U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

Collaborative Improvement and Innovation Network on School-Based Health Services

Funding Opportunity Number: HRSA-18-096
Funding Opportunity Type(s): New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: April 18, 2018

MODIFIED on March 29, 2018: update to incorporate new SAM.gov registration requirements (page 30) and enactment of the Consolidated Appropriations Act, 2018 (pages 28 and 31).

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau is accepting applications for fiscal year (FY) 2018 for the Collaborative Improvement and Innovation Network on School-Based Health Services (CoIIN-SBHS). The purpose of this program is to improve children's and adolescents' access to high quality, comprehensive health care through the expanded use of evidence-based models of school-based health (SBH) services that improve the quality, sustainability, and growth of SBH centers and comprehensive school mental health systems (CSMHSs). The intent of the CoIIN-SBHS is to improve the quality of SBH centers and CSMHSs, and to enhance the sustainability and growth of these models of SBH services across the nation and in urban, suburban, and rural settings.

Funding Opportunity Title:	Collaborative Improvement and Innovation Network on School-Based Health Services
Funding Opportunity Number:	HRSA-18-096
Due Date for Applications:	April 18, 2018
Anticipated Total Annual Available FY18 Funding:	$850,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $850,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2023 (5 years)
Eligible Applicants:	Any domestic public or private entity, including any Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations also are eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the 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 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Thursday, March 1, 2018
Time: 12 – 1 p.m. ET
Call-In Number: 1-800-857-9745
Participant Code: 9328691#
Web link: https://hrsa.connectsolutions.com/ta_call_for_hrsa-18-096/

The webinar will be recorded and later archived with the notice of funding opportunity found at: https://www.hrsa.gov/grants.

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I. Program Funding Opportunity Description

1. Purpose

The purpose of the Collaborative Improvement and Innovation Network on School-Based Health Services (CoIIN-SBHS) cooperative agreement program is to improve children's and adolescents' access to high quality, comprehensive health care through the expanded use of evidence-based models of school-based health (SBH) services, including SBH centers and comprehensive school mental health systems (CSMHSs). The intent of the CoIIN-SBHS is to improve the quality of SBH centers and CSMHSs, and to enhance the sustainability and growth of these models of SBH services across the nation and in urban, suburban, and rural settings.

The recipient will work in collaboration with HRSA and other stakeholders to provide national leadership and facilitation in addressing the following program objectives by the conclusion of the project period in 2023:

Objective 1: To demonstrate improved quality of care among 50 percent of SBH centers and CSMHSs.

Objective 2: To demonstrate use of best business practices and internal policies that promote sustainability among 50 percent of SBH centers and CSMHSs.

Objective 3: To increase the number of SBH center and CSMHS sites by 15 percent compared to the baseline number ascertained at the start of the project period.

Objective 4: To increase by 15 percent the number of students served by SBH centers and CSMHSs existing at the start of the project period compared to the baseline number of students served by this group of SBH centers and CSMHSs.

Objective 5: To increase the number of states with specific policies and/or programs that promote the quality, sustainability, and/or growth of SBH services by 30 percent compared to the baseline established during the first project year.

Activities of the CoIIN-SBHS Program: Program Expectations
The CoIIN-SBHS Program provides technical assistance to state partners (e.g., Title V Maternal and Child Health programs, state Medicaid programs, child mental health agencies, education agencies, state-level non-profit organizations), school districts, and SBH centers and CSMHSs. To address the program objectives, at a minimum, the recipient will implement the following program activities:

1. Convene a multi-sector **project advisory group** to provide input on major project activities. The group should have expertise in SBH care, comprehensive school mental health, and the functioning of state health and education agencies as well as local education agencies. The recipient is encouraged to include representation from all types of schools with school based health centers, including those in the non-public school sector.

   The project advisory group, which contains representative expertise in all aspects of the project and provides cross-sectoral perspectives, assists the recipient by reviewing the project's strategic framework, performance measures, and preliminary

plans. It provides input on the construction of the CoIIN, including its curriculum and expectations for the CoIIN participants. The project advisory group also lends its expertise to marketing, dissemination, and diffusion in order to stimulate states to support SBH services as well as to encourage direct participation of SBH centers and CSMHSs in submitting performance data. Some members of the project advisory group may represent federal agencies, states, and school districts with activities pertinent to SBH services, and some members of the project advisory group may serve as expert faculty for the CoIIN.

2. Ascertain **baseline numbers of SBH service sites, including SBH center sites and CSMHS sites, as well as baseline numbers of students served by SBH center sites and CSMHS sites**. The baseline numbers will permit the recipient and HRSA to monitor progress toward achieving program objectives 3 and 4.

3. Assess whether existing sets of **field generated, standardized national performance measures** need to be refined or modified.

   The first generation of the CoIIN-SBHS developed and implemented consensus-driven standardized national performance measures for SBH services that served the unique needs of SBH centers and CSMHSs. The new program provides an important opportunity for the recipient to review these performance measures to determine how well they meet the needs of the field, how practical they are to implement, how effectively they drive quality improvement, and the degree to which they can support the sustainability of SBH centers and CSMHSs. This review will also assess whether there are gaps in the existing performance measures and whether additional performance measures would be important to include.

   As part of this review, it will also be important to assess whether existing performance measures that allow for individualization across SBH organizations (e.g., annual performance of a risk assessment among students receiving care in a SBH center) would benefit from standardization, so that all SBH organizations would use a common detailed definition for each performance measure and collect the same information for it (e.g., determine what assessment domains should be included for each age group as part of the definition of an annual risk assessment).

   Another area to explore is the approach that CSMHSs have used for performance measurement. In general, CSMHSs have assessed their self-efficacy across several domains (e.g., evidence-based implementation, data-driven decision making). This approach has been highly productive, especially for school mental health systems attempting to increase their scope and performance as they become more comprehensive. The review should consider whether experienced CSMHSs should also include outcome-based performance measurement.

   Within 6 months after the project starts, HRSA expects the recipient to develop and submit a report of its performance measurement review and assessment, which may contain additional areas deemed important by the recipient and/or its project advisory group.

The national standardized performance measures, which the fields of SBH centers and CSMHSs developed in 2014-15 and continue to use today, are listed below:

Quality Indicators for SBH Centers

1) Annual well child visit
   Definition: Percentage of unduplicated SBH center clients who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the school year, regardless of where the examination was provided, including documentation of health and developmental history *and* physical exam *and* health education/ anticipatory guidance

2) Annual risk assessment
   Definition: Percentage of unduplicated SBH center clients with ≥1 age-appropriate annual risk assessment during the school year

3) BMI screening and nutrition/physical activity counseling
   Definition: 1) Percentage of unduplicated SBH center clients aged 3-20 years with documentation of the following at least once during the school year: BMI percentile *and* counseling for nutrition *and* counseling for physical activity
   2) Percentage of unduplicated SBH center clients aged 3-20 years with BMI >85th percentile with documentation of the following at least once during the school year: BMI percentile *and* counseling for nutrition *and* counseling for physical activity

4) Depression screening and follow-up
   Definition: Percentage of unduplicated SBH center clients aged ≥12 years with documentation of the following at least once during the school year: Screened for clinical depression using an age appropriate standardized tool *and* follow-up plan documented if positive screen

5) Chlamydia screening
   Definition: Percentage of unduplicated SBH center clients (male or female) identified as sexually active who had ≥1 test for Chlamydia documented during the school year

Quality Assessment Indicators for CSMHSs, School District Level[1]

1) Functioning of school district mental health teams
   Extent to which:
   a. Mental health teams are multidisciplinary
   b. Mental health teams avoid duplication and promote efficiency
   c. Mental health teams employ best practices for meeting structure and process
   d. Systems are in place to promote data sharing among school mental health team members
   e. Best practices are used to refer or connect students to community resources when their mental health needs could *not* be met in the school

[1] Note: A parallel set of performance measures was developed for use by CSMHSs in individual schools.

2) School district's use of best practices in needs assessment utilization to inform decisions about school mental health service planning and implementation
   Extent to which:
   a. A comprehensive student mental health needs assessment has been conducted
   b. Best practices are used in resource mapping to identify existing school and community mental health services and supports
   c. Resource mapping is used to inform decisions about school mental health services planning (program selection, service array) and implementation

3) Screening
   Proportion of students:
   a. Screened for mental health concerns of any type
   b. Identified as being at risk for or having mental health problems that interfered with their functioning in their home, school, and/or community that received a mental health service within 7 days of being identified
   c. Screened for depression using an evidence-based screening procedure
   d. Screened for suicidality using an evidence-based screening procedure
   e. Screened for substance use using an evidence-based screening procedure
   f. Screened for trauma using an evidence-based screening procedure
   g. Screened for anxiety using an evidence-based screening procedure
   h. Screened for general mental health using an evidence-based screening procedure
   i. Screened for other mental health issues (e.g., ADHD, conduct, life satisfaction, academic engagement, safety at school, social/emotional competence) using an evidence-based screening procedure

4) Evidence-based services and supports
   a. Proportion of students receiving mental health promotion services and supports (Tier 1[2]) that are evidence-based
   b. Extent to which mental health promotion services and supports (Tier 1) are available for all students
   c. Extent to which all mental health promotion services and supports (Tier 1) used in the district are evidence-based
   d. Proportion of students receiving mental health selective services and supports (Tier 2) that are evidence-based
   e. Extent to which mental health selective services and supports (Tier 2) are provided/offered to all students who need them
   f. Extent to which all mental health selective services and supports (Tier 2) used in the district are evidence-based
   g. Proportion of students receiving indicated mental health services and supports (Tier 3) that are evidence-based

[2] The Comprehensive School Mental Health Systems model contains three tiers of service, which are described in Section I.2.

h. Extent to which indicated mental health services and supports (Tier 3) are provided/offered to all students who need them
i. Extent to which all indicated mental health services and supports (Tier 3) used in the district are evidence-based

5) Evidence-based implementation
Extent to which the school district:
a. Has a system in place for determining whether a school mental health service or support under consideration is evidence-based
b. Uses evidence-based mental health services and supports to fit the unique strengths, needs, and cultural/linguistic considerations of students and families in the district
c. Uses best practices to support training and implementation of evidence-based practices

6) School outcomes and data systems
Proportion of students:
a. Who received mental health promotion services and supports (Tier 1) in the past year with documented improvement in academic functioning
b. Who received mental health promotion services and supports (Tier 1) in the past year with documented improvement in psychosocial functioning
c. Who received selective mental health services and supports (Tier 2) in the past year with documented improvement in academic functioning
d. Who received selective mental health services and supports (Tier 2) in the past year with documented improvement in psychosocial functioning
e. Who received indicated mental health services and supports (Tier 3) in the past year with documented improvement in academic functioning
f. Who received indicated mental health services and supports (Tier 3) in the past year with documented improvement in psychosocial functioning

7) Other student outcomes
Proportion of students:
a. Referred for mental health services that resulted in students receiving mental health services *inside* the school building
b. Referred for mental health services that resulted in students receiving mental health services *outside* the school building
c. Who had a mental health service within 7 days of being referred for mental health services *inside* the school building
d. Who had a mental health service within 7 days of being referred for mental health services *outside* the school building
e. Placed outside the school district for a problem related to their mental health
f. Admitted for inpatient psychiatric hospitalization

8) Data-driven decision making
   The extent to which the school district:
   a. Uses data from a variety of sources to determine what mental health interventions are needed by students
   b. Has a system for school teams to monitor individual student progress across Tiers 1, 2, and 3
   c. Has a system to monitor fidelity of intervention implementation across Tiers 1, 2, and 3
   d. Has a system for aggregating student mental health service and support data to share with stakeholders and make decisions about mental health service planning and implementation
   e. Has a system for disaggregating student mental health service and support data to examine district level outcomes based on sub-population characteristics

Sustainability Assessment Indicators for CSMHSs, School District Level[3]

1) Funding and resources
   The extent to which the school district:
   a. Uses multiple and diverse funding and resources to support a full continuum of school mental health services and supports
   b. Leverages funding and resources
   c. Has funding and resources to support services at each tier (Tier 1 mental health promotion, Tier 2 selective prevention, Tier 3 indicated intervention)
   d. Has strategies in place to retain staff

2) Resource utilization
   The extent to which the school district:
   a. Maximizes the expertise and resources of all stakeholder groups (including school and community employed staff, youth and families) to support ongoing professional development activities
   b. Maintains or has access to a regularly updated mapping or listing of relevant school and community resources, including information about quality and how to access
   c. Monitors federal, state and local policies that impact school mental health funding
   d. Bills health insurers or other third parties to support its CSMHS

3) System quality/standard of services and supports
   The extent to which the school district uses:
   a. Evidence-based services and supports, as recognized in national registries
   b. Best practices to inform ongoing data-based decision making about development, quality improvement, and sustainability
   c. Best practices to meaningfully involve youth and families in partnership with school and community partners in designing, implementing, evaluating, and sustaining school mental health services and supports

[3] Note: A parallel set of performance measures was developed for use by CSMHSs in individual schools.

4) Documenting and reporting of impact
   The extent to which the school district uses best practices to:
   a. Document the effectiveness of its CSMHS on educational/academic outcomes
   b. Document the effectiveness of its CSMHS on emotional/behavioral outcomes
   c. Document the effectiveness of its CSMHS on sustainability factors (identification of the district's sustainability factors, use of data to document program impact, process for data collection and aggregation, and use of electronic tracking)
   d. Report the impact of its CSMHS on educational/academic and emotional/behavioral outcomes and sustainability factors to key stakeholders

5) System marketing and promotion
   The extent to which the school district uses best practices to:
   a. Disseminate findings to the larger community
   b. Market and/or promote its CSMHS to district leadership
   c. Market and/or promote its CSMHS to non-education community partners, state agencies, local and statewide representatives

2. **Implement state-level CoIINs** as a major mechanism for achieving program objectives. The CoIINs will develop and test strategies for increasing the participation of SBH centers and CSMHSs in using quality improvement strategies and common standardized performance measures to improve their clinical performance and to strengthen their sustainability and growth. Each CoIIN cohort will include 5-10 state teams. If separate CoIIN cohorts are used to address the needs of SBH centers and CSMHSs, each type of CoIIN should include 5-10 state teams.

   CoIIN Teams
   CoIIN teams will be led either by pertinent state agencies (e.g., a state department of education's division of learning supports) or by state-level organizations invested in SBH services (e.g., a state association of SBH centers). Each state-level CoIIN team is required to include a representative from the State Title V Maternal and Child Health (MCH) program and from the State Medicaid office. CoIIN efforts focusing on CSMHSs also need to include representation from the state department of education. Additional state-level team members should include representatives from state agencies representing child/adolescent behavioral health. The state-level CoIIN teams are responsible for recruiting SBH centers and CSMHSs to participate in CoIIN quality improvement activities (each state-level team should include at least five SBH service sites). Specifically, the recruited SBH centers and CSMHSs will use plan-do-study-act (PDSA) rapid improvement cycles[4] to determine which strategies are effective in improving performance. They will submit their PDSA data to an electronic data platform (see item 4 below) on a regular basis for review by the recipient, who will provide tailored coaching. The recipient will analyze data across time for each CoIIN team and cohort.

[4] See http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

Participation of Additional SBH Service Sites in Annual Performance Measurement
Each state-level CoIIN team will also request and encourage all remaining SBH centers and CSMHSs (that is, SBH service sites not participating in CoIIN activities) in its state to enter their performance data annually into the electronic data platform (see item 4 below).

Community of Practice for State-level CoIIN Team Members
In addition, as part of CoIIN activities, representatives from the participating state agencies and state level organizations will participate in a facilitated community of practice[5] that focuses on the roles of states in supporting and promoting SBH centers and CSMHSs. Examples of topics that the community of practice could address include accountability and certification requirements, providing financial supports for SBH services, educating state legislatures on SBH services, and collaborative efforts among state agencies designed to obtain positive outcomes.

Supports for CoIIN
The CoIIN will have the following supports:

- Recipient serving as the backbone organization;
- Framework outlining the expectations of participating state teams, including representatives from state agencies, state-level organizations, and the state-recruited SBH centers/CSMHSs;
- Change packages (evidence-based sets of changes considered essential to the improvement of the identified topic area developed by the recipient and refined as part of the CoIIN process);
- National consensus performance measures provided by the recipient;
- A trained and experienced quality improvement coach/advisor;
- Content experts and additional supportive stakeholders;
- Regularly scheduled learning sessions; and
- Assistance in preparing quality plans, planning meaningful PDSA cycles, and interpreting results.[6]

Although the term CoIIN is used in the singular, it is anticipated that the recipient will organize its efforts into more than one CoIIN process. Examples include: separate CoIIN processes for SBH centers and CSMHSs; subsets of CoIINs that focus their efforts on clinical quality improvement measures or on best business and internal policy practices; more than one temporal cohort of CoIIN, with each cohort lasting about 16-20 months. The recipient will organize the CoIIN processes in ways that function most effectively for the project and achieve maximum learning benefits. The recipient will develop mechanisms that allow for the lessons of each CoIIN cohort to actively inform successive cohorts and development of resources that non-CoIIN states could use.

[5] A community of practice is defined as a group of practitioners that interact regularly to improve their abilities to address a common problem or issue. They develop a shared repertoire of resources and practices as they learn together. See http://wenger-trayner.com/introduction-to-communities-of-practice
[6] Nadeem E, Olin S, Hill LC, Hoagwood KE, Horwitz SM. Understanding the components of quality improvement collaboratives: A systemic literature review. Milbank Q 2013;91(2):354-394.

3. Develop and maintain an **electronic data platform** that enables the submission of program information as well as quality improvement and performance data in real time from the CoIIN teams, including their participating SBH centers and CSMHSs. At a minimum, the data platform will:

    a. have a user-friendly interface and be cost-free for users;
    b. meet the different needs of CoIIN participants (e.g., submission of real time data; creation of a virtual workspace for CoIIN teams, including their participating SBH centers and CSMHSs, to store data and information) and the large numbers of SBH service sites expected to submit their annual performance data;
    c. ensure that submitted individual run data remain available for internal use by CoIIN teams; and
    d. facilitate aggregation of data for group analyses.

    The recipient may determine, in consultation with HRSA, that the electronic data platform could perform additional functions useful to the CoIIN-SBHS program.

4. **Identify, describe, and analyze state policies** that support or promote quality, sustainability, and/or growth of SBH services. In 2014, the most recent year for which pertinent information exists, 18 states directed funding toward SBH centers. In addition, states that provide financial support to SBH centers are likely to define SBH centers through law or regulation; hold them accountable through such strategies as requiring certification, setting operating standards, and monitoring adherence; and collect data on clinical quality performance measures. In addition, states providing financial support to SBH centers are likely to have developed specific Medicaid policies that permit reimbursement for care provided to Medicaid enrollees in SBH centers. The recipient will catalogue summaries of state policies and programs, and analyze them to help determine what strategies promote sustainable quality and growth of SBH centers and CSMHSs. To determine changes across time, HRSA expects the recipient to identify, describe, and catalogue state policies directed at SBH centers and at CSMHSs at least twice during the project period, close to its start and conclusion.

5. Provide **technical assistance to promote best practices among SBH centers, CSMHSs, schools, and school districts** that do not participate in CoIIN cohorts. The recipient will use a variety of modalities and resources to encourage these entities to address the quality of clinical services, strengthen their business and organizational practices, as well as stimulate them to enter their annual performance data in the electronic portal.

6. Provide **technical assistance to states not participating in a CoIIN** that are interested in supporting SBH services. The recipient will use a variety of modalities and resources to provide technical assistance to states not participating in the CoIIN. The technical assistance will be based on the results of the learning collaborative of CoIIN-participating states as well as the peer-reviewed literature.

7. Assist SBH services in addressing specific contemporary or emerging **behavioral health conditions** among children and adolescents. The recipient will develop an overarching approach that frames the selection of behavioral health issues it will address. Behavioral health includes mental health and substance use. Examples of behavioral health issues include: assisting host schools in becoming trauma-informed; including adverse childhood experiences in annual risk assessment screens and universal mental health assessments; enhancing screening, brief intervention, and referral to treatment (SBIRT[7]) skills among staff of SBH centers; enhancing capacity to address mental health issues among immigrant students and their families; preventing student suicide; identifying students with early psychosis; addressing the opioid epidemic through SBH services (e.g., policies for prescribing opioids; screening students for use of opioids, including illicit use of opioid prescription medicines; assessing students to determine whether household members are addicted to opioids and providing supports to the family as appropriate; and determining the need for stocking the school health room with naloxone for use in overdose emergencies and working with the school nurse to train school staff in its use). The recipient may decide to address other behavioral issues not included in this list of examples. In addition, given its importance for increasing access to behavioral health care, the recipient may decide to include a focus on telemental health. The recipient will determine which issues it plans to address, provide a rationale for their selection, and describe the methodologies for addressing them. For example, issues could be addressed using CoIIN methodology, communities of practice, or other methodologies.

8. Assist SBH services, working in collaboration with their school sites, to address the effects of **social determinants of health** on students and their families**.** As defined by Healthy People 2020, social determinants of health are the conditions in which people are born, live, work, play, and age that affect their health.[8] Healthy People 2020 uses a place-based organizing framework that encompasses five areas, or determinants. They are listed below with examples of conditions that affect the physical and mental health of students as well as their ability to learn. The recipient will determine how social determinants of health are included in the annual risk survey conducted on each student in SBH centers. In addition, the recipient will assess how SBH services address social determinants of health, and how SBH services work with their school sites to address the needs of students and their families, especially when these issues affect students' health, school attendance, ability to learn, and academic achievement. The recipient will determine which issues it plans to address, provide a rationale for its selections, and describe the methodologies for addressing them. For example, issues could be addressed using CoIIN methodology, communities of practice, or other methodologies. The recipient will also describe how it will assist SBH centers and CSMHSs to focus attention on the selected issues and enhance their capacities to address them in collaboration with their school sites.[9]

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[7] See https://www.samhsa.gov/sbirt

[8] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[9] Huang K-Y, Cheng S, Theise R. School contexts as social determinants of child health: Current practices and implications for future public health practices. Public Health Rep 2013;128(Suppl 3):21-28. See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945445/

- Economic stability
  - Housing instability and homelessness
  - Food security
  - Parental employment and income
- Education
  - Aiming students toward high school graduation
  - Aiming students toward higher education (college, vocational skills)
  - Chronic absenteeism
- Social and community context
  - Social cohesion
  - Civic participation and volunteerism
  - Discrimination and racial/ethnic intolerance
  - Incarceration, including parental
- Health and Health Care
  - Health education
  - Health literacy
  - Healthy behaviors
  - Navigating health care
- Neighborhood and Built Environment
  - Access to foods that support healthy eating patterns
  - Quality of housing
  - Exposure to crime and violence
  - Environmental conditions, including pollution, safety of drinking water, exposure to lead, mold, rodents and cockroaches

9. Develop and disseminate **new resources on SBH services** designed to advance the fields of SBH centers and CSMHSs. They will be created for audiences that already have interests in the quality and growth of these fields as well as for audiences with potential interests. The recipient will develop different types of resources tailored to the needs of its audiences; the resources will address current and emerging issues as well as gaps in knowledge. Audiences include states, school districts, individual schools, as well as existing SBH centers and school mental health programs. Examples of resources include change packages; documents such as guides, briefs, and fact sheets; and webinars. In addition, the recipient will analyze pertinent databases to explore emerging topics pertinent to school-based health as well as submit scholarly articles to peer reviewed publications. Resource content and format will have the goal of user uptake, not just dissemination. Content of the resources should include how school-based health services can best address childhood obesity, mental health and opioid abuse. The project advisory group may participate in creating a content development plan for new resources and learning opportunities. The resources will be posted on a publicly available website developed and maintained by the recipient, broadly disseminated through mailing lists and existing networks, and used to influence and drive improvement and growth of SBH services at national, state, and local levels.

2. Background

Funds for the Collaborative Improvement and Innovation Network for School-Based Health Services (CoIIN-SBHS) Program are authorized by Title V, §501(a)(2) Social Security Act, as amended (42 U.S.C. 701(a)(2)), as a Special Project of Regional and National Significance. This program succeeds the original initiative, also titled CoIIN-SBHS, with the project period September 1, 2014 through August 31, 2018. The goals of the first initiative were to: 1) improve the quality of SBH centers and CSMHSs; and 2) expand the number and improve the sustainability of SBH centers and CSMHSs through the spread of innovative and practical policy and finance approaches. Despite significant progress achieved during the original initiative, additional effort is necessary to reach the program objectives of the new initiative. Access to high quality health care services, including mental health services, remains problematic for many children and adolescents, especially those who live in low-income communities and rural areas. SBH centers and CSMHSs provide evidence-based services to children and adolescents in public schools across the nation. Students come from a wide range of cultural, racial/ethnic, language, and special population groups, such as children and youth with special health care needs, students served by the Individuals with Disabilities Education Act, students from immigrant families, students who are English learners, students exposed to violence, and students experiencing homelessness.

School-Based Health (SBH) Centers

As defined by the Centers for Disease Control and Prevention's Community Preventive Services Task Force, SBH centers provide health care services to students in grades prekindergarten-12, usually on school property. The majority of SBH centers are supported by organizations external to the school district, including, for example, federally qualified health centers, hospitals, and public health departments. SBH centers must provide primary care services and frequently provide mental health care, social services, and dental care. SBH centers that provide multiple services frequently use a multidisciplinary team. At a minimum, SBH centers provide health education as part of health counseling to individual students but many also provide health education to groups of students. Student participation in SBH centers requires parental consent. The Community Preventive Services Task Force recommends the implementation and maintenance of SBH centers in low-income communities, based on sufficient evidence in improving educational and health outcomes. For example, SBH centers improve students' school performance, grade promotion, and high school completion. SBH centers also improve the delivery of vaccinations and other preventive services; decrease asthma morbidity; increase the use of contraception among female students, as well as prenatal care among pregnant adolescents and the birth weight of their infants; and decrease use of the emergency department and hospital admissions.[10]

Comprehensive School Mental Health Systems (CSMHSs)

Comprehensive school mental health systems (CSMHSs) represent a strategic collaboration between school systems and community programs that together provide a full array of evidence-based, tiered services, called a multi-tiered system of supports, to

[10] Community Preventive Services Task Force (2015). Promoting health equity through education programs and policies; School-based health centers. Task Force finding and rationale statement. https://www.thecommunityguide.org/sites/default/files/assets/Health-Equity-School-Based-Health-Centers_1.pdf

promote mental health and reduce the prevalence and severity of mental illness among children and adolescents. CSMHSs contain three tiers, which are based on the principles of prevention and address the range of academic, behavioral, and social needs of a school's student body. The three tiers layer on one another so that students with higher level needs continue to receive the programming that promotes positive mental health among all students. Tier 1, called universal mental health promotion, focuses on preventing occurrences of problems. This tier operates at the level of the entire school, a grade level and/or the classroom, and includes a universal evidence-based curriculum. Tier 2, called selective prevention, prevents risk factors or early-onset problems from progressing and uses targeted group programming. Tier 3, called indicated early intervention, provides clinical assessment and treatment to students with an identified mental disorder or significant functional impairment.

The partnerships between school staff and community mental health program staff are purposeful, and augment the abilities of schools to integrate student mental health into education; that is, CSMHSs use the school context to promote children's and adolescents' mental health.[11] CSMHSs expand children's access to a full continuum of mental health services,[12,13] use evidence-based methodologies, and achieve positive educational, behavioral, and mental health outcomes. For example, students at schools with CSMHSs attain better grades, are less likely to be held back, and are more likely to graduate. Schools with CSMHSs have fewer behavior problems, improved attendance, and an enhanced sense of school as a community.[14,15] Family-youth-school-community partnerships represent a second key feature of CSMHSs and allow this model to address the comprehensive needs of all students. With earlier access to and use of treatment, the severity of students' mental disorders can be lessened. Unmet mental health needs among children and adolescents remains a prime challenge,[16,17,18] and represents a recognized key barrier to learning and successful completion of high

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[11] Atkins MS, Hoagwood KE, Kutash K, Seidman E. Toward the integration of education and mental health in schools. Adm Policy Ment Health. 2010;37(1-2):40-47. DOI: 10.1007/s10488-010-0299-7

[12] Rones M, Hoagwood K. School-based mental health services: A research review. Clin Child Fam Psychol Rev. 2000;3(4):223-241.

[13] Bringewatt E, Gershoff E. Falling through the cracks: Gaps and barriers in the mental health system for America's disadvantaged children. Child Youth Serv Rev 2010;32(10):1291-1299.

[14] Walter HJ, Gouze K, Cicchetti C, Arend R, Mehta T, Schmidt J, Skvarla M. A pilot demonstration of comprehensive mental health services in inner-city public schools. J Sch Health 2011;81(4):185-193. DOI: 10.1111/j.1746-1561.2010.00578.x.

[15] Hoagwood KE, Olin SS, Kerker BD, Kratochwill TR, Crowe M, Saka N. Empirically based school interventions targeted at academic and mental health functioning. J Emot Behav Disord 2007;15(2):66-92.

[16] Simon AE, Pastor PN, Reuben CA, Huang LN, Goldstrom ID. Use of mental health services by children ages 6 to 11 with emotional or behavioral difficulties. Psychiatric Services 2015;66(9):930-937. DOI: 10.1176/appi.ps.201400342.

[17] https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4816; https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=5242; https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=5243; https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=5244;

[18] Han B, Hedden SL, Lipari R, Copello EAP, Kroutil LA. Receipt of services for behavioral health problems: Results from the 2014 National Survey on Drug Use and Health. NSDUH Data Review. September 2015. https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014.htm

school.[19] Although the majority of school districts provide services to assist students who are experiencing personal or social problems that can affect school performance, it is estimated that only about 15 percent of school districts' mental health programs are comprehensive and can be considered CSMHSs.

Collaborative Improvement and Innovation Networks (CoIINs)

HRSA uses the CoIIN model to attempt to solve specific problems and accelerate improvement gains through quality improvement (QI) methodology and collaborative learning.[20] CoIINs are composed of teams that communicate by long-distance technology and use evidence-based strategies for achieving their desired outcomes. They are founded on the principles of collective impact, so have a common aim, mutually reinforcing activities, shared measures, continuous communication, and the support of a backbone organization that provides the logistical and technical support vital to carrying out the teams' efforts. In general, CoIINs are short-term, lasting about 18-24 months. (Note that the CoIIN-SBHS program has a 5-year project period and will accommodate more than one CoIIN cohort.)

In summary, the CoIIN methodology permits the CoIIN teams to work together effectively in order to identify a common area for action, test opportunities for improvement, implement and scale-up strategies that work, and generate and accelerate improved outcomes.

Efforts of First CoIIN-SBHS Program and Their Relationship to the New CoIIN-SBHS Program

SBH centers and CSMHSs provide evidence-based services to children and adolescents in schools across the nation. Both models also foster a positive school climate, reduce school absenteeism, and boost academic achievement. Although there are more than 2,300 SBH centers, they are available in less than 5 percent of schools nationwide. Similarly, although the majority of the 13,500 school districts across the nation have counseling or mental health services, about 85-90 percent are neither comprehensive nor evidence-based, and many do not address substance abuse in a therapeutic way. [21,22] There are opportunities for expanding SBH services throughout the nation, and for improving the quality of services provided by existing SBH centers and CSMHSs. In 2014, the CoIIN-SBHS program established and tested performance standards for SBH centers and CSMHSs. The program successfully engaged early adopter, local school-based sites in reporting results and driving improvements in the quality of care and use of sound business practices and innovative school policies. Using a state-level CoIIN model, an expanded number of SBH centers and CSMHSs will build upon this framework in the new initiative to promote the quality, sustainability, and growth of evidence-based SBH services. Participant driven teams of state-level

[19] U.S. Department of Education. Issue Brief: Social Services, July 2017. https://www2.ed.gov/rschstat/eval/high-school/social-services.pdf

[20] See https://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins

[21] Ibid.

[22] Foster S, Rollefson M, Doksum, Noonan D, Robinson G, Teich J. (2005). School mental health services in the United States, 2002-2003. DHHS Pub. No. (SMA) 05-4068. Rockville, MD. Center for Mental Health Services, substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/shin/content//SMA05-4068/SMA05-4068.pdf

health and education leaders will develop and test strategies for engaging SBH centers and CSMHSs in their jurisdictions to increase the quality of their efforts and document their progress. Their efforts will include an emphasis on mental health and substance use disorders.

Other CoIIN Programs Administered by HRSA

HRSA administers several other CoIIN programs.[23] The Adolescent and Young Adult Health National Capacity Building (AYAH-NCB) Program is an example of a CoIIN initiative whose purpose is aligned with the overarching intent of CoIIN-SBHS. The AYAH-NCB Program improves the health of adolescents and young adults (AYAs) by strengthening the capacity of state maternal and child health (MCH) programs and their clinical partners to address the needs of these population groups effectively. Subject to appropriations, it has a project period of September 1, 2018 through August 31, 2023.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Providing the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement;
- Maintaining familiarity with the current scientific literature on SBH services;
- Facilitating and monitoring the recipient's compliance with applicable federal process requirements;
- Assisting in establishing federal and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;
- Identifying other recipients and organizations pertinent to the project's mission with whom the recipient may be asked to develop cooperative relationships;
- Assisting the recipient in establishing, reviewing, and updating priorities for activities conducted under the auspices of the cooperative agreement;
- Reviewing the recipient's updated evaluation plan and data, and assisting the recipient in addressing any identified challenges;
- Participating in, including the planning of, as appropriate, any meetings, including those conducted long-distance, virtually, or in-person as part of project activities;
- Reviewing, providing advisory input into, and approving any publications, audiovisuals, other materials produced, and meetings planned under the auspices of this cooperative agreement; and

[23] https://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins

- Assisting in disseminating information on project activities and products.

The cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Collaborating with the federal project officer when hiring new key project staff and planning/implementing new activities;
- Consulting with the federal project officer when scheduling any meetings/conferences, including project advisory group meetings, that pertain to the scope of work and at which the federal project officer's attendance would be appropriate;
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, are completed and submitted on time;
- Providing the federal project officer with the opportunity to review and provide advisory input on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
- Assuring that the federal project officer will be provided an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- Assuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are made fully accessible and available for free to members of the public;
- Submitting an evaluation plan, revised from the plan contained in the grant application, to the federal project officer at the start of the project period and an updated evaluation plan, which considers interim evaluation findings, at the start of each subsequent project year.
- Submitting a written progress update to the federal project officer by electronic mail at the conclusion of each quarter of each project year;
- Preparing an agenda for, and scheduling, a monthly conference call with the federal project officer to provide project updates and discuss issues relevant to the progress of the project;
- Working cooperatively and collaboratively with agencies and other organizations identified by the federal project officer as pertinent to school health and project activities;
- Maintaining a public website to which products developed under this award and other helpful resources suitable for the target audiences are posted;
- Providing leadership, in collaboration with HRSA, in the analysis and development of briefing materials for target audiences, based on evidence-based data, programs, and practices, including data and lessons learned from the CoIIN, and state and national trends relevant to school health;
- Assuring that HRSA is appropriately identified as a funding sponsor on written products and during meetings relevant to cooperative agreement activities; and
- Acknowledging that HRSA has unrestricted access to any and all data generated under this cooperative agreement, including a royalty-free, nonexclusive, and irrevocable license for the government to reproduce, publish, or otherwise use

any products derived from activities conducted under this cooperative agreement for federal purposes, and to authorize others to do so.

Joint responsibilities of recipient and HRSA
HRSA and the recipient have a joint responsibility to determine which issues, including emerging issues, will be addressed during the project period, the sequence in which they will be addressed, what approaches and strategies will be used to address them, and how pertinent information will be transmitted to specified target audiences, used to enhance project activities, and advance the program.

2. Summary of Funding

HRSA estimates approximately $850,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $850,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The project period is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the CoIIN-SBHS Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity, including any Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations also are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

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.

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.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the 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 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count 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 the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 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 Application Guide* (including the budget, budget narrative, 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 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.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*
  Briefly describe the purpose of the proposed project. It should have a national focus and be congruent with the intent of the CoIIN-SBHS program (see Section I.1).

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  This section describes the need for the proposed project. It also demonstrates your knowledge of the key areas and issues addressed by the CoIIN-SBHS Program.

  1) Describe the needs that your proposed project intends to address. Include such issues as the physical and behavioral health status of children and adolescents; how their health affects their ability to learn and achieve academic success; and how social determinants of health and adverse childhood

experiences affect health, behavior, and academic progress.

2) Summarize your understanding of the structural characteristics and functional attributes of both SBH centers and school mental health programs, including CSMHSs.

3) Summarize and discuss the evidence of the effectiveness of SBH centers and CSMHSs on student physical and mental health, behavioral and academic outcomes, and attendance. Discuss what is known about how these two models of health care can effectively address the needs of vulnerable students (e.g., students with special health needs, with serious emotional disturbances, from immigrant families, who are English learners, exposed to adverse childhood experiences and trauma, experiencing homelessness) and their families.

4) Explain your understanding of quality improvement (QI); how attention to QI relates to the clinical performance of SBH centers and CSMHSs at the individual/community, state, and national levels; and how QI can be used to promote the sustainability of individual sites as well as increased use of the models of SBH centers and CSMHSs.

5) Discuss opportunities for, and challenges to, increasing the sustainability of SBH centers and CSMHSs as well as growth in the number of sites.

6) Discuss how state agencies (e.g., Title V MCH programs, children's state mental health programs and substance abuse authorities, and departments of education) can support SBH centers and CSMHCs as well as work collaboratively at the state level to achieve positive outcomes for students through their joint support of school-based models of health care.

7) Support your discussion with pertinent literature citations. List the reference citations as footnotes or endnotes.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 and 4*
  This section of the narrative describes your approaches and activities for achieving the goals and objectives of the CoIIN-SBHS, as outlined in Section I.1.

  1) Demonstrate that your proposed methodological approaches are national in scope, address the purpose and program objectives of the CoIIN-SBHS Program, and extend across the 5-year project period.

     a) Describe how you will accomplish the program objective of demonstrating improved quality of care among at least 50 percent of SBH centers and CSMHSs.
     b) Describe how you will accomplish the program objective of demonstrating use of best business and organizational practices and internal policies that promote sustainability among at least 50 percent of SBH centers and CSMHSs.

c) Describe how you will accomplish the program objective of increasing the number of SBH center and CSMHS sites by at least 15 percent compared to the baseline number ascertained at the start of the project period.
d) Describe how you will accomplish the program objective of increasing the number of students served by SBH centers and CSMHSs by at least 15 percent compared to the baseline number ascertained at the start of the project period.
e) Describe how you will accomplish the program objective of increasing the number of states with policies and/or programs that promote the quality, sustainability, and/or growth of SBH services by at least 30 percent compared to the baseline established during the first project year.

2) Describe how you will ascertain the baseline numbers of SBH center and CSMHS sites, and of the numbers of students served by these SBH service sites.

3) Describe how your proposed project will review the existing sets of field-generated, national performance measures for SBH centers and CSMHSs, make decisions about possible modifications, and incorporate any modifications into the existing performance measures.

4) Describe how your proposed project will implement state-level CoIINs to develop innovative yet practical strategies for a) improving the clinical performance of SBH centers and CSMHSs, and b) strengthening business practices and internal policies leading to more effective organizational operations. Describe the recruitment process for state departments/agencies and state-level organizations, the composition and functioning of the CoIIN teams, how overall learning, coaching, other expert assistance will take place, and how the experiences of the CoIINs will be used to inform the fields of SBH centers and CSMHSs. Discuss how you plan to keep members of previous CoIIN cohorts from within your project engaged and how you can leverage their experiences to inform and assist newer CoIIN cohorts.

5) Describe your plans for developing and maintaining an electronic data platform that serves as a virtual workspace for the CoIIN teams, allowing them to submit data from PDSA cycles and to store data and information, and independently permits all SBH service sites to enter their performance data. The electronic data platform should have a user-friendly interface, be cost-free for users, ensure that submitted information remains available for the internal use of individual sites, and facilitate aggregation of data for group analyses. Describe any additional functions of the electronic data platform. (Also, see Instruction 7 under Evaluation and Technical Support Capacity.)

6) Describe how you will provide technical assistance to states not participating in the CoIINs that are interested in supporting SBH services, and describe how you plan to stimulate interest among states in supporting SBH centers and CSMHSs.

7) Describe how you will support the state agencies participating in the CoIINs to enhance their capacities for promoting the quality, sustainability, and growth of SBH centers and CSMHSs.

8) Describe how your proposed project will provide technical assistance and resources that encourage, support, and increase the capacity of SBH centers, CSMHSs, schools, and school districts not participating in the CoIINs to improve the quality of their clinical practice, strengthen their business and organizational practices, and report their performance using the electronic data portal.

9) Describe how your proposed project will enhance the capacities of both SBH centers and CSMHSs to assist their host schools and districts in effectively addressing specific contemporary and emerging behavioral health issues of children, adolescents, and their families. See Section I.1 for a non-exhaustive list of examples. You should describe which issues you plan to address, provide a rationale for your choices, and describe how you plan to address each issue.

10) Describe how your proposed project will enhance the capacities of both SBH centers and CSMHSs to address the effects of social determinants of health on students, including but not necessarily limited to students receiving services. You should describe which social determinants you plan to address, provide a rationale for your choices, and describe how you plan to address each social determinant. You also need to describe how your proposed project will build capacity for SBH centers and CSMHSs to screen student for effects of adverse social determinants of health, and how it will assist SBH centers and CSMHSs to address the effects of adverse social determinants of health in collaboration with their school sites. See Section I.1. for a non-exhaustive list of social determinants of health.

11) Describe the resources and products you plan to develop to advance the fields of SBH centers and CSMHSs, as well as your plans for their dissemination and diffusion among key audiences, stakeholders, opinion leaders, and policy makers. Explain how the proposed content and format of the planned resources and products will meet the needs of their targeted audiences. See Section I.1. for a non-exhaustive list of examples of possible resources and products.

12) Describe how you plan to work collaboratively with the Adolescent and Young Adult Health National Capacity Building Program, which is also funded by HRSA and uses a CoIIN mechanism.

13) Describe how you plan to work collaboratively with other federal agencies' initiatives that address school health. Examples include: the recipient of HRSA's National Training and TA Cooperative Agreement on School-aged Children; National Coordinating Committee on School Health and Safety, which is administered by HRSA; Safe Schools/Healthy Students Initiative and Project AWARE, which are administered by the Substance Abuse and Mental Health

Services Administration; Department of Education/Office of Special Education and Rehabilitative Services' technical assistance centers for schools implementing Positive Behavioral Interventions and Supports programs; the Centers for Medicare & Medicaid Services' affinity group on Medicaid and school-based health services delivery; and programs supported by the Centers for Disease Control and Prevention. The HHS Office of the Assistant Secretary for Planning and Evaluation also has an active interest in school-based health services, including school mental health.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire project period in the Methodology section. Specifically, you should:

  1) Use a time line that includes each activity and identifies responsible staff, and indicates progress milestones across the full 5-year project period. The timeline should link activities to project objectives and indicate the sequencing of the CoIIN cohorts planned over the project period.

  2) As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

  3) If multiple organizations are submitting a joint application (that is, a recipient with sub-recipients or sub-contracts), describe the respective roles of each organization, and how communication and decision-making will take place among the partnering organizations.

  4) 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 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/assumptions about how the program will work and support resources, 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); and
     - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

  Submit your work plan, including your logic model, as **Attachment 1**. Section VIII contains helpful resources for developing the project logic model.

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

  1) Discuss challenges, including both barriers and opportunities, that you are likely to encounter in designing and implementing the activities described in the methodology and work plan, and approaches that you will use to resolve foreseen challenges and to leverage opportunities. Include in your discussion challenges associated with implementing the CoIIN cohorts, with recruiting state agencies to participate in the CoIIN, and recruiting SBH centers and school districts on a national basis to submit their performance data.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3, 4, and 5*

  1) Describe the systems and processes that will enable you to track performance outcomes effectively. Describe how you will collect and manage performance data (e.g., assign skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

  2) Describe the methodologies you will use to evaluate program development and service delivery. Pay particular attention to evaluation of the functioning of each CoIIN cohort as well as the performance outcomes it achieves; examine the functioning of each CoIIN cohort at its midway point and conclusion.

  3) Describe your skills and experience in evaluating quality improvement efforts.

  4) Describe your strategy for collecting, analyzing, and tracking data to measure process and impact/outcomes.

  5) Describe any potential obstacles for implementing your evaluation plan and discuss your strategies for addressing these obstacles.

  6) Describe your skills and experience in managing collaborative learning teams, providing technical assistance, and creating technical assistance materials.

  7) Describe your experience with developing and maintaining an Internet-based, shared workspace. Describe the hardware and software tools planned for the electronic data platform, which will store the data and documents created and submitted by members of the CoIIN teams, as well as the performance data entered by SBH centers and CSMHSs across the country. Discuss how the electronic data platform will provide technical support capacity and support evaluation efforts. (Also, see Instruction 4 under Methodology.)

  8) Detail potential obstacles for implementing the program performance evaluation and discuss how you plan to address those obstacles.

  9) Discuss how you plan to use your evaluation data to inform further program development and ongoing project activities.

10) Develop a plan for effectively managing the project, including monitoring and tracking project activities. NOTE: Organizations or agencies that are submitting a joint application (recipient and sub-recipient(s)) must provide information on how they will monitor and assess performance of methods and completion of activities by partner organizations included in the work plan.

11) Ensure that the plan for evaluating your project is comprehensive, coherent, and forms a logical whole.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*

  This section of the project narrative provides information on your organization's mission and structure as well as the structure of the proposed project. It describes your experience, skills, and knowledge, including individuals on staff; relevant materials published; and previous work of a similar nature. This section contains two sub-sections: 1) Organizational Structure and Resources and 2) Personnel Capacity.

  Organizational Structure and Resources

  1) Provide information on your organization's current mission, structure, and scope of current activities, and explain how they contribute to the ability of the organization to conduct the program requirements and meet program expectations. The mission of any overlying organizational structure should be congruent with the intent of the CoIIN-SBHS Program. Provide an organizational chart in **Attachment 5**. The chart should depict the parent organization's structure, the relationship of the project to the parent organization, and the structure of the project, including its advisory group and any sub-contracts (partnering organizations).

  2) Describe the quality and availability of physical space and facilities to fulfill the needs and requirements of the proposed project.

  3) Discuss how the organization will properly account for the federal funds, and document all costs in order to avoid audit findings.

  Personnel Capacity

  4) Name the proposed director of the project and describe his/her qualifications and experience. The project director should have significant experience at the national level working on issues important to SBH centers and/or school mental health programs. Types of experiences or background strengths that would be valuable for the project director include directing and performing scholarly or analytic study of SBH services programs and providing well-researched technical assistance on a national basis to SBH centers and/or CSMHSs. In addition, the project director should have executive, management, and leadership experience; the ability to communicate effectively in oral presentations as well as through published materials geared for a variety of professional audiences; and the ability to work collaboratively with peers representing a variety of organizations and disciplines relevant to SBH services.

5) Describe project personnel (including proposed partners and personnel in joint-applicant organizations/agencies) to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of project personnel to implement and carry out the project. Provide biographical sketches of key personnel in **Attachment 3**. Demonstrate that the proposed project personnel have the ability and experience in SBH services, including both SBH centers and CSMHSs, necessary to conduct a project that is national in scope, provide leadership to the field of SBH services, and work collaboratively with peers from a variety of organizations and professional disciplines.

6) Develop job descriptions for all project personnel, including any in partnering organizations. As part of the narrative, briefly explain the need for each position, and include the set of job descriptions in **Attachment 2.**

7) Develop a staffing plan that identifies all project personnel, including any consultants and personnel in partnering organizations. Briefly explain the staffing plan as part of the narrative, and include a summary chart of the staffing plan in **Attachment 2.**

8) Describe your organization's relationships with any agencies or organizations (subcontractors) with which you intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities. Include letters of agreement and/or descriptions of proposed/existing contracts that are specific to this proposed project in **Attachment 4.**

9) Describe any significant experiences with HRSA-sponsored CoIINs or other substantial program improvement initiative that uses a collaborative peer learning approach. Describe your organization's and any partnering organization's roles and responsibilities within that CoIIN (e.g., national center that coordinated/ managed/led an HRSA-sponsored CoIIN, a state participant in an HRSA-sponsored CoIIN, a technical assistance consultant/contractor on a HRSA CoIIN grant).

10) Demonstrate your organization's and/or any partnering organization's expertise and experience in: Analyzing key issues and challenges for the field of SBH services; addressing quality improvement in clinical services; addressing policy and financial issues relevant to SBH services, especially SBH centers and CSMHSs; addressing behavioral health issues among school-aged children and adolescents; addressing social determinants of health important for the health and academic success of children and adolescents; and providing technical assistance on a national basis to SBH centers and CSMHSs.

11) Describe your ability to address issues specific to public school students in elementary and secondary schools from the range of cultural, racial/ethnic, language, and special population groups (e.g., children and youth with special health care needs, students served by the Individuals with Disabilities Education Act, students from immigrant families, students who are English

learners, students exposed to violence, and students experiencing homelessness) in the United States.

12) Describe your experience in collaborating with relevant entities working to improve student health, including behavioral health, and academic outcomes at the school, district/community, state, and national levels.

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.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
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 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

iv. Budget Narrative

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

In addition, the CoIIN-SBHS program requires that the budget include the following program activities:

a) Convene the initial learning session for each CoIIN cohort in-person in the Washington, DC area.
b) Conduct additional learning sessions as well as frequent meetings for each CoIIN team via long-distance technology.
c) Support the travel of selected CoIIN team members from earlier cohorts conducted during this project period to in-person learning sessions for current CoIIN cohorts.
d) Include one trip annually for key project staff and the leadership of any key sub-recipients to the Washington, D.C. area to meet with the federal project officer.
e) Convene the project advisory group for an in-person meeting on an annual basis in the Washington, DC area.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

a) Attach the project's work plan, which includes all information detailed in Section IV.2.ii., Project Narrative (e.g., each activity linked to its corresponding objective(s), responsible staff, and progress milestones across the 5-year project period).
b) Include the logic model in this attachment.
c) If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

a) Attach a summary chart of the project's staffing plan.
b) Attach the set of job descriptions for key personnel. Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff. You can list job descriptions consecutively without separation by page breaks.
c) Include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. 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.

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

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

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project as outlined in Section IV.2.ii.

Attachment 6: Tables, Charts, etc.

Use this attachment to include additional tables and charts that provide additional details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit)

After using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachments 8 – 15: Other Relevant Documents

Include here any other documents that are pertinent 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.). *General letters of support that do not contain specific commitments are not necessary and will not be considered by the objective review panel.*

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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

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

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

ALERT from SAM.gov: If you are registering a **new** entity in SAM.gov, you must now provide an original, signed notarized letter stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read these FAQs to learn more about this process change. Applicants registering as a new entity in SAM.gov should plan for additional time associated with submission and review of the notarized letter. This change is effective March 23, 2018. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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 *April 18, 2018 at 11:59 p.m. Eastern Time*.

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

5. Intergovernmental Review

The Collaborative Improvement and Innovation Network on School-Based Health Services (CoIIN-SBHS) is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a project period of up to 5 years, at no more than $850,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2019, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable 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 addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Collaborative Improvement and Innovation Network on School-Based Health Services (CoIIN-SBHS) has six review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment

1) The extent to which the applicant demonstrates an accurate understanding of the purpose of the CoIIN-SBHS program as described in this notice of funding opportunity (NOFO).

2) The extent of the applicant's understanding of the physical and behavioral health status of children and adolescents; how their health affects their ability to learn and achieve academic success; and how social determinants and adverse childhood experiences affect their health and academic progress.

3) The extent of the applicant's understanding of the structural characteristics and functional attributes of SBH centers and school mental health programs, including CSMHSs.

4) The extent of the applicant's understanding of evidence supporting the effectiveness of SBH centers and CSMHSs on student physical and mental health, behavioral and academic outcomes, and attendance and how these models of health care can address the needs of vulnerable students and their families.

5) The extent of the applicant's understanding of quality improvement (QI), how attention to QI relates to the clinical performance of SBH centers and CSMHSs at the individual/community, state, and national levels, and how QI can be used to promote the sustainability of individual sites as well as growth of the models of SBH centers and CSMHSs.

6) The completeness and incisiveness of the applicant's discussion of opportunities for, and challenges to, increasing the sustainability of SBH centers and CSMHSs and growth in the number of sites.

7) The extent of the applicant's functional understanding of how state agencies (e.g., Title V MCH, children's mental health programs and substance abuse authorities, departments of education) can support SBH centers and CSMHSs.

8) The extent to which the applicant incorporates reference citations from relevant and up-to-date empirical and policy literature to support its presentation and discussion.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

<u>Sub-criterion: Methodology</u> (20 points)

1) The extent to which the applicant demonstrates methodological approaches that are national in scope, address the purpose, goals, and objectives of the CoIIN-SBHS Program, and extend across the 5-year project period.

2) The extent to which the activities described by the applicant are capable of attaining the following objectives of the CoIIN-SBHS program:

    a) Improved quality of care among at least 50 percent of SBH centers and CSMHSs.
    b) Use of best business and organizational practices and internal policies that promote sustainability among at least 50 percent of SBH centers and CSMHSs.
    c) Increased number of SBH center and CSMHS sites by at least 15 percent compared to the baseline number ascertained at the start of the project period.
    d) Increased number of students served by SBH centers and CSMHSs by at least 15 percent compared to the baseline number ascertained at the start of the project period.
    e) Increased number of states with policies and/or programs that promote the quality, sustainability, and/or growth of SBH services by at least 30 percent compared to the baseline established during the first project year.

3) The completeness and clarity of the applicant's plans for reviewing the existing sets of field-generated, national performance measures for SBH centers and CSMHSs, and for making decisions about possible modifications, and incorporating any modifications into the existing performance measures.

4) The completeness and clarity of the applicant's plans for implementing state-level CoIINs to develop innovative yet practical strategies for a) improving the clinical performance of SBH centers and CSMHSs, and b) strengthening business and organizational practices and internal policies leading to more effective organizational operations. The completeness and clarity of the applicant's plans for recruiting state departments/agencies and state-level organizations; developing and implementing well-functioning CoIIN teams; providing learning, coaching, and other expert assistance; and using the experiences of the CoIINs to inform the fields of SBH centers and CSMHSs.

5) The extent to which the electronic data platform is described clearly and comprehensively, and the extent to which the described electronic data platform will be able to: function smoothly as a virtual workspace for the CoIIN teams, allowing them to submit data from PDSA cycles; easily allow all SBH service sites to independently enter their performance data; and support the full needs of the proposed project.

6) The extent to which the applicant's plan for providing technical assistance to states not participating in the CoIINs will be able to stimulate interest in SBH services, and increase the number of states that provide supports to SBH services, including the promotion of clinical quality and financial sustainability, as well as growth of the models of SBH centers and CSMHSs.

7) The extent to which the applicant's plan for supporting the state agencies participating in the CoIINs will be able to enhance their capacities for promoting the quality, sustainability, and growth of SBH centers and CSMHSs.

8) The extent to which the applicant's plan for providing technical assistance and resources to SBH centers, CSMHSs, schools, and school districts *not* participating in the CoIINs will encourage, support, and increase their capacity to improve the quality of their clinical practice, strengthen their business and organizational practices, as well as recruit them to report their performance using the electronic data portal.

9) The completeness, creativity, and effectiveness of the applicant's plan for enhancing the capacities of SBH centers and CSMHS to assist their host schools and districts in effectively addressing contemporary and emerging behavioral health issues of children, adolescents, and their families.

10) The completeness, creativity, and effectiveness of the applicant's plan for enhancing the capacities of SBH services, including both SBH centers and CSMHSs, to address the effects of social determinants of health on students, including but not necessarily limited to students receiving services.

11) The completeness and clarity of the applicant's description of the resources and products it plans to develop to advance the fields of SBH centers and CSMHSs, the likelihood of the proposed resources for meeting the needs of the targeted audiences, and the effectiveness of its plans for dissemination and diffusion of these resources among key audiences and stakeholders.

Sub-criterion: Workplan (10 points)

1) Extent to which the logic model is comprehensive, clear, logical, and explains the linkages among the proposed project's components.

2) Degree to which proposed project timeline is complete, links proposed activities to project objectives, includes the sequencing of the CoIIN cohorts, and allows a reasonable amount of time for each project activity.

3) Degree to which proposed roles of each partnering organization (recipient and sub-recipients) are clearly delineated, and extent to which their lines of communication and strategies for decision-making appear functional and effective.

Sub-criterion: Resolution of Challenges (5 points)

1) Degree of completeness in discussing the challenges to designing and implementing the proposed activities, including implementing the CoIIN cohorts, recruiting state agencies to participate in the CoIIN, and recruiting SBH centers and school districts on a national basis to submit their performance data.

2) Degree to which the proposed strategies for addressing the described challenges and barriers can reasonably be expected to overcome them.

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

1) The coherence, strength, feasibility, and adequacy of the applicant's proposed methods for evaluating project results.

2) Evidence that the evaluative measures will be able to assess: a) the extent to which the program objectives have been met; and b) the extent to which the results can be attributed to the project.

3) The strength, feasibility, and adequacy of the applicant's plan for monitoring and assessing the project's performance, including methods for ensuring that proposed activities are successfully documented and completed.

4) The extent to which the applicant describes potential obstacles to implementing the proposed evaluation plan, and the strength and adequacy of the applicant's plan for addressing these obstacles.

5) The comprehensiveness, creativity, and practicality of the applicant's plans for using its evaluation data to inform further program development and ongoing project activities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology, Work Plan, and Evaluation and Technical Support Capacity

1) The feasibility and effectiveness of plans for dissemination of project results, especially those results tied to the CoIIN-SBHS program's five objectives, as outlined in Section I.1.

2) The extent to which project results are national in scope, and apply to SBH center and CSMHS sites located in urban, suburban, and rural settings.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

1) The extent to which the applicant organization's mission, structure, and scope of current activities contribute to the ability of the organization to conduct the project requirements and meet project expectations.

2) The extent to which project personnel (including proposed partners and joint-applicant organizations/agencies) fulfill the needs and requirements of the proposed project. The extent to which they have sufficient/relevant training, qualifications, expertise, and experience to implement and carry out the project on a national basis.

3) The extent to which the proposed project director has sufficient/relevant training, qualifications, expertise, and experience to lead the implementation of the proposed project.

4) The extent to which the applicant's described relationships to, and demonstrated commitments from, other organizations/agencies can contribute to the applicant's ability to conduct the project requirements and meet project expectations. The degree to which the descriptions of relationships and roles are clear and comprehensive. The described relationships include any proposed partners and joint-applicant organizations/agencies.

5) The extent to which project personnel demonstrate expertise in SBH services, including both SBH centers and CSMHSs. The extent to which project personnel demonstrate expertise in children's and adolescents' behavioral health.

6) The extent to which project personnel demonstrate the capacity to provide technical assistance to state agencies, including health departments, children's mental health services, and education departments, in leading efforts to increase the quality, sustainability, and number of SBH centers and CSMHSs.

7) The extent to which the applicant demonstrates the ability to manage CoIINs and to both develop and maintain an electronic platform that supports the efforts of CoIINs and of non-CoIIN SBH centers and CSMHSs to report their performance.

8) The extent to which the applicant demonstrates the ability to address issues specific to public school students in elementary and secondary schools from the range of cultural, racial/ethnic, language, and special and vulnerable population groups in the United States.

9) The quality and availability of facilities and physical space to fulfill the needs and requirements of the proposed project.

10) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

11) The extent to which the plan for managing the proposed project, including monitoring and tracking activities, appears effective and capable of reporting performance outcomes for both the recipient and any sub-recipient(s).

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

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

   a) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
   b) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. This NOFO does not contain any additional factors that will be applied to award selection. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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 as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 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, you 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

HRSA has updated and enhanced the Discretionary Grant Information System (DGIS) reporting system, which is available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of

October 1, 2017. Once the new DGIS has been developed, tested, and deployed, HRSA will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at (OMB Number: 0915-0298 Expiration Date: 06/30/2019):

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

If you have trouble with DGIS, please ask your project officer to arrange for technical assistance.

Award recipients must comply with Section 6 of HRSA's *SF-424 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, which should address progress against program outcomes, including any expected outcomes in the first year of the program. 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 Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs 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). GPRA 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.

   a) Performance Measures and Program Data

   To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U61_1.HTML.

Administrative Forms
Form 1, Project Budget Details
Form 2, Project Funding Profile
Form 4, Project Budget and Expenditures
Form 6, Maternal & Child Health Discretionary Grant
Form 7, Discretionary Grant Project

TA/Collaboration Form Products, Publications and Submissions Data Collection Form			
Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Child Health			
CH 1	New	N/A	Well Child Visit
CH 2	New	N/A	Quality of Well Child Visit
Adolescent Health			
AH 1	New	N/A	Adolescent Well Visit
AH 3	New	N/A	Screening for Major Depressive Disorder

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the project start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement includes providing expenditure data such as the budget breakdowns in the financial forms, finalizing the project abstract and other grant/cooperative agreement summary data, as well as providing baseline scores for the performance measures.

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

c) Project Period End Performance Reporting

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

4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, 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:

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10W53D
Rockville, MD 20857
Telephone: (301) 443- 3243
Fax: (301) 594-4073
Email: DGibson@hrsa.gov

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

Aitebureme Aigbe, DrPH, MPH
Public Health Analyst
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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://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 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: 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. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

Webinar

Day and Date: Thursday, March 1, 2018
Time: 12 – 1 p.m. ET
Call-In Number: 1-800-857-9745
Participant Code: 9328691#
Web link: https://hrsa.connectsolutions.com/ta_call_for_hrsa-18-096/

The webinar will be recorded and later archived with the notice of funding opportunity found at: https://www.hrsa.gov/grants.

IX. Tips for Writing a Strong Application

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