention, treatment, and recovery services to benefit the training program, and academic and community partnerships.

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

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

Reviewers will consider:
1. Challenges and obstacles described in regard to the program implementation and activities outlined in the Work Plan, and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives;
2. Challenges related to the psychologists' retention, recruitment, education, and training in high need and high demand areas as defined by this NOFO; and
3. Challenges related to leveraging academic and community partnerships including the development of experiential training sites where trainees train to work in high need and high demand areas, provide OUD and other prevention, treatment, and recovery services, and improve access to behavioral health and substance use care.

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

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

Reviewers will consider the extent to which the proposed project has a public health impact and the project will be effective, if funded. The application will be reviewed for the extent to which the application effectively reports on the measurable outcomes being requested. This includes both internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a).

Reviewers will consider:
- 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 program objectives have been met, and 2) to what extent these can be attributed to the project;
- The quality of the evaluation plan, demonstrated expertise, experience, the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and the ability to comply with HRSA's performance measurement requirements as described in this NOFO;
- The quality of the plan including the methodology and proposed approach for utilizing both quantitative and qualitative data efforts to periodically review program outcomes;
- The extent to which the application incorporates data collection into program operations to ensure continuous quality improvement;
- The extent to which the evaluation plan includes 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 data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes;
- The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles; and
- The extent to which the feasibility and effectiveness of plans for dissemination of project results is described.

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

Reviewers will consider the extent to which the application describes a solid plan for project sustainability after the period of federal funding ends. The extent to which it clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

Reviewers will consider:

1. Whether the plan includes sustained key elements of their grant, including training methods or strategies, 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;
2. How the plan fully describes the project sustainability after the period of federal funding ends;
3. Challenges to be encountered in sustaining the program, and the description of logical approaches to resolving such challenges;
4. Identification of other sources of income and/or future funding initiatives, as well as a timetable for becoming self-sufficient;
5. How the plan builds on existing relationships between academic institutions, experiential training sites, and other community-based interdisciplinary partners; and
6. The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the attachments.
Reviewers will also review the extent to which the applicant organization discusses the quality and availability of their facilities and personnel to fulfill the needs and requirements of the proposed project.

Reviewers will consider:
1. Evidence that the project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and attachments;
2. Evidence that the Project Director is employed by the awarded applicant organization and dedicates approximately 20 percent of their time (may be in-kind or funded) to grant activities. The biographical sketch reflects a Project Director with approximately three (3) years of experience in the education and training of behavioral health service psychologists and in the provision of services for OUD and other SUD in prevention, treatment, and recovery services, or equivalent qualifications;
3. Evidence of the capacity to provide didactic and experiential training and supervision in integrated, interdisciplinary, team-based care settings with two (2) or more disciplines other than psychology;
4. Evidence of the ability to place students in interprofessional, team-based training sites to fulfill the twenty-five (25) percent training in OUD and other SUD prevention, treatment, and recovery services requirement;
5. Evidence that applicant organization places trainees in experiential training sites that are in high need and high demand areas as defined by this NOFO and provide OUD and other SUD prevention, treatment, and recovery services and tele-behavioral health;

6. Evidence of an adequate staffing plan including supervision for trainees for the proposed project, including the project organizational chart;
7. Evidence of institutional support that details resources and letters of support (e.g., commitment to provide financial or in-kind resources, including institutional policy) provided in **Attachments 2 and 11;**
8. Evidence of meaningful support, collaboration, and commitment with key stakeholders and community partners in planning, designing, and implementing all activities. This may be demonstrated by resources and/or letters of agreement and support as **Attachments 2 and 11** (e.g., commitment to provide financial or in-kind resources); and
9. Evidence of your organization's successful experience administering grant or cooperative agreement workforce development programs of similar size and scope, including meeting all performance indicators and reporting requirements.

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

The 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 training activities, and the anticipated results.

Reviewers will consider:
- The extent to which the number of students, interns, and post-doctoral residents and total amount of trainee costs including stipend, professional conferences, travel, health insurance, and other costs per budget year are reasonable and supportive of the project objectives are clearly and concisely described. The budget must include at least fifty (50) percent for participant/ trainee support costs;
- The extent to which the costs outlined in the SF-424 R&R and budget justification are consistent in both sections, and reasonable given the scope of work;
- The extent to which the proposal follows the budget guidelines specified in the NOFO and the SF-424 R&R Application Guide; and
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

Funding Priorities

This program includes a funding priority, as authorized by Section 756(d) of the Public Health Service Act. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The GPE Program has one (1) funding priority for:

- Programs that have demonstrated the ability to train psychology, psychiatry, and social work professionals to work in integrated care settings (5 points).

HRSA staff will grant you a funding priority if you submit as **Attachment 8** any information and/or data evidence that you have trained psychology, psychiatry, and social work professionals to work in integrated care settings. To receive the funding priority, HRSA staff will review data submitted in **Attachment 8**, and will report to the peer review committee a list of those eligible applicants who met the criteria outlined above. Applications determined to meet the above criteria for the priority will have an additional five (5) points added to the final score assigned by the peer review committee. Applications that do not receive a funding priority will be given full and equitable consideration during the review process.

Funding Preferences

This program provides a funding preference for qualified applicants as authorized by 42 U.S.C. § 295j (Section 791 of the Public Health Service (PHS Act)). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Section 791 of the Public Health Service Act requires a funding preference for any qualified application ranked at or above the 20th percentile of proposals that have been recommended for approval by the peer review group that:
- Has a high rate for placing graduates/program completers in practice settings having the principal focus of serving residents of medically underserved communities (**Qualification 1** as described below); or
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates/ program completers in such settings (**Qualification 2** as described below); or
- Is a new program (defined in § 295j(c)(2) as those having graduated fewer than three (3) classes) that meets at least four (4) of the criteria listed (**Qualification 3** as described below).

Qualification(s) to meet the funding preference(s):

Qualification 1: High Rate
Has a high rate for placing graduates/program completers in practice settings having the principal focus of serving residents of medically underserved communities. To qualify for high rate, an applicant must demonstrate that the percentage of graduates/program completers placed in practice settings serving medically underserved communities for Academic Year (AY) 2019-2020 and AY 2020-2021 is greater than or equal to fifty (50) percent of all program completers.

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

High Rate =

$$\frac{\text{\# of Graduates in AY19-20 Employed in MUCs Plus \# of Graduates in AY 20-21 Employed in MUCs}}{\text{Total \# of Graduates in AY 19-20 Plus Total \# of Graduates in AY 20-21}} \times 100$$

Qualification 2: Significant Increase
During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates/program completers in such settings.

To qualify for Significant Increase, an applicant must demonstrate a twenty-five (25) percent increase of placing graduates/program completers in medically underserved communities from AY 2019-2020 and AY 2020-2021. Applicants who wish to request funding preference under Qualification 2 must submit as Attachment 8 the following documentation:

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

# of Graduates in AY 19-20 Employed in MUCs

Total # of Graduates in AY 20-21

Significant Increase   =   Minus   X 100

# of Graduates in AY 19-20 Employed in MUCs

Total # of Graduates in AY 20-21

Qualification 3: New Program

Qualification 3 is a pathway that permits new programs to compete equitably for funding under this section. Those new programs that meet at least four (4) of the following criteria shall qualify for a funding preference. New Program means any program that has graduated/completed less than three (3) classes and not grant programs such as GPE, specialized tracks or population focus, or rotations within a school or program. Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 8** documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria:

1. The training organization's mission statement includes preparing health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least fifty (50) percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

Funding Special Considerations and Other Factors

Other Funding Factor: Pursuant to Section 756(c) of the PHS Act, at least four (4) of the grant recipients shall be Historically Black Colleges or Universities (HBCU) or other Minority-Serving Institutions (MSI).

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 release the Notice of Award (NOA) on our around the start date of July 1, 2022. 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 NOA, 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 federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services

accessible to them, *see*
http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see *see* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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.

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 that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two (2) parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

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

   In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

   Further information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. In addition, you must submit a Quarterly Performance Update (QPU) to HRSA via the EHBs at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of

performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the 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 FAPIIS, as required in 45 CFR part 75 Appendix XII.

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. No additional termination provisions apply.

VII. Agency Contacts

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

William Weisenberg

Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Email: wweisenberg@hrsa.gov

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

LCDR Candice T. Karber, LICSW, BCD
Project Officer, DNPH
Attn: GPE Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N124A
Rockville, MD 20857
Email: GPE@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 dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. Always obtain a case number when calling for support. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
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 (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) can be found on the program website add link, 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
In addition, the following definitions apply to the GPE Program for Fiscal Year 2022:

APA-Accredited Programs - Doctoral psychology programs, internships, and post-doctoral residency programs that have been accredited by the American Psychological Association. A listing can be found at here.

Equity - The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. [14][14]

Health disparities - Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.

Health equity - The absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

Health Service Psychology - Includes clinical psychology, counseling, and school psychology, or a combination thereof.

High Need and High Demand Area - For purposes of this NOFO, high need and high demand areas are identified as the following:
1. County of experiential training site location has less than 10 licensed psychologists per 100,000 population as documented in APA County Level Analysis of US Licensed Psychologists; or

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[14] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

2. Experiential training site is located in a Mental Health Professional Shortage Area (HPSAs) or that are Facility Mental HPSAs with a score of 16 or above as found in [HPSA Find Tool](#).

Holistic review - A strategy that assesses an individual's social determinants of health factors alongside traditional mechanisms of addiction, which will foster a better understanding of the causes of addiction and ultimately inform treatment. It is designed to help clinicians consider a broad range of factors influencing the individual's addiction such as their socioeconomic status, food security, education, built environment, employment status, social support networks, as well as access to health care.

Medically Underserved Community (MUC) - A geographic location or population of individuals eligible for designation by the Federal Government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes.[15] See Sec.799B(6) of PHS Act.

New Program - A program that has graduated less than three (3) classes. See Sec. 791(c)(2) of PHS Act.

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

Part-time - The number of days per week and/or months per year representing part-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled part-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Psychological Clinical Science Accreditation System (**PCSAS) Accredited Programs -** Doctoral psychology programs. A list can be found [here](#).

Practice Psychology - Per the APA, refers to the breadth of training and a blend of skills that a psychologist uses to provide a wide range of diagnostic, therapeutic, and consultative services.

Social Determinants of Health (SDOH) - Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as *social and* physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes.[16]

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.

Underserved - For purposes of this NOFO, underserved and medically underserved are used interchangeably. See Medically Underserved Communities.

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[15] https://www.govinfo.gov/content/pkg/COMPS-8773/pdf/COMPS-8773.pdf
[16] Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. Found at https://www.cdc.gov/socialdeterminants/index.htm