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

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

Maternal and Child Health Collaborative Office Rounds (MCH COR)

Announcement Type: New and Competing Continuation
Funding Opportunity Number: HRSA-17-110
Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: March 20, 2017

MODIFIED on March 3, 2017:
Corrected project officer's phone number on cover

MODIFIED on February 7, 2017:
Clarified objective to indicate collaboration should be between primary care providers and developmental-behavioral pediatricians and child psychiatrists.
Pages 1, 10, 13, 22, 23, 32, and 33.

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date: January 10, 2017 (initial)

Rita Maldonado, MPH
Project Officer, Division of MCH Workforce Development
E-mail: rmaldonado@hrsa.gov
Telephone: (301) 443-3622
Fax: (301) 443-4842

Authority: Social Security Act, Title V, § 502(a)(2) (42 U.S.C. 702(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau is accepting applications for fiscal year (FY) 2017 Maternal and Child Health Collaborative Office Rounds (MCH COR). The purpose of this program is to enhance the knowledge and skills of community-based, primary care providers in addressing the mental/behavioral health conditions of their patients. The program supports continuing education in psychosocial developmental aspects of child health that emphasizes the practical challenges confronted by community-based practitioners.

Funding Opportunity Title:	Maternal and Child Health Collaborative Office Rounds (MCH COR)
Funding Opportunity Number:	HRSA-17-110
Due Date for Applications:	March 20, 2017
Anticipated Total Annual Available Funding:	$150,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Award Amount:	Up to $15,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2022 (5 years)
Eligible Applicants:	Public and nonprofit private institutions of higher learning. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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

Technical Assistance

A technical assistance webinar has been scheduled to help you understand, prepare, and submit your application. The webinar is scheduled for Thursday, February 02, 2017 from 2:00 p.m. to 3:00 p.m. ET. The webinar portion of the technical assistance session can be accessed at https://hrsa.connectsolutions.com/mchcor/. Audio for the call can be accessed at: Toll-Free Number – (888) 469-0646, passcode, 2855640.
A recording of this technical assistance session will be available until Sunday, April 2, 2017 at: Toll-Free Number–(800) 813-5526; Passcode–2217.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Maternal and Child Health Collaborative Office Rounds (MCH COR). The purpose of this program is to enhance the knowledge and skills of community-based, primary care providers in addressing the mental/behavioral health conditions of their patients. The program supports continuing education in psychosocial developmental aspects of child health that emphasizes the practical challenges confronted by community-based, primary care practitioners. The objectives of this program are to:

- enhance primary care provider understanding of psychosocial aspects of child development, disorders, and disability
- increase provider ability to help children and families address these issues
- expand provider ability to distinguish between transient disturbances and more serious psychiatric disorders which require referral
- promote collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists
- facilitate a comprehensive approach to health supervision, such as outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*

2. Background

This program is authorized by § 502(a)(2), Title V of the Social Security Act (42 U.S.C. 702(a)(2)).

Rationale for the MCH COR Program

Approximately 1 in 4 children 4 months to 5 years of age are at a moderate or high risk of developmental, behavioral, or social delay.[1] Primary care physicians are often able to identify severe behavioral health problems in children (e.g., depression), but may have more difficulty identifying psychosocial problems with mild symptomatology leading to overall under-identification of children with developmental or behavioral problems.[2]

[1] National Survey of Children's Health. (n.d.). NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 7/18/2016 from www.childhealthdata.orghttp://www.childhealthdata.org.

[2] Steele, M. M., Lochrie, A. S., & Roberts, M. C. (2010). Physician identification and management of psychosocial problems in primary care. *Journal of Clinical Psychology in Medical Settings,* 17(2), 103-115. doi:10.1007/s10880-010-9188-1

In addition to under-identification, other barriers may limit access to behavioral health care. Specifically, primary care physicians report more difficulty obtaining mental health services for their patients than getting other specialty services, limited time during the primary care visit, a lack of adequate payment mechanisms, and current primary care pediatric training programs and rotations do not address behavioral health.[3,4,5,6,7,8,9]

Specific gaps and training needs for primary care providers with respect to the behavioral health needs of children include: 1) early identification of developmental and behavioral problems, 2) identification of anxiety and depression, including as a result of trauma, and 3) help in the management of behavioral health issues.[10,11,12,13]

Since 1989, MCHB has supported the MCH Collaborative Office Rounds (COR) program. This model is intended to foster joint pediatric-child psychiatry communication and education through the use of regular meetings, including both case-based discussions and didactic sessions. Each program convenes regular meetings co-moderated by one pediatrician and one child psychiatrist. Members are predominantly community-based, primary care practitioners, including pediatricians, nurse practitioners and physicians assistants, child psychiatrists, and psychologists. Fellows in pediatrics and child psychiatry may also attend but may not count toward the minimum of 10 participants. To maximize participation by primary care practitioners who work with underserved populations, meetings may be conducted either in person or virtually. Because of the shortage of specialists available to serve the mental/behavioral health needs of patients, COR groups aim to equip primary care providers with increased ability to identify which cases they can address in their practice and which should be referred to a specialist.

The MCH COR program is an effective approach to improving COR participants' knowledge of, expertise, and confidence in serving patients with mental and behavioral health needs, as shown in a recent evaluation conducted by HRSA's Office of Research and Evaluation.[14]

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[3] Cunningham, P. Beyond Parity: Primary care physicians' perspectives on access to mental health care. *Health Affairs* Web Exclusive, April 14, 2009, w490-w501.

[4] O'Keeffe, M. (2014). Clinical competence in developmental-behavioural paediatrics: Raising the bar. *Journal of Paediatrics & Child Health,* 50(1), 3-10. doi:10.1111/jpc.12238

[5] American Academy of Pediatrics. (2009). Policy Statement—The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care. *Pediatrics,* 124(1), 410-421.

[6] *Stancin, T., & Perrin, E. C. (2014). Psychologists and pediatricians: opportunities for collaboration in primary care. American Psychologist, 69(4), 332-343. doi:10.1037/a0036046*

[7] Bo*reman, C. D., Thomasgard, M. C., Fernandez, S. A., & Coury, D. L. (2007). Resident Training in Developmental/Behavioral Pediatrics: Where Do We Stand? Clinical Pediatrics, 46(2), 135-145.*

[8] *Leslie, L., Rappo, P., Abelson, H., Jenkins, R. R., Sewall, S. R., Chesney, R. W., & ... Alden, E. R. (2000). Final report of the FOPE II Pediatric Generalists of the Future Workgroup. Pediatrics, 106(5), 1199-1223.*

[9] *Stein, R. K. (2015). Are We on the Right Track? Examining the Role of Developmental Behavioral Pediatrics. Pediatrics, 135(4), 589-591.*

[10] *Steele et al., Ibid.*

[11] American Academy of Pediatrics. (2009)*., Ibid.*

[12] *Stancin, T., & Perrin, E. C., Ibid.*

[13] *Sheldrick, R. C., Merchant, S., & Perrin, E. C. (2011). Identification of Developmental-Behavioral Problems in Primary Care: A Systematic Review. Pediatrics, 128(2), 356-363.*

[14] *Division of Maternal and Child Health Workforce Development* https://mchb.hrsa.gov/training/projects.asp?program=3

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

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

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

Over the past 2 years, MCHB has worked in partnership with state Title V MCH programs, national MCH leaders, and stakeholders to develop a vision for transforming the MCH Block Grant to better meet the challenges facing our nation's mothers and children, including children with special health care needs. The transformation aimed to reduce reporting burden for states, maintain state flexibility in meeting their unique MCH population needs and improve federal and state program accountability. The changes are intended to drive improvements throughout the program, but they are particularly noticeable in the revision of the performance measure framework.[15] To assist with these goals, MCHB designed a three-tiered framework for transforming performance measures that demonstrate direct contributions of Title V programs to improve health outcomes. The performance measure framework includes: National Outcome Measures (NOMs), National Performance Measures (NPMs), State Performance Measures, and state-initiated Evidence-based or-informed Strategy Measures (ESMs).

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

The Title V MCH Block Grant legislation directs states to conduct a comprehensive, state-wide maternal and child health (MCH) needs assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and children with special health care needs (CSHCN). From this assessment, states select priorities for focused programmatic efforts over the 5-year reporting cycle. Data reported by the states demonstrate the need for training MCH leaders in adolescent and young adult health to meet the priority needs of the states. In 2015, the 59 states and jurisdictions conducted their 5-year needs assessments, and

[15] http://mchb.hrsa.gov/programs/titlevgrants/index.html

the priority needs that states identified prominently featured adolescent health issues. Of the 59 states and jurisdictions funded under the Title V Block Grant, all 59 states identified at least one priority focusing on adolescent health. Of the 504 priority needs identified across the states and jurisdictions, 21.6 percent (i.e. 109 priority needs) focus on issues that are important to adolescent and young adult health, such as access to primary and preventive health and specialty care; healthy lifestyles, particularly around overweight and obesity, nutrition and exercise; injury prevention; reproductive health; mental health; and risk factors associated with tobacco and substance use.[16]

Information on the MCH Title V Block Grant Transformation Plan can be found at: http://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program.

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

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

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

- Goal 1: MCH Workforce and Leadership Development: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academia and policy.

- Goal 2: Diversity and Health Equity: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and health care.

- Goal 3: Interdisciplinary/Inter-professional Training and Practice: Promote interdisciplinary/inter-professional training, practice and inter-organizational collaboration to improve the quality of care by enhancing systems integration for MCH populations.

- Goal 4: Science, Innovation and Quality Improvement: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.

[16] Title V Information System (TVIS), https://mchb.tvisdata.hrsa.gov/

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

- *Trainees* who show promise to become leaders in the MCH field through teaching, research, clinical practice, service, and/or administration and policymaking;

- *Faculty* who mentor students in exemplary MCH public health practice, advance the field through research, develop curricula particular to MCH and public health, and provide technical assistance to those in the field; and,

- *Continuing education and technical assistance* for those already practicing in the MCH field to keep them abreast of the latest research and practices.

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation.

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $150,000 is expected to be available annually to fund 10 recipients. You may apply for a ceiling amount of up to $15,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2017 through June 30, 2022 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the MCH COR program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

The indirect cost rate for all MCH Training programs is capped at eight percent (8%).

III. Eligibility Information

1. Eligible Applicants

Per the Social Security Act, Title V, § 502(a)(2)(A) and 42 CFR § 51a.3 (b), public or nonprofit private institutions of higher learning are eligible. An "institution of higher learning" is defined as any college or university accredited by a regionalized body or bodies approved for such purpose by the Secretary of Education, and any teaching hospital which has higher learning among its purposes and functions and which has a formal affiliation with an accredited school of medicine and a full-time academic medical staff holding faculty status in such school of medicine.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Institutions of higher learning that have multiple pediatrics and/or child psychiatry programs are limited to one application.

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

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

NOTE: Multiple applications from an organization are not allowable.

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

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

IV. Application and Submission Information

1. Address to Request Application Package

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

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R Application Guide* in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, and all attachments required in HRSA's *SF-424 R&R Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (reminder: biographical sketches and letters of commitment and support **do** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

Program-Specific Instructions

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

i. *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 NEED*

  Briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 NEED*

  Outline the needs of the community and/or organization in relation to the proposed program. The target population and its unmet health needs must be described in this section. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. You should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying your target population. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that will be served by the proposed project.

  1) The background of the proposal including identification of and critical evaluation of the national need/demand for continuing education in psychosocial developmental aspects of child health that the program proposal aims to address.

  2) How the proposed program will address the identified unmet behavioral health workforce needs/demand and how these efforts relate to the stated purpose of the award program.

  3) How the proposed program will provide training needed by health professionals to serve and provide care to children in their geographic area.

See Section VIII. Other Information for resources that may be helpful in forming your needs assessment.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 RESPONSE and 4 IMPACT*

  1) Goals and Objective(s)

  State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be "SMART", specific, measurable, achievable, realistic and time-phased.[17]

  2) COR Group Composition

  Faculty Qualifications
  Describe faculty composition and qualifications. Faculty must include at least one pediatrician and one child psychiatrist as co-moderators. A substitute moderator for each should be designated so that both a pediatrician and a child psychiatrist are present consistently in moderator roles. Both the primary pediatrician and the substitute must have demonstrated expertise and experience in the field of developmental behavioral pediatrics. Visiting faculty may be brought in as consultants or speakers.

  Members
  The group should be maintained at a minimum of 10 members, in addition to the two moderators. Participants will be predominantly primary care practitioners. In addition, fellows in pediatrics and child psychiatry and community child psychiatrists and psychologists may be members of the COR group but may not count toward the minimum of 10 members. Regular attendance by all participants should be the norm. Visitors/auditors might attend for education or training purposes as long as their numbers and pattern of attendance are not disruptive. COR members should reflect the racial, ethnic, and cultural diversity of the target population. A comprehensive plan should outline how members will be recruited and retained.

  3) COR Group Structure

  Meetings
  Meetings should be at regular intervals and for set periods of time. A schedule of no fewer than 10, 1-hour meetings will be considered. Meetings may be limited to the academic year.

  Format
  The format should be a case oriented approach to pursue the COR group's objectives. The process should be sensitive to differences among members' training, experience, and/or specialty. In addition to case material, the focus may

[17] https://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf

also be on consultative activities to community agencies, including activities that deal with systems and facilities. Case materials may be supplemented with didactic material.

Technology
The program is encouraged to incorporate the use of web-based technology for communication and information acquisition and processing, including distance learning modalities, to expand the reach of the program and to reach primary care providers who may not be able to participate in person. Programs should use principles of adult learning and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools, as appropriate. Tele-health and tele-consultation are encouraged to expand the reach of COR programs to practicing professionals to rural and underserved areas.

Location and Timing
Location and timing of the meetings, whether in person or virtually, must be sufficiently convenient to facilitate sustained participation.

Confidentiality
All COR group participants must adhere fully to the highest professional standards with regard to confidentiality.

Exclusively Educational Activity
Funds awarded for a COR group program may be used only for expenses clearly related to and necessary for COR educational activities. COR groups may support continuing medical education (CME) credit for practitioners. Funds may not be used to support service delivery or research.

4) Curriculum

In order to foster joint pediatrics—child psychiatry continuing education in the psychosocial development aspects of child health, the curriculum should emphasize approaches to the practical challenges confronted by community-based primary care practitioners. The curriculum should: 1) enhance understanding of psychosocial aspects of child development, disorders, and disability, 2) increase providers' ability to help children and families deal with these issues, 3) expand providers' ability to distinguish between transient disturbances and more serious psychiatric disorders which require referral, 4) collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists, and 5) facilitate a comprehensive approach to health supervision, such as outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. The curriculum should also include content in cultural competence, family-centered care, and professional ethics.

Cultural Competence
The curriculum should include content about various service provision models and approaches. The curriculum must also include content on the differing social, cultural, and health practices of various groups, and the implications of these

relative to health status and provision of health care. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services which provide family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community.

Family-Centered Care
The curriculum must also include content about family-centered care that ensures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-centered care is the standard of practice which results in high quality services.

Resources
The curriculum must identify community resources and the systems of care available to support patients as related to the discussion topics.

Emerging Issues
Curriculum must reflect awareness of emerging health problems and practice issues, such as those outlined in Healthy People 2020 National Objectives. Emerging public health issues also include health disparities, changing demographics and health system transformation.

Submit the proposed curriculum in **Attachment 1**.

5) Dissemination of Educational Resources

As COR programs revise and develop new curricular materials and other educational resources and references in response to new research findings and developments in the field, they should disseminate information about these and make them available to other COR programs, and/or other relevant clinical and training programs in order to enhance attention to MCH programs without this emphasis.

6) Awardee Meetings

Interchange with other programs is required. Each COR group is expected to support the two moderators to participate in one virtual awardee meeting each project year. This awardee meeting is designed to promote productive interchange and assist in the development of the COR group as a concept and a process.

7) Sustainability

A plan for project sustainability after the period of federal funding ends is required. 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.

- *WORK PLAN AND LOGIC MODEL -- Corresponds to Section V's Review Criteria 2 RESPONSE and 4 IMPACT*

  1) Work Plan

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

  - Provide detailed descriptions of recruitment, planning, and conduct of COR meetings and evaluation activities.

  - Describe the expertise, role(s), responsibilities, and contributions of any partners or sub-recipients who will be involved in completing specific tasks. Include any letters of agreement in **Attachment 4.**

  Submit the proposed project's work plan in **Attachment 2**.

  2) Logic Model

  Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model 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 is supporting resources. Assumptions should be based 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)

  - Outcomes (i.e., the results of a program, typically describing a change in people or systems)

Submit the proposed project's logic model in **Attachment 2**.

See Appendix B for the overall logic model for the MCH COR Program.

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

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

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

  Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary award projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, award activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded.

  A formal plan for evaluating the training program must address how the major goals and objectives of the project will be achieved. All applicants will include a formal plan for evaluating program reach and impact.

  - Demographic information should document the COR participants' disciplines and information about their practices and patient population served. This information will be used to determine the reach of the COR group and the extent to which the participants are serving underserved populations.

  - Assessment of program participants' change in knowledge, skills, and practice especially in regard to recognizing, treating, and referring patients with behavioral health needs. Recipients will measure change in program participants' knowledge of the psychosocial aspects of child development and their ability to distinguish between transient disturbances and more serious psychiatric disorders which require referrals, and collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists.

  - Recipients will also evaluate changes in participants' practice due to COR participation, including screening for mental health issues, psychosocial services provided, referrals, and implementation of best practices.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to elicit information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Explain how data will be used for continuous quality improvement of the program. Data analysis and reporting must facilitate evaluation of the project outcomes.

Describe who on the project will be responsible for refining, collecting, and analyzing data for the evaluation and how the applicant will make changes to the program based on evaluation findings. Present a plan for collecting the performance and administrative data elements described in Section VI. Reporting.

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

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

1) Organizational Structure

Provide information on your organization's current mission and structure and scope of current activities. Describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program.
Describe the physical and/or virtual setting(s) in which the COR meetings will take place, including the location and timing to allow participation of members.

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

2) Preliminary Work Summary

Submit a brief description of work to demonstrate the organization's impact in providing continuing education to primary care providers relevant to the psychosocial developmental aspects of child health. It should include:

(1) <u>The period covered (dates).</u>

(2) <u>Specific objectives</u> - Briefly summarize the specific objectives of the project.

(3) Participants – Include the number and demographic information about the primary care providers who participated, including the size and description of their current patient population.

(4) Results – Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

A clear preliminary work summary can provide a record of accomplishments related to the purpose of this FOA and help establish the experience and competence of the project team to pursue the proposed project and the likelihood of success of the proposed project. The preliminary work summary will be evaluated as part of Review Criterion 5: Resources and Capabilities.

3) Staffing Plan

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 3** (Staffing Plan and Job Descriptions). However, the biographical sketches must be uploaded in the SF-424 R&R Senior Key Person Profile form, accessed in the Application Package under "Mandatory."

Faculty must include at least one pediatrician and one child psychiatrist as co-moderators and substitute moderators so that both a pediatrician and a child psychiatrist are present consistently in moderator roles. Both the primary pediatrician and the substitute must have demonstrated expertise and experience in the field of developmental behavioral pediatrics. Visiting faculty may be brought in as consultants or speakers.

Programs must document appropriately qualified core faculty with adequate time commitment to participate fully in all components of the training program. The purpose of providing award support for faculty salaries is to ensure dedicated time for meeting the objectives of the training program. Faculty at an organizational level superior to that of the project director, or who are not subject to the project director's administrative direction, such as academic deans, department chairs and others in similar positions, while highly valued faculty, may serve as in-kind faculty, but not receive payment from project funds unless special permission is obtained from DMCHWD.

Biographical Sketches

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

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

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

- *Professional Information.* At the top of page 1, include Name, Position Title, Education/Training including: institution and location, degree, month/year degree attained, field of study.

- *Personal Statement*. Briefly describe why you are well-suited for your role(s) in the project described in this application.

- *Positions and Honors*. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

- *Contribution to the Field*. Reference up to five of your most significant contributions to the field, including peer-reviewed publications or other non-publication products).

- *Project Support.* List both selected ongoing and completed research or training projects for the past 3 years (federal or non-federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.*

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

NARRATIVE GUIDANCE In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan and Logic Model	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities and (6) Support Requested
Budget and Budget Narrative (below)	(6) 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.

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.

In addition, the MCH COR program requires the following:

The level of support available is intended to build upon existing resources. It is assumed that applicant institutions will already have basic elements necessary for a training program. It is expected that support for COR meetings will be a significant portion of requested award funds.

Awards are subject to adjustment after program and peer review. If this occurs, program components and/or activities will be negotiated to reflect the final award.

Reviewers will deduct points from applications for which budgets are not thoroughly justified.

Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." As of January, 2017, the Executive Level II salary limitation is now $187,000 (formerly $185,100) and the HRSA Application Guide will be updated accordingly in the near future. Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

In addition, the MCH COR program requires the following:

Plan to participate in annual virtual COR awardee meetings and program calls on a bi-monthly, or quarterly basis, as needed.

v. *Program-Specific Forms*

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

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

2) Performance Measures for the MCH COR Program

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

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

vi. *Attachments*

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

Attachment 1: Curriculum, required

Provide the MCH COR curriculum or detailed plan of meeting topics.

Attachment 2: Work Plan and Logic Model, required

Attach the work plan and logic model including all information detailed in Section IV. ii. Project Narrative.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide), required*

Keep each job description to a maximum of one page in length. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific), required

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Tables, Charts, etc., optional

Provide tables or changes intended to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachments 6-15: Other Relevant Documents, optional

While a total of 15 attachments is allowed, only include additional attachments as needed. Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *March 20, 2017 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The MCH COR Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

Funding requests may be for a project period of up to 5 years, at no more than $15,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's

objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds may not be used to support service delivery or research.

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

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The MCH COR Program has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT

- The extent to which the proposed program responds to the purpose of the MCH COR program.

- The extent to which the application describes the problem and associated contributing factors to the problem.

- The extent to which the target population and their needs are described, including demographic data and barriers to accessing behavioral health resources.

- The extent to which the applicant demonstrates how the proposed program will address the identified unmet health workforce development need/demand and how these efforts relate to the stated purpose of the program.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN AND LOGIC MODEL, and RESOLUTION OF CHALLENGES

- The strength of the proposed goals and objectives and their relationship to the identified project.

- The extent to which the objectives are time-framed and measurable.

- The extent to which the activities, described in the application, are appropriate and flow logically to describe the activities or steps that will be used to carry out each proposed goal and objective.

- The extent to which the overall approach to training is thoughtful, logical, and innovative.

- The extent to which the program proposes to use technology to reach primary care providers who may not be able to participate in person.

- The extent to which the applicant presents a comprehensive plan for recruiting racially, ethnically, and culturally diverse COR participants.

- The extent to which the COR curriculum addresses cultural competence, family-centered services, and professional ethics.

- The extent to which the curriculum will: 1) enhance primary care provider understanding of psychosocial aspects of child development, disorders, and disability, 2) increase provider's ability to help children and families deal with these issues, 3) expand provider ability to discriminate between transient disturbances and more serious psychiatric disorders which require referral, 4) promote collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists, and 5) facilitate a more comprehensive approach to health supervision, such as outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*.

- The extent to which the COR curriculum will foster joint pediatrics – child psychiatry continuing education in the psychosocial development aspects of child health, and emphasize approaches to the practical challenges confronted by community-based practitioners.

- The extent to which the curriculum will identify community resources and systems of care available to support the patients as related to the discussion topics.

- The extent to which the program will ensure the COR group will meet 10 times per year and maintain a minimum of 10 members/participants.

- The extent to which the applicant describes the expertise, role(s), responsibilities, and contributions of any partners or potential sub-recipients who are intended to be involved in completing specific tasks in the proposed program.

- The degree to which the logic model presents a conceptual framework of the proposed project demonstrating links among the program elements.

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

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

- The strength of the process proposed to monitor and evaluate the project results.

- The degree to which the proposal presents evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The strength of the project plan to incorporate feedback from evaluation findings for continuous quality improvement.

- The strength of the plan to provide an estimate of the program's reach to the target population through collection of participants' demographic information and description of their patient populations.

- The strength of the plan to measure change in program participants' knowledge of the psychosocial aspects of child development, and their ability to distinguish between transient disturbances and more serious psychiatric disorders, which require referrals, and collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists.

- The strength of the plan to measure changes in participants' knowledge, skills, and practice due to COR participation, including screening for mental and/or behavioral health issues, psychosocial services provided, referrals, and implementation of best practices.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN AND LOGIC MODEL

- The extent to which the proposed impact of the program is outlined in the logic model.

- The strength of the plan for dissemination of training materials to other COR programs or other relevant clinical and training programs.

- The extent to which project results may be national in scope and the degree to which the project activities are replicable.

- The strength of the plan to sustain the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's *ORGANIZATIONAL INFORMATION*

- The application identifies one pediatrician and one child-psychiatrist as co-moderators as well as substitute moderators from the same disciplines.

- The extent to which the moderators are qualified by training and/or expertise to conduct and lead the COR group, including that both the primary and substitute pediatricians have demonstrated expertise and experience in the field of developmental behavioral pediatrics.

- The extent to which the person identified on the project as responsible for refining, collecting, and analyzing data for evaluation is qualified.

- The extent to which the described physical and virtual resources are adequate to perform the training and facilitate full participation of primary care providers and other clinicians serving youth.

- The extent to which the preliminary work summary indicates that the applicant has successfully implemented a program similar to COR.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to BUDGET AND BUDGET NARRATIVE

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

- The extent to which costs, as outlined in the budget and required resources sections for all 5 years of the project period, 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 budget line items are well described and justified in the budget justification.

2. Review and Selection Process

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

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 R&R Application Guide*.

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

3. Reporting

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

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

The new reporting package can be reviewed at: https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

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

The successful applicant under this FOA must comply with Section 6 of 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. Further information will be provided in the award notice.

2) Final Report Narrative. The recipient must submit a final report narrative to HRSA after the conclusion of the project.

3) Performance Reports. HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

a) Performance Measures and Program Data

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

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

Performance Measures:
Core Measures
Core 1: Grant Impact
Core 2: Quality Improvement
Core 3: Health Equity

Capacity Building Measures
CB 5: Scientific Publications
CB 6: Products

Program Specific Measures:
Training 2: Cultural Competence

MCH Training Program Forms
Products, Publications, Submissions Data Form
Faculty and Staff Information
Short Term Trainees
Continuing Education

b) Performance Reporting Timeline

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

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

c) Project Period End Performance Reporting

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

VII. Agency Contacts

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

Denise Boyer
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N-146B
Rockville, MD 20857
Telephone: (301) 594-4256
Fax: (301) 594-4073
E-mail: dboyer@hrsa.gov

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

Rita Maldonado, MPH
Public Health Analyst
Division of Maternal Child Health Workforce Development
Attn: MCH Collaborative Office Rounds (COR)
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, MailStop Code: 18W13A
Rockville, MD 20857
Telephone: (301) 443-3622
E-mail: rmaldonado@hrsa.gov

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

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

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

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

VIII. Other Information

Needs Assessment Resource:

"A Summary of Current Title V Workforce Needs" 2014 published by the National MCH Workforce Development Center is available at http://www.mchb.hrsa.gov/training/documents/NMCHWDC_Summary-2014-09-11.pdf

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A technical assistance webinar has been scheduled to help you understand, prepare, and submit your award application. The webinar is scheduled for Thursday, February 02, 2017 from 2:00 p.m. to 3:00 p.m. ET. The webinar portion of the technical assistance session can be accessed at: https://hrsa.connectsolutions.com/mchcor/. Audio for the call can be accessed at: Toll-Free Number-(888) 469-0646; Passcode-2855640. A recording of this technical assistance session will be available until Sunday, April 2, 2017 at: Toll-Free Number–(800) 813-5526; Passcode–2217.

IX. Tips for Writing a Strong Application

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

APPENDIX A: MCH COR Grants by State

- Children's National Medical Center (Washington, DC)
- Dartmouth – Hitchcock Medical Center (Hanover, NH)
- Johns Hopkins University (Baltimore, MD)
- University of Minnesota (Minneapolis, MN)
- The Research Institute at the Nationwide Children's Hospital (Columbus, OH)
- University of Michigan (Ann Arbor, MI)
- Yale University (New Haven, CT)
- University of Illinois at Chicago (Chicago, IL)
- University of California, San Francisco (San Francisco, CA)

APPENDIX B: MCH COR Logic Model

Program Title: MCH Collaborative Office Rounds (COR)

Purpose: This announcement solicits applications for MCH Collaborative Office Rounds (COR). The purpose of this program is to foster joint pediatrics-child psychiatry continuing education in psychosocial development aspects of child health, utilizing a study group approach that emphasizes the practical challenges confronted by community-based practitioners.

Objectives:

- To enhance understanding of psychosocial aspects of child development, disorders, and disability and increase practitioners' ability to help children and families deal with these issues
- To expand power to discriminate between transient disturbances and more serious psychiatric disorders which require referral as needed
- To promote collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists
- To facilitate a more comprehensive approach to health supervision, such as outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*.

Project Period: 5 years
Amount: $750,000 total; $150,000 per year total; $15,000 per recipient, per year
Anticipated Number of Awards: 10

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCT/SYSTEMS		
Partners and resources	Activities to create/improve health/service systems and infrastructure	Health/service systems and infrastructure created to support desirable systems behaviors	Health/service systems behaviors that lead to improved health outcomes	Improved health and wellness outcomes for population/ sub-population
Recipient Org. • Public or nonprofit private institutions of higher learning • One pediatrician and one child psychiatrist serve as co-moderators	• Recruit COR group members including community-based primary care providers, community child psychiatrists and psychologists • Develop curriculum and optimal meeting format	• COR members demonstrate improved knowledge, skills and abilities to recognize, treat and refer patients with behavioral health needs, such as: 1) Enhanced understanding of psychosocial	• Improved practices among primary care providers that facilitate a more comprehensive approach to health supervision, such as outlined in *Bright Futures: Guidelines for Health Supervision of*	• Improved access to behavioral health for children • Improved behavioral health for children • Improved integration of behavioral health

Other Key Stakeholders • Community and clinical based providers and organizations • Academic medical centers • State Title V and other state agencies Key Tools, Guidelines • *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* • Virtual meeting technology	• Convene COR in a minimum of 10, one-hour meetings annually • Promote collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists • Build evaluation process	aspects of child development, disorders, and disability 2) Increased ability to help children and families deal with behavioral issues 3) Expanded ability to discriminate between transient disturbances and more serious psychiatric disorder which require referral • Evaluation process operational	*Infants, Children and Adolescents* • Enhanced multidisciplinary workforce capable and available to address children's behavioral health issues • Reduced waiting time for behavioral health services due to more accurate referrals	with primary care.
Measures of success with timeline	• Curriculum developed by 2017 • COR members recruited by 2017 with a minimum of 10 members per group • Ten, 1-hour COR meetings held annually • Evaluation process in place	• Number and demographics of COR participants, including discipline • Number of pediatric patients served by COR members • Size of the COR group maintained over time, replacement of members as needed • Change in participants' knowledge of psychosocial aspects of child development, ability to distinguish between transient disturbances and more serious psychiatric disorders which require referrals, and collaboration among primary care providers with developmental-behavioral pediatricians and child psychiatrists • Data collected, analyzed and reported annually	• Change in participants' practice due to COR participation, including screening for mental health issues, psychosocial services provided, referrals, and implementation of best practices	