

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Opioid Workforce Expansion Program (OWEP) Paraprofessionals

Funding Opportunity Number: HRSA-19-089

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: May 7, 2019

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

Issuance Date: March 8, 2019

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Authority: Sections 756(a)(4) of the Public Health Service (PHS) Act, as amended (42 U.S.C. § 294 e-1)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 for the Opioid Workforce Expansion Program (OWEP) Paraprofessionals program.

The purpose of this Notice of Funding Opportunity (NOFO) is to build upon existing HRSA investments to enhance community-based experiential training focused on Opioid Use Disorder (OUD)¹ and other Substance Use Disorders (SUD) for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals. The Opioid Workforce Expansion Program Paraprofessionals program will train behavioral health-related paraprofessionals in the provision of OUD and other SUD prevention, treatment, and recovery services in high need and high demand areas.² Special focus is on demonstrating knowledge and understanding of the specific concerns of children, adolescents, and transitional-age youth in high need and high demand areas who are at risk for behavioral health disorders.

The OWEP Paraprofessionals program is designed to expand and improve direct access to quality treatment and foster an integrated and/or interprofessional approach to address OUD and other SUD treatment emphasizing the role of the family and lived experience of the consumer through academic, community and non-traditional community organization partnerships.

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| Funding Opportunity Title: | Opioid Workforce Expansion Program (OWEP) Paraprofessionals |
| Funding Opportunity Number: | HRSA-19-089 |
| Due Date for Applications: | May 7, 2019 |
| Anticipated Total Available FY19 Funding: | \$29,800,000 |
| Estimated Number and Type of Award(s): | Approximately 33 |
| Estimated Award Amount: | Up to \$900,000 (fully funded at the outset for use over the period of performance) |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2019 thru August 31, 2022 (3 years) |

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 For purposes of this NOFO high need areas are identified as sites located within Mental Health Professional Shortage Areas (HPSAs) or Facility Mental HPSAs with a score of 16 or above, and/or that have a County overdose rate that is higher than the national average of 21.7 per 100,000 population (2017 CDC).

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| Eligible Applicants | <p>State-licensed mental health nonprofit and for-profit organizations (see Definition in section VIII).</p> <p>Eligible entities, including academic institutions (i.e., universities, community colleges or technical schools), must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.</p> <p>Tribal Organizations may apply for these funds, if otherwise eligible.</p> <p>Individuals are not eligible to apply under this NOFO.</p> <p>[See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.]</p> |
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Application Guide

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

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

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

Table of Contents

| | | |
|-------|--|----|
| I. | PROGRAM FUNDING OPPORTUNITY DESCRIPTION | 1 |
| 1. | PURPOSE | 1 |
| 2. | BACKGROUND | 2 |
| II. | AWARD INFORMATION | 6 |
| 1. | TYPE OF APPLICATION AND AWARD | 6 |
| 2. | SUMMARY OF FUNDING | 6 |
| III. | ELIGIBILITY INFORMATION | 6 |
| 1. | ELIGIBLE APPLICANTS | 6 |
| 2. | COST SHARING | 7 |
| 3. | OTHER | 8 |
| IV. | APPLICATION AND SUBMISSION INFORMATION | 9 |
| 1. | ADDRESS TO REQUEST APPLICATION PACKAGE | 9 |
| 2. | CONTENT AND FORM OF APPLICATION SUBMISSION | 9 |
| i. | <i>Project Abstract</i> | 10 |
| ii. | <i>Project Narrative</i> | 10 |
| iii. | <i>Budget</i> | 19 |
| iv. | <i>Budget Justification Narrative</i> | 20 |
| v. | <i>Attachments</i> | 20 |
| 3. | DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT | 23 |
| 4. | SUBMISSION DATES AND TIMES | 23 |
| 5. | INTERGOVERNMENTAL REVIEW | 24 |
| 6. | FUNDING RESTRICTIONS | 24 |
| V. | APPLICATION REVIEW INFORMATION | 25 |
| 1. | REVIEW CRITERIA | 25 |
| 2. | REVIEW AND SELECTION PROCESS | 32 |
| 3. | ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES | 35 |
| 4. | ANTICIPATED ANNOUNCEMENT AND AWARD DATES | 36 |
| VI. | AWARD ADMINISTRATION INFORMATION | 36 |
| 1. | AWARD NOTICES | 36 |
| 2. | ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS | 36 |
| 3. | REPORTING | 37 |
| VII. | AGENCY CONTACTS | 38 |
| VIII. | OTHER INFORMATION | 39 |
| IX. | TIPS FOR WRITING A STRONG APPLICATION | 42 |

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Opioid Workforce Expansion Program (OWEP) Paraprofessionals program.

The purpose of this program is to enhance community-based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals with a focus on Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) prevention, treatment and recovery services.

Consistent with the statutory authority, applicants must also demonstrate a special focus on preservice or in-service training of paraprofessional child and adolescent mental health workers to understand the specific concerns of children, adolescents, and transitional-age youth in high need and high demand areas who are at risk for behavioral health disorders.

The program is designed to expand and improve direct access to quality treatment and foster an integrated and/or interprofessional approach to address OUD and other SUD treatment emphasizing the role of the family and lived experience of the consumer through academic, community and non-traditional community organization partnerships. The program also supports career development in behavioral health for paraprofessional career progression as well as the development of skills and expertise of staff, facilitators, and training instructors in prevention, treatment, and recovery services of OUD and other SUDs.

Award recipients will impact the behavioral health workforce by increasing the number of behavioral health-related paraprofessionals and transforming integrated and interprofessional teams to effectively prevent and treat OUD and other SUDs in community-based practices.

Program Goal and Objectives

Goal: To increase the number of peer support specialists and other behavioral health-related paraprofessionals trained in the provision of OUD and other SUD prevention, treatment, and recovery services to serve in high need and high demand areas.

The OWEP Paraprofessionals Program objectives are to:

- Enhance the existing paraprofessional certificate program(s) through curriculum development or enhancement and inclusion of hands-on learning in the form of field placements or internships including preservice or in-service training to understand the specific concerns of the targeted population in OUD and other SUD prevention, treatment and recovery services;

- Create additional slots beyond current program capacity to increase the number of students trained in high need and high demand areas with a focus on working with persons who are at risk for behavioral health disorders, including children, adolescents, and transitional-aged youth;
- Support career development and job readiness that will prepare trainees to participate in collaborating programs to create an infrastructure of skills, expertise, and support of a behavioral health team, which provides support and services to Drug Addiction Treatment Act (DATA-waived) Medication Assisted Treatment (MAT) prescribers as part of coordinated care teams;
- Provide job placement services to assist students in obtaining employment in high need and high demand areas. Implement integrated and/or interprofessional training in community-based experiential training sites, including community-based and non-traditional community partners and organizations (e.g., emergency departments, first responders, judicial systems) to serve high need and high demand areas;
- Establish or leverage partnerships with community-based and non-traditional community organizations to serve high need and high demand areas and populations;
- Develop or enhance student/trainee competencies around evidence-supported prevention and treatment modalities used in integrated and/or interprofessional team-based practices for OUD and other SUD prevention, treatment, and recovery services; and
- Ensure a culturally competent workforce by recruiting and providing financial support to students who are committed to serving high need and high demand areas after program completion.

Please note: HRSA aims to provide technical assistance and evaluation support to OWEP Paraprofessionals program recipients and other HRSA behavioral and mental health recipients. It is required that all applicants who are awarded under the OWEP Paraprofessionals program Notice of Funding Opportunity (NOFO) will work collaboratively with the technical assistance providers (to be determined) as well as other OWEP Professionals and Paraprofessionals recipients throughout the duration of the period of performance regarding technical assistance and evaluation issues.

Refer to [Section V.2](#) of this funding opportunity for detailed information on qualifying for a funding priority or preference.

2. Background

The OWEP Paraprofessionals program is authorized by Section 756(a)(4) of the Public Health Service (PHS) Act, as amended (42 U.S.C. § 294e–1). Section 756 states that applicants must also demonstrate a special focus on preservice or in-service training of paraprofessional child and adolescent mental health workers to understand the specific concerns of children, adolescents, and transitional-age youth in high need and high

demand areas who are at risk for behavioral health disorders. Collaborative models focusing on both pediatric mental health and primary care are increasingly recognized as optimal for meeting the needs of children with behavioral health issues^{3,4,5} Additionally, there is increasing federal support for utilizing an integrated care model for addressing the behavioral health needs of children and youth.⁶

The opioid crisis is a multigenerational problem affecting individuals throughout the lifespan from infants to seniors, and will have resounding repercussions for many years to come.⁷ Opioid use and its resulting deaths have impacted the lives of individuals and families, weakened communities, and depleted limited resources.⁸ The effect is especially evident in states with large rural populations, where nonmedical prescription opioid misuse remains a growing public problem.⁹

In 2017, there were 70,237 drug overdose deaths in the United States.¹⁰ Drug overdose death rates increased from 1999 to 2017 for all age groups.¹⁰ The age-adjusted rate of drug overdose deaths increased from 6.1 per 100,000 standard population in 1999 to 21.7 in 2017.¹⁰ Emergency department visits for opioid overdoses rose 30 percent in all parts of the United States from July 2016 through September 2017.¹¹

In 2017, an estimated 46.6 million adults (18.9 percent of the population), aged 18 or older, were diagnosed with any mental illness (AMI) in the past year.¹² Similarly, in this same year, 19.7 million people aged 12 or older had a SUD.¹² Moreover, an estimated 8.5 million adults, aged 18 or older (3.4 percent of all adults), had both AMI and SUD in the past year.¹² Among the 8.5 million adults with co-occurring AMI and SUD, 51 percent received either substance use treatment at a specialty facility or mental health

³ Greene, C.A., Ford, J.D., Ward-Zimmerman, B., Honigfeld, L., Pidano, A.E. Strengthening the Coordination of Pediatric Mental Health and Medical Care: Piloting a Collaborative Model for Freestanding Practices. *Child Care Youth Forum* 2016; 45(5): 729-744. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5098813/>.

⁴ Gooding, H.C., Ziniel, S., Touloumtzis, C., Pitts, S., Goncalves, A., Emans, J., Burke, P. Case-Based Teaching for Interprofessional Postgraduate Trainees in Adolescent Health. *Journal of Adolescent Health* 2016; 58: 567-572. Available at: [https://www.jahonline.org/article/S1054-139X\(16\)00043-4/pdf](https://www.jahonline.org/article/S1054-139X(16)00043-4/pdf).

⁵ Wolraich, M.L., Drotar, D., Perrin, E.C. *Developmental-Behavioral Pediatrics Evidence and Practice* 2008. Available at: <https://www.sciencedirect.com/book/9780323040259/developmental-behavioral-pediatrics>.

⁶ Briggs, H.E., Miller, S.E., Briggs, A.C. Enhancing Behavioral Health Workforce in Youth Mental Health through Grand Challenges in Social Work. *Journal of Child and Adolescent Behavior* 2016; 4(1): 270. Available at: <https://www.omicsonline.org/open-access/enhancing-behavioral-health-workforce-in-youth-mental-health-through-grand-challenges-in-social-work-2375-4494-1000270.php?aid=69568>.

⁷ Committee on Education and Workforce, U.S. House of Representatives, November 2017. Available at: <https://edworkforce.house.gov/news/documentsingle.aspx?DocumentID=402081>.

⁸ Johns Hopkins Bloomberg School of Public Health, and the Clinton Foundation, Clinton Health Matters Initiative. *The Opioid Epidemic From Evidence to Impact*. (2017, October). Available at <https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf>.

⁹ Keyes, K.M., Cerda, M., Brady, J.E., Havens, J.R., Galea, S. Understanding the Rural-Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States. *American Journal of Public Health* 2014; 104(2): e52-e59. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/>.

¹⁰ Centers for Disease Control and Prevention. Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. *NCHS Data Brief*, no 329. Hyattsville, MD: National Center for Health Statistics. (2018, November). Available at <https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf>.

¹¹ Vital Signs. Opioid Overdoses Treated in Emergency Departments. Available at <https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html>.

¹² Substance Abuse and Mental Health Services Administration. (2018, September). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Retrieved February 21, 2019, from <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>.

care.¹² Also in 2017, 13.3 percent of adolescents aged 12 to 17 (3.2 million adolescents) and 13.1 percent of young adults aged 18 to 25 (4.4 million) had a major depressive episode.¹²

Compounding these behavioral health challenges is the fact that significant behavioral health disparities persist in underserved communities across the United States. These disparities may be due to a number of different factors, including a lack of access to health care, a need for a health care workforce that reflects the population served, a lack of information, and the need for culturally and linguistically competent care and programs.¹³

To help address these issues, there has been a dramatic rise in the adoption of alternative forms of peer support services in the behavioral health service arena to assist recovery, particularly for those with co-occurring psychiatric and SUDs.¹⁴ Peer support workers encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, SUD, or both.¹⁵ Peer support workers use their lived experience of recovery from mental illness and/or SUD as well as skills learned in formal training that include evidence-based interventions to deliver services in behavioral health settings that promote mind–body recovery and resilience.¹⁶ Peer support workers offer a level of acceptance, understanding, and validation not found in many other professional relationships. By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.¹⁷

For example, parent peer support, also commonly called family peer support or family support services, offers hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth receiving services from mental health, substance use, and related service systems.¹⁷ Parent support providers deliver peer support through face-to-face support groups, phone calls, or individual meetings.¹⁷ They bring expertise based on their own experience parenting children or youth with social, emotional, behavioral, or substance use challenges, as well as specialized training, to support other parents and caregivers.¹⁷ Protective factors such as family stability, supportive and nurturing relationships, a strong community, and faith organizations can help prevent certain kinds of problems from developing in children and adolescents and can

¹³ Substance Abuse and Mental Health Services Administration. Health Disparities. Available at: <https://www.samhsa.gov/health-disparities>.

¹⁴ Tracy, K. Wallace, S. Benefits of peer support groups in treatment of addiction 2016. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047716/#b11-sar-7-143>.

¹⁵ Substance Abuse and Mental Health Services Administration. Value of Peers 2017. Available at: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

¹⁶ Center for Substance Abuse Treatment. What are peer recovery support services? Substance Abuse and Mental Health Services Administration, HHS, Rockville, MD (2009).HHS Publication No. SMA 09-4454.

¹⁷ Substance Abuse and Mental Health Services Administration. Value of Peers 2017. Available at: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf.

also be a source of support that will help them cope with mental health and substance use problems.¹⁸

Integrated health care is also an emerging key role for behavioral health-related paraprofessionals. Integrated care involves a patient-centered care team such as psychologists, social workers, psychiatric nurses and peer support specialists who provide evidence-based treatments for a defined population using a measurement-based treat-to-target approach.¹⁹ Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.²⁰

For example, a number of emergency departments are utilizing peer support services (recovery coaches, peer counselors) to assist OUD and other SUD patients as part of the treatment plan to avoid additional overdoses. AnchorED was launched in an attempt to reduce the instance of accidental opioid overdose by connecting overdose patients with Certified Recovery Coaches in emergency departments.²¹ In its first year of operation, between 2014 and 2015, recovery coaches saw 230 survivors, and only 12 of these survivors (5 percent) have been seen in the emergency room multiple times. The state of Massachusetts has implemented a new program that will expand residential recovery services, increase access to MAT, add new recovery coaches, and implement a consistent clinical assessment tool throughout the treatment system.²²

The need for behavioral health-related paraprofessionals with expertise and skills to provide OUD and other SUD prevention, treatment and recovery services in creative and innovative ways is evident. HRSA is seeking applicants to train behavioral health-related paraprofessionals who are committed to serving individuals in high need and high demand areas in need of OUD and other SUD prevention, treatment and recovery services with a focus on the special concerns of children and adolescents during their training and following program completion. As holistic review and social determinants of health indicate that outcomes are more positive when more than just “the addiction” is treated, you are encouraged to consider the utilization of integrated and/or interprofessional training teams and environments that include both paraprofessional and professional team members.

HRSA has a number of investments targeting OUD and other SUD across its bureaus and offices that applicants may be able to leverage. For information on HRSA-

¹⁸ Substance Abuse and Mental Health Services Administration. Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations. Available at: <https://store.samhsa.gov/shin/content/SMA12-4700/SMA12-4700.pdf>.

¹⁹ SAMSHA-HRSA Center for Integrated Health Solutions https://www.integration.samhsa.gov/integrated-care-models/CIHS_quickStart_decisiontree_with_links_as.pdf

²⁰ SAMSHA-HRSA Center for Integrated Health Solutions. Available at: <https://www.integration.samhsa.gov/about-us/what-is-integrated-care>

²¹ Substance Abuse and Mental Health Services Administration. Supporting recovery in acute care and emergency settings. Available at: https://www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/supporting-recovery-in-acute-care-emergency-settings.pdf

²² Office of Governor Charlie Baker and Lt. Governor Karyn Polito. Press Release: Governor Baker Highlights Role of Recovery Coaches During Visit to Beverly Hospital. Available at: <https://www.mass.gov/news/governor-baker-highlights-role-of-recovery-coaches-during-visit-to-beverly-hospital>

supported resources, technical assistance, and training, visit here: <https://www.hrsa.gov/opioids>.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). A listing of other key terms relevant to this notice can be found in [Section VIII Other Information](#).

II. Award Information

1. Type of Application and Award

Types of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$29,800,000 to be available to fund approximately 33 recipients. You may apply for a ceiling amount of up to \$900,000 total cumulative cost, or a ceiling amount of \$300,000 per year (includes both direct and indirect/facilities and administrative costs). The budget period and period of performance are from September 1, 2019 through August 31, 2022. Awards are fully funded at the outset for use over the period of performance.

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

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 (8) percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-awards and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include the following:

- State-licensed mental health nonprofit and for-profit organizations. These organizations must be able to carry out programs for pre-service or in-service training of paraprofessional child and adolescent mental health workers. These programs can include occupations such as peer support specialist, peer support counselor, community health worker, outreach worker, social services aide, substance abuse/addictions worker, youth worker, and promotor/a (for full list of occupations see the definitions section). For the purpose of this NOFO, these organizations may include academic institutions, including universities, community colleges and technical schools, which must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education.

Tribal Organizations may apply for these funds, if otherwise eligible.

In addition to the 50 states, eligible entities include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Trainee Eligibility

Students must be enrolled full or part time in the school or program receiving the grant award in order to receive tuition support in the OWEP Paraprofessionals program. In addition, students must be eligible to work in the United States. A student/trainee 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.

Accreditation/Approval Documentation

Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education or must be approved by the state government to provide a behavioral health-related paraprofessional certificate program. Applicants must provide a copy of their active accreditation or active approval from the state government as [Attachment 6](#).

All applicants must provide proof of accreditation or state government approval documentation in the form of a letter on state government letterhead. HRSA may consider any application that fails to attach a copy of the required accreditation or certification documentation as **Attachment 6** non-responsive and may not consider it for funding under this notice. Applicants are required to maintain their accreditation throughout the period of performance and notify HRSA of change in status.

2. Cost Sharing

Cost Sharing is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$900,000 for the entire 3-year period, or \$300,000 per year, non-responsive and will not consider it for funding under this notice.

Deadline

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

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award. Complete the MoE document and submit it as **Attachment 5** in your application.

Multiple Applications

Multiple applications from an organization with the same DUNS number are not allowed. Eligible applicants can submit only one application per campus; multiple applications from a single campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings and faculty. Where multiple programs from an institution are interested in applying under this funding notice, you may collaborate across programs to submit a single application.

Experiential Training Sites

Experiential training or internship sites must participate in integrated and/or interprofessional team based practices with a special focus on preservice or in-service training in a behavioral health-related paraprofessional field.

You must submit agreements and/or contracts with the experiential training sites that meet these criteria in [Attachment 2](#).

If for any reason (including submitting to the wrong funding opportunity number, making corrections/updates, or multiple applications from the same institution), 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 will 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 <https://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading NOFO (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified 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 [For 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. Applications must be submitted in the English language and must be 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 **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO.

Standard OMB-approved forms that are included in the application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. 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 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 12** 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

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

In addition to the requirements listed in the SF-424 R&R Application Guide, you must include the following information in the abstract:

1. Project Title;
2. A brief overview of the project as a whole;
3. Specific, measurable objectives that the project will accomplish;
4. How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of a project; and
5. Statement indicating eligibility for funding preference and/or funding priority (if applicable).

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

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 opportunity's purpose.

To identify best or promising practices in effectively integrating your proposed grant project into your existing health care practice, you are encouraged to work with your Regional Telehealth Resource Center (<http://www.telehealthresourcecenter.org/who-your-trc>). You may wish to review the Agency for Healthcare Research and Quality's

technical brief, MAT Models of Care for OUD in Primary Care Settings (<http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2350>) or the Rural Health Information Hub's Community Health Gateway (<https://www.ruralhealthinfo.org/community-health>) for models that specifically incorporate telehealth or could be modified to include a telehealth component.

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

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

You must describe the purpose and need for the proposed project, including:

- Your relationship with experiential training sites in the community and ability to place trainees;
- Your relationships with community-based organizations and non-traditional partners (e.g., emergency departments, first responders, judicial systems) to address OUD and other SUD prevention, treatment and recovery services, with emphasis on the knowledge and understanding of the specific concerns of children, adolescents and transitional-age youth who are at risk for behavioral health disorders;
- Describe the participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, and the concerns of individuals with behavioral health disorder symptoms or diagnoses, particularly children and adolescents and transitional-age youth;
- The needs of the behavioral health workforce in the local community including the training site's patient population, and a description of the expertise and training that OWEF Paraprofessional recipients will provide to address these needs;
- The behavioral health, and OUD and other SUD prevention, treatment, and recovery service needs of the community where trainees will practice. Include the information shown in Table 1 as **Attachment 4**. You must provide the source from which you obtain the county overdose rate for the location(s) of your training site(s). All data provided is subject to verification;
- The target population served in the experiential training sites described in **Attachment 4**, the community served, social determinants of health, behavioral health disparities, and how they will be addressed through the training grant;
- The needs of the applicant training program including description of the experiential training sites and pertinent didactics/courses related to OUD and other SUD prevention, treatment and recovery services;
- If applicable, your existing or developing telehealth network, its members and plans for addressing the health care service needs of at-risk populations in high need and high demand areas;

- Gaps and barriers in preparing trainees to provide integrated and/or interprofessional team based care with a focus on the OUD and other SUD population and at-risk populations; and
- The benefit to the community from the collaborative partnerships in the proposed project.

Table 1

| Site Name | Experiential Site Address (EXAMPLE: XX Main Street, Town, State, Zip code) | | Number of OWE P Students Trained | Number of trainee hours or hours in rotation | Mental Health HPSA score using the HPSA Find Tool | County Overdose Rate (Provide Rate per 100,000 Population) | Name and Link of Site from which County Overdose Rates were obtained |
|-----------|--|--|----------------------------------|--|---|--|--|
| 1 | | | | | | | |
| 2 | | | | | | | |

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

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

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

1. Description of the activities or steps, key partners, staff responsible, and timeframes during the three (3) year period of performance. Goals and objectives must be specific, measurable, achievable, realistic, and time framed;
2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and three (3) year period of performance; and
3. Identification of 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 populations and communities served.

A sample work plan can be found in at

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

Documentation of work plan must be submitted as **Attachment 10**.

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

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 objectives in this NOFO.

You must present a clear plan to:

- Recruit and train behavioral health paraprofessional trainees with a focus on OUD and other SUD prevention, treatment and recovery services, as well as demonstrate knowledge and understanding of the specific concerns of children, adolescents, and transitional-age youth in high need and high demand areas who are at risk for behavioral health disorders;
- Identify the number of trainees that will be trained focusing on OUD and other SUD prevention, treatment and recovery services;
- Develop and deliver experiential and didactic curriculum that models and develops competencies in integrated and/or interprofessional teams focusing on at risk populations in OUD and other SUD prevention, treatment and recovery services;
- Create additional slots beyond current program capacity to increase the number of students trained in high need and high demand areas with a focus on working with persons who are at risk for behavioral health disorders, including children, adolescents, and transitional-aged youth;
- Support career development, and job readiness that will prepare trainees to participate in collaborating programs to create an infrastructure of skills, expertise, and support of a behavioral health team, including how they will provide behavioral health support and services to Drug Addiction Treatment Act (DATA-waived) MAT Prescribers as part of coordinated care teams;
- Describe how you will assist students with job placement services to attain employment in facilities in high need and high demand areas; ensure there is a mechanism to provide and track trainee supervision with the evidence-supported prevention and treatment modalities used in the delivery of integrated and/or interprofessional team based practices for OUD and other SUD prevention, treatment and recovery services;
- Establish or leverage partnerships with community-based and non-traditional community organizations that serve high need and high demand areas and populations;
- Participate in training for staff, field supervisors, facilitators and training instructors to create an infrastructure of skills, expertise, and support of interprofessional teams;
- List the health care and community support services, with an emphasis on OUD and other SUD prevention, treatment, and recovery services, that will be provided via telehealth when applicable, and provide well-reasoned estimates of the number of patients that will receive care for each service during each year of the grant;

- Discuss the strategies for coordinating the integration and/or interprofessional training in community based experiential training sites, including community-based and non-traditional community partners and organizations (e.g., emergency departments, first responders, judicial systems) that serve high need and high demand areas;
- Discuss the strategies for training staff, field supervisors, facilitators and training instructors to create an infrastructure of skills, expertise, and support of a interprofessional team;
- Demonstrate a holistic approach to health care that incorporates social determinants of health; and
- Develop a logic model for designing and managing their project as **Attachment 9**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:
 - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
 - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products or deliverables of program activities); and
 - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

Discuss challenges that they are likely to encounter in designing and implementing the activities described in the work plan, and approaches to resolve such challenges. This section must include:

1. Challenges related to program objectives, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., program performance evaluation and performance measurement requirements);
2. Challenges related to the workforce development, such as recruitment and retention and education and training of paraprofessionals in high need and high demand areas;
3. Obstacles to obtaining experiential training sites with the principal focus on OUD and other SUD prevention, treatment and recovery services; and
4. Resources and plans to resolve and overcome these challenges and obstacles.

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)

Describe how you plan to monitor, evaluate, and document your project's performance.

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

1. How the applicant will monitor ongoing processes and progress toward meeting goals and objectives of the project;
2. An approach for utilizing both quantitative and qualitative data efforts to quarterly review program outcomes;
3. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured;
4. Expected outcomes of the funded activities; and
5. Description of how all key evaluative measures will be reported and disseminated.

You must submit as **Attachment 1** a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. 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.

It is required that all recipients will work collaboratively with HRSA's technical assistance provider (to be determined) for technical assistance and evaluation needs.

Performance Reporting Plan: You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.

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

Describe potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Describe your capacity to collect, validate, and report required data measures:

- Ability to provide students support for experiential training (internship or field placement);
- Ability to recruit students interested in behavioral health practice with a focus on improving student's knowledge and understanding of the specific concerns of children, adolescents and transitional-age youth in high need and high demand areas who are at risk for behavioral health disorders;
- Ability to recruit and place the students in areas with a high need and high demand population;
- Ability to develop and implement training in integrated and/or interprofessional team based practice settings;
- Ability to develop and implement field placements and internships;
- Number of students trained in behavioral health care and the number of available internships and field placements, including those in high need and high demand areas as defined in this NOFO;
- Number and demographics of trainees trained, number who complete training during the period of performance, and number of graduates who pursue employment providing behavioral health services working in high need and high demand areas;
- Number and types of organizations partnered with for field placements and job placements;
- Number of hours students trained in field placements and internships working with patients with or at-risk of developing OUD and other SUD;
- Number of interprofessional team-based care meetings;
- Number of staff, field supervisors, facilitators, and training instructors to receive training/development in OUD and other SUD prevention, treatment, and recovery; and
- Number of encounters for OUD and other SUD prevention, treatment, and recovery services involving telehealth.

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

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

The sustainability plan must include:

1. Description of specific actions applicant will take to highlight key elements of the project which have been effective in training and improving paraprofessional practice;
2. Description of actions to maintain relationships between behavioral health organizations, community-based and non-traditional community organizations, experiential training sites, and other collaborative and interprofessional partners.
3. Future sources of potential funding;

4. Timetable for becoming self-sufficient; and
5. Challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

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

1. The ability of your organization to conduct the OWEP Paraprofessionals program goal and objectives and meet program expectations;
2. Organizational and/or institutional mission and its congruence with interprofessional behavioral health services with a focus on OUD and other SUD prevention, treatment and recovery services in high need and high demand areas;
3. Organizational/institutional commitment to the promotion of a workforce that reflects the population served and provides evidence of recruitment, retention, and training efforts to that end;
4. Evidence of the capacity to provide didactic and experiential training and supervision to trainees;
5. Evidence of an adequate staffing plan as **Attachment 1** and project organizational chart as **Attachment 3**;
6. Evidence of institutional support, e.g., letters of agreement and support and resource (commitment to provide financial or in-kind resources, including institutional policy) provided in **Attachments 2 and 10**; and
7. How the unique needs of behavioral health and OUD, and other SUD and at-risk populations in the community are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile 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. When applicable, biographical sketches should include training, language fluency, and experience working with individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations.

Biographical sketches should include the following information:

1. **Senior/Key Personnel Name**
2. **Position Title**

3. **Education/Training.** Begin with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
4. **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., Project Director or Principal Investigator) in the project that is the subject of the award. There can only be one Project Director. The Project Director must be employed by the awarded applicant organization, dedicate a minimum of 20 percent of his/her time (may be in-kind or funded) to grant activities, and is encouraged to have a minimum of three (3) years of experience in the provision of services for OUD and other SUD in prevention, treatment and recovery services.
5. **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
6. **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
7. **Section D (optional) Other Support.** List both ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

You must submit as **Attachment 3** a project organizational chart.

| 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 (c) Resolution of Challenges | (2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges |
| Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability | (3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability |
| Organizational Information, Resources and Capabilities | (4) Organizational Information, Resources and Capabilities |
| Budget and Budget 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. Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, 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.

The project will be fully funded at the outset for use over the period of performance. Therefore, the SF424 Research and Related (R&R) budget form must reflect a single budget period of three years. See additional instructions under budget justification.

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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to

pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). Although there is only one SF 424 R&R budget form that is required for the entire period of performance, applicants must submit individual budgets for each 12-month increment of activity for funding requested at the time of application. This yearly breakdown must be included in the budget justification ONLY. Each year must be clear and concise, with totals for each section that aligns with the SF424 R&R budget form and MUST include a total requested per year. Applicants are required to provide a budget with at least 70 percent of a recipient’s total requested budget (direct and indirect costs) per year dedicated and distributed ONLY as tuition, fees, and supplies to students in a paraprofessional worker certificate program. These costs must be reflected under Section E, participant/trainee support costs. Stipends are not allowed for program participants or trainees.

In addition, the OWEPE requires the following:

Participant/Trainee Support Costs: List tuition/fees/supplies, travel, 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. **Reminder: Stipends are not allowable costs under this NOFO.**

You may request a maximum of \$3,000 per student to cover student support activities (i.e., tuition, fees, supplies) for the 12-month period for full-time students. Part-time student support is allowed for tuition//fees, and supplies prorated at one-half of the fixed amount for no more than 24 consecutive months.

Staff Development Costs: List the trainings, conferences, materials and travel for staff, training instructors, and facilitators for professional development. In the budget justification, identify the number of staff, the name and date(s) and cost of training or conference, travel costs, and total estimated costs.

v. Attachments

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

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

Provide any documents that describe working relationships between your organization and other entities and programs, including experiential training sites identified in the proposal, including agreements or contracts with the experiential training sites. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated by both parties.

Attachment 3: Project Organizational Chart (Required)

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

Attachment 4: Experiential Training Site Documentation (Required)

Provide a description of the experiential training site as depicted in Table 1 in the [PURPOSE and NEEDS section](#), including the number of hours per week that each trainee will participate. All data must be appropriately cited and is subject to verification.

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

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

| NON-FEDERAL EXPENDITURES | |
|--|--|
| FY 2018 (Actual) Actual FY 2018 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____ | FY 2019 (Estimated) Estimated FY 2019 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____ |

Attachment 6: Documentation of Accreditation of the Certificate Training Program (Required)

Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education or must be approved by the state government to

provide a behavioral health-related paraprofessional certificate program. Training programs must be recognized by the state government(s) within the proposed geographic coverage of the training program. Provide documentation in the form of a letter on state government letterhead. Prerequisites for certificate programs for Paraprofessionals must be at a minimum a high school diploma or GED, and the certificate must be able to lead to an associate's and/or bachelor's degree in the future, as applicable. For example, the certificate program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career.

Attachment 7: Student Commitment Letter (Required)

You must provide a copy of a student commitment letter template, through which students will commit to complete a field placement or internship, and their plan to pursue employment working with persons in OUD and other SUD prevention, treatment and recovery services in high need and high demand areas. Additionally, the commitment letter should address how the acceptance of tuition, fees, and supplies support may have an impact on the student's financial aid award.

Students receiving support through the OWEP Paraprofessionals program should be informed in advance of the institution's financial aid policies.

Attachment 8: Logic Model (Required)

You must provide a logic model that presents the conceptual framework for your project. For more information on logic models, see Section VIII.

Attachment 9: Letters of Support (As Applicable)

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

Attachment 10: Work Plan (Required)

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

Attachment 11: Documentation to Support Request for Funding Priority or Funding Preference (As applicable)

If requesting a Funding Priority or Funding Preference, include any relevant information and data to support your request, as outlined in [Section V.2](#).

Attachment 12: Other Relevant Documents (As applicable)

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 (<https://www.grants.gov/>)

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 7, 2019 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

OWEP Paraprofessionals is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

6. Funding Restrictions

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, grant funds may not be used for construction and or foreign travel.

Fringe Benefits for Trainees

Liability insurance, unemployment insurance, life insurance, health insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable costs under this grant.

Student Support Activity: At least 70 percent of an applicant's total requested budget (direct and indirect costs) per year must be used for student support activities (i.e., tuition, fees, and supplies). You may request a maximum of \$3,000 per student to cover student support activities for the 12-month period for full-time students. Part-time student support is allowed for tuition, fees, and supplies prorated at one-half of the fixed amount for no more than 24 consecutive months. **Stipends are not allowable expenses under this NOFO.**

Administration and Management: Up to 30 percent of funding is for the administration and management of the program and may be dedicated to recipient activities; e.g., student/intern support costs including travel, attendance at professional conferences, preparation for licensing exams, licenses, other allowable trainee-related expenses, 8 percent indirect cost, and other expenses the support the programmatic requirements described in this NOFO.

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

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) 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 the following FY, as required by law.

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are 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. OWEP Paraprofessionals program has five (5) review criteria:

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

Reviewers will consider whether applicants have presented a clear purpose and evidence of a significant and compelling need for behavioral health services with a focus on OUD and other SUD prevention, treatment and recovery services within training sites.

Applicants that partner with at least one training site located in high need, high demand areas, as listed in Table 1 in **Attachment 4**, as follows will receive 5 points each (10 total) if:

1. The training site(s) is/are located in Mental Health Professional Shortage Areas (HPSAs) or that is/are Facility Mental HPSAs with a score of 16 or above as found in the HPSA Find tool (<https://data.hrsa.gov/tools/shortage-area/hpsa-find>) (5 points); and/or

2. The training site(s) is/are located in a county with a drug overdose rate higher than the national average of 21.7 per 100,000 population (2017 CDC). Please provide county overdose rate in terms of population per 100,000 and indicate the source of your data (5 points).

Applicants will receive zero points if (1) they fail to include the specific addresses for the partnering training sites; or (2) if the address of the training site is not found in the HPSA Find tool.

Applicants will receive up to 15 points based upon the quality, relevance, and extent to which they:

- Describe the target population and its unmet health needs, specifically describing the lack of access to health care, with an emphasis on OUD and other SUD prevention, treatment, and recovery, experienced by patients. In particular, the applicant should include a robust discussion (using current, well-cited available data) of poverty, unemployment, and OUD and other SUD in the target service areas;
- Describe the program's ability to ensure participation in the program of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, and knowledge and understanding of the concerns of individuals with behavioral health disorder symptoms or diagnoses, particularly children and adolescents and transitional-age youth;
- Describe the needs of the behavioral health workforce in the local community including the training site's patient population, and a description of the expertise and training that OWEF Paraprofessionals recipients will provide to address these needs.
- Describe the experiential training site(s) that provide care in a coordinated, team based approach. If applicable, the paraprofessionals should provide support to physicians/nurse practitioners/physician assistants who are providing MAT treatment for OUD;
- Describe the applicant's ability to place behavioral health paraprofessionals in high need and high demand areas, with a focus on OUD and other SUD prevention, treatment and recovery services;
- Describe academic, community and non-traditional community organization partnerships (including emergency departments, judicial systems, etc.) that foster integrated and/or interprofessional training experiences for the trainees and impact the quality and access to behavioral health and OUD and other SUD prevention, treatment, and recovery services in the community;
- Identify two or more health disciplines or service providers that will be collaborating and training with the trainees supported under this NOFO in integrated and/or interprofessional team based care of OUD and other SUD services; and
- Describe, as applicable, how telehealth will be utilized to meet health and treatment needs of the target population.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(a\) Work Plan, Sub-section \(b\) Methodology/Approach and Sub-section \(c\) Resolution of Challenges](#)

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

Reviewers will consider the extent to which the application proposes a work plan, as **Attachment 10**, that (1) incorporates the [program objectives](#) and expectations of the NOFO; (2) addresses the needs in the Purpose and Need section; and (3) provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider whether you have provided the following:

- A description of the activities, timeframes, deliverables, training sites, and key partners required to address the program objectives and achieve each of the goals and objectives proposed during the project period. Goals and objectives must be specific, measurable, achievable, realistic, and time framed;
- A feasible plan for successfully completing all proposed activities and timelines within the period of performance;
- A staffing plan adequate 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 the period of performance; and
- Identification of meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including how you will establish or expand internships or field placement programs as well as interprofessional and team-based care sites that are working toward or have instituted the integration of OUD and other SUD treatment services.

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

Reviewers will consider the extent to which the application proposes a methodology that (1) aligns with and drives the work plan, (2) incorporates the program objectives and expectations of the NOFO, and (3) addresses the needs in the Purpose and Need section.

Reviewers will consider:

- The methodology used to address the stated purpose, needs, goals, and objectives of the proposed project. The methodology should include approaches, tools, strategies, and rationales, and extent to which you address the following:
- How applicants will support career development, and job readiness that will prepare trainees to participate and support a behavioral health team,

- including how they will provide behavioral health support and services to Drug Addiction Treatment Act (DATA-waived) MAT prescribers as part of coordinated care teams;
- The number of training 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 prevention, treatment and recovery services, including training related to the specific concerns of children, adolescents, and transitional-age youth in high need and high demand areas who are at risk for behavioral health disorders;
 - 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 racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;
 - The disbursement plan for the provision of tuition, fees and 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;
 - The extent to which the proposed project is innovative with supporting context;
 - The sophistication and plausibility of the logic model proposed, which explains the linkages among project elements;
 - Strong, pre-existing relationships with external partners, such as non-profit and public organizations focused on health care, social services, and behavioral health needs of these at-risk populations, and how these organizations will host student field placements and assist with career placements for graduates of the program;
 - The implementation of telehealth solutions, as appropriate;
 - The curricula, tools, and strategies for training paraprofessionals to work with the OUD and other SUD population in integrated and/or interprofessional team based care;
 - How the development of staff, facilitators and training instructors will benefit the training program and help address the opioid epidemic in the community:
 - Direct connection between the certificate offered and the support needed within the population served, including future career ladder opportunities stemming from the proposed program (i.e., how the certificate can lead to an associate's or bachelor's degree); and
 - Successful, innovative strategies to provide career development and job placement services to assist students in obtaining employment following the certificate program, including specific development activities designed to help participants gain employability skills and work experience, and assist participants in finding employment; and
 - The inclusion of and collaboration between paraprofessionals and professionals in training, OUD, and other SUD service provision activities.

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

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

Reviewers will consider:

1. Challenges related to project implementation and the achievement of the proposed goals and objectives;
2. Challenges related to the workforce development, including recruitment, retention, education and training;
3. Challenges related to leveraging community and non-traditional community organization partnerships including development of experiential training sites where trainees train to work with target population in OUD and other SUD prevention, treatment and recovery services in high need and high demand areas; and
4. Available resources and plans to resolve and overcome these challenges and obstacles.

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 the extent to which the application describes a manner to effectively report on the measurable outcomes for program performance evaluation that includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures.

Reviewers will consider the following:

- The overall quality of the evaluation plan that demonstrates 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's inclusion of 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's methodology and proposed approach for utilizing both quantitative and qualitative data efforts to quarterly review program outcomes;

- Any anticipated obstacles to the evaluation, and a proposal on how to address those obstacles;
- The feasibility and effectiveness of plans for dissemination of project results, including the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding;
- The strength of the strategy to address the health care needs of the target population (with a primary focus on OUD and other SUD prevention, treatment, and recovery and other behavioral health issues) through telehealth networks where applicable; and
- The quality of the plan to address social determinants of health during the training program.

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:

- A plan that includes sustaining key elements of the grant 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 period of performance;
- A solid plan for project sustainability after the period of federal funding ends;
- Identification of challenges to be encountered in sustaining the program, and a description of 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 dissemination of findings to appropriate audiences; and
- A plan to enhance relationships between behavioral health organizations, community-based and non-traditional community organizations, experiential training sites, and other collaborative and interprofessional 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:

- Project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments;

- Project director has the required experience, and is employed by the applicant organization as required by this NOFO;
- 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 prevention, treatment and recovery services in an integrated and/or interprofessional team based care setting;
- Evidence of the capacity to provide didactic and experiential training and supervision to paraprofessional trainees with the focus on OUD and other SUD prevention, treatment, and recovery services;
- 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 project period;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- Evidence of support and commitment by community-based and non-traditional community organizations, serving persons in high need and high demand area 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 extent to which the proposed budget for each of the budget years of the project period is reasonable in relation to the objectives, the complexity of the training activities, and the anticipated results.

Reviewers will consider:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which the budget justification clearly describes each line item and how the costs were estimated;
- The extent to which participant/trainee support (tuition/fees and supplies) is reasonable and supportive of the project objectives; The extent to which the proposal follows the budget guidelines specified in the NOFO and the [SF-424 R&R Application Guide](#); and
- The number of students and the cost per student must be clear and concisely described. The budget must include at least 70 percent for tuition/fees and supplies.

2. Review and Selection Process

The HRSA objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive priority 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. In addition to the ranking based on merit criteria, HRSA approving officials will use the funding priorities, preference, and other factors listed below in making award selection.

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

PHS Act section 756(b) outlines several eligibility requirements for these awards, including:

1. the requirement that to be eligible an institution shall demonstrate an ability to recruit and place the students in areas with a high need and high demand population.
 - For purposes of this NOFO, high need and high demand areas include at least one of the following:
 - Mental Health Professional Shortage Areas (HPSAs) or Facility Mental HPSAs with a score of 16 or above; and/or
 - Counties with a drug overdose rate that is higher than the national average of 21.7 per 100,000 population (2017 CDC)
2. participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientation;
3. knowledge and understanding of the concerns of the individuals and groups described in the previous clause, especially individuals with behavioral health disorder symptoms or diagnoses, particularly children and adolescents, and transitional-age youth;
4. any internship or other field placement program assisted under the award will prioritize cultural and linguistic competency; and
5. the recipient will provide to HRSA such data, assurances, and information as HRSA may require.

Funding Factors

Funding Priority (5 points)

Pursuant to Section 756(d)(2), HRSA shall give priority to any applicant in which training emphasizes the role of the family and the lived experience of the consumer and family-paraprofessional partnership. Applicants determined to meet the criteria for the priority will have an additional 5 points added to the final score. HRSA staff will determine the funding priority. **In order to qualify, you must provide supporting information and data in Attachment 11.**

Funding Preference

Section 791 of the Public Health Service Act requires a funding preference for any qualified application ranked at or above the 20th percentile of proposals that have been recommended for approval by the peer review group that:

- Has a high rate for placing trainees in practice settings having the principal focus of serving residents of medically underserved communities (**Qualification 1** as described below); or
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing trainees in such settings (**Qualification 2** as described below).

Qualification 3 serves as a pathway for new programs (defined in Section 791(c)(2) as those having graduated fewer than three classes) to compete equitably. New programs that meet at least four of the criteria described under **Qualification 3** below shall qualify for a funding preference under this section.

In order to request a funding preference under this funding notice, applicants must submit as **Attachment 11** the Qualifications they meet and any information and/or data to support the requested funding preference:

- **Qualification 1** – Applicants who wish to request funding preference under this qualification must demonstrate that the percentage of graduates/program completers placed in practice settings serving medically underserved communities for Academic Year (AY) 2016-2017 and AY 2017-2018 is greater than or equal to fifty (50) percent. You must submit the following documentation in **Attachment 11**.

| Graduate(s) | Practice Setting Address | Use the following link to document the federal designation(s) used to determine graduate's/program completer's practice in medically underserved communities: https://data.hrsa.gov/ (Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs) <ul style="list-style-type: none"> • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population <u>or</u> • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA |
|-------------|--------------------------|---|
| 1 | | |
| 2 | | |
| 3 | | |

$$\begin{array}{r}
 \text{\# of Graduates/Program Completers in AY16-17} \\
 \text{Employed in MUCs} \\
 \text{Plus} \\
 \text{\# of Graduates/Program Completers in AY17-18} \\
 \text{Employed in MUCs} \\
 \text{High Rate} = \frac{\text{-----}}{\text{Total \# of Graduates/Program Completers}} \times 100 \\
 \text{in AY 16-17} \\
 \text{Plus} \\
 \text{Total \# of Graduates/Program Completers} \\
 \text{in AY 17-18}
 \end{array}$$

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

Applicants who wish to request funding preference under this qualification demonstrate a twenty five (25) percent increase of placing graduates/program completers in medically underserved communities from AY 2017-2018 and AY 2016-2017. Applicants who wish to request funding preference under Qualification 2 must submit as **Attachment 11** the following documentation:

| Graduate(s) | Practice Setting Address | Use the following link to document the federal designation(s) used to determine graduate’s practice in medically underserved communities: https://data.hrsa.gov/ (Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs) <ul style="list-style-type: none"> • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population <u>or</u> • Governor’s Certified Shortage Area for Rural Health Clinic purposes HPSA |
|--|--------------------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| $ \begin{array}{r} \text{\# of Graduates/Program Completers in AY-17-18} \\ \text{Employed in MUCs} \\ \text{-----} \\ \text{Total \# of Graduates/Program Completers in AY 17-18} \\ \text{Significant Increase} = \text{Minus} \text{-----} \times 100 \end{array} $ | | |

of Graduates/Program Completers in AY16-17
Employed in MUCs

Total # of Graduates/Program Completers in AY
16-17

- **Qualification 3** – To permit new programs to compete equitably for funding under this section, those new programs that meet at least four (4) of the criteria shall qualify for a funding preference. New Program means any program that has graduated/completed less than three classes and not grant programs, specialized tracks or population focus, or rotations within a school or program. Applicants who wish to request funding preference under Qualification 3 must submit as **Attachment 11** documentation that they have graduated less than three (3) classes and meet at least four (4) of the following criteria:
 - a) The training organization’s mission statement includes preparing health professionals to serve underserved populations.
 - b) The curriculum of the program includes content that will help to prepare practitioners to serve underserved populations.
 - c) Substantial clinical training in MUCs is required under the program.
 - d) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
 - e) The entire program or a substantial portion of the program is physically located in a MUC.
 - f) Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
 - g) The program provides a placement mechanism for helping graduates find positions in MUCs.

To award funding preference, HRSA staff will review data submitted in **Attachment 11**, and will determine whether the applicant meets the preference. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

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](#)).

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

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

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](#).

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Requirements under Subawards and Contracts under Grants

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients 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](#) and the following reporting and review activities:

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

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

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

Further information will be provided in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks on an annual basis. All recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010. The required performance measures for this program are outlined in the Project Narrative Section IV’s Impact Sub-section (a). Further information will be provided in the NoA.

The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends.

- 3) **Final Report.** A final report is due within 90 days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide BHW with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the NoA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. Information that is more specific will be included in the NoA.
- 5) **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 request additional information regarding business, administrative, or fiscal issues related to this NOFO by contacting:

William Weisenberg, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0856
Email: [wweißenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

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

Nicole M. Wilkerson
Behavioral and Public Health Branch, Division of Nursing and Public Health

Attn: Opioid Workforce Expansion Program-Paraprofessionals
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 11N128
Rockville, MD 20857
Email: OWEP-Para@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 a.m. to 8 p.m. ET, excluding federal holidays, at:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website:
https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. 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:

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

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

Program Definitions:

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to OWEP for FY 2019.

Centers for Disease Control and Prevention (CDC) – One of the major operating components of the Department of Health and Human Services. The CDC's mission is to protect America from health, safety and security threats, both foreign and in the U.S.

DATA-waived — The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid dependency treatment. Qualified physicians are permitted to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications (medications that have a lower risk for abuse, like buprenorphine) in settings other than an opioid treatment program (OTP) such as a methadone clinic. OTPs provide medication-assisted treatment (MAT) for people diagnosed with an opioid use disorder. In order to prescribe or dispense buprenorphine, physicians must qualify for a physician waiver, which includes completing eight hours of required training, and applying for a physician waiver. Physicians are then permitted to treat opioid dependency with narcotic medications approved by the Federal Drug Administration (FDA), including buprenorphine, in treatment settings other than opioid treatment programs.

Health center – For the purposes of this notice, the term “health center” means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended (HRSA 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, SUD, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care.

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

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

Areas (HPSAs) and/or a Facility Mental HPSA with a score of 16 or above, or Counties that have a drug overdose rate that had higher than the national average of 21.7 per 100,000 population per the CDC in 2017.

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

Integrated Care – A graduated spectrum of health services wherein a facility delivers primary care services and coordinates with behavioral health care, oral health care, and/or public health strategies and interventions.

Internship – A type of training activity that can either be: a) a component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

Medically Underserved Community – A geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes.

Medicated Assisted Treatment (MAT) –MAT, including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat SUD.

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

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

State-licensed mental health nonprofit and for-profit organization - These organizations include, but are not limited to, entities licensed or certified by an authorized political subdivision or instrumentality of a State to provide training in mental health, including those organizations with a scope of practice focused on OUD and other SUD prevention, treatment and recovery services. For the purposes of this NOFO, these organizations may include academic institutions, including universities, community colleges, and technical schools. Native American tribal organizations may

meet this definition if appropriately licensed by an applicable Tribal government or political subdivision.

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.

Transitional Age Youth — Individuals who are 16-24 years old, falling in between older adolescence (15-16) and young adulthood (24-26).

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>.