U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Pediatric Mental Health Care Access Program

Funding Opportunity Number: HRSA-18-122
Funding Opportunity Type(s): New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Letter of Intent Due Date: July 17, 2018

Application Due Date: August 13, 2018

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

Issuance Date: July 11, 2018

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Authority: Public Health Service Act, § 330M (42 U.S.C. § 254c-19), as amended

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Pediatric Mental Health Care Access Program. The purpose of this program is to promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs. For purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Funding Opportunity Title:	Pediatric Mental Health Care Access Program
Funding Opportunity Number:	HRSA-18-122
Due Date for Applications:	August 13, 2018
Anticipated Total Annual Available FY 2018 Funding:	Up to $8,900,000
Estimated Number and Type of Award(s):	Up to 20 cooperative agreements
Estimated Award Amount:	Up to $445,000 per year, per award, for the 5-year period of performance, dependent on the availability of appropriated funds
Cost Sharing/Match Required:	Yes: 20% ($89,000) non-federal to federal match in each year from Year 1 to Year 5
Period of Performance:	September 30, 2018 to August 29, 2023 (5 years)
Eligible Applicants:	States, political subdivisions of states, and Indian tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)). See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Friday, July 27, 2018
Time: 2 p.m. – 3 p.m. ET
Call-In Number: 1-888-600-4866
Participant Code: 556514
Web link: https://hrsa.connectsolutions.com/pmhcap_u4c_ta_session/

Playback Number: 1-888-203-1112
Passcode: 1390598

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Pediatric Mental Health Care Access Program.

The purpose of the Pediatric Mental Health Care Access Program is to promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs. For purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

For purposes of this funding opportunity, a pediatric mental health care telehealth access program for which funding may be used, shall perform the following activities—

(A) be a statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team;

(B) support and further develop organized state or regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites;

(C) conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers' preferred mechanisms for receiving consultation, training, and technical assistance;

(D) develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices;

(E) provide rapid statewide or regional clinical telephone or telehealth consultations when requested between the pediatric mental health teams and pediatric primary care providers;

(F) conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment, and referral of children with behavioral health conditions;

(G) provide information to pediatric providers about, and assist pediatric providers in accessing, pediatric mental health care providers, including child and adolescent psychiatrists, and licensed mental health professionals, such as psychologists, social workers, or mental health counselors as well as assisting with scheduling and conducting technical assistance;

(H) assist with referrals to specialty care and community or behavioral health resources; and

(I) establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanding the capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

In the United States, there are shortages in the number of psychiatrists, developmental-behavioral pediatricians, and other behavioral health clinicians, such as advanced practice nurses and child psychologists, who can identify behavioral disorders in children and adolescents and provide appropriate services. Of the approximately 4 million children and adolescents who have experienced a behavioral health issue, only 20 percent receive behavioral health services[1]. Across the United States, 30 percent of the population lives in a county designated as a Mental Health Professional Shortage Area and only 32 percent of needed mental health care is being provided[2]. Often, general pediatricians and other pediatric primary care providers (e.g., family physicians, nurse practitioners, and physician assistants) are first to identify behavioral health disorders and provide services. Telehealth strategies that connect primary care providers with specialty mental and behavioral health care providers can be an effective means of increasing access to mental and behavioral health services for children and adolescents, especially those living in rural and other underserved areas.

You **must** describe how your project will support the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs, thereby facilitating access to and availability of telehealth (including by telephone) psychiatric consultation and care coordination to pediatricians and other pediatric primary care providers.

You **must** also describe how your project will provide training and education on the use of evidence-based, culturally and linguistically appropriate telehealth protocols to support the treatment of children and adolescents with behavioral disorders. The program will support telehealth consultation with a pediatric behavioral health clinician on the team and referral to a local pediatric behavioral health provider, to the extent possible.

This program will serve as a resource for pediatric primary care providers serving children and adolescents, including, but not limited to, pediatricians, family physicians, nurse practitioners, physician assistants, , and case coordinators. This is a demonstration program, the results of which are expected to be shared with the field and scaled up as feasible and appropriate.

[1] The Duke Endowment. Increasing Access to Mental Health Services (2018). Retrieved 4/2018. http://dukeendowment.org/story/increasing-access-to-mental-health-services.
[2] Henry J. Kaiser Family Foundation. State Health Facts: Mental Health Care Health Professional Shortage Areas (HPSAs) (2017). Retrieved 4/2018. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Program Goals

The program goals are to:

1) Increase the availability and accessibility of statewide or regional networks of pediatric mental health teams composed of child and adolescent psychiatrists, licensed mental health professionals, and case coordinators through telehealth consultation and referral to pediatric primary care practitioners caring for children and adolescents with behavioral disorders.
2) Conduct training and provide technical assistance to primary care providers to enable them to conduct early identification, diagnosis, and treatment for children with behavioral health conditions.
3) Provide information to pediatric providers about, and assist pediatric providers in accessing pediatric mental health care providers, with the overarching goal of providing timely detection, assessment, treatment and referral of children and adolescents with behavioral health disorders through telehealth, using evidence-based practices and methods such as web-based education and training sessions.
4) Improve access through telehealth to treatment and referral services for children and adolescents with identified behavioral health disorders, especially those living in rural and other underserved areas.

Program Expectations

Recipients are expected to:

- **If there is no statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team**, establish such a network of teams (a team must consist of at least one of each of the following: a case coordinator; a child and adolescent psychiatrist; and a licensed clinical behavioral health professional, such as a psychologist, social worker, or mental health counselor).
- **If one or more statewide or regional networks currently exist**, support and improve such teams to begin providing any activities (A-I) outlined under section I. 1. of the NOFO that are not currently provided and improve the quality and breadth of those activities that are already provided.
- If the Maternal and Child Health (MCH) state Title V program is not the lead applicant for your proposal, you **must** discuss how you will develop, and/or maintain collaborative relationships between the proposed project and the state Title V MCH Program. You can locate information on how to contact your state Title V MCH Program by visiting the MCHB web site. In your application, you **must** include a letter of support from the state Title V MCH Program in **Attachments 8-15**.
- Develop a telehealth referral database, which contains information on community-based mental health and support service providers.
- Following the end of the 5-year period of performance, sustain key elements of your project that have been effective in improving practices and that have led to improved outcomes for the target population.

HRSA's Maternal and Child Health Bureau (MCHB) Expectations

MCHB also encourages recipients to:

- Develop partnerships statewide and/or regionally with a broad range of community-based behavioral health clinicians to increase access through telehealth to behavioral health treatment and referral for children and adolescents and their families. This should include establishing partnerships with entities receiving funding for other HRSA programs, such as Health Centers, MCHB-funded training programs, and the National Health Service Corps. For more information on HRSA-funded grant programs, please visit the HRSA Data Warehouse.

- Establish contacts that may be relevant to the project's goals and objectives, including national and state partners and other HRSA programs. National and state partners may include:
    - State and territory health and human service agencies (e.g., Single State Agencies),
    - HRSA Telehealth Resource Centers, https://www.telehealthresourcecenter.org/.
    - Health care organizations.
    - Insurers (e.g., Medicaid, commercial).
    - Families who have cared for children and adolescents with behavioral disorders, particularly persons who are traditionally underserved.
    - Organizations that promote family partnerships.
    - Child-patient advocates or youth self-advocates.
    - Behavioral health disorder support and advocacy organizations.
    - Pediatric primary care providers.
    - Behavioral health clinicians.
    - State chapters of medical and professional associations, such as those representing pediatricians, family physicians, nurse practitioners, and behavioral health providers.

Collaboration with HRSA OAT programs and HRSA Telehealth Resource Centers, in particular, will provide recipients with an opportunity to engage in information exchange, share best practices and lessons learned, and receive technical assistance on technology-related challenges. These challenges may relate to both service provision on behavioral disorders and training and education for pediatric primary care providers.

2. Background

This program is authorized by the Public Health Service Act, § 330M (42 U.S.C. § 254c-19), as amended.

Need for the Pediatric Mental Health Care Access Program

One out of five children in the United States 3-17 years of age have experienced a behavioral health issue in a given year[3]. Of the approximately 4 million children and adolescents who have experienced a behavioral health issue, only 20 percent receive

[3] Centers for Disease Control and Prevention. Data and Statistics: Children's Mental Health (2018). Retrieved 4/2018. https://www.cdc.gov/childrensmentalhealth/data.html.

behavioral health services[4]. Across the United States, 30 percent of the population lives in a county designated as a Mental Health Professional Shortage Area and only 32 percent of needed mental health care is being provided[5]. One factor contributing to the gap between behavioral health disorder identification and service provision is the lack of growth in the workforce for child psychiatrists, developmental-behavioral pediatricians, and for advance practice nurses and child psychologists with the ability to prescribe psychotropic medications[6]. Often, pediatricians and other pediatric primary care providers (e.g., family physicians, nurse practitioners, and physician assistants), are the first responders in behavioral health disorder identification and service provision. Under-identification of children and adolescents with behavioral disorders occurs because primary care physicians are often able to identify severe behavioral health problems in children (e.g., depression), but may have more difficulty identifying psychosocial problems with mild symptomatology[7]. In addition to under-identification, other barriers may limit access to mental health care. Specifically, primary care physicians report more difficulty obtaining mental health services for their patients than getting other specialty services, limited time during the primary care visit, a lack of adequate payment mechanisms, and current primary care pediatric training programs and rotations typically do not adequately address behavioral health. Both under-identification of behavioral disorders and the lack of access to needed services may lead to conditions severe enough to impair child, adolescent, and family functioning, school performance, and safety.

To address this two-pronged issue, this Pediatric Mental Health Care Access Program will award cooperative agreements to states, political subdivisions of states, and Indian tribes and tribal organizations for a 5-year period of performance to promote behavioral health integration in pediatric primary care by developing new or expanding existing statewide or regional pediatric mental health care telehealth access programs. Since the early 2000s, there has been growth in the formation of statewide or regional networks across the United States that provide consultation, training, technical assistance, and care coordination to pediatric primary care sites. Currently, pediatric primary care providers who serve approximately 32 percent of children and adolescents in the United States have access to networks that provide pediatric behavioral health care through telephone and telehealth consultation[8]. Data suggest that pediatric primary care providers who use these networks continue to use them to care for new and on-going behavioral health concerns in their patient populations. However, funding for these networks is fragmented, creating sustainability challenges and making it difficult to expand these networks. Additionally, large segments of the United States do

[4] The Duke Endowment. Increasing Access to Mental Health Services (2018). Retrieved 4/2018. http://dukeendowment.org/story/increasing-access-to-mental-health-services.
[5] Henry J. Kaiser Family Foundation. State Health Facts: Mental Health Care Health Professional Shortage Areas (HPSAs) (2017). Retrieved 4/2018. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.
[6] Straus, JH, Sarvet, B. Behavioral Health Care for Children: the Massachusetts Child Psychiatry Access Project. Health Affairs 2014:33(12), 2153-2161.
[7] Steele, MM, Lochrie, AS, Roberts, MC. Physician Identification and Management of Psychosocial Problems in Primary Care. J Clin Psychol Med Settings 2010:17(2), 103-115.
[8] Straus, JH, Sarvet, B. Behavioral Health Care for Children: the Massachusetts Child Psychiatry Access Project. Health Affairs 2014:33(12), 2153-2161.

not have networks, including states in the West, the Upper Midwest, Appalachia, and the Southeast (National Network of Child Psychiatry Access Programs, map of the national network of programs, http://www.nncpap.org/thenetwork.html, from 6/11/18).

Many states are using pediatric mental health care access models to connect registered pediatric primary care practices to telephone and face-to-face consultation with either a child and adolescent psychiatrist or an independently licensed behavioral health clinician (e.g., psychologist, social worker, or behavioral health counselor), who is part of a statewide mental health team or a regional team within a state. In general, providers are connected to a psychiatrist or other behavioral health clinician. Providers may seek consultation for general questions related to child psychiatry and behavioral health, diagnostic questions, the identification of behavioral health professionals and other resources in communities, medication evaluations, and medication questions. Networks assist in referral to behavioral health professionals as needed or can work with a family directly to provide consultation and seek a local behavioral health provider. Existing models also provide pediatric primary care providers with on-site and virtual training on psychiatric disorders and medications, new or updated screening and treatment protocols, and practice transformation processes to improve the integration of primary care and behavioral health.

With greater shortages of behavioral health clinicians in rural and other underserved areas, targeting these areas to improve pediatric behavioral health care access is especially important. Among 1,253 smaller rural counties with populations of 2,500 to 20,000, nearly three-fourths of these counties lack a psychiatrist, and 95 percent lack a child psychiatrist[9]. More than 90 percent of all psychologists and psychiatrists and 80 percent of professionals with Masters in Social Work practice exclusively in metropolitan areas[10]. Behavioral health challenges in rural and other underserved areas include chronic shortages of behavioral health professionals; lengthy travel distances to find care; lack of public transportation; social stigma of needing or receiving mental health care; and maintaining anonymity in rural areas[11]. Furthermore, rural residents are less likely to be insured for behavioral health services and less likely to recognize an illness.

The Pediatric Mental Health Care Access Program will support applicants who demonstrate that they have or can build the needed infrastructure and resources to provide telehealth (including telephone) consultation and referral services statewide or in regions of a state and provide the resources to enable primary care providers to utilize these supports. Through the Public Health Service Act, § 330M (42 U.S.C. § 254c-19), as amended, additional funding opportunities may support access to reliable, high-speed broadband technology for pediatric primary care providers receiving services from the networks. Research indicates that telehealth can improve access to care, reduce health care costs, improve health outcomes, and address workforce shortages in rural and other underserved areas[12]. The use of web-based technology,

[9] Gamm, L., Stone, S., & Pittman, S. (2003). Mental Health and Mental Disorders - A Rural Challenge: A Literature Review, in Rural Healthy People 2010: A companion document to Healthy People 2010. College Station: Southwest Rural Health Research Center
[10] Health Resources and Services Administration. (2011, June). Rural behavioral health programs and promising practices. Retrieved June 2, 2014, from Health Resources and Services Administration: http://www.hrsa.gov/ruralhealth/pdf/ruralbehavioralmanual05312011.pdf
[11] Rural Health Information Hub. Rural Mental Health (2017). Retrieved 4/2018. https://www.ruralhealthinfo.org/topics/mental-health.
[12] The National Academies of Sciences, Engineering, Medicine. The Role of Telehealth in an Evolving Health Care Environment – Workshop Summary (2012). Retrieved 4/2018. http://www.nationalacademies.org/hmd/Reports/2012/The-Role-of-Telehealth-in-an-Evolving-Health-Care-Environment.aspx.

including distance-learning modalities, will ensure that pediatric primary care providers who cannot participate in on-site learning sessions will receive on-going education, training, and peer-to-peer exchange. Adopting principles of adult learning and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, and social media and social networking tools will further facilitate workforce development.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA Program involvement will include:

- Providing the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement.
- Participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
- Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement.
- Assistance establishing and facilitating effective collaborative relationships and technical assistance opportunities with federal and state contacts, HRSA-funded grants, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work.
- Reviewing and providing advisory input on written documents, including information and materials, training materials, screening/assessment/treatment protocols and activities conducted under the auspices of the cooperative agreement.
- Participating with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Meeting with the federal project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins with the federal project officer.
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and interagency agreements.
- Collaborating with HRSA on HRSA's Pediatric Mental Health Care Access Program evaluation assistance activities. Award recipient participation may include responding to surveys, participating in interviews, and providing other reports upon request from HRSA.
- Establishing contacts relevant to the project's mission such as federal and non-federal partners, and other HRSA projects that may be relevant to the project's mission.

- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed and submitted on time.

2. Summary of Funding

HRSA expects approximately $8,900,000 to be available annually to fund 20 recipients subject to the availability of funds in future fiscal years. You may apply for a ceiling amount of up to $445,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2018 through August 29, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Pediatric Mental Health Care Access Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

States, political subdivisions of states, and Indian tribes and tribal organizations (for purposes of this section, as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)).

2. Cost Sharing/Matching

Cost sharing/matching is required for this program.

The Secretary may not award a cooperative agreement under this legislative authority unless the state, political subdivision of a state, Indian tribe, or tribal organization involved agrees, with respect to the costs to be incurred by the state, political subdivision of a state, Indian tribe, or tribal organization in carrying out the purpose described in this legislative authority, to make available **non-federal** contributions (**in cash or in kind**) in each year from years 1-5 toward such costs in an amount that is **not less than 20 percent ($89,000)** of federal funds provided in the cooperative agreement.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

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

The body of the abstract should adhere to the following format:

Problem:

Goals and Objectives:

Methodology:

Coordination:

Evaluation:

ii. Project Narrative

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

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

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

  1. Briefly describe the purpose of the proposed project.
  2. Please specify and include:
     a) If this is a new project for your state or region (in one or more communities), or if you are planning to build on an existing statewide or regional psychiatric consultation, care coordination, and provider training program (e.g., pediatric);
     b) If HRSA funding for this project will be used to complement, without duplicating, other state or grant funded activities with similar goals and expectations to those stated in this NOFO, list the source of any other funding, the amount from each source, and the years funded.

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

  1. Describe the need for you to establish or build upon an existing statewide or regional psychiatric consultation, care coordination and provider training program that expands pediatric primary care and behavioral health clinicians' capacity to screen, treat and refer children and adolescents with behavioral disorders.
  2. Describe--using and citing verifiable demographic and geographic data and trends over time whenever possible—the
     a) geographic area(s) to be served (i.e., statewide or regional, based on needs assessment);
     b) target population(s) to be served, including which types of
        i. pediatric primary care and behavioral health clinicians you will target for program outreach and engagement (e.g., pediatricians, other pediatric primary care providers such as family physicians, nurse practitioners, and physician assistants, psychiatrists, behavioral health professionals, and case coordinators); and
        ii. population(s) of children and adolescents with behavioral health concerns and their families (e.g., universal/population based, Medicaid only, the size of the population(s) that will be served).
     c) how your proposed activity will meet the unmet needs, especially in rural or other underserved areas; and
     d) justification for the target area(s) and population(s) being served.
  3. Include socio-cultural determinants of health and health disparities that impact the population(s) or communities served.
  4. Discuss any relevant barriers in the service area that the project hopes to overcome and possible solutions.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  This section helps reviewers understand *how* you plan to accomplish the goals and expectations of the cooperative agreement.

1. Describe your proposed methods for how you intend to achieve each of the nine program activities (A-I) listed under Section I. 1. Purpose .
    a) Provide a narrative framework for your proposed project, and extend across the 5-year period of performance.
    b) Describe the model that will be developed and implemented through the proposed project to establish or improve a statewide or regional pediatric mental health team that will provide consultation, care coordination, support services to pediatric primary care providers. In some instances, direct psychiatric care may be provided to children and adolescents until a local behavioral health clinician is located. Please consider the use of both telephone and telehealth consultation in your proposed model.
    c) Demonstrate in the application that you will be able to fully implement the program within the 5-year period of performance.
    d) Include your methods for development of effective strategies for ongoing staff training, partner and provider outreach, partner collaborations, clear communication, information sharing/dissemination, and efforts to involve child-patient advocates or youth self-advocates and families of children and adolescents with behavioral disorders.
    e) Describe the evidence-based practices and web-based education and training sessions that mental health care teams will provide to pediatric primary care practitioners to increase timely detection, assessment, treatment and referral of children and adolescents with behavioral disorders.
    f) Describe the faculty composition of the provider training program and their qualifications. Describe the format for the sessions, e.g., the number of sessions per year, the composition of members (should be representative of the racial, ethnic, and cultural diversity of the target population), the size of sessions, who will moderate, how topics will be selected, how topics will be presented, and recruitment and retention plans. Curriculum should adhere to the overarching theme of providing family-centered, culturally/linguistically competent, and coordinated care in an interdisciplinary/interprofessional manner.
    g) Describe a plan to convene an advisory committee comprised of key stakeholders and agencies needed to support a statewide or regional pediatric mental health care access program, which may include mental health, public health, pediatric health and behavioral health providers, human services, health insurers, education, and families.
    h) You **must** address the feasibility and effectiveness of plans for dissemination of project results. You **must** provide a detailed plan describing how you will measure the effectiveness of the project, with respect to both dissemination of project results, and engagement with the population(s) served. You should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target population(s), the general public, and other stakeholders who might be interested in using the results of the project. You should propose other innovative approaches to informing partners and the public about project results that may facilitate changes in practice, program development, and/or policy-making,

especially to those stakeholders who would be interested in replicating the project. Successful applicants will be asked to provide information to MCHB in annual progress and performance reports about program activities, products, and lessons learned to facilitate knowledge dissemination.

2. Describe your plan to secure resources (in cash or in-kind) to fulfill the 1:5 non-federal program matching requirement that was discussed in the Section III. 2., Eligibility Cost Sharing/Matching. The match requirement allows recipients to leverage federal funds as they develop programs, deliver services, and conduct evaluations to test program success. These non-federal resources are important because they increase the capacity of projects during the period of performance. Federal funds complement available non-federal resources to support recipients as they add new components to existing programs and assess the potential for program scalability.
3. Describe your plan for project sustainability after the period of federal funding ends. You are expected to sustain key elements of the project; those that have been effective in improving practices and those that have led to improved outcomes for the target population.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

1. Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
2. Develop a time line that links each activity to the program expectations, identifies responsible staff, and indicates progress milestones across the full 5-year period of performance.
3. As appropriate, identify meaningful support, collaboration, and coordination with key stakeholders in planning, designing and implementing all activities, including development of the application. Describe the level of readiness of your organization and your expected partners' organizations, to work together to achieve project goals and expectations. Letters of agreement, memoranda of understanding, and/or description(s) of proposed/existing contracts (project-specific) are required in **Attachment 4**.
4. The work plan must be submitted in table format as **Attachment 1**, and include all of the information detailed in this narrative in outline form.

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

    1. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
    2. Discuss how you will address the lack of behavioral health clinicians for referral services in the target population. Describe your strategies, including the use of telehealth services to provide direct psychiatric services to children and adolescents until local behavioral health clinicians are located.
    3. Address how you intend to resolve any challenges related to the level of readiness of your organization and of your expected partners' organizations, to work together to achieve project goals and expectations. Address any challenges and how you intend to resolve them related to your organization's leadership support of this program.
    4. Discuss any challenges that you may encounter relative to liability for telehealth services and approaches that you will use to resolve such challenges.
    5. Discuss any challenges and potential solutions for the long-term sustainability after the period of federal funding ends.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures, #4 Impact, and #5 Resources/Capabilities*

    You **must** describe and submit a preliminary project evaluation plan that will contribute to continuous quality improvement. Please include the evaluation plan in **Attachments 8-15**. The plan should link the goals and objectives of the project with specific activities, expected outputs and outcomes, and overall impact. The plan should identify the data sources and data collection activities that will be conducted to identify outputs and outcomes. The evaluation plan should include process indicators focused on monitoring the effectiveness of implementation of program activities and ongoing processes to assess progress towards achieving project goals and objectives. Implementation data can be used to inform and improve program performance. Evaluation plans often evolve as a project progresses through a 5-year period of performance. HRSA will ask award recipients to provide updates to their evaluation plans in their annual progress reports. An evaluation plan should include the following components:

    1. An overall logic model that identifies program inputs, goals, objectives, activities, outputs, and outcomes.
    2. Descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources). Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
    3. Data sources (e.g., measurements, performance measures, administrative data, etc.) and a strategy for collecting, analyzing, and tracking data to measure project performance, outcomes, and impact. Recipients will be responsible for reporting on the performance and outcome measures included

at the end of this NOFO section. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of 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.

4. Description of the activities, outputs, and projected outcomes of the project.
5. Description of the project's anticipated value to increase mental health care access using telephone and telehealth consultations as demonstrated through the evaluation of proposed services (e.g., clinical consultations, distance learning, and/or informatics).

Recipients will be expected to collect and report to HRSA in their annual progress reports the following data:

Performance Measures
Recipients will establish baseline numbers for, track annually, and report on, at a minimum, the following performance measures:

- Number, type of training materials (e.g., case studies, diagnostic and treatment protocols), and mechanism used (e.g., in-person, web-based).
- Number of trainings held by topic and mechanism used (e.g., in-person, web-based).
- Number and types of providers trained.
- Number of consultations and referrals received by the pediatric mental health team, by provider discipline type, and by telehealth mechanism.
- Number of consultations and referrals provided by each member of the pediatric mental health team.
- Number and types of practitioners enrolled with the pediatric mental health team.
- Reasons for provider contact with the pediatric mental health team.
    - Number of providers seeking psychiatric consultation, including through telehealth, and for what condition (e.g., depression, anxiety, Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder).
    - Number of providers seeking care coordination, including through telehealth.
    - Number of providers seeking both psychiatric consultation and care coordination, including through telehealth.
- Types of referrals provided by the pediatric mental health team (e.g., referrals for psychotherapy, counseling, cognitive behavioral therapy, community-based outreach services), and the extent to which such referrals are provided through telehealth.
- Course of action to be taken by provider as result of contact with the pediatric mental health team (e.g., provide referral, recommend medication initiation to patient).
- Number and types of community-based mental health and support service providers in the telehealth referral database.

Outcome Measures
As a demonstration program, recipients will establish baseline numbers for, and track annually, at a minimum, the following outcome measures:

- Number and types of referrals provided to children and adolescents who screen positive for a behavioral health disorder to the pediatric mental health team (including by telehealth).
- Number of children and adolescents served by providers who contacted the pediatric mental health team (including by telehealth).
- Number of children and adolescents living in rural and underserved counties served by providers who contacted the pediatric mental health team (including by telehealth).

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resource and Capabilities*

1. Applicant organization

a) Succinctly describe your organization's current mission, structure, and scope of current activities, provide your organizational chart (**Attachment 5**), and describe how these all contribute to the ability of the organization to conduct the project requirements and meet project expectations.

b) Discuss expertise of staff that will be assigned to this project, as it relates to the scope of this project, e.g., telephone and telehealth consultation, care coordination, and provider training program. Discuss staff experience in pediatric health and behavioral health, and the health and behavioral health systems and resources serving children, adolescents and their families. At a minimum, as described under the Program Expectations in the Purpose section (Section I. 1.) of this NOFO, pediatric mental health team members **must** represent the disciplines outlined in this NOFO and should be representative of the target population(s) served. If you would like to propose innovative additions to the staff on the team (e.g., family leaders, child-patient advocates, youth self-advocates), please discuss how these additional team members will improve the services provided by the project.

c) Describe organizational experience with the development and support of systems of health and behavioral health care for children and adolescents, including relevant statewide or regional programs.

d) Provide information on the organization's resources and capabilities to support provision of and training on culturally and linguistically competent and health literate services appropriate for the population to be served.

e) Describe how the unique needs of target population(s) are routinely assessed and addressed.

f) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

g) Demonstrate in the application that your organization will be able to fully implement the program within the 5-year period of performance, based on the organization's expertise, experience, resources, and capabilities in

developing and supporting systems of health and behavioral health care for children and adolescents.

2. Project partner organizations

a) If the state Title V MCH program is not the lead applicant for your proposal, describe how you will develop, and/or maintain collaborative relationships between the proposed project and the state Title V MCH Program. State Title V Directors have a strong understanding of children's health needs because they conduct statewide, comprehensive needs assessments. Collaboration with the state Title V MCH Program can include technical assistance with the application and, subsequently, with program implementation. You can locate information on how to contact your state Title V MCH Program by visiting the MCHB web site.

b) A letter of support from the state Title V MCH Program **must** be included in **Attachments 8-15**.

c) Describe the administrative and organizational structure within which the project will function, including relationships with other relevant departments, institutions, organizations, agencies, or sub-recipients. Overall, organizational capacity may be demonstrated through partnerships with these other entities.

d) Describe relationships with any organizations or sub-recipients with which you intend to partner, collaborate, coordinate efforts or receive assistance from, while conducting project activities.

e) Describe your planned oversight of, and frequency of communication with any partners or sub-recipients. All sub-recipients must report to your organization (the award recipient) and are held to the same cooperative agreement requirements.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities

Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Consolidated Appropriations Act, 2018, Division H, § 202, (P.L. 115-141) 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 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

iv. Budget Narrative

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

In addition, the Pediatric Mental Health Care Access program requires the following:

Awards are subject to adjustment after program and peer review. If this occurs, project components and/or activities will be negotiated to reflect the final award. Reviewers will deduct points from applications for which budgets are not thoroughly justified. The budget and budget narrative correspond to Section V's Review Criterion #6.

Applicants **must** fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the proposed project during the period of performance. Applicants also **must** justify costs, as outlined in the budget and required resources sections, as they relate to the scope of work and the technology that will be required to implement the project. Applicants **must** demonstrate that personnel have adequate time devoted to the project to achieve project objectives.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative, Work Plan.

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

Keep each job description to one page in length as much as is possible. It should include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs. **NOTE: Key personnel for this project include:**

- Project director (provides overall oversight)
- Program manager (manages the day-to-day operations of the project)
- Fiscal manager (provides routine fiscal/budget tracking and oversight; ensures compliance with all federal fiscal requirements)
- Data manager (handles all data collection, reporting, evaluation, and requirements of the project)

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that one of your key personnel has not yet been hired, please include a letter of commitment from that person, along with their biographical sketch.

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

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

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the applicant's organizational structure, and where the Pediatric Mental Health Care Access Program project will be managed, and by whom.

Attachment 6: Tables, Charts, etc.

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

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

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

Attachments 8 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

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

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

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

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

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

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

SAM.gov is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not

be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *August 13, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

The Pediatric Mental Health Care Access program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $425,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under

the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

7. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

Send the letter via email by *July 17, 2018* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-18-122)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Pediatric Mental Health Care Access Program has six review criteria:

Criterion 1: NEED (5 points) – Corresponds to Section IV's IV's Introduction and Needs Assessment

1. The extent to which the application describes the purpose of the proposed project and demonstrates an expert understanding of the issues and needs (statewide or regional), goals and expectations of the project requested in this NOFO.
2. The extent to which the application describes and justifies the geographic and target population(s) to be served.
3. The extent to which the application describes socio-cultural determinants of health and health disparities that impact the population(s) or communities served.
4. The extent to which the application describes how the proposed project will meet the unmet needs, especially in rural or other underserved areas.

5. The extent to which the application discusses relevant barriers in the service area that the project hopes to overcome and possible solutions.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

1. The extent to which the applicant's proposed project responds to the activities (A-I) outlined under section I. 1 of the NOFO.
2. The extent to which the applicant describes its capacity and capability to establish a pediatric mental health team and to provide statewide or regional telephone and telehealth consultation, care coordination, and support services to pediatric primary care providers.
3. The extent to which the applicant demonstrates in the application that it will be able to fully implement the program within the 5-year period of performance.
4. The extent to which the applicant will increase access to telephone and telehealth consultation, care coordination, and support services statewide or regionally. In some instances, direct psychiatric care may be provided to children and adolescents until a local behavioral health clinician is located.
5. The strength and feasibility of the proposed framework and methodologies described to meet project goals, expectations, and requirements.
6. The feasibility of the proposed project based upon the level of readiness and decision-maker support of the applicant and expected partners to work together to achieve project goals, expectations and requirements.
7. The extent to which the application addresses the evidence-based practices and web-based education and training sessions that mental health care teams will provide to pediatric primary care practitioners to increase timely detection, assessment, treatment and referral of children and adolescents with behavioral disorders.
8. The extent to which the applicant describes a plan to support an advisory committee consisting of key stakeholders needed to support a pediatric mental health care access program, which may include mental health, public health, pediatric health and behavioral health providers, human services, health insurers, education, and families.
9. The extent to which a description of plans to participate in HRSA's technical assistance activities is provided.
10. The extent to which applicants propose to collaborate with other Pediatric Mental Health Care Access Program projects to share technical assistance needs, best practices, and lessons learned.
11. The extent to which project challenges are reasonably projected and approaches to resolve the challenges are realistic.
12. The feasibility of the plan to address a lack of behavioral health clinicians to refer children and adolescents to in rural areas and other underserved areas, including the use of direct patient telehealth services until local behavioral health clinicians are identified.
13. The extent to which applicants demonstrate that federal funds secured through this NOFO will complement existing non-federal resources to build upon, expand, and enhance existing programs and assess the potential for program scalability.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

1. The strength and effectiveness of the proposed methods to monitor and evaluate project performance, outcomes, and impact.
2. The capability of the applicant to collect and report on, at a minimum, the required performance and outcome measures in the Evaluation and Technical Support Capacity section of this NOFO.
3. The extent to which the applicant describes a plan to participate in HRSA's Pediatric Mental Health Care Access Program evaluation activities.
4. The extent to which the program performance evaluation will ensure continuous quality improvement.
5. The strength and effectiveness of the applicant's description of the:
    a) systems and processes that will support the organization's performance management requirements;
    b) data collection strategy to collect, analyze and track data to measure performance, outcomes, and impact;
    c) potential obstacles for implementing the program performance evaluation, and plans to address those obstacles;
    d) how the evaluation findings will inform progress towards project goals and objectives.

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

1. The feasibility and effectiveness of plans for dissemination of project results, and engagement with the population(s) served.
2. The reasonableness of the project's anticipated value to health care using psychiatric telephone and telehealth consultations and care coordination.
3. The reasonableness of plans for securing resources (in cash or in-kind) to fulfill the 1:5 non-federal program matching requirement that is outlined under Section III, 2, Cost Sharing/Matching.
4. The reasonableness of the plan proposed for project sustainability after the period of federal funding ends.

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

The extent to which:

1. The applicant organization, proposed partners, and project staff are qualified by training, expertise, and/or experience to implement and carry out the project.
2. The applicant demonstrates experience in the development and support of systems of health and behavioral health care for children and adolescents, including relevant statewide or regional programs.
3. The applicant organization demonstrates experience in pediatric health and behavioral health, and the health and behavioral health systems and resources serving children, adolescents and their families.
4. If the state Title V MCH program is not the lead applicant for your proposal, the extent to which you will develop, and/or maintain collaborative relationships

between the proposed project and the state Title V MCH Program. A letter of support from the state Title V MCH Program **must** be included in **Attachments 8-15**.

5. The applicant describes their organization's mission, structure, and scope of current activities; and whether these components contribute to the organization's ability to conduct the project requirements and meet the project goals and objectives.
6. The extent to which the applicant discusses how their organization will be able to fully implement the program within the 5-year period of performance, based on the organization's expertise, experience, resources, and capabilities in developing and supporting systems of health and behavioral health care for children and adolescents.
7. Project personnel, including proposed partners (as listed under Section I, 1, Program Expectations), have sufficient training, qualifications, expertise, and experience to carry out the project, as demonstrated in the application. At a minimum, pediatric mental health team members **must** represent the disciplines outlined in this NOFO and should be representative of the target population(s) served. If the applicant has proposed innovative additions to the staff on the team (e.g., family leaders, child-patient advocates, youth self-advocates), the extent to which these additional team members will improve the services provided by the project.
8. The applicant provided a description of proposed partners, including sub-recipients, described relationships to, roles and responsibilities of program implementation, and demonstrates commitments from (e.g., letter of agreement in **Attachment 4**), any organization, entity, or sub-recipient that is a critical partner in this project.
9. The applicant fully describes its oversight of and frequency of communication, roles and responsibilities of partners and sub-recipients.
10. The applicant provided a detailed staffing model that supports statewide or regional program implementation.
11. The applicant has sufficient resources and staff with established relationships and/or demonstrated outreach and partnership capability to engage and activate all partners in the state or region, especially pediatric primary care practitioners (pediatricians, family physicians, nurse practitioners, and physician assistants), psychiatrists, behavioral health professionals, and case coordinators.
12. The applicant discusses how it will follow the approved work plan, account for federal funds, and document all costs in order to avoid audit findings.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity and timing of the activities, and the anticipated results.
2. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work and the technology that will be required to implement the project.
3. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Data Rights

All publications the grant recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the grant recipient owns the copyright for materials that it develops under this grant, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NOA). Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Requirements under Subawards and Contracts under Grants

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of October 1, 2017. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.

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

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/grant programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

   a) Performance Measures and Program Data

   To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U4C_3.HTMLand below.

Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement

Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products
Adolescent Health			
AH 3	New	N/A	Screening for Major Depressive Disorder

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

LaShawna Smith
Supervisory Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4241
Email: lsmith3@hrsa.gov

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

Madhavi M. Reddy, MSPH
Senior Public Health Analyst, DMCHWD
Attn: Pediatric Mental Health Care Access Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W54
Rockville, MD 20857
Telephone: (301) 443-0754
Fax: (301) 443-1797
Email: MReddy@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Friday, July 27, 2018
Time: 2 p.m. – 3 p.m. ET
Call-In Number: 1-888-600-4866
Participant Code: 556514
Web link: https://hrsa.connectsolutions.com/pmhcap_u4c_ta_session/

Playback Number: 1-888-203-1112
Passcode: 1390598

Tips for Writing a Strong Application

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

APPENDIX: ADDITIONAL RESOURCES FOR APPLICANTS

Applicants may wish to consult the following resources as they prepare their applications:

- *HRSA's Telehealth Resource Centers* provide assistance, education and information to organizations and individuals who provide or are interested in providing health care at a distance, especially for underserved populations. https://www.telehealthresourcecenter.org/

- HRSA's *Rural Health Information Hub's Community Health Gateway* is a resource for finding programs and approaches that rural communities can adapt to improve the health of their residents. https://www.ruralhealthinfo.org/community-health

- The *SAMHSA-HRSA Center for Integrated Health Solutions* provides training, technical assistance, and a wealth of tools and resources to support primary care and behavioral health organizations integrate primary care and behavioral health services. https://www.integration.samhsa.gov/

- *American Telemedicine Association*: http://www.americantelemed.org

- *Medicaid and Telemedicine:* https://www.medicaid.gov/medicaid/benefits/telemed/index.html