

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

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

Leadership Education in Adolescent Health (LEAH)

Announcement Type: New, Competing Continuation

Funding Opportunity Number: HRSA-17-029

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: November 10, 2016

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may take up to one month to complete.*

Issuance Date: September 9, 2016

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Authority: Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2017 Leadership Education in Adolescent Health (LEAH) Program. The purpose of this program is to prepare maternal and child health leaders in adolescent¹ and young adult² health within at least five (5) core health disciplines, including medicine, nursing, nutrition, psychology, and social work by providing interdisciplinary leadership training to health professionals at the graduate and postgraduate levels.

Funding Opportunity Title:	Leadership Education in Adolescent Health (LEAH)
Funding Opportunity Number:	HRSA-17-029
Due Date for Applications:	November 10, 2016
Anticipated Total Annual Available Funding:	\$3,065,600
Estimated Number and Type of Award(s):	Up to seven (7) grants
Estimated Award Amount:	Up to \$437,942 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2022 (five (5) years)
Eligible Applicants:	Per 42 CFR § 51a.3(b), public or non-profit private institutions of higher learning. [See Section III-1 of this funding opportunity announcement (FOA) 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 FOA to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

A technical assistance webinar has been scheduled to help you understand, prepare, and submit your grant application. The webinar is scheduled for Tuesday, September 20, 2016 from 2:00 p.m. to 3:00 p.m. ET. The webinar portion of the technical assistance session can be accessed at: <https://hrsa.connectsolutions.com/leah-webinar/>. Audio for the call can be accessed at: Toll-Free Number—(800) 857-5751;

¹ For the purposes of this FOA, adolescents refer to individuals aged 10 through 17 years.

² For the purposes of this FOA, young adults refer to individuals aged 18 through 26 years.

Passcode-1520748. A recording of this technical assistance session will be available until Friday, November 11, 2016 at: Toll-Free Number–(800) 678-0756; Passcode–4121.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Leadership Education in Adolescent Health (LEAH) Training Program. The purpose of this program is to prepare maternal and child health leaders in adolescent³ and young adult⁴ health within at least five (5) core health disciplines, including medicine, nursing, nutrition, psychology, and social work by providing interdisciplinary leadership training to health professionals at the graduate and postgraduate levels.

LEAH programs accomplish this aim of training the next generation of leaders in these health disciplines and improving the health and well-being of adolescents and young adults by:

- 1) Preparing trainees/fellows for leadership roles in clinical services, research, training, and organization of health services for adolescents and young adults including those with special health care needs;
- 2) Integrating biological, developmental, mental and behavioral health, social, economic, educational, and environmental health training within a public health framework;
- 3) Emphasizing technical assistance, continuing education, and collaboration with state and local public health agencies, education, youth development, and human service agencies and providers with a maternal and child health focus; and
- 4) Developing, enhancing, or improving evidence-based patient-centered, family-involved, culturally competent, community-based care plans and practices for adolescents and young adults.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2)).

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

In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health (MCH) Services Programs⁵. This legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for 80 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

³ For the purposes of this FOA, adolescents refer to individuals aged 10 through 17 years.

⁴ For the purposes of this FOA, young adults refer to individuals aged 18 through 26 years.

⁵ The LEAH program addresses the health concerns surrounding children, adolescents, and young adults (ages 10-26).

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

Over the past two years, MCHB has worked in partnership with state Title V MCH programs, national MCH leaders, and stakeholders to develop a vision for transforming the MCH Block Grant to better meet the challenges facing our nation's mothers and children, including children with special health care needs. The transformation aimed to reduce reporting burden for states, maintain state flexibility in meeting their unique MCH population needs and improve federal and state program accountability. The changes are intended to drive improvements throughout the program, but they are particularly noticeable in the revision of the performance measure framework.⁶ To assist with these goals, MCHB designed a three-tiered framework for transforming performance measures that demonstrate direct contributions of Title V programs to improve health outcomes. The performance measure framework includes: National Outcome Measures (NOMs), National Performance Measures (NPMs), State Performance Measures, and state-initiated Evidence-based or-informed Strategy Measures (ESMs).

The 15 NPMs address key national MCH priority areas. Collectively, they represent six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Children with Special Health Care Needs; 5) Adolescent Health; and 6) Cross-cutting/Life public health issues impacting multiple population groups.

The Title V MCH Block Grant legislation directs states to conduct a comprehensive, state-wide maternal and child health (MCH) needs assessment every five years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and children with special health care needs (CSHCN). From this assessment, states select priorities for focused programmatic efforts over the five year reporting cycle. Data reported by the states demonstrate the need for training MCH leaders in adolescent and young adult health to meet the priority needs of the states. In 2015, the 59 states and jurisdictions conducted their five-year needs assessments, and the priority needs that states identified prominently featured adolescent health issues. Of the 59 states and jurisdictions funded under the Title V Block Grant, all 59 states identified at least one priority focusing on adolescent health. Of the 504 priority needs identified across the states and jurisdictions, 21.6percent (109) focus on issues that are important to adolescent and young adult health, such as access to primary and preventive health and specialty care; healthy lifestyles, particularly around overweight and obesity, nutrition and exercise; injury prevention; reproductive health; mental health; and risk factors associated with tobacco and substance use.⁷

⁶ <http://mchb.hrsa.gov/programs/titlevgrants/index.html>

⁷ Title V Information System (TVIS), <https://mchb.tvisdata.hrsa.gov/>

You should become familiar with the full scope of requirements that State MCH Title V programs face with the changes in the MCH Block Grant Transformation. Information on the MCH Title V Block Grant Transformation Plan can be found at: <http://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>.

Adolescent and Young Adult Health Initiatives at MCHB

To support key national MCH priority areas relative to the Adolescent Health domain, MCHB invests in programs to improve adolescent and young adult health through training, education, research, and developing innovative models of care. Specifically, five adolescent and young adult health initiatives in the related areas of training, research, and technical assistance and resource development are supported by the MCHB:

- 1) The Leadership Education in Adolescent Health (LEAH) Training Program - outlined and described within this FOA.
- 2) The Adolescent and Young Adult Health Research Network - an interdisciplinary, multisite research network that is accelerating the translation of developmental science into MCH practice, promoting scientific collaboration, and developing additional research capacity in the field of adolescent health. Additional information about the Adolescent and Young Adult Health Research Network is available at http://nahic.ucsf.edu/research_network/.
- 3) The Adolescent and Young Adult Health National Resource Center - a program to promote the comprehensive healthy development, health, safety and well-being of adolescents and young adults and address their major health issues by strengthening the abilities of State Title V Maternal and Child Health (MCH) Programs, as well as of public health and clinical health professionals, to better serve these population groups. Additional information about the Adolescent and Young Adult Health National Resource Center is available at http://nahic.ucsf.edu/resources/resource_center/.
- 4) Got Transition/Center for Health Care Transition Improvement - a cooperative agreement between MCHB and The National Alliance to Advance Adolescent Health with the aim of improving transition from pediatric to adult health care through the use of new and innovative strategies for health professionals and youth and families. Additional information about the Got Transition/Center for Health Care Transition Improvement is available at <http://www.gottransition.org/>.
- 5) Health Care Transitions Research Network - an interdisciplinary, multi-center research forum for scientific collaboration and infrastructure-building, with a focus on research designed to improve health care transitions and promote an optimal transition to adulthood among youth and young adults with autism spectrum disorder. Additional information about the Health Care Transitions Research Network is available at <http://www.autismtransition.net/> or <http://www.healthychild.ucla.edu/ourwork/hctrn/>.

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

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

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

- Goal 1: MCH Workforce and Leadership Development: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academia and policy.
- Goal 2: Diversity and Health Equity: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and healthcare.
- Goal 3: Interdisciplinary/Inter-professional Training and Practice: Promote interdisciplinary/inter-professional training, practice and inter-organizational collaboration to improve the quality of care by enhancing systems integration for MCH populations.
- Goal 4: Science, Innovation and Quality Improvement: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.

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

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

Adolescent Health Overview

Researchers have noted a current “demographic bulge” of adolescents and young adults (10-24 year olds) comprising over a quarter of the world’s population.⁸ In the United States just under a third of the population are adolescents and young adults. In 2014, adolescents (ages 10-19) made up 13 percent (41.7 million people) and young adults (ages 20-29) made up 14 percent of the U.S. population (44.9 million people).⁹ In addition, important and distinct changes in mental/behavioral and physical health as well as in interpersonal relationships that impact health take place during these years.¹⁰
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Adolescence and young adulthood have long been understood as a time when behaviors that have implications for future health are established. Additionally, there is growing recognition that young adulthood is also a distinct developmental time where the health and social behaviors established in adolescence are solidified into lifelong habits. The status of adolescent and young adult health in the U.S. continues to be a public health priority.¹² Public health challenges related to adolescent and young adult health include a range of issues from reducing motor vehicle injuries, to preventing mental disorders and suicide, reducing substance use disorders, and increasing immunizations and well-visits.¹³

Addressing these challenging public health adolescent and young adult health issues is further complicated as adolescents transition from pediatric care into adult care, often moving between multiple public and private systems, including care delivery entities, insurance systems, social support programs, and more. This fragmentation is a strong argument for interdisciplinary training and coordination of health care workers that serve adolescents no matter their specialty.¹⁴ A 2009 report from the National Academy of Science (NAS) recommends public and private funders ensure that professionals who serve adolescents in health care settings are trained in developing strong provider-patient relationships with adolescents to help gain their trust and cooperation; identifying early signs of risky and unhealthy behaviors that may require further assessment,

⁸ Schlafer, R., Hergenroeder, A. C., Jean Emans, S., Rickert, V. I., Adger, H. J., Spear, B., & ... Resnick, M. D. (2014). Adolescence as a critical stage in the MCH Life Course Model: commentary for the Leadership Education in Adolescent Health (LEAH) interdisciplinary training program projects. *Maternal And Child Health Journal*, 18(2), 462-466. doi:10.1007/s10995-013-1243-8.

⁹ US Census Bureau. (2015). Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2014. Release Date: June 2015. Suitland, MD: US Census Bureau, Population Division.

¹⁰ Schlafer, R., Hergenroeder, A. C., Jean Emans, S., Rickert, V. I., Adger, H. J., Spear, B., & ... Resnick, M. D. (2014). Adolescence as a critical stage in the MCH Life Course Model: commentary for the Leadership Education in Adolescent Health (LEAH) interdisciplinary training program projects. *Maternal And Child Health Journal*, 18(2), 462-466. doi:10.1007/s10995-013-1243-8.

¹¹ World Health Organization. (2014). Health for the World’s Adolescents: A second chance in the second decade. Switzerland: Department of Maternal, Newborn, Child and Adolescent Health, World Health Organization. Retrieved April 14, 2016 from <http://apps.who.int/adolescent/second-decade/>

¹² Institute of Medicine (IOM) and National Research Council (NRC). (2015). *Investing in the health and well-being of young adults*. Bonnie, R.J., Stroud, C., & Breiner, H., Eds. Washington, DC: The National Academies Press.

¹³ Park, M.J., Brindis, C.D., Vaughn, B., Barry, M., Guzman, L., & Berger, A. (2013a). Adolescent health highlight: Chronic conditions. San Francisco: University of California at San Francisco Division of Adolescent and Young Adult Medicine. Retrieved April 14, 2016 from <http://nahic.ucsf.edu/wp-content/uploads/2014/02/2013-08ChronicConditions.pdf>

¹⁴ Garber, A.K., Park, M.J., Brindis, C.D., Vaughn, B., Barry, M., Guzman, L., & Berger, A. (2013). Adolescent health highlight: Physical development and daily health habits. San Francisco: University of California at San Francisco Division of Adolescent and Young Adult Medicine. Retrieved April 13, 2016 from <http://nahic.ucsf.edu/wp-content/uploads/2014/02/2013-09HealthyHabits.pdf>

intervention, or referral; and, developing strategies for working with more vulnerable adolescents, such as those who are lesbian, gay, bisexual, or transgender; homeless; in the foster care system; in the juvenile justice system; and with families who have recently immigrated to the United States.¹⁵

Adolescent and young adult health training programs must prepare future leaders with skills and knowledge to address prevention, diagnostic, treatment and case management, and follow-up referral services for continuity of care for adolescents and young adults.

Rationale for LEAH Training Program

The LEAH training program is critical for the ongoing training and development of MCH leaders in adolescent and young adult health. MCHB support of LEAH training programs is justified primarily on the basis of training health professional personnel in an interdisciplinary manner and setting for leadership roles in adolescent and young adult health.

LEAH programs have made a unique contribution to the field by providing comprehensive, interdisciplinary leadership training to health professionals who work with adolescents and young adults. LEAH programs prepare future leaders in adolescent health to be excellent clinicians, collaborate in interdisciplinary teams, and promote needed changes in policies, interventions, schools, communities, and the environment. Faculty and trainees, within LEAH programs, contribute to academic achievement, clinical best practices, and research by working with and on behalf of adolescents, policy-makers, and public health professionals to advance evidence-based strategies and data-driven decision-making for adolescent-focused prevention and health promotion.¹⁶ LEAH programs also promote innovative practice models that enhance cultural/linguistic competence, partnerships among disciplines, and adolescent-centered approaches to care.

In fiscal year 2014, the seven LEAH training programs collectively trained 77 long-term trainees (greater than 300 hours of training); 516 medium-term trainees (40-299 hours of training); and, 2,191 short-term trainees (less than 40 hours of training). Nearly 93 percent of LEAH program graduates who completed a former trainee survey five years following the program indicated that they are engaged in work related to MCH populations. Over 96 percent of former LEAH long-term trainees were working in an interdisciplinary manner five years after training; and 91 percent ten years after training. Further, 100 percent of respondents demonstrated field leadership in academic, clinical, public health practice, and/or public policy and advocacy activities. (Source: DGIS data, 2014).

¹⁵ United States, Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Academy of Science, Adolescent Health Services: Missing Opportunities. (Washington, DC: The National Academy Press, 2009).

¹⁶ Schlafer, R., Hergenroeder, A. C., Jean Emans, S., Rickert, V. I., Adger, H. J., Spear, B., & ... Resnick, M. D. (2014). Adolescence as a critical stage in the MCH Life Course Model: commentary for the Leadership Education in Adolescent Health (LEAH) interdisciplinary training program projects. *Maternal And Child Health Journal*, 18(2), 462-466. doi:10.1007/s10995-013-1243-8.

II. Award Information

1. Type of Application and Award

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

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately \$3,065,600 is expected to be available annually to fund up to seven (7) recipients. You may apply for a ceiling amount of up to \$437,942 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2017 through June 30, 2022 (five (5) years). Funding beyond the first year is dependent on the availability of appropriated funds for the LEAH Training Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

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

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR § 51a.3(b), only public or non-profit private institutions of higher learning may apply for training grants. An "institution of higher learning" is defined as any college or university accredited by a regionalized body or bodies approved for such purpose by the Secretary of Education, and any teaching hospital which has higher learning among its purposes and functions and which has a formal affiliation with an accredited school of medicine and a full-time academic medical staff holding faculty status in such school of medicine.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

Students/trainees receiving support from grant funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *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 FOA to do otherwise.

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this FOA.

Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: biographical sketches **do** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

Program-Specific Instructions

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

i. Project Abstract

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

The abstract should also describe alignment with Healthy People 2020 objectives:

Healthy People 2020 Objectives: List the primary Healthy People 2020 objectives that the project will address. Healthy People 2020 objectives can be found online at <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>.

Specifically, the adolescent health topic area of Healthy People 2020 contains a set of Core Indicators for Adolescent and Young Adult Health, which were drawn by consensus from across all of Healthy People 2020 so that a state, community, or organization can develop a snapshot of the comprehensive health status of these population groups. See <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health/objectives> or

<https://www.healthypeople.gov/sites/default/files/AYAHCoreIndicators.pdf> for additional information.

ii. Project Narrative

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

Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion 1 NEED**
This section should briefly describe the purpose of the proposed project.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 NEED**
This section outlines the needs of the community and/or organization. In this section, briefly describe:
 - 1) The background of the proposal including identification of and critical evaluation of the national need/demand for graduate and post-graduate education in adolescent and young adult health and the leadership preparation that the training program proposal aims to address.
 - 2) How the proposed program will address the identified unmet adolescent and young adult health workforce development need/demand and how these efforts relate to the stated purpose of the grant program.
 - 3) How the proposed program will provide training needed by health professionals to serve and provide care to adolescents and young adults in their geographic area.
 - 4) A summary of a recent needs assessment (conducted within the last five years) with findings related to adolescent and young adult health workforce development and educational needs/demands.

See [Section VIII. Other Information](#) for resources that may be helpful in forming your needs assessment.

- **METHODOLOGY -- Corresponds to Section V's Review Criterion 2 RESPONSE**
You must propose methods that will be used to prepare maternal and child health leaders in adolescent and young adult health within at least five core health disciplines, including medicine, nursing, nutrition, psychology, and social work by providing interdisciplinary leadership training to health professionals at the graduate and postgraduate levels. You must include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds. You must include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

1) **GOALS AND OBJECTIVES**

You must develop clear, measurable goals and objectives, for a didactic, clinical, and evidence-based training program, which respond to the stated need/purpose for this program and are described for each year in the project period. The objectives must be **observable** and **measurable**, with specific **outcomes** for each project year that are attainable in the stated **timeframe**. These outcomes are the criteria for the evaluation of the program.

2) **TRAINING PROGRAM DESIGN**

The training program must prepare interdisciplinary health professionals for the full range of adolescent and young adult health issues, and the new leadership roles they will serve in health care system for adolescents and young adults. Objectives should incorporate the acquisition of knowledge of biological, psychological and social adaptation; growth and development; primary, secondary and tertiary aspects of disease prevention; and health promotion among adolescents and young adults, including those with special health care needs. Training also should foster development of leadership attributes and address emerging public health issues relevant to adolescent and young adult health.

a. Trainees

LEAH programs should improve the health of adolescents and young adults by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence. LEAH programs are expected to provide MCH leadership training in adolescent and young adult health and also to provide health care services to adolescent and young adult populations as part of the experiential curricula.

You are strongly encouraged to describe your plans to recruit and select trainees/fellows who are from diverse backgrounds. This plan must include special efforts for encouraging recruitment of qualified trainees from culturally, racially, and ethnically diverse backgrounds and for evaluating the success of the recruitment efforts. You must describe previous success in recruiting culturally, racially, and ethnically diverse trainees. Studies have documented that diverse providers are more likely to serve underserved populations, thus increasing the likelihood that health care disparities will be addressed. Therefore, by addressing trainee diversity, and incorporating cultural competence and adolescent-centered/family-involved care into training programs, MCH training programs aim to improve the quality of care for the MCH population. Over time, MCH training programs must evaluate whether the emphases on diversity, cultural competence, and family centered care might also help to reduce health disparities. For more information on MCH training programs' diversity activities, particularly the Diversity Peer Learning Collaborative, go to http://www.mchb.hrsa.gov/training/grantee_resources_dtpc.asp.

i. Trainee qualifications

LEAH trainees and fellows must be: At least enrolled in a master's program; and, enrolled in LEAH training providing a minimum of 50 percent of the total training experience as a part of the program components directly under the control and supervision of training faculty.

At least five trainees, from the required disciplines of medicine, nursing, nutrition, psychology, and social work, must complete long-term training in the LEAH program during each project year:

- Medicine – post-residency fellowships in adolescent medicine of three years' duration for pediatrics and a minimum of two years' duration for internal medicine and a minimum of two years' duration for family medicine. LEAH programs should review the Accreditation Council for Graduate Medical Education (ACGME) guidelines for fellowship education in adolescent medicine in order to ensure appropriate training for medicine fellows. Please visit <http://www.acgme.org/> for additional information on ACGME program requirements.
- Nursing – traineeships for master's or doctoral candidates. Consideration may be given to some post-master's or post-doctoral fellowships.
- Nutrition – traineeships for master's or doctoral candidates. Consideration may be given to some post-master's or post-doctoral clinical fellowships.
- Psychology – post-doctoral fellowships.
- Social Work – traineeships for master's or doctoral candidates. Consideration may be given to doctoral candidates in a clinical sequence, and to clinical fellowships.

While students from these five core disciplines, at a minimum, must be trained within LEAH programs, programs may consider training outstanding candidates from other health professions (i.e., public health) who might contribute relevant interdisciplinary expertise to the adolescent and young adult health field *in addition* to trainees from the five core disciplines.

ii. Types of Trainees

While LEAH programs must offer training for long-term trainees/fellows, you are strongly encouraged to offer training for medium-term and short-term trainees.

Long-Term Trainees are defined as fellows/trainees receiving at least 300 hours of LEAH leadership and didactic training, in addition to LEAH field work and clinical training requirements through the LEAH program.

Medium-term trainees are defined as trainees receiving at least 40 but no more than 299 hours in a program. Medium-term trainees are further classified:

- Level I medium-term trainees = trainees who complete 40-149 hours of training.
- Level II medium-term trainees = trainees who complete 150-299 hours of training.

Stipend support for medium-term trainees must be approved by HRSA *since the program priority is the training of long-term trainees.*

Short-term trainees are defined as trainees receiving less than 40 hours in a program, such as medical students participating in their pediatric clerkship. Stipend support for short-term trainees is not allowable. Continuing Education students should not be included in this category.

iii. Numbers of Trainees

Since the intent of the LEAH program is to promote an interdisciplinary health professions team model of care provision for adolescents and young adults, sufficient numbers of trainees and fellows from the appropriate variety of disciplines indicated are necessary both to learn and practice these principles. Trainees' career goals must include leadership in the field of adolescent and young adult health and whose career goals are aligned with the priorities outlined in this program guidance.

- During each year of the project period, LEAH programs must train at least one long-term trainee in medicine, nursing, nutrition, psychology, and social work for a minimum of five trainees per year.
- You must include an estimate of the total number of trainees by type (long-, medium-, and short-term) who will benefit from the program during each year of the project period.

iv. Guidelines for Trainees/Fellows

Guidelines for supporting trainees and fellows varies, by discipline, in accordance with standards of the profession, qualifications, career level and years of training, length and nature of training required to meet program goals, availability of other support, and additional factors.

For specific information about trainee and fellow eligibility for support, qualifications, restrictions, allowable and non-allowable trainee costs and stipend levels, please refer to **Appendix B: "Guidelines for Trainees/Fellows."**

b. Curriculum Development and Implementation

Programs are strongly encouraged to use innovative approaches to professional education and patient care, to integrate bio-behavioral, bio-psychological and environmental health concepts and practices into the curriculum and to demonstrate leadership in improving services for adolescents and young adults. The curriculum must address strategies, including those based on the principles of positive youth development, which strengthen adolescent and emerging adult involvement to assist their becoming productive civically engaged adults in good mental health.

These learning experiences must be interdisciplinary in nature, including didactic, skills-based, seminar, mentoring, community service projects, research skills, and peer leadership in addition to required oral and written presentation experiences.

You must provide the LEAH training curriculum or detailed plan of training activities in **Attachment 1** of the application. This curriculum or plan must include a training implementation strategy over the course of the five-year project period that is clearly linked to local, regional, and national impacts.

Content and philosophy must be geared to preparation of graduates to assume leadership roles in the development, improvement and integration of systems of care in programs providing adolescent and young adult health services in community-based, adolescent/young adult-centered settings.

Programs must develop a core curriculum that includes significant clinical and other practical experiences and didactic content on a broad array of topics relevant to all aspects of adolescent physical, mental health, and social/behavioral issues. The curriculum must train leaders to cultivate interdisciplinary practice and research in new settings, including those that emphasize primary care or interdisciplinary or multidisciplinary methods.

The curriculum must include training in and about community-based programs, including those that are youth-serving and based on the principles of positive youth development, and public health services that provide leadership opportunities in interdisciplinary, adolescent/young adult-centered, comprehensive, and coordinated care. Attention to the needs of adolescents and young adults living in underserved communities is strongly encouraged.

The curriculum and didactic training must clearly define and emphasize how the training program incorporates the following content to assure an adequate base of knowledge and experience:

i. Leadership Education, Training, And Practice

LEAH training programs place a particular emphasis on interdisciplinary leadership education, training, and practice. Central to LEAH programs is the interdisciplinary nature of the program, which requires that there be a core of experiential, didactic, and research components that bring together all faculty and long-term trainees in such a manner and for such periods of time as are necessary for the interdisciplinary process to be effectively developed, demonstrated, and practiced.

Maternal and Child Health Leadership Competencies

Maternal and Child Health Leadership Competencies, Version 3.0 was published in November 2009.¹⁷ Graduates of MCH Leadership training programs improve the system of care for women, mothers, children, adolescents, and young adult. The goal of leadership training is to prepare public health trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as leaders. In order to accomplish this goal, trainees must achieve and excel in a variety of competencies. A complete description of the competencies, including definitions, knowledge areas, and basic and advanced skills for that competence is included at <http://leadership.mchtraining.net>.

The curriculum, education, and training must include content and experiences to foster development of effective leadership competencies. Leadership training prepares MCH care professionals to move beyond excellent clinical or health administration practice to leadership, through practice, research, teaching, administration, and advocacy.

- You must thoroughly describe how these MCH Leadership Competencies will be incorporated into the training curriculum, including didactic and experiential components.
- You must identify the leadership competencies expected of the graduates and how you plan to assess increased skill and knowledge in the competency areas.

ii. Interdisciplinary Training and Practice

Interdisciplinary practice is a team approach among professionals, consumers, and community partners, applied in the organization and delivery of health services, training, policy, and research. This approach includes:

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

In December 2007, an Interdisciplinary Training and Practice Workgroup provided recommendations for outcomes and indicators to assess the extent to which trainees who complete MCH training programs have awareness, knowledge, and skills in areas considered key to interdisciplinary practice. Interdisciplinary training and practice definitions, outcomes indicators, and a description of application in the MCH context, developed by the workgroup, can be found at:

ftp://ftp.hrsa.gov/mchb/training/documents/all_grantee_meeting/2008/06_interdisciplinarytrainingindicators02.pdf.

¹⁷ Maternal and Child Health Leadership Competencies - Version 3.0. June 2009. Retrieved May 13, 2016 from http://devleadership.mchtraining.net/mchlc_docs/mch_leadership_comp_3-0.pdf.

Additional information on the interprofessional domains and competencies for interdisciplinary education and practice¹⁸ can be found at <http://www.aacn.nche.edu/education-resources/ipcreport.pdf>.

Curricula descriptions must clearly demonstrate how interdisciplinary training and practice will be accomplished. Additionally, you must thoroughly describe the interdisciplinary competencies that trainees are expected to achieve as a result of participation in the LEAH program. LEAH programs are expected to provide interdisciplinary leadership education and training in the five required core disciplines.

- At a minimum, LEAH programs must provide curriculum and didactic content demonstrating interdisciplinary leadership development in the five disciplines of adolescent and young adult health: 1) medicine; 2) nursing; 3) nutrition; 4) psychology; and, 5) social work.
- You must thoroughly describe the content and process which will assure that these interdisciplinary requirements are satisfied through training within the LEAH program.

iii. Public Health, Title V, and Related Legislation

The LEAH program curriculum must include broad public health training and didactic instruction emphasizing the development, implementation, and evaluation of systems of adolescent and young adult health care. Broad public health training includes, but is not limited to: community needs assessment, advocacy, public policy formulation and implementation, legislation/rule making, financing, budgeting, program administration, consultation, and program planning and evaluation.

The curriculum must emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, such as Title X (Family Planning), XIX (Medicaid/EPSTD), and XXI (State Children's Health Insurance Program) as well as the Affordable Care Act. In addition, it is important to link important legislation and policies in other sectors, such as the McKinney-Vento Act, the reauthorization of the Elementary and Secondary School Act (Every Student Succeeds Act), and legislation around child nutrition and the school lunch and breakfast programs, to the health and well-being of adolescents and young adults. The educational content, in addition to promoting excellence in scholarship and leadership, must emphasize the integration of educational, legal, social, recreational, rehabilitative or similar services supported by states (including Title V), local agencies, organizations, private providers, and communities. In addition, you must document faculty or trainee experiential service on coalitions, boards, commissions, advisory groups or similar standard-setting entities that help define public policy or otherwise influence services on a community, state, regional or national basis.

¹⁸ *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*. Interprofessional Education Collaborative (IPEC). May 2011. Retrieved July 14, 2016 from <http://www.aacn.nche.edu/education-resources/ipcreport.pdf>.

In addition to the trainees'/fellows' exposure to public health and Title V, LEAH faculty must engage fellows and trainees in providing technical assistance to such agencies in the development of new adolescent and young adult health programs and in the application of innovative techniques affecting the health care system. Collaboration/technical assistance with State Title V agencies is a priority. You must document collaboration/technical assistance with State Title V agencies, i.e., descriptions of committees, copies of agreements/contracts, etc.

iv. Diversity and Health Equity in MCH Training

LEAH training must also include content and experiences to prepare professionals to provide leadership to develop a diverse MCH workforce that promotes health equity. MCHB strives to develop an MCH workforce that is more reflective of the diversity of the nation. This strategy requires methods to increase the diversity of MCH faculty and students. An additional resource on MCH Training Programs' promotion of diversity and health equity strategies is available at:
http://mchb.hrsa.gov/training/documents/MCH_Diversity_2016-05_RFS.pdf

v. Cultural and Linguistic Competence

Cultural competence encompasses knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively across cultures by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

You must demonstrate how the training program will address issues of cultural competence, such as inclusion of cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting culturally, racially and ethnically diverse faculty and students. Training must be structured around a broad range of exemplary, interdisciplinary, comprehensive services that provide adolescent/family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community.

The curriculum must include content about the differing social, cultural, and health practices of various racial, ethnic, and economic groups, and the implications of these relative to health status and provision of health care. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services that provide adolescent/family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community. For additional resources and information, you are encouraged to refer to the National Center for Cultural Competence at
<http://gucchd.georgetown.edu/67212.html>.

For more information about the rationale for including cultural and linguistic competence in MCHB Training Programs, please visit
http://nccc.georgetown.edu/documents/Final%20NCCC_RationaleTrainingPrograms-1.pdf.

For more information about the Curricula Enhancement Module Series created by the National Center for Cultural Competence, please visit <http://www.ncccurricula.info/>.

vi. Life Course Framework

In alignment with MCHB's concept paper, available at:

<http://mchb.hrsa.gov/training/lifecourse.asp>, it is strongly encouraged that the LEAH curriculum addresses health promotion issues for adolescents by implementing a curriculum that emphasizes adolescent and young adult development within the life course development and socio-ecological framework. This framework emphasizes the cumulative impact of adolescents developing within families, families existing within a community, and the community embedding within the larger society. The curriculum should prepare trainees to understand how systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes for adolescents and young adults, including those growing up without supportive families. MCHB's Training Program is cultivating this comprehensive, evidence-based framework into curricula, programs, and policies, assuring that health professionals trained in interdisciplinary settings address the needs of adolescents and young adults.

vii. Adolescent-Centered/Family-Involved Care

To the extent possible, it is strongly encouraged that families are involved in adolescent and young adult health, especially in the care of minors. The curriculum must include content about adolescent-centered/family-involved care that assures the health, safety and well-being of adolescents and their families through the development of a respectful partnership.

The foundation of adolescent-centered/family-involved care is the partnership among adolescents, families and professionals. The curriculum must include key principles and strategies of adolescent-centered care that are supportive of:

- o Adolescents, their families, and professionals working together in the best interest of the adolescent.
- o Adolescents learning how to assume a partnership role.
- o Communication and information sharing that is open and objective and, considerate of the existing relationship between an adolescent and his/her family and any circumstances impacting this relationship.
- o Decision-making as a part of the adolescent's normal development process.
- o Principles and practice of confidentiality.
- o Adolescents as they transition to adulthood and respectful of their growing independence.
- o Adolescents learning about and participating in their health care and decision-making, and strengthening their health literacy skills.
- o Building on family strengths.
- o Cultural diversity and family traditions.
- o Family-to-family and adolescent and young adult peer support.
- o Adolescents navigating community-based services.
- o A developmental approach that is tailored to each adolescent's needs.

- o Development of policies, practices, and systems that are adolescent- and young adult-friendly.

viii. Emerging Issues

The curriculum should reflect awareness of emerging health problems and practice issues, such as those outlined in *Healthy People 2020 National Health Promotion and Disease Prevention Objectives*, *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*, available at: https://brightfutures.aap.org/Bright%20Futures%20Documents/BF3%20pocket%20guide_final.pdf, and recent Institute of Medicine (IOM) reports. Of particular note are the Healthy People 2020 objectives specific to adolescent health. These objectives represent the most serious health and safety issues facing this population including mortality, unintentional injury, violence, substance use and mental health, reproductive health, and prevention of adult chronic diseases. You must explore how models influencing the field, such as Health Equity, Social Justice, Global Health, Social Determinants of Health, Positive Youth Development, and Trauma-Informed Care, may be incorporated into the LEAH curriculum.

Tailored interventions and training tools for special populations – males, youth with developmental disabilities, incarcerated youth and those re-entering their communities, foster youth, youth experiencing homelessness, sexual minority youth, immigrants, and expectant and parenting adolescents – are important.¹⁹

Social media engagement is an emerging issue for adolescents and young adults. Adolescents and young adults are much more likely to get their news online, particularly from social media, which is a key platform for engaging this age group.²⁰

ix. Transition

You must emphasize, either as discrete topics or as topics integrated into other components, appropriate didactic, experiential, and research components relative to the development, implementation, and evaluation of systems that address transition from adolescence to adulthood and to adult health care services. You must describe how transition strategies will be incorporated within didactic methods, curricula, research, leadership development, and clinical activities, including the use of new and innovative strategies developed and promoted by Got Transition, available at: <http://www.gottransition.org/>.

c. Clinical and Service Preparation

The LEAH program must incorporate both clinical and related non-clinical elements and components, such as settings, communication and teaching practices, technology, and innovation. The project plan must describe the patient population, diagnostic categories and services, and the various functions related to the

¹⁹ Decker, M.J., Berglas, N.F., and Brindis, C.D. (2015). A call to action: Developing and strengthening new strategies to promote adolescent sexual health. *Societies*, 5, 686-712.

²⁰ Institute of Medicine (IOM) and National Research Council (NRC). (2015). *Investing in the health and well-being of young adults*. Bonnie, R.J., Stroud, C., & Breiner, H., Eds. Washington, DC: The National Academies Press.

provision of such services. The plan must describe trainee roles in provision of clinical services, extensiveness of clinical preparation, and clinical supervision.

Training should be structured on exemplary, comprehensive, interdisciplinary service models in a variety of institutional and community-based settings with a client population representative of the cultural, linguistic, social and ethnic diversity of the community. Programs should identify a mechanism to receive input from those receiving clinical services from the LEAH program. Programs must provide interdisciplinary clinical services for adolescents and young adults that involve families, as appropriate. Services should include health promotion, disease prevention, and care coordination, as well as the diagnosis and clinical management of conditions that range from simple to highly complex.

i. Training Settings

Training should occur within both clinical and community-based settings with client populations representative of the cultural, social, and ethnic diversity of the community within the service area of the funded LEAH program. The main training setting must be within your organizational location and should provide sufficient and appropriate spaces for core faculty and student offices and for clinical and teaching activities. Focus must be on prevention, early detection, assessment, care coordination, and treatment. Programs must involve trainees in a variety of other settings that help to foster achievement of community-based care. Sites should include out-patient and in-patient programs in tertiary care centers, as well as community-based sites that are off-campus from the academic medical center. Examples include community and migrant health centers (Federally Qualified Health Centers) supported by HRSA's Bureau of Primary Health Care, free clinics, school-based health centers, college health services, sports medicine programs, clinical services for detained and incarcerated youth, clinical services for adolescents in the foster care system and in residential programs, psychiatric and substance abuse treatment programs for adolescents and young adults, programs for HIV infected youth as well as for homeless youth. The medical home model should also be promoted, as appropriate. All trainees must have applied field experiences in a variety of settings, as described above.

The training plan and settings should be structured to assure sufficient formal interaction and informal association amongst trainees and faculty across disciplines to accomplish and enhance the interdisciplinary process and practice on which the program is based.

Clinical and service settings must provide exemplary, comprehensive, community-based services in a variety of institutional and rural/urban community-based settings focused on adolescents and young adults reflecting the cultural, social, and ethnic diversity of the community. Practicum sites in underserved communities are especially recommended.

ii. Communication and Teaching

You should demonstrate communication and teaching in action. Training must provide opportunities to practice, demonstrate, and document effective teaching and communication for and with diverse constituencies (e.g., professional peers;

parents; public health leaders; etc.). These experiences should incorporate multiple forms of communication and diverse venues and methods of delivery, including consideration of how its clinical care program can engage and communicate with its patients using social media.

All trainees/fellows are expected to participate in teaching activities, such as precepting more junior learners, the provision of continuing education and technical assistance, and serving as role models for students, residents, and other trainees. All trainees are expected to achieve effective clinical communication and teaching skills, as well as presentation skills appropriate for a variety of professional, client/patient, and community audiences. In particular, long-term doctoral and postdoctoral trainees are expected to advance administrative skills through assigned administrative responsibility for at least one focused service or teaching activity.

iii. Technology

The LEAH program should incorporate the use of web-based technology for communication and information acquisition and processing, including distance learning modalities for lifelong learning, and continuing education. Programs are strongly encouraged to use principles of adult learning and positive youth development (<http://youth.gov/youth-topics/positive-youth-development/key-principles-positive-youth-development>) and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools and demonstrate how technologies will be incorporated to promote and advance programs and services and provide training and/or technical assistance.

iv. Innovation

LEAH training programs play a vital role in the development of new knowledge and the promotion of innovation in practice, research and policy. You should clearly describe how the curricula and trainee experiences within the program assure trainees are equipped to practice, respond and lead utilizing multiple sources of information and can synthesize, recognize and contribute to the MCH science and related practice. Program experiences should be designed to implement new and emerging technologies in clinical practice and assure trainees have access to and can practice utilizing these technologies in their respective fields.

d. Collaboration and Coordination

LEAH programs are strongly encouraged both to coordinate their individual efforts and to collaborate in the development of mutual projects of significance to the MCH community. LEAH programs are expected to improve access to adolescent and young adult health care in rural, urban underserved, tribal communities, and/or other hardest-to-reach populations (populations with medical service access barriers, which might be socio-economic, physical, cognitive/developmental, cultural, and/or linguistic) within the your state and/or region by providing clinical consultation through a variety of mechanisms such as telehealth, phone consultation, and some in-person consultation.

You must address outreach efforts; specifically, how your programs are serving a state, region, or geographic area that is *not currently served by another LEAH training program*. Further, in order to assure access and cultural competence, it is expected that LEAH programs will involve individuals from populations to be served and collaborate in the planning and implementation of the LEAH program.

You should document collaborations in primary care, public health, and adolescent and young adult health services, such as through partnerships on State Action Plans, with MCH stakeholders, and affiliations with other adolescent and young adult health initiatives (e.g., Adolescent Health: Think, Act, Grow [<http://www.hhs.gov/ash/oah/tag>]) to promote healthy development and preventive care.

You must document active and effective relationships with State Title V MCH Programs and other related programs, e.g., Title XIX (Medicaid/EPSTD), and Title XXI (State Children's Health Insurance Program), as well as with providers in under-resourced areas including consultation, in-service education, and continuing education geared to the needs of several states and/or a HRSA region.

You should coordinate activities and collaborate with other MCHB-supported training and research programs, MCHB-sponsored adolescent and young adult health initiatives, Title V Programs, and community partners.

You are strongly encouraged to describe collaboration, outlining in detail:

- Existing or new partnerships with service systems already serving MCH populations, including, but not limited to, juvenile and adult justice systems, housing, education, school-based health programs, area community education centers, community service, community based health centers, youth development organizations, and food security programs;
- Coordination with other federal agencies or programs addressing MCH issues including, but not limited to, other HRSA programs, community-based health centers, and Area Health Education Centers;
- Collaborations and/or partnerships with MCHB training and research investments. There must be a clear explanation of how the training program coordinates with and supports the collaborative impact of MCH training investments; and
- Other partnerships with, but not limited to, juvenile and adult justice systems, housing, education, school-based health programs, area community education centers, community service programs, community-based health centers, youth development organizations, and food security programs.

A map of current MCHB LEAH training investments is included in [Appendix A](#), and a description of current investments is available at <http://www.mchb.hrsa.gov/training/projects.asp?program=1>.

e. Continuing Education, Consultation, and Technical Assistance

Continuing education, consultation, and technical assistance, to develop or improve community-based services for adolescents and young adults, must be

provided by program staff and must be utilized to enhance trainee exposure to and understanding of such services.

Although the primary purpose of MCH support for training is the long-term leadership training of adolescent and young adult health professionals within the LEAH program, continuing education for LEAH program participants as well as other health professionals continues to be an important aspect of LEAH projects. Continuing education programs must target adolescent and young adult health and related care providers and must be based on specific needs identified interactively with the group(s) to be served.

LEAH programs are required to conduct continuing education activities, such as meetings, workshops, seminars, or similar short-range training activities designed to enhance skills or disseminate new information for the purpose of furthering the development of adolescent and young adult health and related services at local, state, regional, and national levels. *Costs, associated with continuing education activities, cannot exceed 15% (or \$65,000) of the total project costs.*

Consultation and technical assistance to partners and stakeholders is also expected of LEAH projects. Consultation and technical assistance comprises mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, program evaluation, and policy and guidelines formulation. Consultative partners might include state or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop and/or review policies at the local, state, or national levels.

You must discuss current and planned technical assistance efforts. The program should provide opportunities for trainees to interact with MCH personnel and other public health professionals. Program faculty should provide consultation and technical assistance to develop or improve community-based services. Such technical assistance must be utilized to enhance trainee exposure to and understanding of such services.

You must develop, implement, and track LEAH program continuing education, consultation, and technical assistance efforts and must appropriately define the plan for the conduct of these activities in the project narrative.

f. Research Activities

LEAH programs must provide for the conduct of collaborative research by the faculty and by trainees/fellows under their supervision related to adolescent and young adult health (e.g., contributing new knowledge to the field, validating effective intervention strategies, assessing quality, or translating findings into practice by linking intervention to functional outcomes and quality of life).

i. Trainee Research

All LEAH trainees/fellows must receive exposure to and achieve basic understanding of research principles, methodology, and application. This may be

achieved through formal course work, lectures/presentations, participation in a research activity, or combinations of these and/or other methods.

The nature and degree of research exposure/involvement must be commensurate with the level (prior training) of the trainee and length of LEAH training involvement:

- Master's level students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice through engagement in active research activities.
- Long-term doctoral and post-doctoral trainees and fellows are required to conduct a specific research investigation, either as an individual investigator with appropriate faculty advice and mentorship, or collaboratively with other trainees and/or faculty. Doctoral/post-doctoral trainees and fellows are expected to prepare and present findings and seek to disseminate findings at scientific symposia and meetings, as well as through published articles in peer reviewed journals, and briefs aimed to inform practitioners and policymakers.

ii. Faculty Research

Faculty are expected to engage in research relevant to the purposes of the program. LEAH training funds may not be utilized for support of faculty research; however, reasonable commitments of faculty time to research activities, *when such activities contribute to LEAH training purposes*, will be construed as falling within the required faculty time commitments to the training program.

You must document research and other scholarly activities of trainees/fellows and faculty relating to LEAH, and must define the relevance of these activities to the training program.

3) **Support to Overall MCHB-Funded LEAH Training Program**

National collaboration/linkage with all funded LEAH programs is required. The annual grantee meeting and program calls are designed to facilitate productive interchange and assist in the development of national LEAH collaborative activities and resource sharing.

You ***should include a statement of willingness and capability*** to: 1) plan, develop, convene, and manage the LEAH Program meeting; and 2) host the program calls during one (1) year of the five (5) year project period. *It is recommended that you include a brief plan* for fulfilling these two responsibilities along with the statement of willingness and capability.

a. Hosting Annual Meetings

- The purpose of this annual meeting is to promote interchange, disseminate new information, present new research, and enhance national-level, long-term development in MCH and adolescent health learning. LEAH programs receiving awards through this competition will be required to plan, develop,

and convene the LEAH Program meeting during one of the five years of the project period.

- You must briefly describe a plan to develop and convene the LEAH Program meeting, one (1) year during the five (5) year project period.
 - You must briefly outline host responsibilities to plan, make arrangements, and provide payment for the program, speakers, meeting logistics and lodging, plus meeting meals in lieu of one-half the per diem.
- While your *internal planning* for the annual meeting must remain consistent with a budget of \$30,000, you must **not* include these annual meeting costs in the overall budget request.
 - Your budget must not exceed \$437,942 per year, as annual meeting supplemental funding will not be finalized until post-award.
 - **IMPORTANT NOTES:**
 - Within three (3) months after the start of the project period, the seven (7) awarded LEAH programs will develop a schedule of rotating annual meeting hosting responsibilities for each year of the five (5) year project period.
 - It is recommended that the host LEAH grantee coordinate with the MCHB Program Staff in selecting both the date and location of the LEAH annual meeting to facilitate coordination with other available meetings.
 - Pending the availability of funds during each year of the project period, the one (1) designated LEAH grantee will apply for an administrative supplement of up to \$30,000 post-award, in *additional funding* to cover the costs of the annual meeting.
 - *This annual meeting requirement may be waived during Year five (5) of the project period.*

b. Hosting Program Calls

- It is strongly encouraged that each applicant provide a brief outline to host monthly, bi-monthly, or quarterly grantee program calls, on a rotating basis, at least one year during the five-year project period.
- It is strongly encouraged that the LEAH grantee hosting the call, include the Project Director or at least one (1) faculty representative from each of the seven (7) LEAH programs to participate in the call.
- The program call host must plan to secure a teleconference line, send meeting calendar invites, prepare an agenda, record meeting minutes, and share meeting minutes with each LEAH program and the MCHB project officer for each call.

Within three months after the start of the project period, the seven awarded LEAH programs will develop a schedule of rotating program call hosting responsibilities for each year of the five-year project period.

- **WORK PLAN -- to Section V's Review Criteria 2 RESPONSE and 4 IMPACT**
 - 1) Work Plan

You must describe the activities or steps that will be used to carry out each goal and objective proposed during the entire project period in the Methodology section. You must use a timeline that includes each activity and identifies responsible staff. You must identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. At a minimum, the work plan must:

- o Provide detailed descriptions of specific adolescent and young adult health activities, strategies, and products proposed for development or modification.
- o Describe the expertise, role(s), responsibilities, and contributions of any partners or potential sub-recipients who are intended to be involved in completing specific tasks, specifically the interplay between applicant's academic leadership, faculty, and the sub-recipient practice professionals. Identify the percentage of level of effort sub-recipients are anticipated to provide in completing programmatic activities. Include any letters of agreement in **Attachment 5**.

You must submit the proposed project's work plan in **Attachment 2**.

2) Logic Model

You must also submit a logic model as part of **Attachment 2** for designing and managing the project.

A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model must summarize the connections between the:

- o Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- o Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions must be based on research, best practices, and experience.);
- o Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- o Target population (e.g., the individuals to be served);
- o Activities (e.g., approach, listing key intervention, if applicable);
- o Outputs (i.e., the direct products or deliverables of program activities); and
- o Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Appendix C provides the overall logic model for the LEAH Program.

Within the logic model, you should demonstrate the impact of LEAH programs on adolescents, young adults, and their families; health professionals; Title V partners; and, community partners through key program activities, outputs, and outcomes.

3) Dissemination and Sustainability

You must propose a plan to disseminate LEAH products, methodologies, and outcomes in order to advance the field of adolescent and young adult health and contribute to the translation of research into practice and policy.

You must propose a plan for project sustainability after the period of federal funding ends. LEAH award 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.

- ***RESOLUTION OF CHALLENGES -- to Section V's Review Criterion 2***
RESPONSE

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

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to***
Section V's Review Criterion 3 EVALUATIVE MEASURES

Evaluation and self-assessment are critically important for program improvement and assessing the value-added contribution of Title V investments. Consequently, the LEAH training program is expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals must focus on systems, health, and performance outcome indicators, rather than solely on intermediate process measures. The plan must be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation plan may not be funded. Applicants must submit a formal plan to address how success of the major goals and objectives of the project will be determined, including how programming will impact and improve the health of adolescent and young adult populations.

Monitoring and evaluation activities must be ongoing and, to the extent feasible, must be structured to gain information which is quantifiable and which permits objective rather than subjective judgments. LEAH programs will be required to conduct follow-up with long-term trainees at two and five-years post training to report trainee outcomes including, but not limited to: trainee leadership in MCH, interdisciplinary practice, continued work with MCH populations, and work with underserved or vulnerable populations. Indicate a plan for ongoing follow-up with long-term trainees for up to 10 years post LEAH program completion and you are encouraged to review the "reporting requirements" outlined in this FOA to ensure necessary data collection instruments and systems are in place.

You should also consider the longer-term impacts of LEAH programming, including improved service delivery for adolescents and young adults, increased access to comprehensive, adolescent-centered care, and improved health and well-being of adolescents and young adults.

You should describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how your organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Within the plan, you must describe who on the project will be responsible for refining, collecting, and analyzing data for the evaluation and how you will make changes to the program based on evaluation findings. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must also describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

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

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 5 RESOURCES/CAPABILITIES and 6 SUPPORT REQUESTED*

1) **Organizational Structure**

You must describe the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included in **Attachment 3** and described in the narrative.

You should describe the physical setting(s) in which the program will take place, including the planned location and time of LEAH training activities, and demonstrate participation across multiple disciplines.

You must include a specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program.

2) **Staffing Plan and Personnel Requirements**

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in the application.

a. Position Descriptions

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

Position descriptions must identify the roles, responsibilities, and qualifications of the proposed project director, core faculty, and staff. You must include position descriptions in **Attachment 4**. Position descriptions must specifically describe:

- **Administrative direction** (from whom it is received and to whom it is provided);
- **Functional relationships** (to whom and in what ways the position relates for training and/or service functions, including professional supervision);
- **Duties and responsibilities** (what is done and how); and,
- **Minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job).

In keeping with the specialized nature of this program, instruction is provided in earlier sections of this FOA regarding the five professional disciplines which constitute the fundamental core faculty appropriate for MCH support, including their qualifications, responsibilities, and functions. *It is not, however, the intent of this FOA to prescribe all details of the faculty appointments, arrangements, and criteria for professional participation in the LEAH program. This is ultimately the responsibility of your organization in conjunction with the professional bodies overseeing and governing each discipline.*

i. Project Director

The role of Project Director must constitute a major professional responsibility and time commitment of the person appointed to the position. The Project Director of a LEAH Program ***must be a health professional from one of the five core LEAH disciplines*** with ***demonstrated expertise related to adolescent and young adult health***. At a minimum, this must include a ***terminal degree*** in the project director's discipline (e.g., MD, DO, PsyD, etc.).

- For physicians (medicine) serving in the role of project director, a board certification in adolescent medicine must be held.
- Project directors from any of the other four core disciplines (nursing, nutrition, psychology, or social work) ***must provide documentation of specialized training in adolescent health***.

The Project Director must have direct, functional responsibility for the program. The Project Director must have demonstrated leadership in adolescent health, expertise, and experience in post-graduate level teaching, clinical/service provision oversight, and conduct of scholarly research in adolescent health. The **Project Director must commit 20 percent time/effort, either grant-supported or in combination with in-kind support, to the LEAH Program.** The Project Director has administrative responsibility for the MCH training grant. Deans, department chairs, and others in similar positions may not serve as Project Director or core faculty, or receive payment from LEAH grant funds, without special permission by written prior approval from MCHB.

ii. Faculty

The highly sophisticated nature and complexity associated with interdisciplinary education demands special faculty commitment and dedication. You must document appropriately qualified core faculty qualifications and adequate time commitment to participate fully in all components of the training program. Programs must have core faculty who have demonstrated leadership and appropriate education and experience in adolescent health who represent the disciplines necessary to meet the criteria stated below and the specific goals and objectives included in the project plan. Faculty must include members with experience in community-based service programs that provide population-based care and in integrating adolescent health services into local and state systems of care.

Core Faculty Composition

Core faculty must include well-qualified professionals from the following core disciplines:

- Pediatrics and/or internal medicine or family medicine,
- Nursing,
- Nutrition,
- Psychology, and
- Social work

Besides teaching concepts of cultural and linguistic competence, MCHB's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by MCHB. Therefore, recruitment, of qualified faculty who is culturally, racially, and ethnically diverse, is a priority for the LEAH training program. Applicants must discuss university policies and practices for the recruitment of culturally, racially, and ethnically diverse faculty.

For more information, please see literature review on promising practices for the recruitment and retention of culturally diverse students and faculty into MCH Training Programs at:

ftp://ftp.hrsa.gov/mchb/training/documents/grantee_resources/diversity_lit_rev_final.pdf.

Core Faculty Qualifications

It is the responsibility of the appointing academic school or department to determine the basic faculty qualifications, and the responsibility of the employing program to determine and document the additional specialized pediatric training and clinical experience. Core faculty must meet the following qualifications:

- Core faculty must meet at least the minimum standards of education, experience and certification/licensure generally accepted by their respective professions. Each core faculty member must demonstrate leadership and must have teaching and clinical experience in adolescent health and in

providing health and related services to the adolescent population for which the program is focused. Core faculty must also be able to document cultural competence and knowledge and experience in adolescent-centered/family-involved care.

- Core faculty must have experience in programs providing health and related services for adolescents and young adults and must have significant academic appointments in their discipline in appropriate degree-granting schools or departments of your organization or an affiliated institution of higher learning.
- Core faculty must commit adequate time to participate fully in all components of the interdisciplinary training program. LEAH grant support for faculty is to assure dedicated time for meeting the explicit objectives of the training program. Non-MCHB sources of support for core faculty may be used, in whole or in part, so long as such support does not detract from their commitment of time and function to the LEAH program.

Core Faculty Responsibilities

Core faculty members have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements of their discipline components; and collectively, for the interdisciplinary core curriculum of the overall interdisciplinary leadership training program for all trainees. Along with the Project Director, core faculty members must have experience in providing academic, clinical and/or community-based training in adolescent health.

Core faculty may be functionally, programmatically, and/or academically responsible to such positions as may be specified in the approved plan and position descriptions, but must be responsible to the LEAH Project Director for the time allocated to the project. Functional and program responsibilities must be specified in the narrative and position descriptions.

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

- Define appropriate criteria for recruitment of trainees of their discipline and jointly select trainees with the appropriate academic school or department and the training director and/or committee;
- Serve as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs and provide an adolescent health perspective to trainees in child health across their institution of higher learning;
- Represent their discipline on internal program, policy or governance committees;

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

Expertise from Other Disciplines

Faculty, from other than the five core health disciplines, such as the medical specialties and sub-specialties of child and adolescent psychiatry, obstetrics/gynecology, sports medicine, and dermatology; pediatric dentistry; education; law; health education, the social sciences (e.g., anthropology, health economics, sociology); and public health and health administration (e.g., health policy, public and program administration, applied evaluation) who might contribute interdisciplinary expertise in adolescent and young adult health are strongly encouraged to actively participate in LEAH programs. LEAH programs are encouraged to establish liaisons with appropriate schools and departments within their parent and neighboring universities and must establish liaisons with other MCHB-supported leadership training programs in their geographic area. (See [Appendix A](#) for a map of all currently supported MCHB LEAH Training grants.)

In some instances, ***faculty from other than the five core disciplines with adolescent and young adult health expertise*** may not be regionally located or proximal to the home institution. Flexibility is permitted to the extent that alternative arrangements are academically and educationally acceptable and appropriate, and patient care is acceptable and uncompromised. ***For grant-supported faculty, these arrangements must be clearly specified in the application and are not applicable to core medicine, nursing, nutrition, psychology, or social work faculty.***

Those faculty who are at an organizational level superior to that of the Project Director, or who are not subject to the Project Director's administrative direction, such as academic deans, department chairs and others in similar positions, while highly valued faculty, may not serve as core faculty, or receive payment from LEAH grant funds without special permission by written prior approval from MCHB.

b. Biographical Sketches

You must provide a biographical sketch for senior key professionals contributing to the project. The information must be current, indicating the position which the individual fills and including sufficient detail to assess the individual's qualifications for the position being sought and consistent with the position description. *Each biographical sketch must be limited to one (1) page or less, including recent selected publications.* Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal.

You must include biographical sketches of core faculty and key staff on SF-424 R&R Senior Key Personnel form. The project director's sketch must be listed first then all other sketches must be arranged in alphabetical order, after the project director's sketch, and attached to SF-424 Senior/Key Person profile form.

It is strongly encouraged that biographical sketches follow the format described below:

- *Professional Information.* At the top of page 1, include Name, Position Title, Education/Training including: institution and location, degree, month/year degree attained, field of study.
- *Personal Statement.* Briefly describe why you are well-suited for your role(s) in the project described in this application.
- *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.
- *Contribution to Science.* Reference up to five of your most significant contributions to science, including peer-reviewed publications or other non-publication research products).
- *Research Support.* List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.*

When applicable, biographical sketches must include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities (6) Support Requested

Budget and Budget Narrative (below)	(6) Support Requested – the budget section must include sufficient justification to allow reviewers to determine the reasonableness of the support requested.
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iii. **Budget**

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions provided below.

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a award or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

iv. **Budget Justification Narrative**

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

In addition, the LEAH program requires the following:

- All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the LEAH program objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, proposed program activities, Title V activities, and continuing education efforts.
- The budget justification must document:
 - 1) ***Proposed number of long-term trainees*** in masters, pre-doctoral, and/or post-doctoral programs who will participate in the LEAH program during ***each year of the project period***.
 - 2) ***Proposed support to be provided to long-term trainees*** either through this award or through other sources during ***each year of the project period***.
- You must fully justify your budget request by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. You must document how the program plays a significant role

in regional and/or national matters, including the extent to which the graduates have played major leadership roles related to maternal and child health.

- Your budgets may reflect certain economic factors that may cause amounts to be higher or lower than average costs, e.g., special program emphasis, features or accomplishments, cost of living, type of institution of higher learning, community resources, etc.; however, your total budget must not exceed \$437,942 per year.

You must plan to organize a LEAH program meeting one time during the five-year project cycle and must briefly describe a plan to develop and convene the LEAH program meeting. You must briefly outline host responsibilities to plan, make arrangements, and provide payment for the program, speakers, meeting logistics and lodging, plus meeting meals in lieu of one-half the per diem. While your *internal planning* for the annual meeting must remain consistent with a budget of \$30,000, you must **not* include these annual meeting costs in the overall budget request. Your budget must not exceed \$437,942 per year, as annual meeting supplemental funding will not be finalized until post-award.

You must plan and budget funds to attend and participate in an annual LEAH grantee meeting with key stakeholders and program calls on a monthly, bi-monthly, or quarterly basis and as needed.

You must briefly describe any additional resources needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why requested.

v. *Program-Specific Forms*

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

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

2) Performance Measures for the LEAH Program

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in Section “VI. Award Administration Information” of this FOA.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application

vi. **Attachments**

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

Attachment 1: Curriculum

Provide the LEAH training curriculum, syllabus or detailed plan of training activities. The syllabus must include descriptions of courses, workshops, seminars, and experiences.

Attachment 2: Work Plan and Logic Model

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Include the required logic model in this attachment also.

Attachment 3: Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. These job descriptions can be a paragraph in length, but should not exceed one (1) page. Because of the 80-page limit of this application, only include key personnel.

Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated. Budgets and budget justifications for subcontracts, etc. should be included as applicable.

Attachment 6: Tables or Charts of Partners and Collaboration

Please provide a chart of letters of collaboration between the proposed program and collaborating departments, institutions, organizations or agencies. The chart must provide the following information: Institution, Person as appropriate, Responsibilities/Activities agreed to be provided, Date, Type of commitment (e.g., in kind, dollars, staff, equipment), and how the letters can be accessed.

Attachment 7: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 5: *RESOURCES/CAPABILITIES*.

An accomplishments summary must be submitted by competing continuation applicants. New applicants under this announcement have the option of submitting a summary covering the preceding five years for activities that are related to their training program for which support is being requested.

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

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Trainees – Include the numbers and types of trainees who successfully completed the LEAH program.
- (4) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 8-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a

commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *November 10, 2016 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

Leadership Education in Adolescent Health 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 project period of up to five (5) years, at no more than \$437,942 per year. 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.

See Restrictions and Non-Allowable Costs in [Appendix B: Guidelines for Trainees/Fellows](#).

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The *Leadership Education in Adolescent Health* has six (6) review criteria:

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

A. Introduction

- The extent to which the proposed program responds to the “PURPOSE” of the LEAH program.

B. Needs Assessment

- The extent to which the proposal includes critical evaluation of the national need/demand for graduate and post-graduate education in adolescent and young adult health and the leadership preparation that the proposed training program aims to address.
- The extent to which the applicant demonstrates how the proposed LEAH program will address the identified unmet adolescent and young adult health workforce development need/demand and how these efforts relate to the stated purpose of the program.
- The extent to which the applicant demonstrates how the proposed project will provide needed training for health professionals to serve and provide care to adolescents and young adults in their geographic area.
- The extent to which findings within a recent needs assessment (conducted within the last five years) supports adolescent and young adult health workforce development and educational needs/demands.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

A. Methodology (20 points)

1) Goal and Objectives:

- The extent to which the goals and objectives, *for each year in the project period*, outline a didactic, clinical and evidence-based training program that is responsive to the needs and purpose of the proposed program.

2) Training Program Design

a. Overall:

- The extent to which the applicant proposes methods that will be used to prepare maternal and child health leaders in adolescent and young adult health at the graduate and postgraduate levels.

b. Trainees:

- The extent to which the applicant describes the recruitment of sufficient numbers of long-term trainees and types of interdisciplinary fellows/trainees in medicine, nursing, nutrition, psychology, and social work during each year of the project period.

- The extent to which the applicant describes the recruitment of trainees and fellows from racially, ethnically, and culturally and linguistically diverse backgrounds.
- c. Curriculum Development and Implementation:
- The extent to which the curriculum and activities demonstrate how distance/remote learning techniques, methodologies, and technology will be incorporated to promote and advance programs and services.
 - The extent to which the curriculum addresses program requirements of particular interest to MCHB, as outlined in the FOA.
 - The extent to which the application identifies the competencies expected of fellows and trainees who complete the LEAH program.
- d. Clinical and Service Preparation
- The extent to which the service settings and clinical rotations are diverse, including inpatient, outpatient, community-based programs, community service settings and regular interactions with interdisciplinary staff.
 - The extent to which the application describes how fellows and trainees will be exposed to and will participate in communication and teaching; collaboration and coordination; continuing education, technical assistance, and other systems of care for effectively serving adolescents and young adults.
- e. Collaboration and Coordination
- The extent to which the applicant addresses outreach efforts; specifically, how their programs are serving a state, region, or geographic area that is *not currently served by another LEAH training program*.
 - The extent to which the applicant documents collaborations in primary care, public health, and adolescent and young adult health services. The extent to which the applicant documents active and effective relationships with State Title V MCH Programs and other related programs as well as with providers in under-resourced areas.
 - The extent to which the applicant coordinates activities and collaborates with other MCHB-supported training and research programs, MCHB-sponsored adolescent and young adult health initiatives, Title V Programs, and community partners.
- f. Continuing Education, Consultation, and Technical Assistance
- The extent to which the applicant describes the methods of providing continuing education, consultation, and technical assistance.
- g. Research Activities
- The extent to which all fellows and trainees receive research exposure and involvement commensurate with the trainee's level (prior training) and length of the LEAH training involvement.

- The extent to which the applicant documents the research and other scholarly activities of fellows/trainees and faculty and the relevance of these activities to the LEAH program.

3) Support MCHB-Funded LEAH Program

- The extent to which the applicant *demonstrates willingness and capability* to: 1) plan, develop, convene, and manage the annual LEAH Program Meeting; and, 2) host the program calls during one year of the five-year project period.

B. Work Plan (15 points)

1) Overall Work Plan

- The extent to which the activities, described in the application, are capable of addressing the training needs and demands in attaining the program objectives.
- The extent to which the activities, described in the application, are appropriate and flow logically to describe the activities or steps that will be used to carry out each proposed goal and objective.
- The extent to which the applicant provides detailed descriptions of proposed adolescent and young adult health activities, strategies, and products that are thoughtful, logical, and innovative and that respond to the “Purpose” of the LEAH program.
- The extent to which the applicant describes the expertise, role(s), responsibilities, and contributions of any partners or potential sub-recipients who are intended to be involved in completing specific tasks in the proposed program (may be included in **Attachment 5**).
- The extent to which the applicant identifies and describes potential activities to improve access to adolescent health services in the applicant’s state and/or region through clinical consultation, continuing education, and technical assistance to those practicing in the field of adolescent health.

2) Logic Model

- The application includes a logic model as part of **Attachment 2** that presents the conceptual framework of the proposed LEAH project and clearly explains the links among program elements.
- The extent to which the proposed impact of the LEAH program is outlined in the logic model.

3) Dissemination and Sustainability

- The extent to which the applicant proposes a plan to disseminate LEAH products, methodologies, and outcomes in order to advance the field of adolescent and young adult health and contribute to the translation of research into practice and policy.
- The extent to which the applicant proposes a plan for project sustainability after the period of federal funding ends.

C. Resolution of Challenges (5 points)

The degree to which:

- The application describes challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- A. The application documents the strength and effectiveness of the method proposed to monitor and evaluate the program results.
- B. The application demonstrates 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 program.
- C. The application details the method for evaluating the LEAH program's objectives and activities, to include a plan for collecting the data elements described in the MCHB Administrative Forms and Performance Measures, which can be found Section "VI. Award Administration Information" of this FOA.
- D. The application describes the data to be collected, the methods for collection, the manner in which data will be analyzed and reported and assures data collection quality.
- E. The application articulates who on the project will be responsible for refining, collecting and analyzing data for evaluation and their current experience, skills, and knowledge, materials published, and previous work of a similar nature.
- F. The application describes how feedback from evaluation findings will be incorporated into the program for continuous quality improvement.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan

- A. The extent to which the applicant reasonably demonstrates that the LEAH program will result in an increase in adolescent and young adult health care providers who practice in an interdisciplinary manner.
- B. The extent to which the applicant reasonably demonstrates that the LEAH program will result in an increase in knowledge supporting evidence-based practices, interventions, preventive measures, and informed policy in adolescent and young adult health care.
- C. The extent to which the applicant reasonably demonstrates that the LEAH program will result in an increase in recruitment of LEAH fellows and trainees from racially, ethnically, and culturally and linguistically diverse backgrounds and other hardest-to-reach communities.
- D. The extent to which the applicant reasonably demonstrates that the LEAH program will result in an increase of local, regional, and national collaborations improving systems of care and health outcomes for adolescents and youth.
- E. The overall extent to which that application demonstrates the feasibility and effectiveness of plans for dissemination of project results, curricular materials, teaching models, and other educational resources, products, and references in adolescent health.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information

A. Organizational Structure

- The extent to which the applicant describes the administrative and organizational structure within which the program will function.
- The extent to which the applicant describes the existing resources to support the types of educational methods that are described in the proposal. (**Attachment 5**)
- The extent to which the applicant describes the administrative and organizational structure within which the project will function. (**Attachment 3**)
- The overall extent to which the capabilities of the applicant organization and the quality and availability of personnel to fulfill the needs and requirements of the proposed program.

B. Faculty/ Staffing Plan

The degree to which:

- The application documents that the LEAH Project Director is a health professional, with a terminal degree in the Director's discipline in one of the five core LEAH disciplines AND has a board-certification in adolescent health (if in medicine) OR has documentation of specialized training in adolescent and young adult health (if in nursing, nutrition, psychology, or social work).
- The application provides assurance that the Project Director will commit at least 20 percent time and effort to the LEAH program.
- The application documents that the five specified LEAH core disciplines of adolescent medicine, nursing, nutrition, psychology, and social work, as required in this FOA, are reflected in the faculty and the faculty are well-qualified by institutional appointment, training, experience, and expertise to conduct the LEAH training, mentor students, and serve as leaders in the field.
- The application documents that the LEAH faculty has a strong track record of teaching, collaborating, mentoring, providing clinical services, and conducting research.
- The application documents the capabilities of the applicant organization and the quality and availability of facilities.

C. Accomplishments Summary (Required for competing continuation applications)

- The extent to which the accomplishment summary (**Attachment 7**) indicates that this applicant has successfully implemented an interdisciplinary leadership training program in adolescent and young adult health care during the current project period.
- The extent to which the accomplishment summary provides a record of accomplishments, which serves as a basis for support of the project, including numbers and types of trainees who successfully completed the LEAH program during the current project period.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Organizational Information and Budget and Budget Narrative

- A. The extent to which key personnel have adequate time devoted to the program to achieve program objectives.
- B. The proposed budget and budget justification, for each year of the project period, is reasonable, feasible, and well justified according to the scope of work to be accomplished, and links to the statement of activities, evaluation plan, and anticipated results.
- C. The number of trainees and the number of faculty, supported by the program, is adequately explained and are reasonable in comparison to the budget request.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

3. Assessment of Risk and Other Pre-Award Activities

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

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in

making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 R&R Application Guide](#).

Human Subjects Protection:

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

3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from recipients as part of its Discretionary Grant Information System (DGIS). The new performance measures reflect MCHB's strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Collectively, these data communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The MCHB Project Officer will assign a subset of measures relevant to the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data. The new reporting package can be reviewed at:

http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures. For successful competing continuation awards, recipients will report on their previous year activities (defined as those completed before October 1, 2016) using the forms and measures in DGIS as assigned in the previous FOA.

The successful applicant under this FOA must comply with Section 6 of [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis. Further information will be provided in the award notice.
- 2) Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the following listing of MCHB administrative forms and performance measures are applicable to this program:

- Administrative Forms:
 - Form 1
 - Form 2
 - Form 4
 - Form 6
 - Form 7 (Questions 1-4 only)

- Performance Measures:
 - Core Measures
 - Core 1: Grant Impact
 - Core 2: Quality Improvement
 - Core 3: Health Equity
 - Capacity Building Measures
 - CB 2: Technical Assistance
 - CB 3: Impact Measurement
 - CB 5: Scientific Publications
 - CB 6: Products
- Program Specific Measures:
 - Training 01: Family Member/Youth/Community Member participation
 - Training 02: Cultural Competence
 - Training 04: Title V Collaboration
 - Training 05: Policy
 - Training 06: Diversity of Long-Term Trainees
 - Training 10: Leadership (2 and 5 years post program completion)
 - Training 11: Work with MCH Populations (2 and 5 years post program completion)
 - Training 12: Interdisciplinary Practice (2, 5, 10 years post program completion)
 - Training 13: Diverse Adolescent Involvement (LEAH-specific)
- MCH Training Program Forms
 - Faculty and Staff Information
 - Trainee Information (Long-term Trainees Only)
 - Former Trainee Information
 - MCH Training Program Trainee Follow-Up Survey
 - Medium Term Trainees (Level I and II)
 - Short Term Trainees
 - Continuing Education Form
 - Technical Assistance/Collaboration

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

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

agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

4) Integrity and Performance Reporting

The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

David Colwander, RA
Grants Management Specialist
Division of Grants Management Operations, OFAM
Maternal Child and Health Systems Branch
Health Resources and Services Administration
5600 Fishers Lane, 10N124C
Rockville, MD 20857
Telephone: (301) 443-7858
E-mail: DColwander@hrsa.gov

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

Claudia Brown, MSN
Senior Public Health Analyst
Division of Maternal Child Health Workforce Development
Attn: Leadership in Education in Adolescent Health (LEAH)
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, MailStop Code: 18SWH03
Rockville, MD 20857
Telephone: (301) 443-0869
E-mail: CBrown4@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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: support@grants.gov

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET , excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Needs Assessment Resource:

A SUMMARY of Current Title V Workforce Needs" 2014 published by the National MCH Workforce Development Center is available at

http://www.mchb.hrsa.gov/training/documents/NMCHWDC_Summary-2014-09-11.pdf

Logic Models:

Additional information on developing logic models can be found at the following website: <http://www.cdc.gov/eval/resources/>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

A technical assistance webinar has been scheduled to help you understand, prepare, and submit your grant application. The webinar is scheduled for Tuesday, September 20, 2016 from 2:00 p.m. to 3:00 p.m. ET. The webinar portion of the technical assistance session can be accessed at: <https://hrsa.connectsolutions.com/leah-webinar/>. Audio for the call can be accessed at: Toll-Free Number—(800) 857-5751; Passcode-1520748. A recording of this technical assistance session will be available

until Friday, November 11, 2016 at: Toll-Free Number–(800) 678-0756; Passcode–4121.

Helpful Resources and Informational Websites:

1. *Bright Futures (American Academy of Pediatrics)*
<https://brightfutures.aap.org/Pages/default.aspx>
2. *Division of Maternal & Child Health Workforce Development (DMCHWD) 2012-2020 National Goals*
<http://mchb.hrsa.gov/training/about-national-goals.asp>
3. *Federally Available Data (FAD) Resource Document*. Provides detailed data notes, FAD availability, stratifier information, SAS code, and U.S. data as available for each National Outcome Measure and National Performance Measure. Available from <http://www.hrsa.gov/about/organization/bureaus/mchb/fad-resource-document.pdf>.
4. *Healthy People 2020*
<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
5. *Institute of Medicine (IOM). “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”*
<http://www.nap.edu/catalog/10885/in-the-nations-compelling-interest-ensuring-diversity-in-the-health>
6. *Institute of Medicine (IOM). “Adolescent Health Services: Missing Opportunities.”*
<http://www.nap.edu/catalog/12063/adolescent-health-services-missing-opportunities>
7. *Leadership Education in Adolescent Health (LEAH) Training Program Website*
<http://leah.mchtraining.net/>.
8. *MCH Leadership Competencies*
<http://leadership.mchtraining.net/>.
9. *MCH Training Program Web Site*
<http://www.mchb.hrsa.gov/training>
10. *National Adolescent and Young Adult Health Information Center (NAHIC). (2015a). Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18-26.* San Francisco: University of California at San Francisco Division of Adolescent and Young Adult Medicine. Available from http://nahic.ucsf.edu/wp-content/uploads/2013/10/Final_Screening-Guidelines-Nov-2015.pdf.
11. *National Adolescent and Young Adult Health Information Center (NAHIC). (2015b). Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18-26: Risk Factors and Recommended Screening Tests.* San

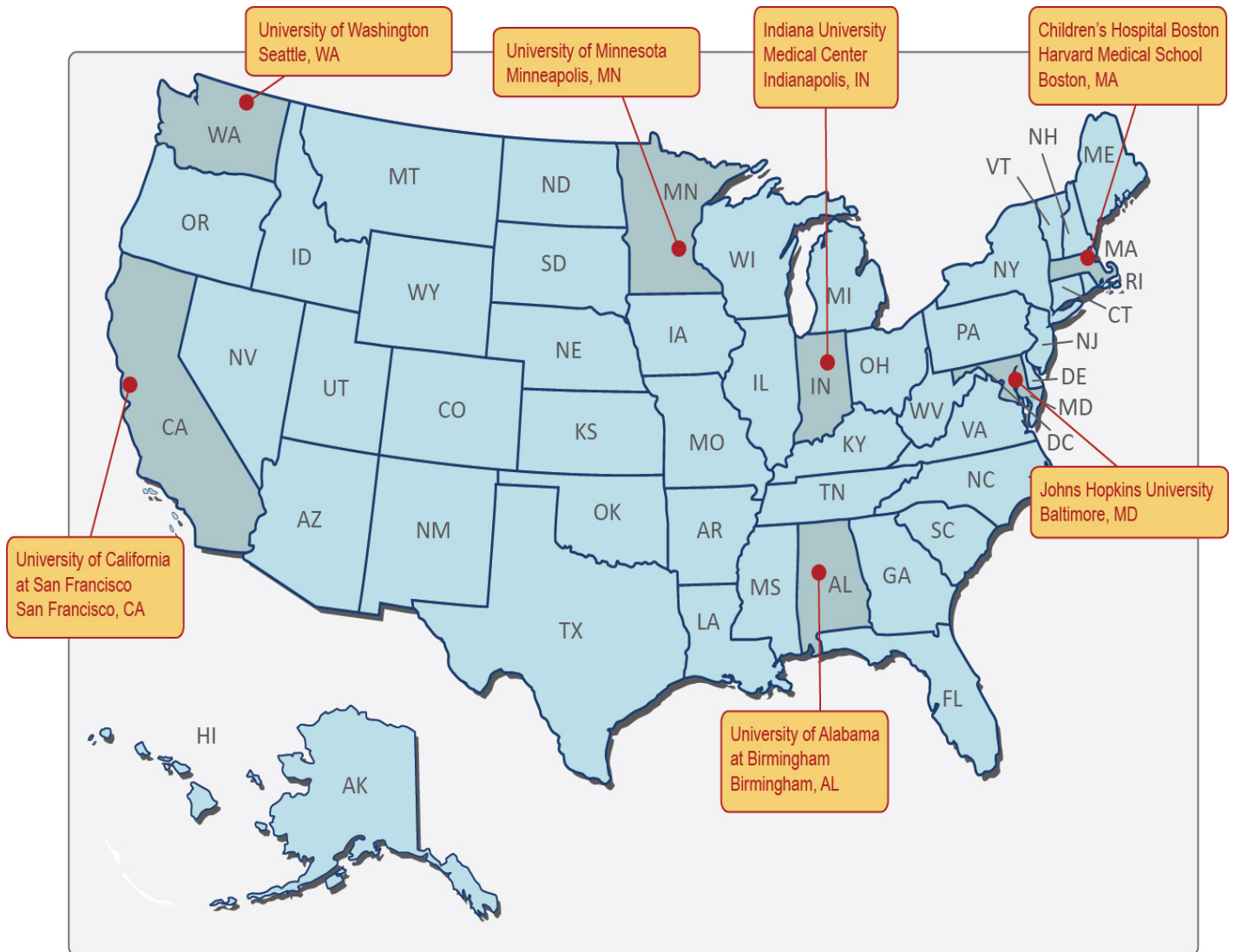
Francisco: University of California at San Francisco Division of Adolescent and Young Adult Medicine. Available from http://nahic.ucsf.edu/wp-content/uploads/2013/10/FINAL_Summary-YA-Guidelines-Nov-2015.pdf

12. *National Center for Cultural Competence*
<http://nccc.georgetown.edu/>
13. *Surgeon General's Health Reports*
<http://www.surgeongeneral.gov/library/>
14. *Title V Information System (TVIS)*
<https://mchb.tvisdata.hrsa.gov/>

IX. Tips for Writing a Strong Application

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

APPENDIX A: MCH LEAH Training Grants by State



- Children's Hospital Boston Harvard Medical School - Boston, MA
- Indiana University Medical Center - Indianapolis, IN
- Johns Hopkins University - Baltimore, MD
- University of Alabama at Birmingham – Birmingham, AL
- University of California at San Francisco - San Francisco, CA
- University of Minnesota - Minneapolis, MN
- University of Washington – Seattle, WA

Appendix B: Guidelines for Trainees/Fellows

A. Definitions

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

B. Qualifications

1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.
2. A fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
3. A post-doctoral fellow must have an earned doctorate and must have completed any required internship.
4. A post-residency fellow must have an earned medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.
5. A special trainee or fellow may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.
6. Citizenship – A fellow or trainee must be a United States citizen, or, as an alien, must have been admitted to the United States with a permanent resident visa.
7. Licensure – For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. Concurrent Income

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

2. Non-Related Duties

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

3. Field Training

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

4. Other Grant funds may not be used:

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

D. Trainee Costs

1. Allowable Costs

- a) Stipends
- b) Tuition and fees, including medical insurance
- c) Travel related to training and field placements
- d) For a few institutions it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities.

2. Non-Allowable Costs

- a) Dependency allowances
- b) Travel between home and training site, unless specifically authorized
- c) Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

All stipends indicated are for a full calendar year, and must be *prorated for an academic year or other training period of less than twelve months*. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed the amounts indicated*. However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all

eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on December 18, 2015, see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-047.html>. *Dollar amounts indicated in this FOA are subject to update by the agency as reflected in this issuance.*

a) Pre-Doctoral

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

Career Level	Years of Experience	Stipend for FY 2016	Monthly Stipend
Predoctoral	All	\$23,376	\$1,948

b) Post-Doctoral

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

Career Level	Years of Experience	Stipend for FY 2016	Monthly Stipend
Postdoctoral	0	\$43,692	\$3,641
	1	\$45,444	\$3,787
	2	\$47,268	\$3,939
	3	\$49,152	\$4,096
	4	\$51,120	\$4,260
	5	\$53,160	\$4,430
	6	\$55,296	\$4,608
	7 or More	\$57,504	\$4,792

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

4. Supplements to Stipends

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

Appendix C: LEAH Program Logic Model

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCT/SYSTEMS		
<u>Partners & resources</u>	<u>Activities to create/improve health/service systems and infrastructure</u> (What will they do?)	<u>Health/service systems and infrastructure created to support desirable systems behaviors</u> (What's created?)	<u>Health/service systems behaviors that lead to improved health outcomes</u> (What's changed because of what's created?)	<u>Improved health & wellness outcomes for population/sub-population</u> (What's improved because of the change?)
<u>Recipient Org.</u> • Seven (7) grant awards to public or non-profit private institutions of higher education <u>Other Key Stakeholders</u> • Depts of Pediatrics and Internal Medicine at accredited U.S. Medical Schools or pediatric teaching hospitals with formal affiliations with schools of medicine • Other Maternal and Child Health (MCH) Training Programs • Other MCHB and HRSA investments in adolescent and young adult health and workforce development • Title V Staff, including state adolescent health	• Develop evidence-based, interdisciplinary training curriculum in adolescent and young adult health, with an emphasis on leadership education • Recruit diverse trainees from five core disciplines (<i>medicine, nursing, nutrition, psychology and social work</i>) to participate in LEAH curriculum • Train graduate and post-graduate students to prepare them for the full range of adolescent and young adult health issues - including biological, developmental, mental and behavioral health, social, economic, and environmental issues • Recruit an interdisciplinary LEAH faculty with demonstrated leadership and expertise in adolescent and young adult health	• Increased trainee knowledge and skills in the full range of adolescent and young adult health issues • Increased ability of program graduates to practice in interdisciplinary teams • Increased number of adolescent and young adult health professionals from underrepresented racial/ethnic groups • Increased support and visibility of interdisciplinary education and training at grantee institution • LEAH faculty and trainees develop and sustain partnerships with state Title V	• Trainees are leaders in MCH at the local, state and national levels (in academia, clinical settings, policy and public health) • Trainees practice in an interdisciplinary manner to serve MCH populations after completing the LEAH program • Trainees continue to work with and serve MCH populations after completing the LEAH program • Trainees work with underserved and vulnerable populations after completing the LEAH program • LEAH trainees are reflective of the populations that they serve	• Improved service delivery for adolescents and young adults • Adolescents and young adults have access to comprehensive, community-based, adolescent-centered, culturally competent, coordinated care • Improved health and well-being for adolescents and young adults • Reduced health and

coordinators	<ul style="list-style-type: none"> • Participate in research and scholarly activities and disseminate findings (faculty and trainees) • Collaborate with state Title V MCH Programs to provide consultation, in-service education, and continuing education in support of the block grant transformation 	<p>agencies to support activities related to adolescent and young adult health</p> <ul style="list-style-type: none"> • Enhanced faculty and trainee research skills to advance adolescent and young adult evidence-based practice 		healthcare disparities for adolescents and young adults
Measures of success with timeline	<ul style="list-style-type: none"> • # interdisciplinary LEAH curricula developed • # and diversity of long-term trainees (>300 hours) recruited • # and diversity of interdisciplinary LEAH faculty 	<ul style="list-style-type: none"> • Percent of LEAH trainees with increased knowledge and skill in AYA health • # of collaborative activities with Title V agencies and other MCH programs 	<ul style="list-style-type: none"> • Percent of former long-term trainees that demonstrate field leadership 2 and 5 years post program-completion (PM 08) • Percent of former long-term trainees working in an interdisciplinary manner 2, 5 and 10 years post program-completion (PM 60) • Percent of former long-term trainees working with MCH populations 2 and 5 years post program-completion (PM 84) • Percent of former long-term trainees working with underserved and vulnerable populations 2 and 5 years post program-completion (Former Trainee Survey) 	<ul style="list-style-type: none"> • Reductions in health disparity among MCH populations