

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

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

Adolescent and Young Adult Health National Capacity Building Program

Funding Opportunity Number: HRSA-18-082
Funding Opportunity Type(s): New and Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: March 27, 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: January 25, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau is accepting applications for fiscal year 2018 for the Adolescent and Young Adult Health National Capacity Building Program. The purpose of this national program is to improve the health of adolescents and young adults by strengthening the capacity of state maternal and child health programs and their clinical partners to address the needs of these population groups.

Funding Opportunity Title:	Adolescent and Young Adult Health National Capacity Building Program
Funding Opportunity Number:	HRSA-18-082
Due Date for Applications:	March 27, 2018
Anticipated Total Annual Available FY18 Funding:	\$1,150,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$1,150,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2023 (5 years)
Eligible Applicants:	Any domestic public or private entity, including any Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations also are eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA will host the following technical assistance webinar:

Webinar

Day and Date: Thursday, February 8, 2018

Time: 3 – 4 p.m. ET

Call-In Number: 1-800-857-9691

Participant Code: 9648375

Web link: <https://hrsa.connectsolutions.com/hrsa-18-082/>

The webinar will be recorded and later archived with the NOFO found at:

<https://www.hrsa.gov/grants>.

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I. Program Funding Opportunity Description

1. Purpose

The purpose of the Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCBP) is to improve the health of adolescents and young adults (ages 10-25) (AYAs) by strengthening the capacity of state maternal and child health (MCH) programs and their clinical partners to address the needs of these population groups. Within the unique needs of this population, this program includes a focus on behavioral health.

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

- 1) Improve the performance from baseline of at least 75 percent of the states and territories currently reporting on Title V MCH National Performance Measure (NPM) #10, percent of adolescents with a preventive medical visit in the past year, or a similar state performance measure. (Baseline: 2016 state data from National Survey of Children's Health.¹ On a national basis in 2016, 79 percent of 12-17 year olds had a preventive medical visit in the past year.)
- 2) Increase to 80 percent the percentage of all 59 states and territories that include behavioral health issues and/or trauma-informed care in their evidence-based strategies for improving performance on NPM #10 or in their state performance or outcome measures. (Baseline: 40 percent in 2017)
- 3) Increase to 25 percent the percentage of all 59 states and territories with a state performance or outcome measure focusing on or including a major focus on young adults, approximate ages 18-25. (Baseline: 8 percent in 2017)
- 4) Increase by 12 percent each the percentages of 3 groups of AYAs (10-14, 15-18, and 19-20 year olds) eligible for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit who received an EPSDT visit in the past year (total participant ratio) compared to the baseline average total participant ratio of FYs 2015-17.² (Note: Average total participant ratios from FYs 2014-16: 10-14 year olds 0.56, 15-18 year olds 0.46, and 19-20 year olds 0.26.)
- 5) Achieve an 80 percent screening rate among clinical partners participating in the AYAH Collaborative Improvement and Innovation Network (COLIN) of patients ages 12-25 for a major depressive episode using an age-appropriate standardized tool with documentation of a follow-up plan if the screen is positive.

¹ See <http://www.childhealthdata.org/browse/survey/allstates?q=4554>

² Accessible from <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

Strategies and Activities of the AYA-NCBP: Program Expectations

The AYA-NCBP will use the following strategies and activities to achieve program objectives. The recipient may use additional strategies and activities to achieve the program objectives.

- 1) Convene a multidisciplinary and cross-sectoral **project advisory group** with expertise in AYA health care, including for example, public health, primary health care, behavioral health, and health law at local, state, national and federal³ levels to provide input on project priorities, strategies, and action steps, and to serve as ambassadors for the project. The advisory group composition would also benefit from representation by a young adult and a family knowledgeable about physical and behavioral health issues facing youth, as well as the organization of health care services.
- 2) Provide tailored **technical assistance (TA) to state Title V MCH programs** on evidence-based strategies that: i) address NPM #10, percent of adolescents with a preventive medical visit in the past year;⁴ ii) promote the inclusion of behavioral health and trauma-informed care in states' evidence-based strategies for improving performance on NPM #10 or in state performance or outcome measures; and iii) increase annual rates of EPSDT visits among AYAs eligible for the EPSDT benefit.
- 3) Develop the **capacity of State Adolescent Health Coordinators** (SAHCs) to lead the development and implementation of statewide strategies and/or plans for improving AYA health outcomes, including those relevant to the preventive medical visit, and to address emerging issues. Determining the TA and resource needs of state adolescent health programs, which are usually a part of Title V MCH programs, will provide helpful preparation for this activity. Examples of state needs relevant to AYA-NCBP may include: developing state strategies and action plans for improving AYA health outcomes; addressing national outcome and state performance measures pertinent to NPM #10; increasing use of the preventive medical visit by AYAs and marketing it to their families; increasing receipt of the EPSDT benefit among eligible AYAs through EPSDT visits; behavioral health needs of AYAs and roles of primary care and public health agencies in addressing these needs; social determinants of health affecting AYAs; and working with state mental health agencies and substance abuse/addictions authorities.

Building the capacity of SAHCs includes developing their basic knowledge and skills, and ensuring strong lines of communication among SAHCs. Examples of strategies for building the capacity of SAHCs include intensive group orientation of new SAHCs, creating and maintaining multiple mechanisms of communication and shared learning among SAHCs (for example, a listserv, regular conference calls and

³ HRSA will assist the recipient to identify and invite pertinent federal agencies to participate in meetings of the project advisory group.

⁴ See <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures>. Note that the data presented in these graphs (2003, 2007, 2011-12) are discontinuous from the data collected as part of the 2016 administration of the National Survey of Children's Health because of the differences in survey design and methodology. The detail sheet provides the operational definition of this national performance measure.

webinars, in-person meetings, topical communities of practice,⁵ enhanced networking among SAHCs in each public health Region, and mechanisms for sharing and storing shared documents), and supporting the National Network of State Adolescent Health Coordinators.⁶ These plans should address key challenges faced by SAHCs such as staff turnover, variability in seniority of the position and size of the adolescent health program across states, and a need for a networking across states to access adolescent health expertise.

- 4) Implement a **Collaborative Improvement and Innovation Network (ColIN)**, composed of state-level teams, to develop and disseminate strategies for increasing the capacity of state Title V MCH programs and their partners to improve the quality and comprehensiveness of the preventive medical visit for AYAs, especially around its ability to address behavioral health issues through the dual perspectives of public health and clinical primary care (also, see #6). Each state team should aim to include representation from the following: State Title V MCH leadership; the SAHC; state Medicaid office; leadership from state chapters of major professional organizations that represent clinicians who provide clinical primary care to AYAs; key health plans serving the state; youth knowledgeable about health, health care, and systems; and other entities, such as behavioral and/or social services organizations and state agencies, important to providing quality health care services to AYAs in the state. High functioning state ColIN cohorts last a minimum of 16-18 months and include at least five state teams. In addition, they frequently have the following supports: A backbone organization; a framework outlining the expectations of participating states; change packages (an evidence-based set of changes considered essential to the improvement of an identified topic area); performance measures developed for use within (that is, internal to) the ColIN that can be used to drive its teams' quality improvement endeavors; a trained and experienced quality improvement coach/advisor; content experts and additional supportive stakeholders; regularly scheduled learning sessions; assistance in preparing quality plans, planning meaningful plan-do-study-act (PDSA) cycles,⁷ and interpreting results; and TA tailored to the needs of individual state teams participating in the ColIN.

Although the term ColIN is used in the singular, the recipient may decide to organize its efforts into more than one ColIN process. For example, to accommodate the needs of multiple states, the recipient may decide to implement more than one ColIN cohort across the 5-year project period. It is also possible that successive ColIN cohorts could have different foci. The recipient will organize the ColIN processes in ways that function most effectively and achieve maximum learning benefits. The recipient will develop mechanisms that allow for the lessons of each ColIN cohort to actively inform successive cohorts as well as the development of resources for use by non-ColIN states.⁸

⁵ A community of practice is defined as a group of practitioners that interact regularly to improve their abilities to address a common problem or issue. They develop a shared repertoire of resources and practices as they learn together. See <http://wenger-trayner.com/introduction-to-communities-of-practice/>

⁶ See <http://www.nnsahc.org/>

⁷ See <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

⁸ Nadeem E, Olin S, Hill LC, Hoagwood KE, Horwitz SM. Understanding the components of quality improvement collaboratives: A systemic literature review. *Milbank Q* 2013;91(2):354-394.

- 5) Develop and maintain an **electronic data platform** that enables the submission of program information as well as quality improvement and performance data in real time from the ColIN teams. To address the minimum needs of the ColIN teams, the data platform should have a user-friendly interface and be cost-free for users, meet the different needs of ColIN participants (e.g., submission of real time data and creation of a virtual workspace for ColIN teams to store data and information), ensure that submitted information remains available for individual, confidential use, and facilitate data aggregation for group analyses. The recipient may determine that the electronic data platform could perform additional functions useful for the ColIN.
- 6) Consider how an **integrated approach between the public health and primary care sectors can strengthen how the preventive medical visit addresses behavioral health issues** among AYAs with the goal of improving outcomes. Behavioral health includes mental health and substance use. The recipient will develop an overarching approach as well as address selected important contemporary issues, including screening AYAs for major depressive episodes (see program objective 5). Some specific examples of behavioral health issues and strategies important in clinical primary care settings include: The provision of trauma-informed care; inclusion of socioemotional health, adverse experiences of childhood (ACES), and social determinants of health in annual psychosocial/behavioral assessments;⁹ use of a universal mental health screen; integration of behavioral health services in primary care settings; enhanced screening, brief intervention, and referral to treatment (SBIRT)¹⁰ skills among primary care clinicians; prevention of suicidal behaviors; probability of successful completion of referral to a mental health specialist; ability to identify AYAs with early psychosis; ensuring that AYAs returning to their homes and communities following either residential placement or incarceration are linked to helpful supports and resources, including behavioral health specialty treatment; and strategies for addressing the opioid epidemic (e.g., policies for prescribing opioids; screening AYAs for use of opioids, including illicit use of opioid prescription medicines; assessing patients to determine whether household members are addicted to opioids and providing supports to the family).

Determine which behavioral issues to address, in addition to screening for major depressive episodes, as part of the proposed project. Although the recipient can decide to use some of the example issues listed above, it is encouraged to describe other issues important to the behavioral health of AYAs. The recipient will provide a rationale for its choices as well as describe the methodologies it plans to use for addressing them. For example, issues could be addressed through ColIN methodology, communities of practice, or other methodologies. For each issue selected, the recipient will describe how it plans to integrate the efforts of state health departments and primary care clinicians. The recipient's plans for addressing behavioral health issues will be included as part of the work of the ColIN, but need to go beyond actual ColIN methodology.

⁹ Bright Futures/American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care, 02/2017. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

¹⁰ See <https://www.samhsa.gov/sbirt>

- 7) **Identify, describe, and analyze state policies** that highlight the needs of young adults, ages 18-25, and work with state Title V MCH programs to consider how they can best address the needs of this age group. Examples include a formal focus on this age group as part of the MCH Title V Needs Assessment, collaboration with other state health units and agencies, and development of pertinent state performance measures. The recipient should use its analyses of state policies and programs to determine how best to advance states' efforts (e.g., facilitate a community of practice or a state policy academy). To determine changes across time, the recipient will need to identify, describe, and catalogue state policies pertinent to young adults at least twice during the project period.
- 8) **Develop and disseminate new resources** designed to advance the health status of, and health services for, AYAs. These resources will be created for audiences that already have stakeholding interests in AYAs as well as for opinion leaders and policy makers that represent potential stakeholders. The recipient will develop different types of resources tailored to the needs of the program's audiences, including, for example, state Title V MCH officials, adolescent health and primary care clinicians, health program administrators, and health services research and prevention science research communities. The content of the resources will include current and emerging issues as well as gaps in knowledge. Examples include change packages and documents such as guides, monographs, briefs and fact sheets, and webinars. In addition, the recipient will help advance the field by the examination of pertinent national databases and surveillance systems for analysis of findings relevant to AYAs' health issues and use of health services and subsequent development of scholarly manuscripts for submission to peer reviewed publications. Content and format of resources will have the goal of user uptake, not just dissemination. The resources will be posted on a publicly available website developed and maintained by the recipient, and broadly disseminated through such mechanisms as mailing lists and existing networks.

2. Background

1) Authorization

The Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCBP) is authorized by Title V, §501(a)(2), Social Security Act, as amended (42 U.S.C. 701(a)(2)), and funded as a Title V Special Project of Regional and National Significance.¹¹

Rationale for AYAH-NCBP

Adolescents and young adults (AYAs), ages 10-25, make up 22 percent of the United States population. AYAs have unique developmental and health care needs based on ongoing physical, intellectual, and emotional changes. Although the overall health status of young adults is worse than that of adolescents, largely due to increased

¹¹ See <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>

behavioral risks, fewer resources are available for this age group.^{12,13,14} In addition, when a person reaches the age of majority, important changes occur in legal status, including changes in medical consent laws and eligibility for public health insurance.

In particular, more than 20 percent of AYAs have mental and substance use disorders,¹⁵ and the risk is high that these problems will become lifelong.¹⁶ The rates of both major depressive episodes and suicide are increasing among AYAs.^{17,18} Over the past 15 years, use of marijuana and heroin have largely continued to increase among young adults, who have the highest rates of use across all age groups.¹⁹ The trauma associated with adverse childhood experiences helps explain behavioral health issues for many youth.²⁰

Public health systems can positively influence AYA outcomes through policy, health promotion, and partnerships with the clinical primary care and behavioral health sectors. Prevention, early identification, and intervention for AYAs can address antecedents of serious behavioral problems, such as opioid misuse. Each state health department, usually as part of its Title V MCH program, designates a SAHC responsible for guiding health policy and programs for this age group.²¹ In 39 states, this work includes efforts to address adolescent preventive medical visits through performance measurement as part of NPM #10, which measures the percentage of adolescents with an annual preventive medical visit. The value of this visit, also termed the “well visit” or “health check-up,” is amplified when the visit is comprehensive and of high quality, as exemplified by the American Academy of Pediatrics’ *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th edition, 2017)²² and the

¹² IOM Institute of Medicine) and NRC (National Research Council). 2014. *Investing in the health and well-being of young adults*. Washington, DC. The National Academies Press.

¹³ Park MJ, Scott JT, Adams SH, Brindis CD, Irwin CE JR. Adolescents and young adults in the United States in the past decade: Little improvement and young adults remain worse off than adolescents. *J Adolesc Health* 2014;55(1):3-16.

¹⁴ Neinstein LS, Irwin CE JR. Young adults remain worse off than adolescents. *J Adolesc Health* 2013;53(5):559-61.

¹⁵ Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, et al. Lifetime prevalence of mental disorders in US adolescents: Results from the national comorbidity study-adolescent supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry* 2010;49(10):980-989.

¹⁶ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. 2005. Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatr* 62(6):593-602.

¹⁷ Sullivan EM, Annet JL, Simon TR, Luo F, Dahlberg LL. Suicide trends among persons aged 10-24 years – United States, 1994-2012. *MMWR* 2015; 64(08):201-2015. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6408a1.htm>

¹⁸ Curtin SC, Warner M, Hedegaard H. Increase in suicide in the United States, 1999-2014. NCHS Data Brief, no 241. Hyattsville, MD, National Center for Health Statistics. 2016. Available at: <https://www.cdc.gov/nchs/products/databriefs/db241.htm>

¹⁹ Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Available at: <http://www.samhsa.gov/data/>

²⁰ McCauglin KA, Greif GJ, Gruber MJ, Sampson NA, Zaslavsky AM, Kessler RC. Childhood adversities and first onset of psychiatric disorders in a national sample of United States adolescents. *Arch Gen Psychiatry* 2012;69(11):1151-1160.

²¹ See <http://www.nnsahc.org/>

²² See <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

requirements of the Centers for Medicare & Medicaid Services' EPSDT benefit for children under age 21 who are enrolled in Medicaid.²³

In particular, the preventive medical visit should address behavioral health concerns and social determinants of health, include preventive health counseling, and use a trauma-informed approach. In addition, it should offer adolescents time alone with the clinician, a marker of quality of care, and confidentiality, which prevents adolescents from foregoing needed health care.²⁴ Improvement of AYA health status also requires that SAHCs be skilled in leading planning and implementation efforts as well as focusing on discrete emerging and challenging issues. State MCH programs need to build a multi-pronged capacity to address the needs of AYAs, and the AYAHC-NCBP provides technical assistance (TA) to achieve this aim.

2) Previous Initiative: Adolescent and Young Adult Health National Resource Center

The AYAHC-NCBP builds upon an initial effort titled Adolescent and Young Adult Health National Resource Center (AYAHC-NRC), with a project period of September 1, 2014 – August 31, 2018. The purpose of the AYAHC-NRC Program was to promote the comprehensive healthy development, health, safety, and well-being of AYAs and address their major health issues by strengthening the abilities of state Title V MCH programs, as well as of public health and clinical health professionals, to better serve these population groups. This initiative laid significant groundwork by focusing on five program pillars: Access, quality, integration of public health and primary care, equity, and accountability. Major program activities included: 1) the development and implementation of a state-based CoIIN to focus on strategies for increasing the receipt and quality of the well visit for AYAHs; and 2) the provision of TA to the 38 states²⁵ that selected NPM #10, to promote an increase in the percent of adolescents with a well visit in the past year. The CoIIN, which included twelve states divided between two consecutive cohorts, used three national strategies: 1) Improving access to services and engaging youth, their families, and clinical practices to increase uptake of an annual well visit; 2) Improving delivery of youth-centered, family engaged care; and 3) Improving state- and systems-level policies and practices.

3) Data Resources

Title V MCH Information System (TVIS)

The Title V MCH Information System (TVIS) contains several important components, such as states' applications and annual reports,²⁶ State Action Plan Tables for adolescent health,²⁷ state performance and outcome measures addressing adolescent health,²⁸ and the state priority needs pertinent to NPM #10, the percent of adolescents with a preventive medical visit in the past year.²⁹

²³ See <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

²⁴ Lehrer JA, Pantell R, Tebb K, Shafer MA. Foregone health care among U.S. adolescents: Associations between risk characteristics and confidentiality. *J Adolesc Health* 2007;40(3):218-226.

²⁵ Note that an additional state selected NPM #10 in 2017.

²⁶ See <https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport>

²⁷ See <https://mchb.tvisdata.hrsa.gov/Home/StateActionPlan>

²⁸ See <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/StatePerformanceMeasures>

²⁹ See <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/StatePriority>

Other Data Sources

The National Survey of Children's Health (NSCH)³⁰ describes the performance of each state regarding the percent of 12-17 year olds that received a preventive medical care visit in the preceding 12 months, including states that selected NPM #10. NSCH also contains key contextual variables such as insurance coverage and family income. The 2016 NSCH data for NPM #10 are outlined below.

Other important surveillance systems containing data on use of the preventive medical visit are the National Health Interview Survey³¹ and the Medical Expenditure Panel Survey.³²

The CMS/Center for Medicaid and CHIP Services releases national and state-based EPSDT data on an annual basis.³³

Additional surveillance systems with findings pertinent to the AYAH-NCBP include the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS)³⁴ and Behavioral Risk Factor Surveillance System (BRFSS)³⁵ as well as the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH).³⁶

4) Current Data for NPM #10

The AYAH-NCBP has a major focus on increasing use of preventive health services and assists state Title V MCH programs to address NPM #10, percent of adolescents ages 12-17 with a preventive medical visit in the past year. This indicator is based on an item in the NSCH, which recently released data collected during 2016.³⁷ The survey found that, overall, 78.9 percent of 12-17 year olds had at least one preventive medical visit in the past year. There was variability across the ten public health regions, ranging from 73.3 percent in Region IX to 88.2 percent in Region I. Similarly, states exhibited variability, ranging from 66.7 percent in Alaska to 89.5 percent in Delaware and Massachusetts. There was also variability across other demographic variables: Males were more likely than females to have a preventive medical visit (80.4 percent versus 77.5 percent). Non-Hispanic black adolescents (83.0 percent) and non-Hispanic white adolescents (81.9 percent) were more likely than Hispanic adolescents (72.0 percent), non-Hispanic Asian adolescents (67.9 percent) and other non-Hispanic adolescents (73.8 percent) to have a preventive medical visit. Household income demonstrated a progressive increase in preventive medical visits, ranging from 71.9 percent of adolescents whose families' income was 0-99 percent of the federal poverty level (FPL) to 86.4 percent for adolescents whose family income was 400 percent FPL or higher. There was also a similar progression based on highest household education level: The

³⁰ See <http://www.childhealthdata.org/learn/NSCH> for preformatted summary data displays and <https://mchb.hrsa.gov/data/national-surveys> for access to the questionnaires, supporting documents, and dataset.

³¹ See <https://www.cdc.gov/nchs/nhis/index.htm>

³² See <https://meps.ahrq.gov/mepsweb/>

³³ Accessible from <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

³⁴ See <https://www.cdc.gov/healthyouth/data/yrbs/index.htm>

³⁵ See <https://www.cdc.gov/brfss/index.html>

³⁶ See <https://www.samhsa.gov/data/population-data-nsduh>

³⁷ See <http://childhealthdata.org/browse/survey>

preventive medical visit rate was 65.9 percent among adolescents from households with adults with less than a high school education, and it increased based on education level to a high of 85.3 percent for adolescents from households with adults with a college degree or higher. The overall quality of adolescents' health care, as defined by whether they received care in a medical home, also influenced the rate of their receipt of a preventive medical visit: 82.8 percent of adolescents whose health care met all medical home criteria had an annual preventive medical visit, compared with 75.5 percent of adolescents whose health care did not meet medical home criteria. Health insurance played a major role in the likelihood of having a preventive services visit. Eighty-one percent (81.0 percent) of adolescents consistently insured throughout the past year had a preventive medical visit compared to only 58.0 percent of adolescents who were currently uninsured or had periods without coverage in the past year. NSCH estimated, however, that only 1.95 million (8.7 percent) of adolescents were currently uninsured or had periods without health insurance coverage during the past year.

5) Collaborative Improvement and Innovation Networks (ColINs)

HRSA uses the ColIN model to accelerate specific improvements through the use of quality improvement methodology and collaborative learning.³⁸ ColINs are composed of teams that communicate by long-distance technology and use evidence-based strategies for achieving their desired outcomes. They are founded on the principles of collective impact, so have a common aim, mutually reinforcing activities, shared measures, continuous communication, and the support of a backbone organization that provides the logistical and technical support vital to carrying out the teams' efforts. In general, ColINs are short-term, lasting about 16-24 months.

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation

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.

³⁸ See <https://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins>

HRSA Program involvement will include:

- Providing the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement;
- Maintaining familiarity with the current scientific literature on health issues and health services for adolescents and young adults;
- Facilitating and monitoring the recipient's compliance with applicable federal process requirements;
- Assisting in establishing federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;
- Identifying other recipients and organizations pertinent to the project's mission with whom the recipient may develop cooperative relationships;
- Assisting the recipient in establishing, reviewing, and updating priorities for activities conducted under the auspices of the cooperative agreement;
- Participating in, including the planning of, as appropriate, any meetings conducted as part of project activities;
- Reviewing, providing advisory input into, and approving any publications, audiovisuals, other materials produced, and meetings planned under the auspices of this cooperative agreement; and
- Assisting in disseminating information on project activities and products.

The cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Collaborating with the federal project officer when hiring new key project staff and planning/implementing new activities;
- Consulting with the federal project officer when scheduling any meetings/conferences that pertain to the scope of work and at which the federal project officer's attendance would be appropriate
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed and submitted on time;
- Providing the federal project officer with the opportunity to review and provide advisory input on publications and other materials produced, as well as meetings/conferences planned, under the auspices of this cooperative agreement (review should start as part of concept development and include review of both drafts and final products);
- Assuring that the federal project officer will be provided an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- Assuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are made fully accessible and available for free to members of the public;
- Submitting a written progress update to the federal project officer by electronic mail at the conclusion of each quarter of each project year;
- Preparing an agenda for, and scheduling, a monthly conference call with the federal project officer to provide project updates and discuss issues relevant to the progress of the project;

- Working cooperatively and collaboratively with agencies and other organizations identified by the federal project officer as pertinent to adolescent and young adult health and project activities;
- Maintaining a public website to which products developed under this NOFO and other helpful resources relevant to the project, particularly for the target audiences identified by this NOFO, are posted;
- Providing leadership, in collaboration with HRSA, in the analysis and development of materials suitable for target audiences, based on evidence-based data, programs and practices, including data and lessons learned from the COIN, and state and national trends relevant to adolescent and young adult health;
- Assuring that HRSA is appropriately identified as a funding sponsor on written products and during meetings relevant to cooperative agreement activities; and
- Acknowledging that HRSA has unrestricted access to any and all data generated under this cooperative agreement, including a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement for federal purposes, and to authorize others to do so.

Joint responsibilities of recipient and HRSA

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

2. Summary of Funding

HRSA expects approximately \$1,150,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$1,150,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The project period is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the AYA-H-NCBP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [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 application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 10: Other Relevant Documents.

See Section 4.1 viii of HRSA’s [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

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

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

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion 1***
 - 1) Briefly describe the purpose of the proposed project. It should have a national focus and be congruent with the intent of the Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCBP).

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

This section describes the need for the proposed project. It also demonstrates your knowledge of the key areas and issues addressed by the AYAH-NCBP.

 - 1) Describe the needs that your proposed project intends to address. Include such issues as the physical and behavioral health status of AYAs; current status of access to and use of health care services by AYAs; quality of current primary health care services for AYAs; the roles parents play in the health care of AYAs; and the role of confidentiality in the health care of AYAs, barriers to confidentiality, and how loss of confidentiality affects young people's use of health services.
 - 2) Describe patterns of health care by AYAs, and compare the structure and functioning of the health care system, including health insurance, for both adolescents and young adults. Pay attention to the institutional and legal changes, including consent laws and changes in eligibility for health insurance, which occur as part of the transition from adolescence to young adulthood.
 - 3) Discuss the challenges faced by primary care clinicians in providing services to AYAs patients, including, for example, time constraints, financial reimbursement, lack of self-efficacy, and limited skills (e.g., provision of behavioral health services in the primary care setting).
 - 4) Describe how AYAs' behavioral health issues (including mental health and substance use) are identified and assessed as part of primary care, and the processes by which they receive care for these issues, including referral to

behavioral health specialists and supportive community-based, youth-serving organizations.

- 5) Demonstrate your knowledge and understanding of national and state data sources, including Healthy People 2020 and federally and nationally administered surveillance systems and other data sets relevant to measuring the health status, safety, development, well-being, health behaviors, and health services utilization of AYAs.
- 6) Demonstrate your understanding of the process of public policy formulation and describe how selected examples of public policies at state and national levels have influenced, either positively or adversely (or have not influenced), AYA health and health behaviors, access to and use of health care, as well as the quality of health care services.
- 7) Demonstrate your understanding of state MCH programs and the Title V MCH Block Grant requirements as they relate to adolescents and to young adults, and how they are currently used in practice to address the needs of each age group. As part of your explanation, analyze the strengths and challenges of state MCH programs for addressing the health needs of each age group. Include your understanding of the formal relationships between state Title V MCH programs and state Medicaid offices.
- 8) Discuss the roles of key positions within state Title V MCH programs with responsibilities for AYAH. Also, discuss the roles of other state health programs and agencies that address AYA health, including behavioral health, and how these agencies may communicate with other state agencies that address such arenas as human services, justice, and education.
- 9) Demonstrate your understanding of service integration between the public health and clinical primary care sectors, with application to AYAs.
- 10) Discuss service barriers, social determinants, and other factors that drive disparities in the health, safety, and well-being of AYAs in the United States.
- 11) Demonstrate your knowledge of quality improvement, including measures and mechanisms, and how state public health programs and clinical practices can apply its constructs and mechanisms. As part of your explanation, demonstrate your functional knowledge of state-based COIINs.
- 12) Support your discussion with pertinent literature citations. List the reference citations as footnotes or endnotes.

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

This section of the narrative describes your approaches and activities for achieving the goals and objectives of the AYAH-NCBP, as outlined in Section I.1.
- 1) Demonstrate that your proposed methodological approaches are national in scope, address the program objectives of the AYAH-NCBP, and extend across the 5-year project period.
 - a) Describe how you will accomplish the program objective of ensuring that at least 75 percent of the states and territories currently reporting on either Title V Maternal and Child Health National Performance Measure (NPM) #10 (percent of adolescents with a preventive medical visit in the past year) or a similar state performance measure demonstrate improvement from their 2016-17 baseline. (Baseline: 2016 state data.³⁹ The 2016 national baseline indicator was 79.0 percent.)
 - b) Describe how you will accomplish the program objective of increasing to 80 percent the percentage of all 59 states and territories that include behavioral health issues and/or trauma-informed care in their evidence-based strategies for improving performance on NPM #10 or in their state performance or outcome measures. (Baseline: 40 percent in 2017)
 - c) Describe how you will accomplish the program objective of increasing to 25 percent the percentage of all 59 states and territories with a state performance or outcome measure focusing on or including a major focus on young adults, approximate ages 18-25. (Baseline: 8 percent in 2017)
 - d) Describe how you will accomplish the program objective of increasing by 12 percent the percentages of 3 groups of AYAs (10-14, 15-18, and 19-20 year olds) eligible for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit who received an EPSDT visit in the past year (total participant ratio) compared to the baseline average total participant ratio of FYs 2015-17. (Note: Average total participant ratios from FYs 2014-16: 10-14 year olds 0.56, 15-18 year olds 0.46, and 19-20 year olds 0.26.⁴⁰)
 - e) Describe how you will accomplish the program objective of achieving an 80 percent screening rate among clinical partners participating in the AYAH Collaborative Improvement and Innovation Network (CoIIN) of patients ages 12-25 for a major depressive episode using an age-appropriate standardized tool with documentation of a follow-up plan if the screen is positive.
 - 2) Describe how you will select members of the project advisory group and ensure that they have multiple areas of content expertise pertinent to AYAH and represent federal, national, state and local levels (See Section I.1). Describe how you will ensure that the project advisory group makes tangible contributions to your project.

³⁹ See <http://www.childhealthdata.org/browse/survey/allstates?q=4554>

⁴⁰ See <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

- 3) Describe your plans for providing group as well as tailored technical assistance to state MCH programs on evidence-based strategies that: Address NPM #10 (percent of adolescents with a preventive medical visit in the past year); promote the inclusion of behavioral health and trauma-informed care in states' evidence-based strategies as well as state performance and outcome measures; and increase annual rates of EPSDT visits among AYAs eligible for the EPSDT benefit.
- 4) Describe how you will use the data and information provided by HRSA's Title V Information System as well as other federal surveillance and performance measurement systems to support your technical assistance to states, facilitation of the ColIN, and development of helpful resources.
- 5) Describe your plans for developing the capacity of State Adolescent Health Coordinators (SAHCs) in the following two arenas. Your methods should stimulate the participation of SAHCs, be multi-modal, effective, innovative, and cost efficient.
 - a) Basic knowledge, skills, and support of communications among SAHCs: Describe your plans for orienting new SAHCs to this position, and for supporting SAHCs' leadership, sharing of knowledge, and communication needs through the National Network of State Adolescent Health Coordinators.
 - b) Capacity to lead the development and implementation of statewide strategies and/or plans for improving AYA health outcomes and to address emerging issues: Include how you will determine their technical assistance needs, provide large group learning opportunities, as well as provide tailored small group and individual technical assistance for a variety of topics.
- 6) Describe your plans for developing, implementing, and facilitating a ColIN, composed of state-level teams, to develop and disseminate strategies for increasing the capacity of state Title V MCH programs and their partners to improve the quality and comprehensiveness of the preventive medical visit for AYAs, especially around its ability to address behavioral health issues through the dual perspectives of public health and clinical primary care. Include how you plan to recruit states, and how you will structure the ColIN to maximize its functional ability. Explain how you will support the ColIN's efforts through coaching and other expert assistance. Describe how the ColIN will develop and use a set of internal performance measures for setting benchmarks for each state team and for the organization of quality improvement activities, including PDSA cycles. Provide a rationale for the number of ColIN cohorts you plan to organize over the course of the project period and how the efforts of successive cohorts will build on the lessons of their predecessors. Discuss how you plan to use the experiences of the ColIN to inform the development of resources and products.

- 7) Describe your plans for developing and maintaining an electronic data platform that enables the submission of program information as well as quality improvement and performance data in real time, including PDSA cycles, from the ColIN teams. Make sure that the data platform has a user-friendly interface and is cost-free for users, meets the needs of ColIN participants/teams (e.g., submission of real time data and creation of a virtual workspace for ColIN teams to store data and information), and ensures that submitted information both remains available for individual, confidential use and can easily be aggregated for group analyses. Describe any additional functionalities of the electronic data platform.
- 8) Explain your overarching approach for addressing behavioral health issues of AYAs and discuss your selection of the specific behavioral health issues, including screening for major depressive episodes, your project plans to address for AYAs as part of the preventive medical visit. Explain your rationale for their selection as well as the number of issues your project plans to address over the course of its 5-year project period. Discuss how you plan to develop and facilitate an integrated approach between the public health and primary care sectors as part of your strategy for addressing these issues, and explain how you expect your plans and methods to improve outcomes.
- 9) Discuss your plans for identifying, describing, and analyzing state policies that support attention to the needs of young adults, ages 18-25, and describe how you plan to work with state Title V MCH programs to consider how they can best address the needs of this age group. Explain how you plan to determine whether your project's efforts have increased the number of states that address the needs of young adults through policy.
- 10) Describe the key audiences for your proposed project. Discuss the rationale for including them, the degree to which they provide a comprehensive reach, and how they will serve the project's needs for dissemination and diffusion of resources and other products.
- 11) Describe the resources and products you plan to develop over the course of the project period to advance the preventive medical visit for AYAs. Include how the planned resources can address the behavioral health needs of these populations. Describe your plans for the dissemination and diffusion of these resources and products among key audiences. Explain how the proposed content and format of the planned resources will meet the needs of the target audiences.
- 12) Describe how you plan to work collaboratively with the recipients of other adolescent health initiatives supported by HRSA, including the Collaborative Improvement and Innovation Network on School-Based Health Services (ColIN-SBHS), Leadership Education in Adolescent Health (LEAH) Program, Got Transition/Center for Health Care Transition, and the MCH Adolescent and Young Adult Health Research Network.

13) Describe how you will identify and use relevant resources generated by other federal agencies as a meaningful part of your project's activities.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire project period in the Methodology section. Specifically, you should:

- 1) Develop a time line that links each activity to the program objectives, identifies responsible staff, and indicates progress milestones across the full 5-year project period. The timeline should link activities to project objectives and indicate the sequencing of the COLLN cohorts planned over the project period. It should be an effective tool for monitoring and tracking project activities. Submit the timeline for the work plan as part of **Attachment 1**.
- 2) Develop a plan for effectively and efficiently managing your project, including its personnel, resources, and internal communications as well as tracking and monitoring. NOTE: Organizations or agencies that are submitting a joint application (recipient and sub-recipient(s)) must provide information on how they will monitor and assess performance of methods and track completion of activities by partner organizations.
- 3) As appropriate, identify meaningful support for and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.
- 4) If multiple organizations are submitting a joint application (that is, a recipient with sub-recipients or sub-contracts), describe the respective roles of each organization, and how communication and decision-making will take place among the partnering entities.
- 5) Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
 - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products or deliverables of program activities); and
 - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Submit the logic model as part of **Attachment 1**. Section VIII contains helpful resources for developing the project logic model.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*
 - 1) Discuss challenges, including both barriers and opportunities, that you are likely to encounter in designing and implementing the activities described in the methodology and work plan, and approaches that you will use to resolve such challenges. Include a discussion of how you will address challenges associated with the following two areas:
 - a) Implementing the CollIN cohorts; recruiting state agencies to participate in the CollIN; and establishing internal performance measures for use by CollIN teams and any participating clinical partners.
 - b) Strengthening the capacity of state Title V MCH programs around the behavioral health of AYAs and building the general capacity of SAHCs.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3, 4 and 5*
 - 1) Describe the systems and processes that will enable you to track performance outcomes effectively. Describe how you will collect and manage performance data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
 - 2) Describe the plans/methodologies you will use to evaluate program development and service delivery. Pay particular attention to evaluation of the functioning of each CollIN cohort as well as the performance outcomes it achieves; examine the functioning of each CollIN cohort at its midway point and conclusion.
 - 3) Describe your strategy for collecting, analyzing, and tracking data to measure process and impact/outcomes.
 - 4) Describe any potential obstacles for implementing your evaluation plan, including implementing your plan for evaluating program performance, and discuss your strategies for addressing these obstacles.
 - 5) Describe your current experience, skills, knowledge, staff, proposed consultants and subcontractors, materials published, and previous work of a similar nature. Specifically, describe your experience in managing collaborative learning teams, providing technical assistance to state Title V MCH programs, creating technical assistance materials, and publication of scholarly articles about AYA health and health care, including those based on analysis of empirical data and those explaining pertinent public health policies, in peer reviewed journals.

- 6) Describe your experience with, or ability to, develop and maintain an electronic data platform for use by the COLLN teams. Discuss your ability to design and support a system that would accommodate the needs for storing performance data and documents created by members of the COLLN cohorts.
 - 7) Discuss how you plan to use your evaluation data to inform further program development and ongoing project activities.
- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion 5
- This section of the project narrative provides information on your organization's mission and structure as well as the structure of the proposed project. It describes your experience, skills and knowledge, including individuals on staff; relevant materials published; and previous work of a similar nature. This section contains two sub-sections: 1) Organizational Structure and Resources, and 2) Personnel Capacity.

Organizational Structure and Resources

- 1) Provide information on your organization's current mission, structure, and scope of current activities, and explain how they contribute to the ability of the organization to conduct the program requirements and meet program expectations. The mission of any overlying organizational structure should be congruent with the intent of the AYA-H-NCBP. Provide an organizational chart in **Attachment 5**. The chart should depict the parent organization's structure, the relationship of the project to the parent organization, and the structure of the project, including its advisory group and any sub-contracts (partnering organizations).
- 2) Describe the quality and availability of physical space and facilities to fulfill the needs and requirements of the proposed project.
- 3) Discuss how the organization will properly account for the federal funds, and document all costs in order to avoid audit findings.

Personnel Capacity

- 1) Name the proposed director of the project and describe his/her qualifications and experience. The project director should have significant and substantial experience at the national level working on issues important to adolescent and young adult health, safety, and well-being. Types of experiences or background strengths valuable for the director of this project include directing and performing scholarly and analytic studies on adolescent and young adult health, including behavioral health, and providing well-researched technical assistance on a national basis to health professionals, including state-level public health professionals working on youth issues. The project director should have significant knowledge about the provision of clinical primary care health services for AYAs at the national, community and practice levels, and have national experience in working across the clinical and public health

sectors in addressing adolescent and/or young adult health issues. Experience in working with multiple states is also highly desirable. In addition, the project director should have: Executive, management and leadership experience; the documented ability to communicate effectively in oral presentations as well as through published materials geared for a variety of professional audiences; and the documented ability to work collaboratively with peers representing a variety of organizations and disciplines relevant to the health, safety, and well-being of adolescents and young adults.

- 2) Describe project personnel (including proposed partners and personnel in joint-applicant organizations/agencies) to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of project personnel to implement and carry out the project. Provide biographical sketches of key personnel in **Attachment 3**. Demonstrate that the proposed project personnel have the ability and experiences to:
 - Conduct a project that is national in scope;
 - Provide leadership to the field of adolescent and young adult health, including both public health and clinical health care sectors;
 - Provide technical assistance and resources to state health units and programs;
 - Perform original analyses of national and state policies relevant to AYA health;
 - Perform and interpret analyses of national data sets pertinent to AYA health;
 - Develop a national network of key stakeholders; and
 - Work collaboratively with peers from a variety of organizations and professional disciplines, including behavioral health.
- 3) Describe your expertise and experience in:
 - Increasing access to health care services, including the preventive medical visit, for AYAs;
 - Improving the quality and comprehensiveness of the preventive medical visit for AYAs;
 - Strengthening the integration of efforts between the public health and clinical services sectors on behalf of AYAs; and
 - Enhancing collaboration among state-level entities, including state Medicaid offices, to promote increased use of high quality health care services by AYAs.
- 4) Develop job descriptions for all project personnel, including any in partnering organizations. As part of the narrative, briefly explain the need for each position, and include the set of job descriptions in **Attachment 2**.
- 5) Develop a staffing plan that identifies all project personnel, including any consultants and personnel in partnering organizations. Briefly explain the staffing plan as part of the narrative, and include a summary chart of the staffing plan in **Attachment 2**.

- 6) Describe your organization’s relationships with any agencies or organizations (subcontractors) with which you intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities. Include letters of agreement and/or descriptions of proposed/existing contracts that are specific to this proposed project in **Attachment 4**.
- 7) Describe any significant experiences with HRSA-sponsored CoIINs or other substantial program improvement initiatives that use a collaborative peer learning approach. Describe your organization’s and any partnering organization’s roles and responsibilities within the described CoIIN (e.g., national center that coordinated/managed/led an HRSA-sponsored CoIIN, a state participant in an HRSA-sponsored CoIIN, a technical assistance consultant/contractor on a HRSA CoIIN grant, etc.).
- 8) Describe your experience in collaborating with relevant entities working to improve AYA health (including behavioral health) and health care services at local, state, and national levels.
- 9) Describe your ability to address issues key to successfully providing health care services to AYAs from the range of cultures and races/ethnicities, as well as special population groups (e.g., youth with special health care needs, youth experiencing homelessness, immigrant youth, and youth returning home or re-entering their communities following residential placement or incarceration), in the United States.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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, 2017 (P.L. 115-31), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#). In addition, the AYAH-NCBP requires that the budget include the following program activities:

- a. Convene the initial learning session for each CoIIN cohort in-person.
- b. Conduct additional learning sessions as well as frequent, regularly scheduled meetings for each CoIIN team via long-distance technology.
- c. Support the travel of selected CoIIN team members from previous CoIIN cohorts to current CoIIN cohort learning sessions.
- d. Support regularly scheduled meetings of the leadership group of the National Network of State Adolescent Health Coordinators as well as at least twice yearly meetings of all SAHCs via long-distance technology.
- e. Support an in-person orientation of new SAHCs biennially (during alternate years).
- f. Include one annual trip for key project staff and the leadership of any key sub-recipients to the Washington, D.C. area to meet with the project officer. Allow adequate time for meeting with the project officer following each in-person CoIIN learning session and meetings of the project advisory group.
- g. Convene the project advisory group for an in-person meeting at least 4 times during the project period.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

- a) Attach the project's work plan, which includes all information (including the time line) detailed in Section IV. ii., Project Narrative.
- b) Include the logic model in this attachment.
- c) If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

Use this attachment to include additional tables and charts that provide additional details about the proposal (e.g., Gantt or PERT charts, flow charts, 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 project period, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 8: Progress Report
(FOR COMPETING CONTINUATIONS-ONLY)

A well-documented progress report is a required and 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; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the objective review committee reviews the competing continuation applications.

The progress report 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.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9 – 15: Other Relevant Documents [15 is the maximum]

Include here any other documents that are pertinent to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). General letters of support are not necessary.

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](#).

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 *March 27, 2018 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCB) 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 project period of up to 5 years, at no more than \$1,150,000 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, 2017 (P.L. 115-31) 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 2018, as required by law.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review except for the competing continuations' progress report, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCBP) has six review criteria:

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

- 1) The extent to which the applicant demonstrates a comprehensive understanding of the following issues:
 - Physical and behavioral health status of adolescents and young adults (AYAs);
 - Current status of access to and use of health care services by AYAs;
 - Quality of current primary health care services for AYAs;
 - Roles of parents in the health care of adolescents and of young adults;
 - Roles of confidentiality in the health care of AYAs, barriers to confidentiality, and how loss of confidentiality affects young people's use of health services.

- 2) The extent to which the applicant demonstrates comprehensive knowledge of patterns of health care by adolescents and by young adults, and the structure and functioning of the health care system, including health insurance and consent laws, for adolescents and for young adults. The extent of the applicant's understanding of the institutional and legal changes that occur as part of the transition from adolescence to young adulthood.
- 3) The extent of the applicant's knowledge and understanding of the challenges faced by primary care clinicians in providing services to AYA patients, including such issues as time constraints, financial reimbursement, lack of self-efficacy and limited skills (e.g., provision of behavioral health services in the primary care setting).
- 4) The extent of the applicant's knowledge of how AYAs' behavioral health issues are identified and assessed as part of primary care and the processes by which they receive care for these issues, including referral to behavioral health specialists and supportive community-based, youth-serving organizations.
- 5) The extent of the applicant's knowledge about, understanding of, and experience in using national and state data sources, including Healthy People 2020 and federally and nationally administered surveillance systems, and other data sets relevant to measuring the health status, safety, development, well-being, health behaviors, and health services utilization of AYAs.
- 6) The extent of the applicant's understanding of the process of public policy formulation and knowledge of how public policies at state and national levels have influenced AYA health and health behaviors, access to and use of health care, and the quality of health care services.
- 7) The extent of the applicant's understanding of state MCH programs and the Title V MCH Block Grant requirements as they relate to adolescents and to young adults. The breadth and depth of the applicant's understanding of the strengths and challenges of state Title V MCH programs for addressing the health needs of adolescents and of young adults. The extent of the applicant's applied knowledge of the formal relationships between state Title V MCH programs and state Medicaid offices.
- 8) The extent of the applicant's knowledge about the key positions within state Title V MCH programs with responsibilities for AYA health, including the position of SAHC. The extent of the applicant's knowledge and understanding of the roles of other state health programs and agencies that address AYA health, safety and well-being, including behavioral health.
- 9) The extent of the applicant's understanding of service integration between the public health and clinical primary care sectors as applied to AYAs.
- 10) The depth of the applicant's knowledge about and understanding of service barriers, social determinants, and other factors that drive disparities in the health, safety, and well-being of AYAs in the United States.

- 11) The extent of the applicant's knowledge about quality improvement, including measures and mechanisms. The extent of the applicant's understanding of how quality improvement processes can be applied to state public health programs and clinical practices. The extent of the applicant's functional knowledge about state-based COLLNs.
- 12) The extent to which the applicant has incorporated reference citations from relevant and up-to-date empirical and policy literature to support its presentation and discussion.

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

Sub-criterion: Methodology (20 points)

- 1) The extent to which the applicant demonstrates methodological approaches that are national in scope, address the purpose, and objectives of the AYAH-NCBP, and extend across the 5-year project period.
- 2) The extent to which the activities described by the applicant are capable of attaining the following five program objectives of the AYAH-NCBP by the conclusion of the project period in 2023 (see Section I.1.):
 - a. Improve the performance from baseline of at least 75 percent of the states and territories currently reporting on Title V MCH National Performance Measure (NPM) #10, percent of adolescents with a preventive medical visit in the past year, or a similar state performance measure. (Baseline: 2016 state data from National Survey of Children's Health.⁴¹ On a national basis in 2016, 79 percent of 12-17 year olds had a preventive medical visit in the past year.)
 - b. Increase to 80 percent the percentage of all 59 states and territories that include behavioral health issues and/or trauma-informed care in their evidence-based strategies for improving performance on NPM #10 or in their state performance or outcome measures. (Baseline: 40 percent in 2017)
 - c. Increase to 25 percent the percentage of all 59 states and territories with a state performance or outcome measure focusing on or including a major focus on young adults, approximate ages 18-25. (Baseline: 8 percent in 2017)
 - d. Increase by 12 percent each the percentages of 3 groups of AYAs (10-14, 15-18, and 19-20 year olds) eligible for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit who received an EPSDT visit in the past year (total participant ratio) compared to the baseline average total participant ratio of FYs 2015-17.⁴² (Note: Average total participant ratios from FYs 2014-16: 10-14 year olds 0.56, 15-18 year olds 0.46, and 19-20 year olds 0.26.)
 - e. Achieve an 80 percent screening rate among clinical partners participating in the COLLN of patients ages 12-25 for a major depressive episode using an age-appropriate standardized tool with documentation of a follow-up plan if the screen is positive.

⁴¹ See <http://www.childhealthdata.org/browse/survey/allstates?q=4554>

⁴² Accessible from <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

- 3) The clarity and comprehensiveness of the applicant's plans for providing group and tailored technical assistance (TA) to state Title V MCH programs on evidence-based strategies that: Address NPM #10 (percent of adolescents with a preventive medical visit in the past year); promote the inclusion of behavioral health and trauma-informed care in states' evidence-based strategies as well as state performance and outcome measures; and increase annual rates of EPSDT visits among adolescents and young adults eligible for the EPSDT benefit.
- 4) The clarity and comprehensiveness of the applicant's plans for using the data and information provided by HRSA's Title V Information System, data generated by several federal surveillance systems (e.g., HRSA's NSCH, the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System and Behavioral Risk Factor Surveillance System, the National Center for Health Statistics' National Health Interview Survey, and the Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey), and the EPSDT performance data generated by CMS/Center for Medicaid and CHIP Services to support its TA to states, facilitation of the ColIN, and development of helpful resources.
- 5) The degree to which the applicant's plans for developing the capacity of State Adolescent Health Coordinators (SAHCs) are comprehensive, multi-modal, effective, innovative, and cost efficient, and appear able to stimulate their participation in the recipient's activities. The extent to which the applicant's capacity-building plans address the basic knowledge, skills, and support of communications among SAHCs as well as the extent to which the applicant's plans appear effective for building the capacity of SAHCs, using both group-based and individual tailored methods, to lead in the development and implementation of state-wide strategies and/or plans for improving AYA health outcomes.
- 6) The completeness and clarity of the applicant's plans for developing, implementing, and facilitating a Collaborative Improvement and Innovation Network (ColIN), composed of state-level teams, to develop and disseminate strategies for increasing the capacity of state Title V MCH programs and their partners to improve the quality and comprehensiveness of the preventive medical visit for AYAs, especially around its ability to address behavioral health issues through the dual perspectives of public health and clinical primary care. The completeness and clarity of the applicant's plans for:
 - Recruiting state health departments to lead well-rounded ColIN teams;
 - Developing and implementing well-functioning ColIN teams;
 - Providing learning, coaching, and other expert assistance;
 - Developing internal benchmarks for driving ColIN teams' quality improvement activities; and
 - Using the experiences of the ColINs to assist non-ColIN states as well as to develop resources for public health officials and primary care clinicians around the preventive medical visit for AYAs, including how it can address behavioral health issues.

The clarity and logic of the applicant's rationale for the number of ColIN cohorts it

plans to support over the project period.

- 7) The extent to which the electronic data platform is described clearly and comprehensively, and the extent to which the described electronic data platform will be able to: function smoothly as a virtual workspace for the CoIIN teams, allowing them to submit data from PDSA cycles. The user friendliness of the electronic data platform for CoIIN teams, and its abilities for confidential data entry and retrieval as well as aggregated group analyses.
- 8) The clarity and logic of the applicant's overarching approach for addressing behavioral health issues of AYAs and its justification for selection of specific behavioral health issues it plans to address. The clarity and completeness of the applicant's plan for developing and facilitating an integrated approach between the public health and primary care sectors as part of its strategy for addressing its selected behavioral health issues. The degree to which the applicant's planned approach and methods can reasonably be expected to improve outcomes at the project level.
- 9) The clarity, logic, and comprehensiveness of the applicant's plans for identifying, describing, and analyzing state policies that support the needs of young adults, ages 18-25. The degree to which the applicant's plans for working with state Title V MCH programs can reasonably be expected to increase the number of states that address the needs of young adults through policy development.
- 10) The completeness and clarity of the applicant's description of the resources and products it plans to develop to advance the preventive medical visit for adolescents and young adults, including how it can best address the behavioral health needs of these populations.
- 11) The relevance of the proposed target audiences to the project and the degree to which they comprehensively meet the project's needs for dissemination and diffusion of resources and other products.
- 12) The clarity and comprehensiveness of the applicant's plans for working collaboratively with the recipients of other adolescent health initiatives supported by HRSA, including the Collaborative Improvement and Innovation Network on School-Based Health Services (CoIIN-SBHS), Leadership Education in Adolescent Health (LEAH) Program, Got Transition/Center for Health Care Transition, and the MCH Adolescent and Young Adult Health Research Network.
- 13) The clarity and comprehensiveness of the applicant's plans for identifying and using relevant resources generated by other federal agencies as a meaningful part of its project activities.

Sub-criterion: Work Plan (10 points)

- 1) Extent to which the logic model is comprehensive, clear, logical, and explains the linkages among the proposed project's components.
- 2) Degree to which the proposed project timeline is complete, links proposed activities to project objectives, includes the sequencing of the CoIIN cohorts, serves as an effective tool for monitoring and tracking project activities, and allows a reasonable amount of time for each project activity.
- 3) Degree to which the applicant's plan for managing its proposed project, including its personnel, resources, and internal communications, appears to be effective and efficient.
- 4) Degree to which proposed roles of each partnering organization (recipient and sub-recipients) are clearly delineated, and extent to which their lines of communication and strategies for decision-making appear functional and effective.

Sub-criterion: Resolution of Challenges (5 points)

- 1) Degree of completeness in which challenges to designing and implementing the proposed activities are discussed, including but not limited to implementing the CoIIN cohorts, recruiting state agencies to participate in the CoIIN, strengthening the capacity of state Title V MCH programs around the behavioral health of AYAs, and building the general capacity of SAHCs.
- 2) Degree to which the proposed strategies for addressing the described challenges and barriers can reasonably be expected to be successful in overcoming them.

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

- 1) The strength, feasibility, and adequacy of the applicant's proposed methods for evaluating project results.
- 2) Evidence that the evaluative measures will be able to assess: a) the extent to which the program objectives have been met; and b) the extent to which the results can be attributed to the project.
- 3) The strength, feasibility, and adequacy of the applicant's plan for monitoring and assessing the project's performance, including methods for ensuring that proposed activities are successfully documented and completed.
- 4) The extent to which the applicant describes potential obstacles to implementing the evaluation plan, and the strength and adequacy of the applicant's plan for addressing these obstacles.

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

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

- 1) The feasibility and effectiveness of plans for dissemination of project results, especially those results tied to the AYAH-NCBP's five objectives, and lessons learned from the experiences of the CollN, as outlined in Section 5.1.
- 2) The extent to which project results are national in scope.
- 3) The extent to which the applicant's plans for the project's advisory group can reasonably be expected to augment the effectiveness of the project.
- 4) The degree to which the applicant's planned capacity building activities for SAHCs can reasonably be expected to effectively prepare them for leadership roles and to act as change agents for adolescent health.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information

- 1) The extent to which the applicant organization's mission, structure, and scope of current activities contribute to the ability of the organization to conduct the project requirements and meet project expectations.
- 2) The extent to which the proposed project director has sufficient and relevant training, qualifications, expertise, and experience to lead the implementation of the proposed project.
- 3) The extent to which project personnel (including proposed partners and joint-applicant organizations/agencies) fulfill the needs and requirements of the proposed project. The extent to which they have sufficient and relevant training, qualifications, expertise, and experience to implement and carry out the project on a national basis.
- 4) The extent to which the project personnel:
 - Demonstrate expertise in adolescent and young adult health (AYAH), including both public health and clinical primary care;
 - Demonstrate expertise in behavioral health appropriate for the primary care of AYAs;
 - Can perform original analyses of national and state policies relevant to AYAH;
 - Can perform and interpret analyses of national data sets pertinent to AYAH and;
 - Have documented experience in working collaboratively with peers from a variety of organizations and professional disciplines, including behavioral health.

- 5) The extent to which project personnel demonstrate:
 - Expertise and experience in providing technical assistance to state public health agencies;
 - Experience in providing leadership in the integration of public health and primary care efforts on behalf of AYAs;
 - Expertise in the content of a high quality preventive medical visit for AYAs and;
 - Expertise in considering how health insurance affects AYAs' access to and use of health care services.
- 6) The extent to which the applicant's described relationships to (e.g., partnerships with), and demonstrated commitments from, other organizations/entities can contribute to the applicant's ability to conduct the project requirements and meet project expectations. The degree to which the descriptions of relationships and roles are clear and comprehensive.
- 7) The extent to which the applicant demonstrates specific commitments with clearly defined roles from proposed partners and joint-applicant organizations/agencies.
- 8) The extent to which the applicant demonstrates past experience in managing CollNs or similar quality improvement activities.
- 9) The extent to which the applicant demonstrates the ability to address issues key to successfully providing health care services to AYAs from the range of cultures and races/ethnicities, as well as special population groups (e.g., youth with special health care needs, youth experiencing homelessness, immigrant youth, and youth returning home or re-entering their communities following residential placement or incarceration) in the United States.
- 10) The quality and availability of facilities and physical space to fulfill the needs and requirements of the proposed project.
- 11) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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

- 1) The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the project activities, and the anticipated results
 - a) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
 - b) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
 - c) The extent to which the applicant addresses this program's specific budget requirements, as outlined in Section IV.2.

2. Review and Selection Process

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

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

Human Subjects Protection:

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

3. Reporting

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

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

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

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including

any expected outcomes in the first year of the program. Further information will be provided in the award notice.

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

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U45_6.HTML.

Administrative Forms			
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project Products, Publications, and Submissions Data Collection Form TA/Collaboration Form			
Updated DGIS Performance Measures, Numbering by Domain <i>(All Performance Measures are revised from the previous OMB package)</i>			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes

Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Adolescent Health			
AH 1	New	N/A	Adolescent Well Visit
AH 3	New	N/A	Screening for Major Depressive Disorder

b) Performance Reporting Timeline

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

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

c) Project Period End Performance Reporting

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

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

VII. Agency Contacts

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

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3243
Fax: (301) 443-6686
Email: dgibson@hrsa.gov

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

Pamella K. Vodicka, M.S., RD
Project Officer
Division of Child, Adolescent and Family Health
Attn: Adolescent and Young Adult Health National Capacity Building Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-50
Rockville, MD 20857
Telephone: (301) 443-2753
Fax: (301) 594-2470
Email: PVodicka@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

Logic Models

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

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

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA will host the following technical assistance webinar:

Webinar

Day and Date: Thursday, February 8, 2018

Time: 3 – 4 p.m. ET

Call-In Number: 1-800-857-9691

Participant Code: 9648375

Web link: <https://hrsa.connectsolutions.com/hrsa-18-082/>

The webinar will be recorded and later archived with the NOFO found at:

<https://www.hrsa.gov/grants>.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).