

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration
Bureau of Health Workforce
Division of Nursing and Public Health

***Behavioral Health Workforce Education and Training (BHWET) Program –
Supplemental Funding***

Funding Opportunity Number: HRSA-18-112
Funding Opportunity Type: Competing Supplement

Catalog of Federal Domestic Assistance (CFDA) Number 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: July 6, 2018

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

Issuance Date: May 24, 2018

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EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 for a competitive supplement to the Behavioral Health Workforce Education and Training (BHWET) Program.

The purpose of this Notice of Funding Opportunity (NOFO) is to provide two-year competitive supplement awards to improve access to quality opioid use disorder (OUD)¹ and other substance use disorder (SUD)² treatment. The program will increase the number of professionals and paraprofessionals trained to deliver behavioral health and primary care services as a part of an integrated, interprofessional team in a HRSA supported health center,³ also referred to in this NOFO as “health center,”⁴ located in high-need and high demand areas.⁵ Trainees will address the full scope of a patient’s addiction, including the comprehensive services necessary to successfully treat OUD and other SUD using medication-assisted treatment (MAT).⁶

The FY 2018 BHWET Competitive Supplement is limited to the HRSA-17-070 award recipients. HRSA will utilize its pre-existing investments in BHWET funded programs and partnering health centers to build and strengthen the nation’s behavioral health workforce through the development of a supportive team-based learning collaborative. To ensure quality community-based training in high need and high demand areas, BHWET supplement award recipients must develop or substantially expand partnerships with health centers that will provide experiential training to BHWET students.

HRSA will award up to 20 recipients through this NOFO for up to \$400,000 for a two-year period of performance. In addition, HRSA may award a total of \$10 million through a subsequent Health Center Program supplemental funding announcement to approximately 50 health centers partnering with BHWET supplement awardees.

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

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

² American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders Fifth Edition DSM-5. Washington, DC and London, England: American Psychiatric Publishing.

³ For the purposes of this funding opportunity announcement, HRSA-supported health centers is used interchangeably with health centers.

⁴ For the purposes of this funding opportunity announcement, the term “health center” means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended (Health Center Program award recipients).

⁵ For purposes of this NOFO high need and high demand areas are identified as sites with a Mental Health Automatic Facility Health Professional Shortage Areas with a score of 16 or above, that have a County overdose rate that is higher than the national average of 19.8 per 100,000 population (2016 CDC).

⁶ <https://www.samhsa.gov/medication-assisted-treatment>

Funding Opportunity Title:	Behavioral Health Workforce Education and Training (BHWET) Program
Funding Opportunity Number:	HRSA-18-112
Due Date for Applications:	July 6, 2018
Anticipated Total Available FY 2018 Funding:	\$8,000,000
Estimated Number and Type of Award(s):	Up to 20 Competitive Supplements
Estimated Award Amount:	\$400,000 (fully funded at the outset for use over the period of performance)
Cost Sharing/Match Required:	Cost sharing is required for doctoral programs only if the stipend exceeds \$28,352
Period of Performance:	September 1, 2018 through August 31, 2020 (2 years)
Eligible Applicants:	Eligible applicants are limited to the current 136 Behavioral Health Workforce Education and Training grant recipients funded under HRSA-17-070. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has schedule the following technical assistance webinar to help you understand, prepare, and submit an application for this NOFO. The webinar is scheduled for:

Webinar

Thursday, May 31, 2018

Time: 3:30 – 5 p.m.

Call-in Number: 877-616-0071

Participant Passcode: 953016

Web link:

https://hrsa.connectsolutions.com/bhw_workforce_education_training_opioid_nof/

Playback Number: 888-203-1112

Passcode: 4942828

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I. Program Funding Opportunity Description

1. Purpose

This Notice of Funding Opportunity (NOFO) solicits applications for Fiscal Year (FY) 2018 competitive supplements to the Behavioral Health Workforce Education and Training (BHWET) Program recipients.

The purpose of this Notice of Funding Opportunity (NOFO) is to provide two-year competitive supplement awards to improve access to quality opioid use disorder (OUD)¹ and other substance use disorder (SUD)² treatment. The program will increase the number of professionals and paraprofessionals trained to deliver behavioral health and primary care services as a part of an integrated, interprofessional team in a HRSA-supported health center³, also referred to in this NOFO as “health center⁴,” located in high-need and high demand areas⁵. Trainees will address the full scope of a patient’s addiction, including the comprehensive services necessary to successfully treat OUD and other SUD using medication-assisted treatment (MAT)⁶.

For purposes of this NOFO, high need and high demand areas are identified by two defined sources:

- County overdose rate where the health center is located is equal to or higher than the national average of 19.8 per 100,000 population^{7,8}
- Mental Health Automatic Facility Health Professional Shortage Areas (HPSA) with a score of 16 or above⁹

FY 2018 BHWET Competitive Supplement awardees must develop or substantially expand partnerships with health centers⁴ that will train BHWET students. You may identify potential health center partners at <https://findahealthcenter.hrsa.gov/?display=map&zip=>. <https://bphc.hrsa.gov/programopportunities/fundingopportunities/behavioral-health-workforce>. Your proposal will address the need for trained behavioral health professionals and paraprofessionals, specifically those that deliver and/or support the treatment of OUD and other SUD including the comprehensive services necessary for successful MAT. Your proposal will also support training in communities demonstrating a high-need and high demand for OUD and other SUD treatment by enhancing partnerships with health centers that will provide experiential training in a behavioral health and primary care integrated, interprofessional team.

HRSA may also award additional supplemental grants to health centers partnering with BHWET supplement awardees. The purpose of the health center supplemental awards is to support the delivery of evidence-based care to health center patients through activities that will also enhance the experiential training offered by health centers in integrated, interprofessional behavioral health and primary care services, and community-based mental health, OUD and other SUD treatment services, including MAT. Health centers will use supplemental funds to improve access to needed mental health and SUD services by enhancing their education infrastructures, delivering quality experiential training, and improving their own integrated, interprofessional behavioral health and primary care teams. The health center supplemental

⁷ <https://www.cdc.gov/nchs/products/databriefs/db294.htm>

⁸ <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

⁹ <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

awards will enhance the health centers' education infrastructure through such activities as clinical educator training, and hiring or contracting with education specialists and coordinators to develop, organize, and evaluate experiential training curricula. In coordination with the BHWET supplemental awards, the health center supplemental awards will also support the development of didactic curricula, trainee and curricula evaluations, and appropriate supervision. Experiential training will demonstrate integrated, interprofessional, behavioral health and primary care service models through participation in patient visits, health care team meetings, and professional consultations. Ultimately, the health center supplemental awards will help establish and maintain a workforce that effectively addresses pressing behavioral health needs in the health center's service area.

BHWET and partnering health centers will improve the preparation of behavioral health professionals and paraprofessionals, as well as the effectiveness of faculty, staff, and field supervisors in implementing and teaching the delivery of mental health, OUD and other SUD treatment services. Partnering health centers are expected to experience greater recruitment success and decreased time for new hires to achieve clinical proficiency when hiring BHWET students who trained in health centers or similar organizations. Health centers will benefit from the BHWET awardees' expertise in promoting health care quality and innovations that support patient-centered medical home principles. Additionally, introducing new behavioral health professionals and paraprofessionals to health center teams may increase access to evidence-based behavioral health services, including MAT for OUD and other SUD. Advancing health centers' integrated behavioral health-primary care teams will strengthen their business and operations models, which can help retain providers and staff, and ultimately improve their patient outcomes.

Program Requirements for Professional and Paraprofessional Tracks:

1. Train behavioral health professional and paraprofessional trainees to deliver evidence-based behavioral health and primary care services for patients with OUD and other SUD in collaboration with two or more health disciplines as a part of an integrated, interprofessional team in a health center located in high-need and high demand area.
2. Partner with at least one [health center](#) that meets the Health Center Requirements listed below and provides experiential training to BHWET students in support of the FY 2018 BHWET Competitive Supplement.
3. Build or leverage partnerships with technical assistance providers with expertise in integrated, interprofessional behavioral health and primary care services, mental health, OUD and other SUD treatment, including MAT, and experiential training.
4. Participate in train the trainer-model exercises that focus on improving the teaching skills of field supervisors and faculty; developing, implementing, and evaluating clinical training curricula; and sustaining clinical training opportunities.
5. Participate in a learning collaborative with other BHWET supplement recipients regularly during the project period, including progress updates and evaluations during and upon completion of the project period ending in August 31, 2020.

Partnering Health Center Requirements

You must collaborate with at least one health center to accomplish the following requirements, as documented through a signed Memorandum of Understanding/Agreement (MOU/A) submitted as Attachment 2. For the health center to be eligible, the MOU/A must state that the health center:

1. Provides mental health and SUD services either directly or through formal or written agreement for which the health center pays at the time of application and will throughout the two-year funding period.
2. Has physicians, certified nurse practitioners, and/or physician assistants, on-site or with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act (DATA)¹⁰ of 2000 waiver to treat OUD with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication.
3. Has patients who received MAT for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA 2000 waiver working on behalf of the health center in 2017, and will in 2018 and 2019.
4. Will develop, host in academic years 2018-2019 and 2019-2020, and evaluate at least annually experiential rotations for individuals preparing to become social workers, psychologists, counselors, addiction counselors, paraprofessionals, or community workers, and that will teach integrated behavioral health and primary care services, and OUD and other SUD treatment, including MAT.

HRSA will assess the partnering health center's eligibility by verifying the information provided in the memorandum using Health Center Program operational grant information (e.g., Form 5A¹¹) and Uniform Data System (UDS) report data¹². Additional information and technical assistance regarding partnering health centers are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/behavioral-health-workforce> .

2. Background

The BHWET Program is authorized by Sections 755 of the Public Health Service (PHS) Act, and section 756 of the PHS Act, as amended (42 U.S.C. § 294e and e-1).

Opioid misuse and overdose deaths have impacted the lives of individuals and families, crippled communities, and depleted limited resources.¹³ Emergency departments treat over 1,000 people each day for misusing prescription opioids.¹⁴ Over the past seven years, the number of opioid deaths have increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids pain relievers and heroin.¹⁵ The effect is especially

¹⁰ <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines#DATA-2000>

¹¹ <https://bphc.hrsa.gov/archive/about/requirements/scope/form5aservedescriptors.pdf>.

¹² <https://bphc.hrsa.gov/datareporting/index.html>

¹³ <https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf>.

¹⁴ Substance Abuse and Mental Health Services Administration. Highlights of the 2011 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. The DAWN Report. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2013. <http://www.samhsa.gov/data/2k13/DAWN127/sr127-DAWN-highlights.htm>.

¹⁵ American Journal of Transplantation, <http://onlinelibrary.wiley.com/doi/10.1111/ajt.13776/full>

evident in geographical areas with large rural concentrations of the US, where nonmedical prescription opioid misuse remains a growing public problem.¹⁶

On October 26, 2017, the President declared the opioid epidemic a public health emergency.¹⁷ HRSA has a unique role in the response to the call for action. HRSA supported health centers provide comprehensive, affordable, quality primary health services in thousands of rural and underserved areas across the country. According to the most recent available data, in 2016, nearly 70 percent of health centers provided opioid and other substance use disorder (SUD) services, and nearly 90 percent provided mental health services.¹⁸ Additionally, more than 1,100 substance abuse service professional full time equivalents provided over 1.1 million visits for SUD treatment.¹⁸

HRSA training programs, such as the BHWET Program, work to address the growing need for this healthcare workforce by increasing the numbers of adequately prepared behavioral health professionals and paraprofessionals entering and capable of working with high need and high demand areas that treat OUD and other SUD.

Program Definitions

A full listing of definitions of key terms relevant to this notice can be found in [Section VIII Other Information](#).

II. Award Information

1. Type of Application and Award

Types of applications sought: Competitive Supplement

HRSA will provide funding in the form of a supplemental award.

2. Summary of Funding

HRSA expects approximately \$8,000,000 to be available to fund up to 20 awards for a two-year period of performance. Applicants may apply for a ceiling amount of up to \$400,000 total cost (includes both direct and indirect, facilities, and administrative costs) for the Professional and Paraprofessional Tracks. The budget period and period of performance are a two-year co-extensive duration, from September 1, 2018 to August 31, 2020. Awards are fully funded at the outset for use over the period of performance.

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

¹⁶ American Journal of Public Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/>

¹⁷ <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-taking-action-drug-addiction-opioid-crisis/>.

¹⁸ 2016 Uniform Data System Health Center Data available at <https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2016&state>

Administration and Management of the Program

Up to 50 percent of the supplemental award may be dedicated for the combination of activities to:

1. Engage in training through available technical assistance centers that use the “train the trainer” model focusing on training field supervisors in health centers and faculty from collaborating programs. The intent would be to create an infrastructure of skills, expertise, and support for a behavioral health team in the health center, including DATA waived MAT prescribers;
2. Develop or enhance didactic and experiential training activities in integrated, interprofessional team-based care focusing on treatment of patients with OUD and other SUD; and
3. Provide trainees/interns with participant support costs, including health insurance, travel, attendance at professional conferences, and preparation for licensing exams, licensees, and other support for reasonable allowable trainee-related costs.

Stipend Support Activity for Professional Track

At least 50 percent of the award recipient’s overall requested budget for supplemental funds (direct and indirect costs) per year must be used for stipends to trainees in field placement or internships, according to the following guidelines:

- \$10,000 per master’s-level trainees (including Advanced Standing); and
- \$28,352 per doctoral-level psychiatry, psychology or school psychology, psychiatric nursing and behavioral pediatrics intern per year.

OR

Trainee Support Activity for Paraprofessional Certificate Track

At least 50 percent of the award recipient’s overall requested budget for supplemental funds (direct and indirect costs) per year must be used for trainees’ tuition, fees, and supplies. You may request a maximum of \$3,000 per trainee to cover support activities (tuition, fees and supplies) for the 12 month period for full-time trainees and for the 24 month period for part-time trainees. Stipends are not allowed for the Paraprofessional Certificate Track.

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

Except as noted throughout, the terms and conditions, funding restrictions, and requirements of the BHWET base award apply to applications and awards made under this competitive supplement.

To support the enhanced experiential training offered by health centers, HRSA will award approximately \$10 million in both FY 2018 and FY 2019 to approximately 50 health centers partnering with BHWET supplement awardees. Eligible health centers will be notified via HRSA Electronic Handbooks (EHB) how to submit a complete project work plan, budget, and budget narrative to support the supplement to their Health Center Program operational grant awards (grant number H80CSXXXXX) with \$200,000 a year for two years. Health centers may include up to \$25,000 for equipment costs to support their educational roles for such items as

telemedicine carts/cases, systems, and platforms. See [/https://bphc.hrsa.gov/programopportunities/fundingopportunities/behavioral-health-workforce](https://bphc.hrsa.gov/programopportunities/fundingopportunities/behavioral-health-workforce) for more information.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are limited to the current Behavioral Health Workforce Education and Training grant recipients awarded under HRSA-17-070.

2. Cost Sharing/Matching

Cost sharing is required for doctoral trainees whose stipend exceeds the stipulated amount in this NOFO of \$28,352.

3. Other

Accreditation

Applicants must maintain their accreditation throughout the period of performance.

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$400,000 for the co-extensive duration of the budget period and period of performance non-responsive and will not consider it for funding under this notice.

Deadline

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

Experiential Training Sites

All trainees must be placed at health centers that are aligned with this BHWET supplement, receive the Health Center Program supplemental funding, and meet the criteria of this NOFO. You must submit as Attachment 4, a description of the health center site(s) where experiential training will occur, as depicted in diagram 1 in the [Purpose and Needs section](#).

Applicants are reminded that receipt of BHWET funds does not, of itself, confer eligibility for the applicant organization, its staff, or school participants for Federal Tort Claims Act (FTCA) coverage under the FTCA Health Center Program or the FTCA Health Center Volunteer Health Professionals (VHP) Program. For more information on these programs, please see <https://bphc.hrsa.gov/ftca/index.html>.

Memorandum of Understanding/Agreement with Health Centers

Eligible applicants must include in their application a MOU/A with at least one health center that will provide experiential training that addresses the purpose of this funding opportunity, should the applicant receive an FY 2018 BHWET supplement award. Applicants are allowed

to partner with more than one HRSA-supported health center. The memorandum must fully adhere to the instructions provided for Attachment 2.

Applications that present only one health center partner, which HRSA determines to be ineligible (i.e., did not fulfill all health center requirements), will be deemed ineligible for FY 2018 BHWET Competitive Supplement awards. You should confirm that proposed health center partners are current Health Center Program award recipients (grant number H80CSXXXXX), and are able to fulfill the [partnering health center requirements](#). Health centers should provide SUD services, including MAT, directly or through contracts or agreements for which the health center pays. Applicants may identify potential health center partners at <https://findahealthcenter.hrsa.gov/?display=map&zip=>.

Health centers will be eligible for health center supplemental funding if they: 1) signed an MOU/A submitted through the application of a FY 2018 BHWET Supplement award recipient, 2) meet all of the partnering health center requirements, and 3) submit additional information requested by HRSA to support their supplemental award, to include a complete project work plan, budget, and budget narrative. HRSA will assess the partnering health center's eligibility by verifying the information provided in the MOU/A using Health Center Program operational grant information (e.g., Form 5A) and UDS report data. Prior to award, HRSA will also assess the partnering health center's award status. Health centers will not be eligible to receive the health center supplemental funding if they have one or more of the following characteristics at the time of award:

- Conditions related to five or more Health Center Program requirement areas that are in the 60-day phase of Progressive Action.
- Conditions related to one or more Health Center Program requirement area(s) that are in the 30-day phase of Progressive Action.

Multiple Applications

Multiple applications are not allowed under this funding opportunity. Only HRSA-17-070 awardees are eligible to apply for this supplemental funding and may only submit one application to supplement your current grant.

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

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

IV. Application and Submission Information

1. Address to Request Application Package

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this NOFO (also known as “instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **20 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (bio sketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) 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) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 6 Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

Please use FY 2018 BHWET Competitive Supplement as the Project Title. See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#). In addition to these requirements, you must include the following information in the abstract:

- Indicate your HRSA-17-070 grant number listed on your Notice of Award, discipline(s) and track(s) for which you are applying, and the name of your institution/organization or certificate program seeking the HRSA-18-112 supplement;
- The funding amount requested;
- How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project);
- Goals and specific measurable objectives of the proposed project; and
- Identify whether the partnering health center site(s) where training will occur is located in:
 - County overdose rate where the health center is located is equal to or higher than the national average of 19.8 per 100,000 population
 - Mental Health Automatic Facility HPSA with a score of 16 or above

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. The Project Narrative should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. It must address the goals and purpose of the NOFO and the strategies to be used in attaining the goals and meeting the funding notice purpose.

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

Describe the behavioral health needs of the health center community where the trainees will train in an integrated, interprofessional primary and behavioral health team in a HRSA-supported health center. Include the following information in diagram 1 as Attachment 4 the County overdose rate where the health center is located, and the Mental Health Automatic Facility HPSA score.

Diagram 1

Site Name	Health Center Address (EXAMPLE: XX Main Street, Town, State, Zip code)	Number of BHWET trainees trained at health center	Number of trainee hours or hours in rotation	County Overdose Rate (Provide Rate)	Mental Health Automatic Facility HPSA score
1					
2					

Discuss any relevant gaps or barriers in the defined area, including unmet needs of the population and limitations of the current behavioral health system, and how the proposed project plans to ameliorate or overcome them. This section should help reviewers understand the health center community’s behavioral health needs and the health center’s ability to train future providers.

You must discuss:

- Your ability to place behavioral health trainees in the partnering health center(s);
- The behavioral health workforce needs in the local community, including those of the partnering health center(s), and a description of the expertise and training that the BHWET program will provide to health center(s) to address these needs; and
- The regional, state, and local health status indicators related to opioid and substance use, overdose rate, behavioral health including morbidity and mortality statistics, applicable to population served.

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

In this section, you must describe how you will train the behavioral health professionals and paraprofessionals in an integrated, interprofessional behavioral health and primary care setting specifically in OUD and other SUD treatment to support the effective delivery of MAT.

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

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here:

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>). The work plan must include:

- State goals and objectives that are specific, measurable, achievable, and realistic.
- Describe the activities, timeframes, deliverables, health center(s), and other key partners required to address the Program Requirements and achieve each of the goals and objectives within the period of performance.
- Explain how the work plan is appropriate for the FY 2018 BWHET Competitive Supplement, and how the objective outcomes fit into the two-year period of performance.
- Describe how the collaboration with partnering health center(s) will be used to achieve the objective outcomes.

- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- Describe how you will maintain appropriate oversight and authority over all contracts for substantive programmatic work.

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

You must describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described [program requirements](#) and expectations in this NOFO.

You must present a clear plan to address program requirements. Also include how you will:

- Identify the number of individuals who will be trained by partnering health center(s) in academic years 2018-2019 and 2019-2020;
- Recruit individuals who are interested in OUD and SUD training, and place them in partnering health center(s) to receive training in a community-based setting;
- Supervise trainees and support partnering health center(s) using faculty with the appropriate skills and expertise, including the delivery of OUD treatment and MAT services.

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

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

You must describe how you will evaluate and document your project's performance. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

Describe your capacity to collect, validate, and report required data measures such as, but not limited to:

- Number and location of health center sites;
- Number and discipline of individuals trained in OUD and other SUD treatment, including trainees, faculty, and health center staff who completed the health center training component;
- Number of trainees graduated during period of performance;
- Number of trainees who graduated and pursued behavioral health careers serving persons with OUD and other SUD in high need and high demand areas;
- Employment settings of graduates;
- Number of clinical training hours spent on MAT, OUD and other SUD treatment in health centers and other community-based settings as part of the health center training component;
- Number of integrated, team-based care meetings; and

- Number of opioid trainings attended by trainees, field site supervisors and faculty facilitated by a technical assistance center.
- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)*
You must provide a clear plan for project sustainability after the period of federal funding ends. You are expected to sustain key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices. You must, at a minimum:
 - Identify other sources of income and/or future funding initiatives that you can use to continue activities begun through this funding, as well as a timetable for when new funding sources will be in place;
 - Describe how you will sustain relationships with health centers that provided experiential training and technical assistance providers; and
 - Forecast challenges that are likely to be encountered in sustaining the program, and propose solutions to addresses the challenges.
 - *ORGANIZATIONAL INFORMATION, RESOURCES and CAPABILITIES -- Corresponds to Section V's Review Criterion #4*

Succinctly describe your program's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on the partnering health center's mission and structure, scope of current activities, leadership and personnel, quality and availability of facilities, and an organizational chart. Describe how all of these meet the BHWET program requirements and program expectations. Describe how the unique needs of target populations of the health center communities served are routinely assessed and improved.

You must, at a minimum address:

- Partnering health center mission and its congruence with integrated primary care and behavioral health services with a focus on patients with OUD and other SUD;
- Partnering health center commitment to the promotion of a workforce that reflects the population served and provides evidence of recruitment, retention, and training efforts to that end;
- Evidence of the partnering health center's capacity to provide didactic and experiential training and supervision to trainees;
- Evidence of an adequate staffing plan for the proposed project as Attachment 1; and
- Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources, including institutional policy) provided in Attachment 6.

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

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

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.

Advance planning with health center partners is required to prevent overlap in proposed costs presented on the BHWET and Health Center Program supplement budgets.

The Consolidated Appropriations Act, 2018, Division H, § 202, (P.L. 115-141) states, “None of the funds appropriated in this title, through a grant or extramural mechanism, shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please [see Section 4.1.iv Budget](#) – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

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

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition, the Behavioral Health Workforce Education and Training program requires the following:

Professional Track applicants are required to provide a budget with at least 50 percent of a recipient’s overall requested budget (direct and indirect costs) per year dedicated and distributed ONLY as stipends to trainees in internships/field placements, practicums and fellowships.

Paraprofessional Certificate Track applicants are required to provide a budget with at least 50 percent of a recipient’s overall requested budget (direct and indirect costs) per year dedicated and distributed ONLY as tuition, fees and supplies to trainees in a paraprofessional worker certificate program. These costs must be reflected under Section E, participant trainee support costs. Stipends are not allowed for the Paraprofessional Certificate Track.

Participant/Trainee Support Costs: Provide a detailed itemized cost breakdown that lists tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all trainee costs. Trainee Travel costs must clearly describe the purpose for how the travel supports the participants training program. Refer to section 2, summary of funding for more information on program budgetary requirements.

Recipients are reminded that all costs incurred before the issuance of a Notice of Award (NOA), are at the recipient's risk (i.e., HRSA is under no obligation to reimburse such costs if for any reason the recipient does not receive an award or if the dollar amount of the award is less than anticipated and inadequate to cover such costs).

v. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. **Attachments will be counted in page limit.** You must clearly label each attachment.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Memoranda of Understanding with Partnering Health Center

Provide a MOU/A with at least one health center that will fulfill, at a minimum, the stated Partnering [Health Center Requirements](#). MOU/As must:

- Include the health center's Health Center Program operational grant number (H80CSXXXXX);
- Be dated and signed by the health center Authorized Representative;
- Address each of the stated Partnering Health Center Requirements; and
- Provide any documents that describe working relationships with other partners. Documents that confirm actual or pending contracts or other agreements should clearly describe the roles of the contractors and any deliverable.

Additional information concerning the required MOU/A will be provided during the technical assistance webinar.

Attachment 3: Work Plan

Attach the work plan for the project that includes all information detailed in Response to Program Purpose.

Attachment 4: Experiential Training Site/Field Placement Documentation: (Required)

Provide a document with a description of the health center site(s) as depicted in diagram 1 in the [Purpose and Need section](#), the health center site name and address, number of hours per week/rotation that each trainee will participate, the County overdose rate where the health center site is located, and the Mental Health Automatic Facility HPSA score.

Attachment 5: Letters of Support (As Applicable)

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc. If it is not necessary for health centers that have signed a MOU/MOA to submit a Letter of Support.

Attachment 6: Other Relevant Documents (as Applicable)

Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number 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 your 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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is July 6, 2018 at 11:59 p.m. Eastern Time. HRSA suggests submitting applications to Grants.gov at least 3 days before the deadline to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

BHWET supplement funding is not further subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

6. Funding Restrictions

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

- Construction
- Fringe benefits for trainees, including but not limited to medical malpractice or liability insurance, unemployment insurance, life insurance, taxes, or retirement plans, or other fringe benefits

You may request funding for a co-extensive duration of the budget period and period of performance of up to two (2) years, at no more than \$400,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) 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 2019, as required by law.

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The BHWET Program has five (5) review criteria:

Criterion 1: PURPOSE AND NEED (30 points) – Corresponds to Section IV’s Purpose and Need

Reviewers will consider whether you have presented a clear purpose and evidence of a significant and compelling need for behavioral health services with a focus on treatment of OUD and other SUD within health centers.

Points will be given to applicants by HRSA staff based on data provided (see Attachments section) and provided to the reviewers prior to review (20 points maximum):

1. Partnering health center site(s) is located in a county where the overdose rate is equal to or higher than the national average of 19.8 per 100,000 population (10 points); or
2. Partnering health center site(s) is located in a Mental Health Automatic Facility HPSA of equal to or greater than 16 (10 points).

Reviewers will consider the quality, relevance and extent to which you (10 points):

- Describe the relationship with partnering health centers in the community and ability to place behavioral health trainees;
- Describe the needs of the behavioral health workforce in the local community including demographics of population served in partnering health centers specifically around opioid and other substance use, and a description of the expertise and training that the institution will provide to health centers to address these needs;
- Identify the anticipated number of trainees to be trained in the partnering health centers with supplemental funds;
- Explain how your institution will train, recruit, and retain trainees willing to pursue behavioral health careers serving persons with OUD and other SUD in high need and high demand areas;
- Identify the two or more health disciplines that will be collaborating and training with the trainees in an integrated, interprofessional, team based, integrated primary care; and
- Describe how the proposed activities will fill the gaps identified through the project.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan

Reviewers will consider the extent to which the applicant provided a work plan as Attachment 3, a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider whether you have provided the following:

- A description of the activities, timeframes, deliverables, health centers and key partners required to address the Program Requirements of the funding opportunity announcement and achieve each of the goals and objectives proposed during the period of performance. Goals and objectives must be specific, measurable, achievable, realistic, and time framed;

- The feasibility of successfully completing all proposed activities and timelines within the performance period;
- A proposed plan with an implementation timeline that ensures that you will have resources, program staff and trainees in place beginning with budget year 1;
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel;
- An explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of a twenty four month period of performance;
- Identification of meaningful support and collaboration with eligible health centers and other key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the diversity of the populations and communities served; and
- A description of how your organization will ensure the funds are properly documented if funds are sub-awarded or expended on contracts.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the extent to which the proposed project (1) aligns with the requirements and expectations of the NOFO; and (2) addresses the needs the applicant highlighted in the Purpose and Need section.

Reviewers will consider the extent to which the methodology proposed clearly and fully describes the following:

- How applicants will leverage partnerships between programs, partnering health center(s), and the technical assistance center to support MAT prescribers and create an integrated, interprofessional team;
- The number of health center sites located within a high need and high demand area as defined by this NOFO and submitted as Attachment 4;
- The number of training slots that will be established to accommodate trainees that will focus on OUD and other SUD treatment in the partnering health center(s);
- How trainees who are interested in OUD and other SUD training will be recruited and how applicants demonstrate participation in the institutions' programs of individuals and groups from different backgrounds;
- A disbursement plan for the provision of stipend support for professional trainees/interns for the required field placement/internship. Paraprofessional programs focus on the provision of tuition support, supplies, and support activities for trainees;
- How the project and training are connected to the public systems of health and behavioral health care in the community and how the grant recipient will collaborate with health centers;
- The engagement in training through technical assistance centers that uses the trainer model with a focus on training field supervisors in health centers and faculty from collaborating programs that would then create an infrastructure of skills, expertise, and support of a behavioral health team, and DATA waived MAT Prescribers;
- A logical description of proposed activities and describe why the project is innovative; and
- The sophistication and plausibility of the logic model proposed, which explains the linkages among project elements.

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

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

Reviewers will consider whether you described your plan for program performance evaluation that included both your internal program performance evaluation plan and HRSA’s required performance measures.

Reviewers will consider whether you applicant adequately addressed the following:

- The overall quality of the evaluation plan demonstrate expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and the ability to comply with HRSA’s performance measurement requirements;
- The evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;
- The quality of the plan including the methodology and proposed approach for utilizing both quantitative and qualitative data efforts to periodically review program outcomes;
- Any anticipated obstacles to the evaluation, and a proposal on how to address those obstacles; and
- The feasibility and effectiveness of plans for dissemination of project results. The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

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

Reviewers will consider the extent to which you provided the following:

- If the applicant plan includes sustained key elements of the grant award projects, e.g., training methods or strategies, which have been effective in improving practices and tangible next steps for continuing the effort described in the application beyond the duration of the grant period;
- A solid plan for project sustainability after the period of federal funding ends.
- Identification of challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges;
- Identification of other sources of income and/or future funding initiatives, as well as a timetable for becoming self-sufficient, including evaluation of the program, collection of needed program information, and disseminate findings to appropriate audiences; and

- Enhancing relationships between academic institutions, health center sites, and other interdisciplinary partners.

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

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

Reviewers will consider the following information provided by the applicant:

- Project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments;
- The capabilities of the applicant organization and the quality, expertise, and availability of facilities and personnel to fulfill the needs and requirements of the proposed project including the experiential and didactic training in OUD and other SUD in an integrated team based care setting;
- Evidence of the capacity to provide didactic and experiential training and supervision to doctoral trainees, interns, and post-doctoral residents with the focus on OUD and other SUD treatment;
- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- The activities, timeline, and responsible staff to achieve each of the objectives proposed during the period of performance;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- Evidence of support and commitment by both academic and community organizations serving persons in high need and high demand areas as defined in this NOFO. This may be demonstrated by resources and/or letters of agreement (i.e., commitment to provide financial or in-kind resources); and
- Evidence of your organization’s successful experience administering grant programs of similar size and scope including meeting all performance indicators and reporting requirements.

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

The reviewers will consider the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the project activities, and anticipated results.

Reviewers will consider the following provided by the applicant:

- The budget with narrative must have included at least 50 percent for stipends for professional track trainees or at least 50 percent of a recipient’s overall requested budget dedicated to tuition, fees and supplies to trainees in paraprofessional certificate or licensure programs for paraprofessional track trainees;
- The reasonableness of the proposed budget for the two-year period of performance in relation to the objectives and the anticipated results;

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Consistency between the SF 424 R& R and budget justification forms;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which the proposal follows the budget guidelines specified in the NOFO and the [SF-424 R&R Application Guide](#).

2. Review and Selection Process

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

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

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

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

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

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

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 September 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 R&R Application Guide](#).

Requirements under Subawards and Contracts under Grants

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to sub recipients and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#). As HRSA-18-112 is a supplement, there are no separate reporting requirements for the Progress Report, Performance Report, Final Program Report, and the Annual and Final Federal Financial Report. The performance outcomes and accomplishments will be included and incorporated into the reports as outlined in your Notice of Award for HRSA-17-070.

VII. Agency Contacts

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

Nandini Assar, Ph.D.
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4920
Email: NAssar@hrsa.gov

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

Patsy Cunningham, MA, LCPC, NCC
Social Scientist, Behavioral and Public Health Branch, Division of Nursing and Public Health
Attn: Opioid BHWET Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 11N128
Rockville, MD 20857
Fax: (301) 443-0791
Email: Pcunningham@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grantsportal.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

Technical Assistance:

The following technical assistance webinar has been scheduled to help you understand, prepare, and submit an application for this NOFO. The webinar is scheduled for:

Webinar

Thursday, May 31, 2018
Time: 3:30 – 5 p.m.
Call-in Number: 877-616-0071
Participant Passcode: 953016
Web link: https://hrsa.connectsolutions.com/bhw_workforce_education_training_opioid_nof/
Playback Number: 888-203-1112
Passcode: 4942828

Program Definitions:

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the BHWET Program for FY 2018.

DATA Waived Prescriber - Part of the Children’s Health Act of 2000, permits practitioners who meet certain qualifications to treat opioid dependency with narcotic medications approved by the Food and Drug Administration (FDA)—including buprenorphine—in treatment settings other than Opioid Treatment Programs. The Act permits qualified physicians to obtain a waiver from the separate registration requirements of the Narcotic Addict Treatment Act – 1974 to treat opioid dependency with Schedule III, IV, and V medications or combinations of such medications that have been approved by FDA for that indication.

Health Center – For the purposes of this funding opportunity announcement, the term “health center” means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended (Health Center Program award recipients). Health centers are community-based and patient-directed organizations that deliver accessible, affordable, quality primary health care services. Health centers often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care.

High Need and High Demand Area – For purposes of this NOFO high need and high demand areas are identified as sites located in a County/ with an overdose rate that is equal or higher than the national average of 19.8 per 100,000 population, and/or located in a Mental Health Automatic Facility HPSA with a score of 16 or above.

Integrated Care – The systematic coordination of general and behavioral health care. Integrating mental health, substance use disorder, and primary care services produces the best outcomes and proves to be the most effective approach to caring for people with multiple healthcare needs.

Medicated Assisted Treatment (MAT) – Medication-assisted treatment, including opioid treatment programs, combines behavioral therapy and medications to treat substance use disorders.

Medically Underserved Communities (MUCs) – A geographic location or population of individuals that is eligible for designation by the Federal Government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor’s Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

Opioid Use Disorder (OUD) – A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period.

Substance Abuse and Mental Health Services Administration (SAMHSA) – An agency with the U.S Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation www.SAMHSA.gov.

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

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

IX. Tips for Writing a Strong Application

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

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

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