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

Bureau of Health Workforce
Division of Nursing and Public Health

Nurse Education, Practice, Quality and Retention- Interprofessional Collaborative Practice Program: Behavioral Health Integration

Announcement Type: New

Funding Opportunity Number: HRSA-16-068

Catalog of Federal Domestic Assistance (CFDA) No. 93.359

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 22, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

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Authority: Public Health Service Act, Sections 831 (42 U.S.C. § 296p), as amended by the Patient Protection and Affordable Care Act (P.L. 111-148).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Nursing and Public Health, is accepting applications for the fiscal year (FY) 2016 Nurse Education, Practice, Quality and Retention (NEPQR)-Interprofessional Collaborative Practice (IPCP): Behavioral Health Integration (BHI) program. The purpose of this program is to advance team-based care delivery by nurses and other health professionals that leads to high-quality, patient- and population-centered outcomes. The BHI focus aims to integrate evidence-based, interprofessional, team-based models of behavioral health services into routine nurse-led primary care, to include Nurse-Managed Health Centers.

Funding Opportunity Title:	Nurse Education, Practice, Quality and Retention - Interprofessional Collaborative Practice Program: Behavioral Health Integration
Funding Opportunity Number:	HRSA-16-068
Due Date for Applications:	January 22, 2016
Anticipated Total Annual Available Funding:	Approximately $8,000,000.00
Estimated Number and Type of Award(s):	Up to 16 cooperative agreements
Estimated Award Amount:	Up to $500,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2018 Two (2) years
Eligible Applicants:	Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility. [See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A technical assistance webinar has been scheduled to help applicants understand, prepare, and submit a grant application. The webinar is scheduled for: October 29, 2015 at 1:00 p.m. ET

URL: https://hrsa.connectsolutions.com/fy16nepqr-ipcp/
Dial-in: 888-989-4394
Participant passcode: 6762664

Additional technical assistance resources are available on the SAMHSA-HRSA Center for Integrated Health Solutions' website, www.integration.samhsa.gov.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for a two-year FY 2016 Nurse Education, Practice, Quality, and Retention-Interprofessional Collaborative Practice: Behavioral Health Integration (NEPQR-IPCP:BHI) program to integrate interprofessional and collaborative models of behavioral health services into routine nurse-led primary care delivered in vulnerable and/or underserved/rural populations.

In 2003, the New Freedom Commission on Mental Health report cited primary care as an area where patients need to receive more effective mental health assessment and treatment. Further, Healthy People 2020 recommends that early interventions, including behavioral health screenings, become an essential component of primary care visits. The Affordable Care Act created a federal infrastructure to integrate primary care and behavioral health services through increased access to mental health and substance abuse prevention and treatment benefits. This increase in coverage also increases the demand for a competent health workforce, capable of working in an integrated setting.

The NEPQR-IPCP:BHI program aims to expand the evidence-based practice of integrating behavioral health providers into nurse-led primary care teams in order to increase access to care, enhance care coordination and improve patient outcomes in vulnerable and/or underserved community- based settings.

Program Requirements

NEPQR-IPCP:BHI recipients will increase access to quality behavioral health care by delivering team-based, integrated primary care and behavioral health services in community-based settings.

All applicants are required to:

- Practice interprofessional, integrated care in a primary care setting. The primary care provider must be an advanced practice registered nurse (APRN);
- Expand an existing nurse-led primary care team with the addition of at least one onsite full-time equivalent (FTE) licensed behavioral health provider. The integrated team must include a primary care provider (APRN), behavioral health provider, care coordinator, and consulting psychiatric provider;
- Describe their current level of behavioral health integration (using the SAMHSA-HRSA Center for Integrated Health Solutions six-level framework; http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf) and forecast how they will progress to higher levels of health care integration;
- Propose an efficient plan to identify and treat behavioral health problems in the primary care setting. Use of the following evidence-based tools are required:
    - Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach – to identify patients for unhealthy alcohol and substance use; and

    - Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) approach – to identify patients for depression;
- Propose an innovative plan for achieving increased access to behavioral health services including a detailed description of how SBIRT and IMPACT will be implemented into the primary care setting;
- Utilize an interoperative health IT system that enables the exchange of primary care and behavioral health clinical data to assess patient and project outcomes and ensure accountable care, and allows practitioners to utilize a common set of patient records that are constantly updated and available to each member of the provider team in real time; and
- Describe a rapid cycle quality improvement (RCQI) method that identifies, implements, and measures changes made to improve the project's performance.

Successful applicants will:

- Demonstrate a high level of need for behavioral health services within the target community/population;
- Implement an interprofessional collaborative practice model to deliver comprehensive, culturally competent, and integrated behavioral health services;
- Systematically identify and treat individuals in need of behavioral health services; and
- Explain how they will leverage existing behavioral health resources in and around the community to address service delivery gaps.

To meet the goal of the program, award recipients are expected to use funds for the following activities:

- Create more efficient and integrated practices that lead to high quality patient- and population-centered outcomes that can subsequently inform interprofessional education models;
- Expand a nurse-led primary care team consisting of, at a minimum, a primary care provider (APRN), behavioral health provider, care coordinator, and consulting psychiatric provider (options include telebehavioral health);
- Serve as a primary care/behavioral health integrated practicum site for interprofessional training for nursing and other health professions students;
- Provide universal screening for depression and unhealthy alcohol and other drug use using SBIRT and IMPACT tools and provide necessary education and support, intervention, monitoring and follow-up;
- Develop an effective referral arrangement for more intensive and/or any continuous treatment needs;
- Implement rapid cycle quality improvement (RCQI) to identify, implement and measure changes made to improve the project's performance;
- Evaluate the program, collect needed program information, and disseminate findings to appropriate audiences;
- Develop a sustainable business model; and
- Establish a formal arrangement for technical assistance to increase the level of behavioral health integration and enhance patient care delivery, allocated at no less than $25,000 per year.

Applicants should be committed to increasing diversity in health professions programs and the health workforce. This commitment helps ensure, to the extent possible, that the workforce reflects the diversity of the nation. Programs should develop the competencies and skills needed for cross-cultural understanding and expand cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

Diversity refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual's, group's, or organization's cultural competence; in other words, the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions including, but not limited to, sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language."

2. Background

The NEPQR-IPCP:BHI program is authorized by Section 831 of the Public Health Service Act, 42 U.S.C. § 296p, as amended by the Patient Protection and Affordable Care Act, (Public Law 111-148). The NEPQR program has broad statutory authority to address the development and enhancement of the nursing workforce. The three priority areas defined in statute are (1) Education, (2) Practice, and (3) Retention.

The NEPQR-IPCP:BHI program FOA addresses three Practice Priority Areas:

- Practice Priority 1 (§831(b)(1)) *to establish or expand nursing practice arrangements in non-institutional settings (e.g., Nurse Managed Health Centers (NMHCs)) to demonstrate methods to improve access to primary care in medically underserved communities*;
- Practice Priority 2 (§831(b)(2)) *to provide care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence; and*
- Practice Priority 3 (§831(b)(3)) *to provide coordinated care, and other skills needed to practice in existing and emerging organized health care systems*.

Advanced practice registered nurses (APRNs) are uniquely trained to provide well-coordinated care and meet the comprehensive needs of patients across the continuum of care. [1] The ability of advanced practice nurses to decrease health care spending while providing quality comprehensive care has been well documented.[2] As integral members of interprofessional health care teams in a variety of settings, nurses have the training and capacity to provide a wide

[1] Stanley JM,, Werner KE, Apple K. Positioning advanced care nurses for health care reform: consensus on APRN regulation. J Prof Nurs 2009, 25:340-348.
[2] Bauer, J. C. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. Journal of the American Academy of Nurse Practitioners, 22, 228–231 2010

range of services at the heart of health reform, including care coordination, chronic care management, and wellness and preventive care. APRNs serve a vital role in the rapidly growing landscape of the primary care workforce with a major role of increasing access to quality care, available to the widest range of consumers.[3]

Advanced practice nurses provide primary care in a wide range of community settings helping to meet the needs of our nation's most vulnerable populations. Health care redesign has facilitated systemic changes to primary care services in an effort to improve the quality, efficiency, and effectiveness of patient care.[4] The need to reduce fragmentation of care through integration is a central tenet to this redesign. Behavioral health integration into the primary care setting reduces stigma and service utilization barriers by embedding mental health professionals into the primary care team. APRNs play an integral role in interprofessional, integrated models of care, which are aimed at increasing access, early identification, and quality of services for patients with both physical and behavioral health issues.

Given the prevalence of behavioral health needs among those who are chronically ill, underinsured and the most vulnerable, primary care settings have become a gateway for many individuals with both behavioral health and primary care needs. Research has shown that more than 70 percent of primary care visits stem from behavioral health issues.[5] Historically, medically underserved populations tend to have less access to care, lower or disrupted service use, and poorer physical and behavioral health outcomes. APRNs are significantly more likely than primary care physicians to practice in urban and rural areas, provide care in a wider range of community settings, and serve a high proportion of uninsured patients and other vulnerable populations, and thus are uniquely positioned to provide integrated behavioral health and primary care services.

In response to the significant unmet need for behavioral health services in community-based settings, the NEPQR-IPCP: BHI program will increase access to behavioral health services and increase the number of community-based sites that use an integrated, nurse-led primary care and behavioral health model of care.

[3] (http://www.aanp.org/images/documents/publications/primarycare.pdf)
[4] (http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/index.html)
[5] http://www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program shall**:

1. Make available the services of experienced HRSA/BHW personnel as participants in the planning and development of all phases of the project;
2. Provide ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
3. Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
4. Review project information prior to dissemination;
5. Provide assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, BHW grant projects, and other resource centers and entities that may be relevant to the project's mission;
6. Provide programmatic input and consultation for development and delivery of training and technical assistance, project data collection methods and a set of core measures and metrics across projects;
7. Provide guidance concerning the content, structure and format of required reports;
8. Support the recipient's development of plans to disseminate effective clinical and/or community practice models that emerge from the NEPQR-IPCP: BHI program, and explore opportunities to expand best practice models to diverse populations; and
9. Explore opportunities to collaborate with the HRSA-supported National Coordinating Center for Interprofessional Education and Collaborative Practice.

The cooperative agreement recipient must:

1. Develop, implement, disseminate, and evaluate projects that meet the goals outlined in **Section I** of this FOA;
2. Provide the HRSA project officer(s) an opportunity to review project information prior to dissemination;
3. Collaborate and communicate with the HRSA project officer(s);
4. Establish contacts that may be relevant to the project's mission such as Federal and non-Federal partners, and other HRSA grant projects;
5. Develop core data elements that will contribute to a set of shared evaluation measures and metrics across all NEPQR-BHI programs; and
6. Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016-2017. Approximately $8,000,000 is expected to be available annually to fund up to 16 awardees. Applicants may apply for a ceiling amount of up to $500,000 per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The actual amount available will not be determined until enactment of the final FY2016 federal budget. The project period is two years. Funding beyond the first year is dependent on the availability of appropriated funds for the NEPQR program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility.

All applicants must possess the capacity to deliver high quality, integrated team-based, nurse-led primary care and behavioral health services to patients and their families in community-based settings.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
Applications that exceed the ceiling amount of $500,000 will be considered non-responsive and will not be considered for funding under this announcement.

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

Maintenance of Effort (MoE) The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by PHS Act Sec. 804 (42 U.S.C. § 296(c)). The applicant must complete the Maintenance of Effort document and submit as **Attachment 9**.

NOTE: Eligible applicants may submit **only one** application in response to this FOA. Multiple applications from any single organization are not allowed. Independent organizations are those entities that have unique DUNS numbers.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 R&R application package associated with this FOA following the directions provided at Grants.gov.

Applicants should always supply an e-mail address to grants.gov when downloading an FOA or application package. As noted on the Grants.gov APPLICATION PACKAGE download page, as well as in the Grants.gov User Guide on pages 57-58, this allows us to e-mail you in the event the FOA is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application.

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 FOA prior to the deadline, to be considered under this announcement.

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

i. Project Abstract

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

In addition to the instructions provided in the guide, please include the following:

- A brief overview of the project as a whole;
- Specific, measurable objectives that the project will accomplish;
- How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project; and
- Statement of funding preference (if applicable).

Do not include personally identifiable information (PII) in the abstract.

ii. Project Narrative

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

Use the following section headers for the Project Narrative:

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

Purpose

Provide a brief statement of the purpose of the proposed project.

Need

Applicants must define the geographic area (e.g., community, city, state, region, etc.) that will benefit from the proposed activities. The applicant must describe the primary care and behavioral health needs of the target population within the defined area, and the existing primary care and behavioral health system capacity to meet these needs. The applicant must cite demographic data whenever possible to support the information provided. The applicant must

discuss any relevant gaps or barriers in the defined area, including unmet primary care and behavioral health needs of the population and limitations of the current behavioral health system.

Applicants must include, but are not limited to, a discussion of:

- The state, local and service area/target population health status indicators related to primary care and behavioral health, including data on the prevalence of chronic disease and behavioral health disorders in the community and the need for integrated primary care and behavioral health services in their community/target population. Prevalence data must be provided, at a minimum, on depression and substance abuse; and
- The unique characteristics of the service area/target population that impact access to or utilization of primary care and behavioral health care, inclusive of chronic disease management and treatment for substance use and mental health disorders.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections—(a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criterion #2 (a), (b), and (c).*

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

Applicants must describe their project objectives and how they will address the project purpose and stated needs. The applicant must describe how the objectives link to each of the previously described in Section I. *Program Requirements*. The applicant must provide a detailed description of proposed key activities:

- Implementation of an interprofessional collaborative practice that incorporates behavioral health services within the nurse-led primary care delivery system, including:
    - Meaningful collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial and ethnic, linguistic and geographic diversity of the populations and communities served;
    - Expansion of an integrated interprofessional care team consisting of, at a minimum, a primary care provider (APRN), care coordinator and consulting psychiatric provider; including a description of the roles of each team member;
    - Recruiting/inclusion of at least one (FTE), onsite licensed behavioral health provider;
    - Establishing a culturally competent workforce that reflects the diversity and meets the healthcare needs of the community served;
    - Targeting efforts to increase access to behavioral health services and leverage existing community resources to address service delivery gaps (including outreach to the target population, process for systemic patient follow-up and tracking); and
    - Assessment of the current level of behavioral health integration and forecast of how the program will progress to higher levels of health care integration (refer to the Standard Framework for Levels of Integrated Healthcare).

- Interprofessional training to support the integration of primary health and behavioral health care and use of SBIRT and IMPACT models;
    - Identification and treatment of behavioral health problems by incorporating evidence-based approaches (including SBIRT and IMPACT) into routine primary care services and developing clinical pathways for chronic illness management that include behavioral health; and
- Utilization of an interoperative health IT system that enables the exchange of primary care and behavioral health clinical data to assess patient and project outcomes and ensure accountable care.

(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).

Applicants must provide a detailed work plan that addresses all of the proposed activities identified in the Methodology/Approach section above (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.) The Methodology must align with and drive the work plan. The applicant must:

- Provide a detailed description of how the proposed work will be accomplished and person(s) responsible;
- Describe the activities, timeframes, deliverables, and key partners required to address the Program Requirements in Section I of the FOA;
- Explain how the work plan is appropriate for the program design and how the targets for key activities fit into the overall timeline of grant implementation; specifically, how will the grant implementation timeline ensure that the applicant will have resources and program staff in place to begin providing behavioral health care for patients and/or populations on or before January 31, 2017;
- Explain how the proposed objectives and sub-objectives will be implemented; and
- State objectives and sub-objectives that are specific, measurable, achievable, realistic and time-framed.

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

- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (i.e., the individuals to be served);
- Activities (e.g., approach, listing key intervention, targets);
- Outputs (i.e., process outcome such as the direct products or deliverables of program activities); and outcomes (i.e., the results of a program).

The logic model should be included as part of the Work Plan.

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

Applicants must discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

In this section, provide information including, but not limited to:

- Challenges related to project implementation and the achievement of the proposed goals and objectives (i.e. program performance evaluation and performance measurement requirements);
- Challenges related to the workforce development, such as recruitment and retention and education and training;
- Obstacles to sustainability including billing/payment systems, technology (i.e., health information technology), and quality improvement factors; and
- Available resources and plans to resolve and overcome these challenges and obstacles.

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

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

Applicants must describe a plan for program performance evaluation. This plan must monitor ongoing processes and progress toward meeting award goals and objectives. The evaluation must, at a minimum, assess the success of the award-funded efforts and contribute to continuous quality improvement. The evaluation plan must include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

The applicant must propose a plan to monitor how the approach will result in improvements in experience of care, population health outcomes and reduced cost of care.

Applicants also must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. Include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. The evaluation and reporting plan also must indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. All recipients are required to collect and report

the counts of individuals who have been directly and indirectly impacted by the award including, but not limited to, counts of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals; and the rural residential background of all individuals. Counts of individuals as well as their profession/discipline are required when individuals have participated in HRSA-sponsored curriculum, clinical or experiential training, faculty development, and/or continuing education as part of the award.

Applicants must describe their capacity to collect and report data such as, but not limited to the following:

- Provider composition/mix of the primary care-behavioral health integrated team; and
- Number of trainees participating in interprofessional teams.

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

Applicants must provide a clear plan for project sustainability after the period of federal funding ends, by providing specific information that describes the extent and means by which the program plans to become autonomous within the two year award period. Sustainability plans must include:

- Identification of other sources of income and/or future funding initiatives, as well as a timetable for becoming self-sufficient, including evaluation of the program, collection of needed program information, and dissemination of findings to appropriate audiences;
- Sustainability through the allocation of no less than $25,000 per year for technical assistance to increase the level of behavioral health integration and enhance patient care delivery;
- Barriers to sustainability specifically faced by community practice sites as well as those specific to behavioral health integration, including workforce recruitment and retention, billing/payment systems, technology (i.e., health information technology), and quality improvement factors;
- Mechanisms to develop community awareness of and engagement in efforts to achieve better health, better care, and lower costs; and
- Strategies for rapid-cycle quality improvement to test the effectiveness of the project and plan for ongoing feedback and improvement.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4*

Applicants must provide information on the applicant organization's current mission and structure, project organizational chart, and scope of current nurse-led primary care activities. Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Please provide the following information as indicated below:

Project Director Qualification: Identify **one** Project Director. The Project Director for the proposed project must be a licensed Registered Nurse. **NOTE:** There may only be one Project Director for the NEPQR-BHI project.

Capabilities of the Applicant Organization: Provide evidence of existing nurse-led, interprofessional primary care, the capacity to accomplish behavioral health integration and to implement the SBIRT and IMPACT tools. Describe how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the operational and oversight needs necessary to implement integrated services.

Staff: Describe capacity and institutional mechanisms to quickly and efficiently hire and train new staff that reflects the diversity of the population served. Provide the qualifications and position descriptions for the leadership and care team; include as **Attachment 1**. Include a biographical sketch (no more than 1 page) for key personnel; bio sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form. If staff are required but not yet identified, describe the recruitment and retention plan to meet the project's needs. If consultants will fill any role, provide the qualifications and nature/scope of work to be provided; include as **Attachment 5**. If applicable, describe how telebehavioral health will contribute to the implementation of the project.

Institutional Resources: Describe available institutional resources, including an interoperative health IT system and disease registry for population management. Describe how the areas of needed education/training of staff will be identified and how staff will be prepared to practice in an integrated model of care.

Linkages: Describe established referral arrangements with relevant behavioral health organizations/providers, including after-hours and involuntary/emergency psychiatric services. Include current signed and dated letters of agreement (include as **Attachment 2**) and/or letters of support (include as **Attachment 7**).

Community Support: Describe any community support or other resources involved in the proposed project, as applicable. Include significant letters of support via **Attachment 7.** Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.

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

iii. Budget

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

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application*

Guide for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. Budget Justification Narrative
See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition, the NEPQR-BHI program requires the following:

Consultant Services: For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

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

Attachment 1: Staffing Plan, Job Descriptions for Key Personnel, and Biographical Sketches

See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide* for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Include biographical sketches for persons occupying the key positions, not to exceed one page in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Bio sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form.

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

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

Attachment 3: Project Organizational Chart

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

Attachment 4: Tables, Charts, Diagrams etc. – If Applicable

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 5: Consultant Information

Provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project

Attachment 6: Work Plan

Upload a comprehensive two-year work plan and logic model. Refer to http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx for a sample work plan.

Attachment 7: Administrative and Other Letters of Support

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be signed and dated. All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section. Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

Note: Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

Attachment 8: Funding Preference

To receive a funding preference, include a statement that the applicant is eligible for a funding preference, identify the preference, and include documentation of this qualification. See Section V.2.

Attachment 9: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURES

FY 2015 (Actual) **Actual FY2015 non-federal funds, including in-kind, expended for activities proposed in this application.** **Amount: $_____**	**FY 2016 (Estimated)** **Estimated FY2016 non-federal funds, including in-kind, designated for activities proposed in this application.** **Amount: $_____**

Attachment 10: Accreditation Documentation – Required.

All schools of nursing that are associated with the project and conferring degrees must be accredited. Applicants must submit documentation with dates of accreditation (e.g., an accreditation letter from the accrediting agency) with the HRSA grant application.

Documentation of Accreditation

Applicants must submit documentation of program accreditation and all approvals for new programs (i.e., new tracks or specialties or substantive program change) with the application. The documentation must be in the form of a letter on official letterhead, including the start date of approval or accreditation, and is to be signed and dated by the accrediting agency. **No other forms of accreditation documentation, including certificate of accreditation, will be accepted**.

Applicants must provide documentation needed to enroll students into the program, including those approvals needed for new courses and programs of study. Accreditation for existing programs and approvals for new programs must be effective prior to the start of the budget/project period during which support will be received.

If accreditation is pending or not yet granted:

- Requests for letters of reasonable assurance made to the U.S. Department of Education to allow for processing time, should be submitted **at least 45 days prior to the HRSA application due date of November 20, 2015**.
- The letter of reasonable assurance, from or on behalf of the U.S. Department of Education, must be submitted along with the application stating that the program will meet the accreditation standards effective prior to the start of the budget/project period during which support will be received.
- The accrediting body must be identified by the U.S. Department of Education within the letter of reasonable assurance.
- Applicants will need to submit contact names, addresses, phone numbers, email addresses and all correspondence sent to the U.S. Department of Education.

Substantive Change Notification

Accredited nursing programs that modify (for example, a change to a BSN-DNP program), or add nursing specialties (for example, adding Geriatric Care to a Critical Care NP program) to an existing program requires a substantive change notification submitted to the national nursing accrediting body. A letter of notification to the accrediting body and the subsequent approval of such change must be signed, dated and submitted along with the accreditation documents in **Attachment 10.**

Attachment 11: Other relevant attachments

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

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with SAM and continue to maintain active SAM registration with current information at all times during which it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *January 22, 2016 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The NEPQR-IPCP:BHI is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to two (2) years, at no more than $500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

On or before January 31, 2017, applicants must have resources and program staff in place and must provide behavioral health care for patients and/or populations.

Funds under this announcement may not be used for certain purposes, including but not limited to:

- Student support including tuition, stipends, scholarships, bonuses, student salaries and travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities;
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animal laboratories;
- Construction or renovations; and
- Promotional items and memorabilia.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

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

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The *NEPQR-IPCP:BHI* has five (5) review criteria:

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's Purpose and Need

Reviewers will consider the need in the community for the proposed project as illustrated by current, well-cited data. Reviewers will consider whether the applicant has demonstrated understanding of the need in the community/target population. Reviewers will consider the extent to which the applicant:

- Presents the prevalence of primary care and behavioral health disorders within the target community/population, awarding greatest points for applicants that plan to serve communities with high rates of chronic disease, depression and substance abuse;
- Identifies barriers to primary care and behavioral health treatment among the target community/population; and
- Describes existing service gaps and a compelling need for additional integrated primary care and behavioral health resources within the community/target population.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (40 total points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

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

Reviewers will take into consideration the extent to which the applicant proposes objectives that will fully address the community based and structural needs identified by the applicant. Reviewers will determine the quality and completeness of the project's Methodology/Approach. The Methodology/Approach must convincingly articulate how the proposed project will address or resolve the needs or challenges identified in the Need section above. Reviewers will also consider whether the applicant proposes activities that meet all of the Program Requirements of the FOA and are sufficient to ensure successful implementation of the NEPQR-IPCP:BHI.

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

Reviewers will consider the quality of the applicant's response including whether the applicant proposes goals, objectives, and a timeline to ensure successful implementation of the project. Reviewers will determine the extent to which the applicant:

- Provides a reasonable set of milestones that demonstrate a complete understanding of all activities and responsibilities required to implement the project within the timeframe of the award;
- Includes feasible and reasonable timeframes for accomplishing all activities proposed under the Methodology and Approach section within the two-year project. Reviewers will consider whether the timeline ensures that the applicant will have resources and program staff in place to begin providing care for patients and/or populations on or before January 31, 2017; and
- Includes a logic model that illustrates all components of the proposed project and demonstrates that the methodology/approach proposed is sufficient to meet the structural and community-based needs identified in the needs statement.

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

Reviewers will determine the extent to which the applicant articulates potential obstacles and challenges during the implementation of the project, as well as, describes a reasonable and actionable plan for dealing with identified contingencies that may arise. Specifically, reviewers will consider whether the applicant has a process in place to ensure early problem identification and a strong method to ensure quick and effective resolutions.

Criterion 3: IMPACT (25 total points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

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

Reviewers will consider the quality of the applicant's plan to report on the measurable outcomes being requested, including both internal program performance evaluation plan and HRSA's required performance measures. Reviewers will consider the extent to which applicants describe:

- The strength and effectiveness of the method proposed to monitor and evaluate the project results;
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project;
- The expertise, experience, and the technical capacity to carry out the evaluation plan and collect required performance measures;
- A valid data collection strategy including identification of proposed instruments/tools to be used, data sources, and projected timelines for data collection, analysis, and reporting;

- The incorporation of the data collected into program operations to ensure continuous quality improvement;
- A logic model that includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported);
- The feasibility and effectiveness of plans for dissemination of project results;
- The scope of the project results, the replicability of project activities, and the sustainability of the program beyond the federal funding; and
- The strength of the applicant's plan to inform rapid-cycle quality improvement (RCQI) efforts to periodically review program progress and make adjustments in order to optimize program output.

Criterion 3 (b): PROJECT SUSTAINABILITY (15 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

Reviewers will consider the quality of the response in which the applicant describes a feasible and actionable plan for project sustainability after the period of federal funding ends. Reviewers will also consider the extent to which the applicant identifies likely challenges to be encountered in sustaining the program, and describes logical approaches that are likely to resolve such challenges, including:

- The identification of other sources of income, future funding initiatives and strategies, a timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient;
- A proposal for the allocation of no less than $25,000 per year for technical assistance to increase the level of behavioral health integration and enhance patient care delivery;
- The impact of behavioral health care integration on access to quality health care services;
- The proposed mechanisms to develop community awareness of and engagement in efforts to achieve better health, better care, and lower costs; and
- The identification of barriers to project implementation and sustainability and a plan to resolve and overcome these challenges, including workforce recruitment and retention, billing/payment systems, technology (i.e., health information technology), and quality improvement factors.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

Reviewers will determine the extent to which the applicant identifies highly qualified personnel and high quality facilities to implement the project. Reviewers will consider:

- Staffing plan for proposed project and the project organizational chart to ensure it is sufficient to meet the goals of the program:
    - The percentage of time, including in-kind, dedicated to the project by the Project Director;
    - The appropriateness of the applicant's recruitment and retention plan for behavioral health staff, including the requirement of one onsite FTE licensed behavioral health care provider; and

    - An existing nurse-led interprofessional, primary care team.
- An existing interoperative health IT (HIT) system to share patient care clinical data, assess patient and project outcomes and ensure accountable care.
- Evidence of in-kind and financial support and commitment by partner agencies that are sufficient to ensure successful implementation, e.g., referral arrangements, after-hours and involuntary/emergency partners;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application;
- Innovation in existing and/or proposed interprofessional training methods; and
- The applicant's organizational structure, including the capability and commitment of administration, management, and the governing board, and the extent to which it is appropriate for the operational and oversight needs necessary to implement onsite integrated services.

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

Reviewers will consider (1) how well the costs in the proposed budget and budget narrative align with the proposed project work plan, and are justified as adequate, cost-effective, and reasonable for the resources requested; and (2) the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the research activities, and the anticipated results. Reviewers will consider the extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- Key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

HRSA will use factors in addition to merit criteria in selecting applications for federal award. For this program, HRSA will use the following funding preference:

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 805 of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding preference will be determined by the Objective Review Committee. Funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference as follows:

Qualification 1: substantially benefit rural or underserved populations
OR
Qualification 2: help meet public health nursing needs in State or local health departments.

To be considered for this funding preference, applicants must demonstrate they meet Qualification 1 or 2 in **Attachment 8** as follows:

To demonstrate that the project "Substantially Benefits Rural Populations" – the applicant must confirm the eligibility of at least one of their practice sites as rural as defined by HRSA's Federal Office of Rural Health Policy using the Rural Health Grants Eligibility Analyzer (http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1).

OR

The practice population being served is defined as a rural population (i.e. comprised primarily of populations residing in rural locales).

To demonstrate that the project "Substantially Benefits Underserved Populations" – the applicant must confirm that at least one of their practice sites is physically located in a federally-designated Health Professional Shortage Area (HPSA) or serving a federally-designated Medically Underserviced Area (MUA) or Population (MUP), as determined by HRSA's Shortage Designation Advisor (http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx).

To demonstrate that the project "Helps Meet the Public Health Nursing Needs in State or Local Health Departments" – the applicant must confirm that collaborative practice occurs at a state or local health department-affiliated practice site or demonstrating linkage(s) or practice collaborations with state, local and Federal health departments for practitioners and/or student practicum experiences.

Please Note: The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

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

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

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

Further information will be provided in the NoA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on a semi-annual basis. All BHW recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:
Semi Annual Report #1 covers activities between July 1 and December 31. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30. The report must be submitted by July 31 of the same year.

3) **Final Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by recipients in the EHBs at https://grants.hrsa.gov/webexternal/home.asp.

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

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

Further information will be provided in the NoA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the SF-424 R&R Application Guide. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs system. More specific information will be included in the NoA.

5) **Attribution.** HRSA requires recipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

6) **Other required reports and/or products**.

Shared Measures and Metrics - All awardees are required to collect data elements that will contribute to a set of shared data evaluation measures across all NEPQR-IPCP:BHI programs that can be used to evaluate the effectiveness of interprofessional education and collaborative practice teams.

Uniform Data System (UDS) Report - The UDS is an integrated reporting system used to collect data on all health center programs to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report

overall program accomplishments. All awardees are required to submit a Universal Report and, if applicable, a Grant Report annually. The Universal Report provides data on patients, services, staffing, and financing across all Health Center Program grantees. The Grant Report provides data on patients and services for special populations served (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing) by awardees.

VII. Agency Contacts

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

Barbara Ellis
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1738
Fax: (301) 301-443-6343
Email: Bellis@hrsa.gov

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

Kasey Farrell
Public Health Analyst, Division of Nursing and Public Health
Bureau of Health Workforce, HRSA
Parklawn Building, Room 9-89
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0188
Fax: (301) 443-0791
Email: Kfarrell@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For

assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Definitions:

Behavioral health refers to both mental health and substance abuse and may be used interchangeably with "mental and substance use disorders."

Behavioral health provider is a mental health or substance abuse treatment provider such as a psychiatrist, social worker, psychologist, licensed chemical dependency counselor or psychiatric nurse.

Integrated care refers to the systematic coordination of general and behavioral health care.

Interprofessional collaborative practice (IPCP) in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. IPCP includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

Interprofessional education/training occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (World Health Organization, 2010).

Level of integration refers to the six levels defined in Standard Framework for Levels of Integrated Healthcare. (http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf)

Logic Models: Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Primary care means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use ``Primary Care" and ``Primary Health Care" interchangeably. (Definition adapted from Barbara Starfield, Primary Care Concept, Evaluation, and Policy, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, Committee on the Future of Primary Care, Division of Health Care Services, Primary Care: America's Health in a New Era, Summary, National Academy Press, Washington, DC, 1996, p. 23.)

Nurse Managed Health Center/Clinic (NMHC) refers to a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations. It is associated with a school, college, university or department of nursing, Federally Qualified Health Center (FQHC), or independent nonprofit health or social services agency.

Rapid Cycle Quality Improvement (RCQI) is used to achieve improved outcomes by health care professionals and educators by asking three simple questions: (1) What are we trying to accomplish? (2) How will we know if a change is an improvement? and (3) What changes can we make that will result in improvement? By allowing the application of several tests over time, the RCQI model can identify the most successful ideas: those that have the largest impact on the overall program outcomes. Additional information on RCQI is available at the following website:
http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/

Team-based care is care delivered by intentionally created work groups of at least three types of health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

Technical Assistance:

Webinar

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit a grant application. The webinar is scheduled for:

Date: October 29, 2015 at 1:00 p.m. ET
URL: https://hrsa.connectsolutions.com/fy16nepqr-ipcp/
Dial-in: 888-989-4394
Participant passcode: 6762664

Additional technical assistance resources are available on the SAMHSA-HRSA Center for Integrated Health Solutions' website, http://www.integration.samhsa.gov/.

IX. Tips for Writing a Strong Application

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

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: http://bhw.hrsa.gov/grants/technicalassistance/index.html