U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Nurse Education, Practice, Quality and Retention (NEPQR) Interprofessional Collaborative Practice Program (IPCP): Behavioral Health Integration (BHI)

Funding Opportunity Number: HRSA-20-012
Funding Opportunity Type(s): New and Competing Continuations
Assistance Listings (CFDA) Number: 93.359

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: February 19, 2020

*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.*

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Authority: Public Health Service Act, Sections 831 and 831A (42 U.S.C. §§ 296p, 296p-1).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Nurse Education, Practice, Quality and Retention (NEPQR): Interprofessional Collaborative Practice (IPCP): Behavioral Health Integration (BHI) program, referred to as NEPQR: BHI. The purpose of this program is to increase the access to and quality of behavioral health services through behavioral health integrated team-based care models; and train the future nursing workforce to provide integrated behavioral health services in primary care settings through academic-practice partnerships.

The FY 2020 President's Budget does not request funding for this program. This notice 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. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Nurse Education Practice, Quality and Retention (NEPQR) Interprofessional Collaborative Practice Program (IPCP): Behavioral Health Integration (BHI)
Funding Opportunity Number:	HRSA-20-012
Due Date for Applications:	February 19, 2020
Anticipated Total Annual Available FY 2020 Funding:	$8,500,000
Estimated Number and Type of Award(s):	Approximately 17 cooperative agreements
Estimated Award Amount:	Up to $500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2023 (3 years)
Eligible Applicants:	Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide
You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance
HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Nurse Education Practice, Quality and Retention (NEPQR) Interprofessional Collaborative Practice Program (IPCP): Behavioral Health Integration (BHI) program, referred to as NEPQR: BHI.

Program Purpose
The purpose of this program is to increase the access to and quality of behavioral health services through team-based care models in interprofessional nurse-led primary care teams in rural or underserved areas. In addition, the NEPQR: BHI program will increase the training of the current and future nursing workforce, and strengthen their ability to provide integrated behavioral health care services in primary care settings through academic-practice partnerships.

Program Goals
The goals of this program are 1) to educate and train the current and future nursing workforce to provide interprofessional, evidence-based, integrated behavioral health services, and 2) to reduce barriers to care by addressing social determinants of health through community-based partnerships.

Program Objectives
NEPQR: BHI's objective is to increase the number of interprofessional nurse-led primary care teams trained in the integration of evidence-based BHI strategies, through academic-practice and community-based partnerships.

HHS and HRSA Priorities

You are encouraged to select and address one of the clinical priorities below which include HHS's and HRSA's priorities.
- Ending the crisis of opioid addiction and overdose in America
- Improving mental health access and care
- Delivering value-based care and quality improvement initiatives
- Transforming the workforce –targeting the need
- Utilizing telehealth technology
- Preventing and reducing maternal mortality

2. Background

This program is authorized by Sections 831 and 831A of the Public Health Service (PHS) Act, 42 U.S.C. §§ 296p, 296p-1. The NEPQR program has statutory authority to address the development and enhancement of the nursing workforce. The three priority areas defined in the statute for this program are (1) Education, (2) Practice, and (3) Retention.

The NEPQR: BHI program addresses the following priority areas:
- Education Priority (Section 831(a)(2) of the PHS Act)
  - Provide education in new technologies, including distance learning methodologies.
- Practice Priority (Section 831(b)(1-3) of the PHS Act)
  - Establish or expand nursing practice arrangements in non-institutional settings (e.g., community-based clinics such as Nurse Managed Health Centers (NMHCs), school-based clinics, and Federally Qualified Health Centers (FQHCs)) to demonstrate methods to improve access to primary health care in medically underserved communities;
  - Provide care for underserved populations and other high-risk groups such as the elderly, individuals living with HIV/AIDS, individuals with substance use disorders (SUD), the homeless, and victims of domestic violence; and
  - Provide coordinated care, and other skills needed to practice in existing and emerging organized health care systems.
- Retention Priority (Sections 831(c)(2), 831A(c)(1) of the PHS Act)
  - Improve the retention of nurses, and enhance patient care that is directly related to nursing activities, by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision making processes of a health care facility.

According to the National Institutes of Mental Health, approximately 18.9 percent of all U.S. adults were estimated to have a behavioral health condition including mental and/or emotional health disorders. Among those adults, 68 percent will also have comorbid chronic health disorders. Compared to the general population, people with mental illness are more likely to have a decreased life-expectancy from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse.[1]

Approximately half of people who experience a mental illness will also experience a SUD at some point in their lives and vice versa. In 2017, an estimated 18.7 million adults in the United States were diagnosed with SUD. Of those individuals, 8.5 million had co-occurring mental illness with nearly half (49 percent) not receiving treatment for either mental or SUD services.[2] Barriers to early identification of alcohol and other drug-related problems are stigma and discrimination by health care professionals, insufficient training on addressing alcohol and drug problems in clinical settings and navigating complex healthcare systems.

In response to the significant unmet need for behavioral health services, the NEPQR: BHI program aims to 1) expand evidence-based practices of integrating behavioral health services into interprofessional nurse-led primary care teams serving underserved populations, 2) establish academic-practice partnerships to educate and train the future

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[1] SAMHSA-HRSA Center for Integrated Health Solutions. *What is Integrated Care*? Retrieved from https://www.integration.samhsa.gov/about-us/what-is-integrated-care
[2] Substance Abuse Mental Health Service Administration. *2017 NSDUH Annual National Report*. Retrieved from https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report.

nursing workforce to provide interprofessional, integrated behavioral health services, and 3) reduce gaps in access to behavioral health services through community-based partnerships.

Primary care settings have become a gateway for many individuals with both behavioral health and primary care needs. Research has shown that more than 70 percent of primary care visits stem from behavioral health issues.[3] Behavioral health integration (BHI) as defined by the Agency for Healthcare Research and Quality, is the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. When adapted to fit into community practices, integrating behavioral health into primary care reduces depression severity and enhances patient experiences.[4]

Nurse-led primary care teams provide a full range of health services to low-income, underinsured patients in rural, urban, and suburban communities throughout the nation. Nurse-led primary care teams provide services that include a holistic approach to primary care, health promotion, and disease prevention for the communities in which they serve. In addition, they serve an important role in nursing education, acting as clinical education sites for nurses and other health professionals throughout the United States. Nurse-lead primary care teams are staffed by an interdisciplinary team of healthcare providers, thus uniquely positioned to provide interprofessional approaches to integrated behavioral health and primary care services.

Traditional health care systems provide symptom driven response to acute illnesses and is poorly configured to meet the needs of those with chronic illnesses.[5] Behavioral health disorders, such as those associated with substance use addiction, share similar qualities with other chronic health conditions including a tendency to run in families, onset, and course that is influenced by environmental conditions and behavior.[6] Consideration to include partners outside of traditional health systems is integral in the care of individuals with behavioral health disorders since behavioral health conditions are affected by numerous factors outside the formal health system.[7]

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#).

Advanced Education Nurse: means individuals trained in advanced degree programs including individuals in combined R.N./Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in

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[3] Gerrity, M. (2016). *Evolving models of behavioral health integration: Evidence update 2010–2015.* Retrieved from http://www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf

[4] Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., Dickinson, L. M., Davis, M., Gunn, R., ... & Green, L. A. (2017). Outcomes of integrated behavioral health with primary care. *J Am Board Fam Med*, *30*(2), 130-139.

[5] Siminerio, L. M., Piatt, G., & Zgibor, J. C. (2005). Implementing the chronic care model for improvements in diabetes care and education in a rural primary care practice. *The Diabetes Educator*, *31*(2), 225-234.

[6] Rice, D. P. (1999). Economic costs of substance abuse, 1995. *Proceedings of the Association of American Physicians*, *111*(2), 119-125.

[7] Towe, V. L., Leviton, L., Chandra, A., Sloan, J. C., Tait, M., & Orleans, T. (2016). Cross-sector collaborations and partnerships: essential ingredients to help shape health and well-being. *Health Affairs*, *35*(11), 1964-1969.

existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

Participants: For the purposes of this NOFO, participants are health professions students (whether undergraduate or graduate) and current primary care professionals who participate in education and or training at a NEPQR-BHI supported academic or clinical site.

School of Nursing: means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are—
1. authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX–RN); or
2. licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b).

II. Award Information

1. Type of Application and Award

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

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.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include**:
- Making available the services of experienced HRSA/BHW personnel as participants in the planning and development of all phases of the project;
- Providing assistance and referrals in the establishment and facilitation of effective collaborative relationships with federal and state agencies, other HRSA-funded projects, and other resource centers and entities that may be relevant to the project's mission;
- Providing programmatic consultation for development and delivery of training and technical assistance, project data collection methods and a set of core measures and metrics across projects;
- Providing guidance concerning the content, structure and format of required reports;
- Participating, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- Providing information resources;
- Supporting the recipient's development of plans to disseminate effective clinical and/or community practice models that emerge from the NEPQR: BHI program, and explore opportunities to expand best practice models to diverse populations.

The cooperative agreement recipient's responsibilities will include:
- Fulfilling program requirements as detailed in Section IV.2 of this NOFO;
- Participating in ongoing technical assistance with HRSA staff and other stakeholders as applicable;
- Establishing contacts that may be relevant to the project's mission such as federal and non-federal partners, and other HRSA award recipients;
- Working with HRSA to evaluate priorities and respond to HRSA reporting requirements;
- Developing core data elements that will contribute to a set of shared evaluation measures and metrics across all NEPQR: BHI projects;
- Engage, collaborate, and communicate with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective practice models; and
  Carrying out project activities that meet the goals of NEPQR: BHI.

2. Summary of Funding

HRSA expects approximately $8,500,000 to be available annually to fund approximately 18 recipients. You may apply for a ceiling amount of up to $500,000 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 2020 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 period of performance is July 1, 2020 through June 30, 2023 (three years). Funding beyond the first year is subject to the availability of appropriated funds for the NEPQR: BHI Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

In accordance with Sections 831(g) and 831A(f) of PHS Act, eligible applicants include accredited schools of nursing, as defined by section 801(2), health care facilities, or a partnership of such a school and facility.

Schools of nursing affiliated with the proposed project must be accredited public or private school. Applicants must provide documentation of current accreditation by a national nurse education accrediting agency or a state agency by the U.S. Department of Education as **Attachment 9**. Individuals are not eligible to apply.

In addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the

Republic of Palau may apply. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $500,000 per year non-responsive and will not consider it for funding under this notice.

Deadline
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.

Maintenance of Effort
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities for the fiscal year preceding the fiscal year for which the entity receives the award, as required by Sec. 803(b) of the PHS Act. Complete the Maintenance of Effort information and submit as Attachment 6.

Multiple Applications
Eligible applicants may submit only one application in response to this NOFO. Multiple applications from an organization are not allowable. Separate organizations are those entities that have unique DUNS numbers.

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.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. 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 R&R Application Guide](#)* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *[SF-424 R&R 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 R&R 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 *[SF-424 R&R Application Guide](#)* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *[SF-424 R&R Application Guide](#)* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** 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) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are 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 you are 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 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions

Program Requirements
All funded applicants are required to:
- Provide interprofessional, integrated care by a nurse-led primary care team in a community-based setting.
  - The primary care provider must be an advanced practice registered nurse (APRN).
- Expand an existing nurse-led primary care team with the addition of at least one full-time equivalent (FTE) licensed behavioral health provider.
- Implement an evidence based BHI into the current nurse-led primary care team.
- Provide an assessment on current level of BHI and structural changes necessary to enhance current or new levels of integration (using the six-level framework available from HRSA's Integrated Behavioral Health Resource Library on HRSA's Integrating Behavioral Health with Primary Medical Care webpage).
- Provide interprofessional education and training for care team providers and clinical staff on BHI competencies; and screen and treat individuals with co-occurring physical and behavioral health needs.
- Participate in data collection efforts that include rapid cycle quality improvement (RCQI) method and additional performance reporting activities as described in Section VI.3.
- Education Priority (Section 831(a)(2) of the PHS Act)
  - Provide education in new technologies, including distance learning methodologies.
  - Practice Priority (Section 831(b)(1-3) of the PHS Act)
  - Establish or expand nursing practice arrangements in non-institutional settings (e.g., community-based clinics such as Nurse Managed Health Centers (NMHCs), school-based clinics, and Federally Qualified Health Centers (FQHCs)) to demonstrate methods to improve access to primary health care in medically underserved communities;
  - Provide care for underserved populations and other high-risk groups such as the elderly, individuals living with HIV/AIDS, individuals with substance use disorders (SUD), the homeless, and victims of domestic violence; and
  - Provide coordinated care, and other skills needed to practice in existing and emerging organized health care systems.
- Retention Priority (Sections 831(c)(2), 831A(c)(1) of the PHS Act)
  - Improve the retention of nurses, and enhance patient care that is directly related to nursing activities, by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision making processes of a health care facility.

Interprofessional collaboration is a required component of all project objectives, and nursing must be one of the professions included in all interprofessional activities.

Recipients are required to have all participants obtain National Provider Identifier (NPI) numbers to aid long-term assessment of the program's impact on access and delivery of quality health care services. This includes:

1. Members of the interprofessional primary care team;
2. Eligible register nurse participants trained by the interprofessional primary care team.

Recipients are also **encouraged** to have all eligible students obtain NPI numbers, who receive training as a result of the NOFO.

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

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

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. Which of the HHS and HRSA clinical priorities will be addressed by the project (if applicable);
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project; and
5. Statement of funding preference (if applicable).

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, 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:

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

You must describe the purpose and need for the proposed project, including:
- Target population served, including demographics, health status, social determinants of health, unmet health care needs including primary care behavioral health care services (and the prevalence/incidence of primary care and behavioral health disorders within the target community/population, including health status indicators and unmet health needs), and barriers to care;

- Current nurse-led primary care team, level of BHI and structural changes necessary to enhance current level of integration (using the six-level framework available from HRSA's Integrated Behavioral Health Resource Library on HRSA's Integrating Behavioral Health with Primary Medical Care webpage: http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf);
- Unmet education and training needs of the primary care team and clinical support staff that will participate in this project; and
- Unmet education and training needs for interprofessional health professions students and curricula modifications/enhancements needed.

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

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

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.). Additionally, you must:

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
- Describe the timeframes, deliverables, and key partners required during the award period of performance to address each of the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of award implementation.
- Identify meaningful support and collaboration with key stakeholders (including community, academic and organizational partners) in planning, designing and implementing all activities, including development of the application and the extent to which these contributors reflect the needs of the target population served.
- Describe your process to track participants who complete the training program into employment one year after program completion, including the use of NPIs. NPI tracking of participants is required.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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

Propose methods that you will use to address the stated needs and meet each of the previously described program goals and objectives in this NOFO. Your approach to these objectives should be specific, measurable, achievable, realistic, and timely (within the period of performance). Propose methods that you will use to

address the objectives including the roles of partners, system level and organizational change initiatives, educational strategies and curricula enhancements that will be used to accomplish the objectives of the project.

In addition to integrating behavioral health services into primary care, applicants must develop and implement a program for the training of primary care professionals and health professions students who will provide healthcare to individuals in need of physical and behavioral health services in primary care settings. Training must be interprofessional and focus on the integration of behavioral health prevention and treatment in primary care.

In the Methodology section of your application, you must include a detailed description of key activities such as:
- Implementing evidence-based BHI strategies in interprofessional nurse-led primary care teams; including current level of integration and forecasting how the program will progress to higher level of health care integration.
  - [HRSA's Integrated Behavioral Health Resource Library](#) provides evidence-based BHI strategies and additional resources to BHI implementation.
- Training and interprofessional education of the primary care workforce, including clinical support staff to support BHI and to address the care of individuals with physical and behavioral needs in primary care settings.
- Establishing partnerships:
  - Describe the role of the academic-practice partnership, profession/disciplines and the numbers of participants /students you expect to train, and any didactic or experiential learning enhancements to be made during the period of performance.
  - Describe the role of the community-based partnership in creating linkages to care, the process of information sharing, and how follow up care will occur.

Logic Model
You must 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 to achieve the relevant outcomes. 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 personnel, budget, other resources);
- Target population (e.g., the individuals to be served; the students to be trained);
- 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).

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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

In this section, provide information including, but not limited to:
- Challenges related to project implementation and the achievement of the proposed goals and objectives (i.e. recruitment and retention of care team members and/or interprofessional healthcare students; billing/payment systems; and health information technology);
- Challenges related to the workforce development such as recruitment and retention and interprofessional education and training;
- Challenges related to establishing or expanding academic-practice or community-based partnerships, as applicable;
- Challenges with increasing the number of didactic or experiential learning hours focused on behavioral health prevention and treatment in primary care;
- Resources and plans available to resolve and overcome these challenges and obstacles.

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

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

   You must describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. In the Attachments section (IV. 2. v., **Attachment 2**), you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. You must

demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

You must also describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals (as applicable) participating in the Program. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

Include any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Describe your process to obtain participant employment data one year after graduation, including the use of NPI. (Note: Participants who benefit from HRSA funds and sponsored activities as a result of this award must apply for an NPI for the purpose of collecting post-graduation employment demographics).

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

Program Impact Evaluation
*You must include an impact evaluation plan **(Attachment 10)** that demonstrates how your project will show program impact for patient access, quality, and cost measures.*

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

You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your award projects, e.g., training methods or strategies,

which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v., **Attachment 4**.) You must include the following information:

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

Capabilities of the Applicant Organization: Provide evidence of existing nurse-led, interprofessional primary care and the capacity for evidence-based BHI. Describe how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the implementation, operations, and oversight necessary to implement integrated services and curriculum enhancements. Provide a letter of support from the President of the academic institution or other higher level academic officer that demonstrates the institution's commitment to the project. In addition, provide a letter of support from each partner organization or department, internal and external, involved in your proposed project; include letters of support as **Attachment 8**.

Staff: Describe capacity and institutional mechanisms to establish the interprofessional core care team. The core care team must include an Advanced Practice registered nurse as the primary care provider; and the addition of at least 1.0 behavioral health FTE in personnel (direct hire staff and/or contractor(s), or supported with in-kind resources). Provide the qualifications and position descriptions for the leadership and care team; include as **Attachment 2**. Include a biographical sketch (no more than 1 page) for key personnel; bio sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form. If staff are required but not yet identified, describe the recruitment and retention plan to meet the project's needs. If applicable, describe how tele-behavioral health will contribute to the implementation of the project.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name

- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Institutional Resources: Describe available institutional resources, including health IT systems.

Partnerships and Community Support: Describe how the proposed academic-practice and community-based organization partnership will contribute to meeting the goals and objectives of the proposed project. Include current signed and dated letters of agreement and/or Memorandums of Agreement (MOA) (include as **Attachment 3**).

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. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. *Budget*

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

If applicable (i.e., competitions with subawards/subcontracts), each sub--award/subcontract requires separate budget information (i.e., line item budget form and budget justification narrative):

Subawards/subcontracts
A detailed line-item budget form is required for each sub-award and should be uploaded to the R&R Sub-award Budget Attachment(s) Form.

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page

limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202, pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), 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 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. *Budget Justification Narrative*
See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

v. ***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 (Required)
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide) (Required)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (As Applicable)

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. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 4: Project Organizational Chart (Required)
Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

Attachment 5: Tables, Charts, etc. (As Applicable)
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: Maintenance of Effort Documentation, if applicable and authorized by law. (Required)
You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2019 (Actual)	FY 2020 (Estimated)
Actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 7: Request for Funding Preference or Priority (As Applicable)
To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. See Section V.2.

Attachment 8: Letters of Support (Required)
Provide a letter of support from the President of the academic institution or other higher level academic officer that demonstrates the institution's commitment to the project. In addition, provide a letter of support from each partner organization or department, internal and external, involved in your proposed project. Provide a letter of support for each organization or department involved in your proposed

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

Attachment 9: Letters of Accreditation (Required)
All affiliated nursing programs must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available). The full letter of accreditation is not required. Applicants on provisional accreditation status must provide proof of this status. Applicants whose accreditation status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice.

Attachment 10: Other Relevant Documents (As Applicable)
Include here your Program Impact Evaluation Plan and any other document that is relevant to the application.

Attachment 11: Progress Report (Required for COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA to ensure awardee compliance with program requirements, and to track progress of proposed and funded goals and objectives. The accomplishments of competing continuation applicants are carefully considered; therefore, you should 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 evaluates the competing continuation applications. 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. (Please see *Section 3. Assessment of Risk and Other Pre-Award Activities* for more details).

Identify your current (or previous) grant number, include the most important objectives from your approved application (including any approved changes), and document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. More specifically, 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.

(4) Document the difference between your current NEPQR: BHI project and the proposed project that you are requesting for funding.

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 it 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 R&R Application Guide*.

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

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.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is February 19*, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The NEPQR: BHI 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 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $500,000 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 B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Div. A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

Funds under this notice may not be used for purposes specified in HRSA's SF-424 R&R Application Guide. In addition, funds may not be used for the following purposes:

    a. Subsidies or paid release time for project faculty
    b. Payment of temporary personnel replacement costs for the time faculty/ preceptors/participants are away from usual worksite during involvement in project activities
    c. Laboratories
    d. Construction or renovations
    e. Provision of child care/child care costs
    f. Foreign travel
    g. Accreditation, credentialing, licensing, certification exam fees, and franchise fees and expenses
    h. Preadmission costs including college entrance exam costs
    i. Promotional items and memorabilia; and animal laboratories

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

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 NEPQR: BHI program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

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

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

- Presents the prevalence/incidence of primary care and behavioral health disorders within the target community/population, including health status indicators, social determinants of health and barriers to care and unmet health needs;
- Describes existing behavioral health service gaps within current nurse-led primary care team, and compelling need for integrated behavioral health within the community/target population;
- Describes existing educational and training resources and unmet needs for interprofessional training in behavioral health for the current primary care workforce to include providers and clinic support staff; and
- Describes existing educational and training resources and unmet didactic/experiential learning needs for health professions students.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan and Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan
Reviewers will consider the quality of the applicant's response, including whether the applicant proposes goals, objectives, and a timeline to ensure successful implementation of the project. Reviewers will determine the extent to which the applicant:
- Provides a reasonable set of milestones that demonstrate a complete understanding of all activities and responsibilities required to implement the project within the timeframe of the award;
- Includes feasible and reasonable timeframes for accomplishing all activities proposed under the Methodology and Approach section within the three-year period of performance;
- Includes a logic model that illustrates all components of the proposed project, demonstrates that the methodology/approach proposed is sufficient to meet the structural and community-based needs identified in the needs statement, and aligns with HRSA performance measures for the NEPQR: BHI program.

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

Reviewers will take into consideration the extent to which the applicant proposes objectives that will fully address the integrated care site's organizational structural needs, enhancements to didactic and/or experiential learning; and the role of community-based partnerships and linkages to care. Reviewers will determine the quality and completeness of the project's Methodology/Approach. The

Methodology/Approach must convincingly articulate how the proposed project will address or resolve the needs or challenges identified in the Need section above. Reviewers will also consider whether the applicant proposes activities that meet all of the Program Requirements of the NOFO and are sufficient to ensure successful implementation of the NEPQR: BHI project. Reviewers will consider the extent to which the applicant demonstrates:

- Implementing an evidence-based BHI strategy;
- Forecasting how the program will progress to a higher level of integration;
- Supporting the education and development of the primary care team to provide interprofessional, integrated behavioral health for individuals with physical and behavioral health care needs in primary care settings;
- Training for health professions students in behavioral prevention and treatment and the role of the academic-practice partnership in interprofessional education; and
- Creating linkages to care and the role of community-based partnerships.

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

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

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

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

- Strength and effectiveness of the method proposed to monitor and evaluate the project results;
- Evidence that the evaluative measures can assess: 1) the extent the program objectives are met, and 2) the extent the measures are attributed to the project;
- Expertise, experience, and the technical capacity to fully implement the evaluation plan and collect required performance measures;
- Valid data collection strategy including identification of proposed instruments/tools to be used, data sources, and projected timelines for data collection, analysis, and reporting;
- Incorporation of the data collected into program operations to ensure continuous quality improvement;

- Logic model that includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported);
- Feasibility and effectiveness of plans for dissemination of project results;
- Scope of the project results, the replicability of project activities, and the sustainability of the program beyond the federal funding;

Describes processes to obtain participant employment data one year after graduation, including the use of NPIs.

- Strength of the applicant's plan to inform rapid-cycle quality improvement (RCQI) efforts to periodically review program progress and make adjustments in order to optimize program output; and
- Strength and effectiveness of the method proposed for project impact evaluation.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

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

- The identification of other sources of income, future funding initiatives and strategies, a timetable for becoming self-sufficient,
- The impact of BHI on access to quality health care services;
- and
- The identification of barriers to project implementation and sustainability, including workforce and student recruitment and retention, billing/payment systems, technology (i.e., health information technology), and quality improvement factors, and a plan to resolve and overcome these challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

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

- Staffing plan for proposed project and the project organizational chart to ensure it is sufficient to meet the goals of the program:
  - The percentage of time, including in-kind, dedicated to the project by the Project Director;
  - The appropriateness of the applicant's recruitment and retention plan for behavioral health staff, who will expand access to integrated behavioral health services throughout the period of performance; and
  - An existing nurse-led interprofessional primary care team.
- An existing inter-operative health information technology system to share patient care clinical data, assess patient and project outcomes, ensure accountable care, and support HRSA reporting requirements in Section VI.3;

- Meaningful support and collaboration with key stakeholders and partners;
- Innovation in existing and/or proposed interprofessional training and didactic/experiential learning methods; and
- The extent to which the operational and oversight needs necessary to implement onsite integrated services and linkages to care, including the capability and commitment of administration, management, and governing board.

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

Reviewers will consider the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the project activities, and the anticipated results. Reviewers will also consider the extent to which:
- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- Key personnel have adequate time devoted to the project to achieve project objectives; and
- A Budget justification is clear and aligns with the SF 424 R&R budget forms for each year. The costs are clearly justified by a narrative description, provides an itemized breakdown for all costs, including participant support costs, and indirect costs are calculated at the negotiated rate.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

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

Funding Preferences

This program provides a funding preference for applicants meeting certain criteria as authorized by Section 805 of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Preference shall be given to applicants that have not previously received an award under any Nurse Education, Practice, Quality and Retention program.

Preference shall be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. For this competition, HRSA has interpreted "substantially benefit" to mean those projects that encompass clinical training at a site physically located in either (a) a rural primary care facility, (b) a primary care geographic Health Professional Shortage Area (HPSA) with shortages of primary care or mental health providers and/or (c) a State or local health department.

Applicants should indicate in the program abstract their request for funding preference consideration. Only applications that include the required information will be considered for the funding preference. All data is subject to verification. Applicants must supply the following information in **Attachment 7**:

- Name and physical address of the clinical training site(s) affiliated with proposed project;
- For partnered clinical training sites in rural settings, provide documentation of rural eligibility from the HRSA Rural Health Grants Eligibility Analyzer: https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx; and/or
- For partnered clinical training sites in underserved settings, provide documentation the clinical site is physically located in a federally-designated geographic HPSA with shortages of primary care or mental health providers as determined by HRSA's Shortage Designation Advisor (http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx); and/or
- For partnered clinical training sites that help meet public health nursing needs in State or local health departments, provide documentation that the site is a state or local health department accredited by the Public Health Accreditation Board: https://phaboard.org/who-is-accredited/

Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to sub-recipients under awards. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

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

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

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

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

Further information will be provided in the NoA.

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

The annual performance report will address all academic year activities from **July 1 to June 30, and will be due to HRSA on July 31 each year**. **Award recipients are responsible for submitting the Annual Performance Reports by the July 31 due date and ensuring that staff are available to complete and submit the report on time.** If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

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

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

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

Further information will be provided in the NoA.

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

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

Uniform Data System (UDS) Report - The UDS is an integrated reporting system used to collect data on all health center programs to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All awardees are required to submit a Universal Report and, if applicable, a Grant Report annually. The Universal Report provides data on patients, services, staffing, and financing across all award recipients The Grant Report provides data on patients and services for special populations served (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing) by awardees.

Shared Measures and Metrics - Awardees may be asked to collect data elements that will contribute to a set of shared data evaluation measures across all NEPQR: BHI programs that address patient access to care, quality of care, and cost saving measures including but not limited to effectiveness of interprofessional education and training programs, collaborative practice teams, partnership effectiveness, and patient satisfaction.

VII. Agency Contacts

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

Barbara Ellis
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1738
Fax: (301) 301-443-6343
Email: Bellis@hrsa.gov

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

Leslie Poudrier
Project Officer, Division of Nursing and Public Health
Attn: NEPQR: BHI
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N136B
Rockville, MD 20857
Telephone: (301) 443-3511
Email: lpoudrier@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance
HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application
See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.