

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

Bureau of Health Workforce
Division of Nursing and Public Health

Graduate Psychology Education (GPE) Program

Announcement Type: New, Competing Continuation

Funding Opportunity Number: HRSA-16-059

Catalog of Federal Domestic Assistance (CFDA) No. 93.191

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 5, 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 one month to complete.*

Release Date: October 13, 2015

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*Modified October 19, 2015 to correct preference language on pages 27-28.
Modified December 4, 2015 to clarify stipend language on pages 20-21.*

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Authority: Section 750 and Section 756 (a)(2) of the Public Health Service Act (U.S.C. 42 U.S.C. §§ 294; 294e-1)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Nursing and Public Health is accepting applications for fiscal year (FY) 2016 for the Graduate Psychology Education (GPE) Program. The purpose of this program is to prepare doctoral-level psychologists to provide mental and behavioral health care, including substance abuse prevention and treatment services, in settings that provide integrated primary and behavioral health services to underserved and/or rural populations. Applicants must emphasize the integration of behavioral and primary health care into clinical practice.

The program is designed to foster an integrated and interprofessional approach to addressing access to behavioral health care for underserved and/or rural populations. Competitive applicants will present a detailed strategy to increase the number of graduate psychology experiential primary care training slots through partnerships.

Funding Opportunity Title:	Graduate Psychology Education (GPE) Program
Funding Opportunity Number:	HRSA-16-059
Due Date for Applications:	January 5, 2016
Anticipated Total Annual Available Funding:	\$7,500,000
Estimated Number and Type of Award(s):	Up to twenty-one (21) grants
Estimated Award Amount:	Ceiling amount up to \$350,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2019 (Three (3) years)
Eligible Applicants:	<p>Eligible applicants are American Psychological Association (APA)-accredited doctoral level schools and programs of health service psychology, APA-accredited doctoral internships in professional psychology, and APA-accredited post-doctoral residency programs in practice psychology.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

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

Two technical assistance calls are scheduled to help applicants understand, prepare and submit a grant application for the program.

Wednesday, October 21, 2015, at 3:00 pm (Eastern Time)

Call-in Number: 888-989-4394

Participant passcode: 6762664

Adobe Connect Link: https://hrsa.connectsolutions.com/fy16_gpe/

For replay information:

Phone: Toll free: 866-351-5761

Toll: 203-369-0063

The recording will be available until January 21, 2016 at 11:59 pm (ET)

Wednesday, December 9, 2015, at 3:00 pm (Eastern Time)

Call-in Number: 888-989-9743

Participant passcode: 9405458

Adobe Connect Link: https://hrsa.connectsolutions.com/fy16_gpe_mod/

For replay information:

Phone: Toll free: 866-383-2973

Toll: (The recording will be available until January 21, 2016 11:59 PM (ET))

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Graduate Psychology Education program.

Program Purpose

The purpose of this program is to prepare doctoral-level psychologists to provide behavioral health care, including substance abuse prevention and treatment services, in a setting that provides integrated primary and behavioral health services to underserved and/or rural populations. Applicants must emphasize the integration of behavioral and primary healthcare into clinical practice. The program is designed to foster an integrated and interprofessional approach to addressing access to behavioral healthcare for underserved and/or rural populations.

Program Requirements

Applicants must

- Establish or leverage existing partnerships between academic institutions and primary care practice sites that serve underserved and/or rural populations;
- State the health disciplines that are collaborating in the project and the nature and extent of the collaboration;
- Increase the number of experiential training slots for doctoral-level psychology students, doctoral-level psychology interns, and/or post-doctoral psychology residents that serve underserved and/or rural populations beyond the program's current capacity;
- Demonstrate enhanced didactic and experiential training activities to develop competencies of program trainees in integrated and team-based care (in collaboration with two or more health disciplines); and
- Ensure a culturally competent workforce by recruiting and providing stipend support to doctoral-level psychology students, doctoral-level psychology interns, and/or post-doctoral psychology residents for experiential training in integrated behavioral and primary health care settings who are (1) committed to serving underserved and/or rural populations and/or (2) represent the diversity of the population being served.

Competitive applicants will

- Utilize existing or pending partnerships in underserved communities and/or rural areas to immediately (or within the first 60 days of award) place trainees in experiential training sites that are integrated with primary care;
- Demonstrate past success at placing doctoral-level psychology students, doctoral-level psychology interns, and post-doctoral psychology residents into primary care settings that provide care to underserved and/or rural populations;
- Increase the diversity of the behavioral health workforce by developing a plan to recruit and retain students from diverse backgrounds who intend to work with underserved and/or rural populations following program completion;

- Incorporate Rapid Cycle Quality Improvement (RCQI)¹ to continuously monitor program objectives and make adjustments as needed, to improve program outputs and outcomes over the three-year project period.

Funding Priority

A Funding Priority of ten (10) points will be given for institutions in which experiential training focuses on the needs of vulnerable groups such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, homeless individuals, chronically ill persons, and their families.

Funding Preference

This program provides a funding preference for some applicants as authorized by Section 791(a)(1) of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded.

2. Background

The GPE Program is authorized by Title VIII, Sections 750 and 756 (a)(2) of the Public Health Service Act (U.S.C. 42 U.S.C. § 294e–1). The program was established to assist APA-accredited doctoral programs and internships in meeting the costs to plan, develop, operate, or maintain graduate psychology education programs to train health service psychologists to work with vulnerable populations. The focus of the FY 2016 program is to train doctoral-level psychologists in an integrated primary care setting along the continuum of doctoral-level psychology clinical practice that includes trainees from practica, internship, or post-doctoral residency programs.

In 2013, an estimated 43.8 million adults (18.5%) aged 18 or older were diagnosed with a mental illness in the United States.² Similarly, approximately 21.4% of children experience a severe mental disorder at some point during their life.³ Also alarming is the number of persons (22.7 million) aged 12 or older needing substance abuse treatment.⁴ However, only 11% of people with a drug or alcohol problem received treatment, and 38.1% of all adolescents and 14.6% of all adults received mental health care.⁵ Disproportionately, 15 million rural residents struggle with mental illness and substance abuse.⁶ Behavioral health problems often cause, aggravate or accompany other chronic health conditions that require collaboration from a primary care provider.⁷ Primary care settings have become an access point for many individuals with

¹ http://www.healthworkforceta.org/wp-content/uploads/2015/01/RCQI_Resource_Guide.pdf

² <http://www.samhsa.gov/data/sites/default/files/NSDUHmhfr2013/NSDUHmhfr2013.pdf>

³ <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>

⁴ <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

⁵ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (September 4, 2014). The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings. Rockville, MD.

⁶ <http://ps.psychiatryonline.org/doi/full/10.1176/ps.50.4.497>

⁷ Massachusetts Health Quality Partners, Partners in Integrated Care Webinar, November 15, 12:30-1:30 PM EST.

behavioral health and primary care needs. Research has shown that more than 70% of primary care visits stem from behavioral health issues.⁸

Compounding these behavioral health issues is the fact that significant behavioral health disparities persist in underserved communities across the United States. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. Rural areas experience obstacles to obtaining behavioral health services including availability, accessibility, affordability, and acceptability, which result in distinct mental health disparities.⁹ To address these needs, models that integrate behavioral health into primary care have emerged to address access, early identification, and quality treatment services for patients with behavioral health issues. Integration of behavioral health in primary care is essential to improved experience of care, improved health of populations, and reduced healthcare cost.¹⁰ Integration also ensures a person's mental health and physical health needs are treated and reduces stigma associated with seeking help.¹¹ In tandem is the need to recognize and address the unique culture, language and health literacy of diverse populations and communities accessing healthcare.¹²

These findings indicate a critical need to prepare a diverse, culturally competent behavioral health workforce that is integrated into care. HRSA is seeking to train behavioral health professionals along the continuum of doctoral-level psychology clinical practice that includes trainees from practica, internship, or post-doctoral residency programs. Federally authorized HRSA training programs, such as the GPE Program, work to address the need for this healthcare workforce by increasing the numbers of adequately prepared behavioral health providers entering and capable of working with underserved and/or rural populations.

Program Definitions

A full listing of definitions of key terms relevant to this announcement can be found in Section VIII. Other Information.

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation.

⁸ Robinson, P., and Reiter, J. (2007). Behavioral Consultation and Primary Care: A Guide to Integrating Services. New York: Springer.

⁹

<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CCEQFjAAahUKEwiXiLXI1pLIAhWCJB4KH8qD4Q&url=http%3A%2F%2Fwww.ruralhealthweb.org%2Findex.cfm%3Fobjectid%3DA2376B0E-A8A7-18D3-4BD8BA32670505AF&usg=AFQjCNFDEsII7Lw9XeVUDAk1YIcHWOC03g>

¹⁰ <http://content.healthaffairs.org/content/27/3/759.full>

¹¹ <http://www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf>

¹² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2824588/>

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal FYs 2016 – 2018. Approximately \$7,500,000 is expected to be available annually to fund approximately twenty-one (21) awardees. Applicants may apply for a ceiling amount of up to \$350,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

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

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

III. Eligibility Information

1. Eligible Applicants

Eligible entities are American Psychological Association (APA)-accredited doctoral-level schools and programs of health service psychology, APA-accredited doctoral internships in professional psychology, APA-accredited post-doctoral residency programs in practice psychology, or a combination thereof, provided that the applicant is accredited for all programs for which they are applying.

Applicants must provide a copy of their accreditation letter for their APA-accredited school or program, internship, or post-doctoral residency program as Attachment 10. Accreditation documentation must specify the dates covered by the active accreditation, including expiration date.

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

Eligible applicants must be located in the United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

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.

2. Other

Ceiling Amount

Applications that exceed the ceiling amount of \$350,000 per year 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.3 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 (2015), as required by Section 797(b) of the PHS Act. Applicants must complete the Maintenance of Effort document and submit as Attachment 5.

Multiple Applications

Multiple applications from an organization are not allowed. Under this FOA, an institution is allowed to submit an application for doctoral schools and programs of health service psychology, or an application for doctoral internship in professional psychology, or an application for post-doctoral residency program in practice psychology, or an application with a combination thereof, providing the applicant is accredited for all programs for which they are applying. For example, an applicant may apply as a doctoral school and program and doctoral internship program and provide stipends to both types of trainees provided they hold accreditation for both programs.

Accreditation

Applicants who fail to attach a copy of the required accreditation documentation will be considered non-responsive and will not be considered for funding under this announcement.

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 the applicant's 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.

Stipend Eligibility

Doctoral students, doctoral interns, and post-doctoral residents receiving a stipend in the GPE Program must be in an APA-accredited program, a citizen of the United States, a non-citizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.

Fringe Benefits for Student/Intern/Resident

There is no support within the GPE Program for tuition, liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits, for doctoral level psychology students, doctoral-level psychology interns, and post-doctoral psychology residents who receive GPE stipend support.

Consortium

For purposes of this funding opportunity, doctoral-level internship programs may apply as an internship consortium, if APA-accredited as such. Applicants must identify consortium members (see Attachment 2), organizational training structure, and resources in the application. Applicants must submit documentation of accreditation as Attachment 10 in the application. There can be only one applicant organization and one project director, and the project director must be employed by the awarded applicant organization.

Collaborative Projects with Other Disciplines

As required by Section 750(a) of the Public Health Service (PHS) Act, GPE-funded programs must use the funding in collaboration with two or more health disciplines. The goal of interprofessional learning is to prepare health professions trainees for deliberately working together with the common goal of building safer and better patient-centered care and outcomes. For this funding opportunity, applicants must clearly state the health disciplines that are collaborating in the project and the nature and extent of the collaboration. Collaboration of two or more health disciplines must be in both didactic and experiential training and should provide health services to underserved and/or rural populations. Disciplines may be from the same or different institutions. However, **psychology is the only discipline in which trainees are eligible for stipend support for this funding opportunity**. A fully collaborative project must include joint planning, implementation, training, and evaluation (see Attachment 2). Examples of these may include development and implementation of training activities including interprofessional courses, seminars, and rotations, shared faculty, and shared evaluation activities.

Applicants who fail to demonstrate collaboration with two or more health professions will be deemed non-responsive and will not be considered for this funding opportunity.

Project Director

Project Director must be employed by the awarded applicant organization and dedicate a minimum of 20 percent of his/her their time (may be in-kind or funded) to grant activities,

employed by the awarded applicant organization, and is encouraged to have a minimum of three years of experience in the education and training of behavioral health service psychologists.

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](https://www.grants.gov).

Applicants should always supply an e-mail address to Grants.gov when downloading a funding opportunity announcement (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 **60 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 funding opportunity number prior to the deadline, to be considered under the 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*](#).

The Abstract must include:

- 1) Project Title
- 2) Accredited Program Table (check all programs that apply)
 - Doctoral Psychology School or Program_____
 - Internship Program_____
 - Post-Doctoral Residency Program _____
- 3) Brief overview of the project as a whole.
- 4) Specific, measurable objectives that the project will accomplish.
- 5) 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.
- 6) Statement indicating eligibility for funding preference and funding priority (if applicable).

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

Applicants must define the purpose of the proposed project as well as the population and geographic area (e.g., community, city, state, region, etc.) that will benefit from the proposed activities. Applicants must include, but are not limited to, a discussion of:

- The state and local health status indicators related to behavioral health;
- The service area/target population, including data on the prevalence of behavioral health disorders in the community and the need for behavioral health services in their community/target population;
- The unique characteristics of the service area/target population that impact access to or utilization of behavioral health care (i.e. underserved and/or rural);
- Demographics of the population served, to include special cultural and/or language factors that influence the effective delivery of care; and
- Number and percentage of underserved and/or rural populations in the catchment area currently being served by the applicant.

Applicants must also include a discussion of the current structure and related needs of the applicant, including, but not limited to:

- Current gaps in training along the continuum of doctoral- level psychology clinical practice that includes trainees from practica, internship, or post-doctoral residency programs doctoral-level training, internship, and post-doctoral residency programs;
- Current partnerships in place with primary care experiential training sites and the gaps to be addressed planned program activities, including partnerships aimed at promoting intercultural understanding and cultural fluency reflective of the population served;
- Current level of behavioral health integration into primary care, including current innovative models that deliver behavioral and primary care services;
- Inventory of the current total number of practica, internship, and residency slots currently available to the applicant, the number of slots in an integrated primary care, and demand for additional slots;
- Describe the training, recruitment, and retention efforts and efforts to reflect the diversity of the community served; and
- The need in the community for other health disciplines and the need for interprofessional training in the local community and populations served.

▪ *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 Criteria #2 (a), (b), and (c).*

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

In this section, the applicant must describe how they will prepare doctoral-level psychologists to provide behavioral health care, including substance abuse prevention and treatment services, in settings that provide integrated primary and behavioral health services to underserved and/or rural populations.

Applicants must present a clear plan to:

- Build partnerships with primary care experiential training sites to support planned program activities and address the needs identified above, including:
 - Promoting intercultural understanding and cultural fluency reflective of the population served;
 - Serving underserved and/or rural populations;
 - Identifying meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the racial, ethnic, cultural, geographic, religious, linguistic, gender, and sexual orientation diversity of the populations and communities served.
- Develop or enhance didactic and experiential training programs in models of integrated care, emphasizing the integration of behavioral health and primary care into clinical practice and team based care, including:

- Increasing the number of experiential training slots for students, interns, and post-doctoral residents beyond the program's current capacity;
- Demonstrate enhanced didactic and experiential training activities to develop competencies of program participants in integrated and team-based care;
- Implement interprofessional training in behavioral health with two or more health disciplines;
- Increase the number of doctoral psychology students, interns, and residents to be trained during each year of the project;
- Ensure a culturally competent workforce that reflects the diversity of the population being served, by:
 - Recruiting doctoral level psychology students, doctoral level psychology interns, and post-doctoral psychology residents, who commit to working with underserved and/or rural populations following program completion;
 - Train, recruit, and retain student who represent the diversity of the community served;
 - Placing students in practica, internships, or post-doctoral residencies within integrated primary care settings that are located in underserved and/or rural communities;
 - Award stipends to graduate psychology students, interns, and/or post-doctoral residents for experiential training in integrated behavioral and primary health care settings that serve underserved and/or rural populations;

(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://bhwh.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.) Documentation of work plan must be submitted as Attachment 6. Applicants must describe, in detail, the activities or steps, and the staff responsible for achieving each of the activities proposed during the entire project period. The Methodology must align with and drive the work plan. The applicant must

- Provide a detailed description of how the proposed work – objectives and sub-objectives – will be accomplished and the person(s) responsible;
- Describe the activities, timeframes, deliverables, and key partners required to address the Program Requirements in Section I of the funding opportunity announcement;
- 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 place trainees in experiential training sites within 60 days of grant award; and
- State objectives and sub-objectives that are specific, measurable, achievable, realistic and time-framed.

Applicants must also submit a logic model as Attachment 13 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 (including issue statement, objectives, and sub-objectives);
- 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, 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).

(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)
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 (e.g. program performance evaluation and performance measurement requirements);
 - Challenges related to the workforce development, such as recruitment and retention and education and training;
 - Challenges related to establishing new primary care practice sites and expanding the number of available internship slots serving underserved and/or rural populations;
 - Obstacles to expanding the number of experimental training slots; and
 - Available resources and plans to resolve and overcome these challenges and obstacles.
- *IMPACT -- This section includes 2 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 their plan for program performance evaluation. This plan should monitor ongoing processes and progress toward meeting grant goals and objectives. The evaluation will enable the applicant to assess the success of their grant-funded efforts and contribute to continuous quality improvement.

Applicants must include a plan for [Rapid Cycle Quality Improvement](http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/) (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

The evaluation plan should 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. In the Attachments section (IV. 2. vi., Attachment 1), you are required to attach a complete staffing plan, job descriptions, and biographical sketches for key personnel. Biographical sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

Applicants also must describe the systems and processes that will support the organization's collection and semiannual submission of HRSA's performance measurement requirements for this program. This section includes 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 should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

At the following link, you will find the required data forms for this program:
<http://bhw.hrsa.gov/grants/reporting/index.html>.

Applicants must describe their capacity to collect and report data such as, but not limited to, the following on a semi-annual basis:

- Number and setting of practica, internship, and residency sites serving underserved and/or rural populations in primary care;
- Number and demographics of students/interns/residents trained and the number who complete training during the project period;
- Number of program completers who pursue careers providing behavioral health services working with underserved and/or rural populations and in medically underserved communities
- Number of students/interns/residents whose training is in primary care, rural, and Medically Underserved Communities (MUCs) and number of direct contact hours serving vulnerable populations;
- The number and disciplines to be trained by GPE Program activities;
- The number of students/interns/residents to receive GPE stipends;
- The level of integrated healthcare at the experiential training sites available to populations served, and increase over course of project period;
- The activities, trainings, courses, evidenced based models and training, rotations, seminars, and other innovative methods to be developed, enhanced, and implemented in project;
- The collaborative activities for interprofessional training of the health disciplines cited in application; and
- The number of experiential training slots in primary care beyond current training capacity.

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

Propose a plan for project sustainability after the period of federal funding ends. Awardees are expected to sustain key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices. Applicants must, at a minimum:

- Identify other sources of income and/or future funding initiatives, as well as a timetable for becoming self-sufficient, including evaluation of the program, collection of needed program information, and disseminate findings to appropriate audiences;
- Enhancing relationships between academic institutions, experiential training sites, and other interdisciplinary partners;
- Securing new practica, internship, and residency training slots in primary care in underserved and/or rural population;
- Leveraging past program participants/completers for future training opportunities and partnerships;
- Forecasting challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

The plan should specify strategies to obtain future sources of potential income, as well as outline other strategies – with timetables –to achieve self-sufficiency and sustainability.

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

Provide information on the applicant organization's current mission and structure, organizational chart, and scope of current activities. A project organizational chart is requested in Section IV, 2, v., Attachment 3. Describe how all of these contribute to the ability of the organization to conduct the GPE program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Applicants must, at a minimum address:

- Organizational and/or institutional mission and its congruence with integrated behavioral health services for underserved and/or rural populations;
- Organizational/institutional commitment to the promotion of a workforce that reflects the diversity of the population served and provides evidence recruitment, retention, and training efforts to that end;
- Evidence of the capacity to provide didactic and experiential training and supervision to doctoral students, interns, and residents;
- Evidence of an adequate staffing plan for the proposed project including the project organizational chart;
- Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources, including institutional policy) provided in Attachment 9;

- Evidence of support and commitment by practica, internship, and residency organizations that serve vulnerable populations in a primary care system, such as resources and letters of support (commitment to provide financial or in-kind resources; and
- Evidence that the Lead Project Director can dedicate a minimum of 20 percent of time (may be in-kind or funded) to grant activities, is employed with the applicant organization, and has a minimum of three years of experience in the education and training of behavioral health service psychologists.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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.

Applicants are required to provide a budget with no less than sixty (60) percent of a recipient's overall requested budget (direct and indirect costs) dedicated and distributed as stipends to

trainees in practica, internships, and residencies.

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 GPE Program requires the following:

Participant/Trainee Support Costs, as applicable: List stipends, trainee related expenses (i.e. health insurance), travel (i.e. trainee conferences), other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

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.

v. 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. Each attachment must be clearly labeled.**

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

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

Include biographical sketches for persons occupying the key positions, not to exceed two pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. 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 (project specific)- As applicable.

Provide documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal such as contracts and memoranda of agreements with experiential training sites. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 3: Project Organizational Chart – Required.

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

Attachment 4: Tables, Charts, etc.- As applicable.

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

Attachment 5: Maintenance of Effort Documentation – Required.

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

NON-FEDERAL EXPENDITURES	
<p>FY 2015 (Actual) Actual FY 2015 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p>FY 2016 (Estimated) Estimated FY 2016 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>

Attachment 6: Work Plan – Required.

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

Attachment 7: Statement of Qualification for Medically Underserved Community (MUC) Funding Preference – As applicable.

To receive the MUC Funding Preference, applicants **MUST** identify which MUC funding preference (based on Qualification 1, 2 or 3) they are requesting. In addition, applicant must label and provide computation information for meeting qualification 1 or 2 or four or more of the criteria in Section V.2 for meeting qualification 3. Applications that do not include the computation information for qualification 1 or 2 or the criteria for meeting qualification 3 will not be eligible to receive the MUC funding preference. Criteria, including calculations for Qualifications 1 and 2, are described in Section V.2. of this FOA.

Attachment 8: Accomplishment Summary Report -Required for Competing Continuations Only.

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 3: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 9: Letters of Support – As applicable.

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

Attachment 10: Documentation of Accreditation – Required.

Provide documentation of institution's accreditation letter for their APA doctoral school or program in health psychology, APA accredited internship in professional psychology, or APA accredited post-doctoral residency program in practice psychology as Attachment 10. Applicants

who fail to attach a copy of their accreditation letter will be considered non-responsive and will not be considered for this funding opportunity.

Attachment 11: Student/Intern Commitment Letter Template – Required.

Provide documentation of institution's student/intern commitment letter template.

Attachment 12: Request for Funding Priority – As applicable.

Provide the request for Funding Priority with required information as described in Section V.2. and submit as accreditation12.

Attachment 13: Logic Model - Required.

Attach the Logic Model diagram that presents the conceptual framework for project as attachment 13.

Attachment 14: Other Relevant Documents – As applicable.

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

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 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 5, 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 GPE Program 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

Funding Ceiling: Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$350,000 per year, in total costs (direct and indirect). 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.

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

- Construction
- Student tuition or fees
- Fringe Benefits for participants/trainees, including but not limited to liability insurance, unemployment insurance, life insurance, taxes, or retirement plans, or other fringe benefits, excludes health insurance. Health insurance is allowable as a trainee related expense, but may only be included in the forty (40) percent of dedicated funding as described below.

Stipends: Applicants are required to provide a budget, with narrative, that includes no less than sixty (60) percent of a recipient's overall requested budget (direct and indirect costs) dedicated and distributed as stipends to trainees in practica, internships, and residencies. Up to forty (40)

percent of funding may be dedicated to (1) development or enhancement of didactic and experiential training activities in integrated and team-based care; (2) financial support for the supervision of students, interns, residents and other allowable trainee-related expenses; (3) program administration and management; and (4) data collection.

Applicants may direct Stipend support to:

Doctoral students in APA-accredited doctoral schools and programs in health service psychology in practica for ten (10) or more hours per week, per academic semester, shall receive a stipend of \$25,000 per year.

Doctoral interns in APA-accredited doctoral internship programs in professional psychology shall receive a stipend of \$28,352 per year, unless institutional policy dictates otherwise.

Post-doctoral residents in APA-accredited programs in practice psychology shall receive a stipend of \$44,556 for Year 1 and \$46,344 for Year 2, unless institutional policy dictates otherwise.

Note: If the stated stipend levels above are more than is allowed per institutional policy, or restricted by another formal contractual agreement, applications must include a written statement in the budget narrative justification. HRSA reserves the right to request additional information regarding this institutional policy, as necessary.

No more than one (1) year or twelve (12) consecutive months of stipend support is allowed per full-time doctoral student or intern. Part-time students and interns are allowed to receive a stipend prorated at one half of the fixed amount for no more than twenty-four (24) consecutive months.

No more than two (2) years or twenty-four consecutive months of stipend support is allowed per full-time post-doctoral resident. Part-time residents are allowed to receive a stipend prorated at one half of the fixed amount for no more than three (3) years or thirty-six consecutive months.

Stipends are subsistence allowance for trainees to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program. The stipend must be consistent for all trainees within the institution, and with institutional policy, with regards to payment schedule and procedures. The amounts that can be charged to the GPE Program cannot not exceed the stated trainee stipend. Recipients may choose to provide supplemental stipends from other non-federal sources. In the event that a participant terminates early from the grant program, the stipend must be prorated according to the amount of time spent in experiential training and the grantee should contact HRSA to discuss options for the remaining stipend funds.

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 GPE Program has five (5) review criteria:

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need

Applications must identify the population and geographic area (e.g., community, city, state, region, etc.) that will benefit from the proposed activities. Reviewers will consider the extent to which the applicant:

- Describes a compelling need for behavioral health services (e.g., high incidence and/or prevalence of behavioral health disorders; number and percentage of underserved and/or rural) within the target catchment area.
- Demonstrates that the target population is underserved and/or rural, and/or have other cultural or language factors that limit access or utilization of behavioral health care.

Applicants must also demonstrate the current structure of the applicant makes it well position to successfully implement the GPE program. Reviewers will consider the extent to which the applicant:

- Identifies training gaps along the continuum of doctoral- level psychology clinical practice which can be addressed by the GPE program.
- Demonstrates that current partnerships are in place with primary care experiential training sites that are sufficient to enhance intercultural understanding and cultural fluency reflective of the population served.

- Identifies a level of behavioral health and primary care integration that is sufficient to build on to support innovative models but is not so robust that additional Federal funding is unnecessary.
- Provides data that shows a significant, yet feasible projected increase in experiential training slots if awarded.
- Demonstrates that the training, recruitment, and retention efforts are sufficient to promote intercultural understanding and cultural fluency reflective of the diversity of the population served.
- Demonstrates meaningful collaboration with other health disciplines (two or more) through didactic and experiential training of doctoral-level students, doctoral interns, and post-doctoral residents in support of integrated behavioral and primary health care and team-based care.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 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 (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach

Applicants must demonstrate a clear and feasible methodology to prepare doctoral-level psychologists to provide behavioral health care in integrated primary care setting serving underserved and/or rural populations.

Reviewers will consider the extent to which the applicant:

- Demonstrates a methodology to build robust partnerships with primary care experiential training sites to support planned program activities. Reviewers will consider whether the partnerships are sufficient to address the needs and service gaps identified in the Purpose and Needs section above, including whether the approach will:
 - Promote intercultural understanding and cultural fluency reflective of the population served;
 - Increase services to underserved and/or rural populations; and
 - Enhance meaningful support and collaboration with key stakeholders to support the implementation of the project.
- Develops or enhances didactic and experiential training programs in models of integrated care, emphasizing the integration of behavioral health and primary care into clinical practice and team based care. Reviewers will consider whether the models of integrated care reflect the priorities of the GPE program, including whether the approach will:
 - Demonstrate robust collaboration with two or more health disciplines.
 - Significantly increase the number of experiential training slots for students, interns, and post-doctoral residents beyond the program's current capacity;

- Demonstrate enhanced didactic and experiential training activities to develop competencies of program participants in integrated and team-based care;
 - Implement interprofessional training in behavioral health with two or more health disciplines; and
 - Significantly increase the number of doctoral psychology students, interns, and residents to be trained during each year of the project.
- Ensures a culturally competent workforce that reflects the diversity of the population being served. Reviewers will consider whether the strategies reflect the priorities of the GPE program, including whether the approach is likely to:
 - Recruit doctoral-level psychology students, doctoral-level psychology interns, and post-doctoral psychology residents, who are committed to working with underserved and/or rural populations in a medically underserved area following program completion;
 - Train, recruit, and retain students who represent the diversity of the community served;
 - Expeditiously place students in practica, internships, or post-doctoral residencies within integrated primary care settings in underserved and/or rural communities; and
 - Award stipends to doctoral-level psychology students, doctoral-level psychology interns, and post-doctoral psychology residents for experiential training in integrated behavioral and primary health care settings that serve underserved and/or rural populations.

Criterion 2 (b): WORK PLAN (20 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Work Plan

The application will be evaluated on the extent to which the applicant describes a clear, comprehensive, and feasible set of goals, objectives, and sub-objectives, as well as concrete steps that will be used to achieve those goals and objectives.

The extent to which:

- The applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives in Attachment 6;
- The feasibility of successfully completing all proposed activities and timelines within the performance period.
- The applicant proposes a plan with an implementation timeline that ensures that the applicant will have resources and program staff in place to begin place trainees in experiential training sites within 60 days of grant award; and
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel.
- Presents a one-page logic model in Attachment 13 that clearly outlines the conceptual framework for the proposed project and explains the linkages among project elements.

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

Reviewers will consider the extent to which the applicant:

- Describes potential obstacles and challenges likely to be encountered during the design and implementation of the activities described in the Work Plan, and
- Outlines a reasonable and actionable plan and evidence-based approaches to address the challenges identified above.
- 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 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

Applicants must have a plan in place to effectively report performance data, including both the applicant’s internal performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a).

The extent to which:

- The strength and effectiveness of the proposed evaluation strategy to monitor and evaluate project objectives, activities, and 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 (outlined above);
- A valid data collection strategy and identifies proposed instruments/tools to be used, data sources, and projected timelines for data collection, analysis, and reporting;
- The demonstrated capacity of the organization/institution to track, collect, and report required performance measures on a semi-annual basis
- The inclusion of necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes;
- The strength of the applicant’s plan to utilize both quantitative and qualitative data to inform Rapid Cycle Quality Improvement (RCQI) efforts to periodically review program progress and make small 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 plan for project sustainability after the period of federal funding ends. Reviewers will consider the likelihood that key elements of the grant projects will be sustained after the grant award period, e.g., training methods or strategies, which have been effective in improving practices. Reviewers will also consider whether the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges. Reviewers will consider whether applicants demonstrate success (1) training and placing program completers in integrated primary care settings that serve the underserved and/or rural populations, and (2) leveraging past program participants/completers for future training opportunities and partnerships.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities
Applicants must demonstrate their organizational capacity is sufficient to carry out the project; this will be evaluated both through the project narrative, as well as Attachments 1, 2, and 3.

The extent to which applicant has the organization, resources and capacity to successfully implement the project. Project Narrative as well as Attachments 1, 2, and 3, and the extent to which:

- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project;
- Evidence of successful past performance delivering didactic and experiential training and supervision to doctoral students, interns, and residents in an integrated primary care setting;
- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- Qualifications of the Lead Project Director (employed by applicant organization) and sufficient to lead a project of similar size and scope, i.e., a minimum of three years of experience in the education and training of behavioral health service psychologists.
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- The activities, timeline, and responsible staff to achieve each of the objectives proposed during each year of the entire 3-year project period; and
- Evidence of support and commitment by experiential sites, consortium partners and community partners, e.g., resources and letters of support;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application;
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; and
- Innovation in existing and/or proposed training methods in interprofessional education and integration of behavioral health with primary care.

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

The extent to which (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. An assessment of the applicant budget must demonstrate that at least sixty percent of a recipient's overall requested budget (direct and indirect costs) is dedicated and distributed as stipends to trainees in practica, internships, and residencies.

Review and Selection Process

Each applicant's abstract must include a statement indicating funding preference and funding priority (if applicable). Please see Section 5.3 of HRSA's [*SF-424 R&R Application Guide*](#).

Funding Priority

This program includes a funding priority as authorized by Section 756(d)(2) of the PHS Act. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by the Objective Review Committee. The GPE Program has one (1) funding priority.

Priority 1: Vulnerable Groups (10 Points) A statutory funding priority of ten (10) points is available to qualified applicants; partial points will not be awarded. An applicant will be granted a funding priority if the focus of their training is on the needs of vulnerable groups such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, homeless individuals, chronically ill persons, and their families. Applicants must submit information documenting eligibility for the funding priority as Attachment 12. Failure to include the above mentioned data in Attachment 12 will result in the applicant not receiving the funding priority.

Funding Preference - Medically Underserved Community (MUC)

This program provides a funding preference for some applicants as authorized by Section 791(a)(1) 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 factor will be determined by the Objective Review Committee. Applicants must submit information documenting eligibility for a Funding Preference as Attachment 7. Funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference(s) as follows:

Qualification 1: High Rate

An applicant can document this funding preference if it demonstrates placing program completers in practice settings having the principal focus of serving residents of medically underserved communities.

For an applicant to qualify for “high rate,” at least 50 percent of program completers from the academic year 2014-2015 or 2013-2014, whichever is greater, must devote at least 50 percent of their time in psychology practice in service to Medically Underserved Populations (MUPs).¹³

Qualification 2: Significant Increase

An applicant can document this funding preference if it demonstrates that program completers from academic years 2014-2015 and 2013-2014 (with a minimum of 2 program completers) who devote at least 50 percent of their time to clinical practice in MUC settings, have increased by at least 50 percent, and at least 30 percent of the 2014-2015 program completers are practicing in MUC settings.

Qualification 3: New Program

An applicant can document this funding preference if it demonstrates it is a New Program (i.e., a program that has graduated less than three classes) and if four or more of the following criteria are met:

- The mission statement of the program identifies a specific purpose of preparing health professionals to serve underserved populations.
- The curriculum includes content that will help to prepare practitioners to serve underserved populations.
- Substantial clinical training experience is required in medically underserved communities.
- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing/supervising care in medically underserved communities.

¹³ See definition for MUP in Section VIII. Other.

- The entire program or a substantial portion of the program (i.e., the primary, ambulatory education training sites) is physically located in a medically underserved community.
- Student assistance, which is linked to service in medically underserved communities following program completion, is available to the students in the program.
- The program provides a placement mechanism for deploying program completers to medically underserved communities.

Failure to include the above mentioned data in Attachment 7 will result in the applicant not receiving the MUC Funding Preference.

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.

2. 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 Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide BHW with information required to close out a grant after completion of project activities. 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 EHB 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.

VII. Agency Contacts

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

William Weisenberg, Grants Management Specialist
Attn.: GPE Program
HRSA Division of Grants Management Operations, Office of Federal Assistance Management
5600 Fishers Lane, Room 18-75
Rockville, MD 20857
Telephone: (301) 443-8056
Fax: (301) 443-6343
E-mail: [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

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

Cynthia Harne, MSW
Public Health Analyst, Behavioral and Public Health Branch, Division of Nursing and Public Health
Attn: GPE Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 9-89
Rockville, MD 20857
Telephone: (301) 443-7661

Fax: (301) 443-0791
E-mail: charne@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

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>.

Technical Assistance:

Two technical assistance calls are scheduled to help applicants understand, prepare, and submit a grant application for the GPE Program.

Wednesday, October 21, 2015, at 3:00 pm (Eastern Time)

Call-in Number: 888-989-4394

Participant passcode: 6762664

Adobe Connect Link: https://hrsa.connectsolutions.com/fy16_gpe/

For replay information:

Phone: Toll free: 866-351-5761

Toll: 203-369-0063

(The recording will be available until January 21, 2016 at 11:59 pm (ET):

Wednesday, December 9, 2015, at 3:00 pm (Eastern Time)

Call-in Number: 888-989-9743

Participant passcode: 9405458

Adobe Connect Link: https://hrsa.connectsolutions.com/fy16_gpe_mod/

For replay information:

Phone: Toll free: 866-383-2973

Toll: (The recording will be available until January 21, 2016 11:59 PM (ET)

Program Definitions:

The following definitions apply to the GPE Program for FY 2016.

Accredited - for the purpose of this funding opportunity announcement, psychology schools and programs and internship programs accredited by the American Psychological Association (APA).

APA-Accredited Programs - listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

APA-Accredited Doctoral Internships – listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

APA-Accredited Post-Doctoral Residency Programs - listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

Behavioral Health - refers to both mental health and substance abuse and may be used interchangeably with “mental and substance use disorders.”

Center for Integrated Health Solutions (CIHS) Framework for Levels of Integrated Healthcare - helps primary and behavioral healthcare provider organizations improve outcomes by helping them understand where they are on the integration continuum. This six-level framework can be used for planning; creating a common language to discuss integration,

progress, and financing; supporting assessment and benchmarking efforts; explaining integration efforts to stakeholders; and clarifying differences in vision between two or more partnering organizations.

Contact hours - the number of hours that an individual receives training in a specific setting.

Cultural competence - refers to the knowledge, interpersonal skills, behaviors, attitudes, and policies that allow health professions educators and practitioners to understand, appreciate, and respect cultural differences and similarities in cross-cultural situations. Cultural competency acknowledges these variances in customs, values, beliefs, and communication patterns by incorporating these variables in the assessment and treatment of individuals and in the training of all health professionals. Information and services are to be provided in the language, educational, and cultural context most appropriate for the individuals being served.

Didactic training - the process of instruction between a designated faculty and an individual or group of individuals.

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.

Enhanced course or other training activity - a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

Experiential training - the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience. For internships and practica, experiential refers to clinical practice-based experiences. For doctoral psychology internships, experiential training refers to an accredited 12-month supervised experience in health care settings (source: APA).

Full-time - the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Health Service Psychology - includes clinical psychology, counseling, and school psychology, or a combination thereof (Source: APA).

Integrated Care - the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.¹⁴

Internship - for doctoral psychology internships, experiential training refers to an accredited 12-month supervised experience in health care settings (source: APA).

Interprofessional education - occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010).

Medically Underserved Communities - a geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing. See Sec. 799B(6) of PHS Act.

Medically Underserved Populations (MUPs) - federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services. MUPs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> or <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> for additional information.

New Program - a program that has graduated less than three classes. See Sec. 791(c)(2) of PHS Act.

Part-time - the number of days per week and/or months per year representing part-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled part-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Practice Psychology - per APA, refers to the breadth of training and a blend of skills that psychologist use to provide a wide range of diagnostic, therapeutic and consultative services.¹⁵

Practicum - a type of experiential training activity. (See "Experiential training.")

Primary Care - the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. The term clinician refers to an individual who uses a recognized scientific knowledge base and has the

¹⁴ <http://www.integration.samhsa.gov/about-us/what-is-integrated-care>

¹⁵ <http://www.apa.org/pi/about/publications/caregivers/practice-settings/direct-service/>

authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant.¹⁶

Program Completer - an individual who has completed all the requirements for a degree-bearing training program at an educational institution.

Program income - gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed; charges for the use or rental of real property, equipment, or supplies acquired under the grant; the sale of commodities or items fabricated under an award; charges for research resources; and license fees and royalties on patents and copyrights.

Rapid Cycle Quality Improvement (RCQI) is a simple yet powerful tool used to achieve improved outcomes by health care professionals and educators, 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/>

Rural - a geographical area that is not part of a Metropolitan Statistical Area (MSA).

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://bhpr.hrsa.gov/grants/technicalassistance/index.html>

¹⁶ Definition adapted from Donaldson, M.S. [et al.], editors (1996), *Primary care: America's health in a new era*, Committee on the Future of Primary Care Services, Division of Health Care Services, Institute of Medicine.