U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development

Pediatric Mental Health Care Access Program

Funding Opportunity Number: HRSA-23-081

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.110

Letter of Intent Requested by: May 1, 2023

Application Due Date: June 22, 2023

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 may take up to 1 month to complete.

Issuance Date: April 11, 2023

Modified June 8, 2023, to update organizations eligible to apply as new applicants, update the award amount, and to extend the Application Due Date to June 22, 2023. See Executive Summary and the following sections for the updates: I. Purpose, II. Award Information, III. Eligibility Information, IV. Application and Submission Information.

Madhavi M. Reddy, MSPH & Jordanna Snyder, MPH
Project Officers, DMCHWD
Phone: (301) 443-0754, (301) 945-9482
Email: mreddy@hrsa.gov, jsnyder1@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c–19 (§ 330M of the Public Health Service Act), as amended by Section 11005 of the Bipartisan Safer Communities Act (P.L. 117-159)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Pediatric Mental Health Care Access Program (PMHCA). The purpose of this program is to promote behavioral health integration into pediatric primary care by supporting the planning and development of State, regional[1] or tribal pediatric mental health care tele-consultation[2] access programs. Funding provides pediatricians and other primary care providers both training in mental health as well as direct access to mental health experts via teleconsultation. This funding opportunity supports these efforts as well as expansion of mental health teleconsultation to emergency departments and schools.

PMHCA is a national program which includes 50 current recipients throughout the country. This funding opportunity will provide funding for:

- Competing continuation awards for those existing recipients originally funded in FY 2018 and 2019 whose period of performance is ending
- New awards with previous implementation experience on HRSA PMHCA programs from FY 2018 and FY 2019
- New awards with no prior HRSA PMHCA experience to expand the program into new geographic areas.

Competing continuation recipients and new awards with previous HRSA PMHCA implementation experience will receive $700,000 in FY23 and, if the recipient remains in good standing, in each of FY24 and FY25. New awards with no prior HRSA PMHCA implementation experience will receive a planning grant in FY23 of $500,000 and, if

[1] Regional pediatric mental health care teams are pediatric mental health care teams within regions of a state, jurisdiction, or Tribal area

[2] Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote, at a distance, clinical consultation, patient and professional health-related education, health administration, and public health. Permitted telehealth modalities between providers include (but are not limited to): real-time video, telephonic communications, store-and-forward imaging, and mobile health (mHealth) applications. Additional information on telehealth can be found at Telehealth.HHS.gov.

they remain in good standing, $500,000 in each of FY24 and FY25. (In previous competitions, new recipients began at $445,000 per year.)

Pediatric mental health care teams will provide tele-consultation, training, technical assistance, and case coordination[3] support for pediatric primary care providers to diagnose, treat, and refer, as needed, children with behavioral health conditions.

Funding Opportunity Title:	Pediatric Mental Health Care Access Program
Funding Opportunity Number:	HRSA-23-081
Due Date for Applications:	June 22, 2023
Anticipated FY 2023 Total Available Funding:	Up to $22,200,000
Estimated Number and Type of Award(s):	Up to 36 cooperative agreements
Estimated Annual Award Amount:	• There are two types of awards available through this funding opportunity: • **Competing Continuation Awards** (Open to Currently Funded Entities in Final Project Year): o Up to $700,000 per award subject to the availability of appropriated funds • **New Awards** (Open to New Applicants with previous HRSA PMHCA implementation experience) o Up to $700,000 per award subject to the availability of appropriated funds • **New Awards** (Open to New Applicants with no prior HRSA PMHCA experience): o Up to $500,000 per award subject to the availability of appropriated funds

[3] Case coordination is hereafter referred to as care coordination and care coordinator. The definition of care coordination support is included in the Appendix, PMHCA Glossary of Terms.

Cost Sharing/Match Required:	Yes; not less than 20% in non-federal matching funds in each year from Year 1 to Year 3
Period of Performance:	September 30, 2023 through September 29, 2026 (3 years)
Eligible Applicants:	There are three groups of eligible applicants: • **Competing Continuation Applicants**: Eligible "competing continuation" applicants are entities that received an award in FY 2018 and 2019 and whose project period is ending. See list of all currently funded PMHCA projects here: https://mchb.hrsa.gov/training/projects.asp?program=34 • **New Applicants with previous HRSA PMHCA implementation experience**: Eligible applicants include States, political subdivisions of states, territories, and Indian Tribes and Tribal organizations not currently funded in FY 2021 or 2022. • **New Applicants with no prior HRSA PMHCA experience**: Eligible applicants include States, political subdivisions of states, territories, and Indian Tribes and Tribal organizations not currently funded in FY 2021 or 2022. (Note that Indian Tribes and Tribal organizations that are located within the geographic boundaries of states with existing awards are eligible to apply for new awards.) 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 this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

Two technical assistance sessions have been scheduled. One for competing continuation applicants and one for new applicants.

(1) HRSA has scheduled the following webinar for **Competing Continuation** programs:

Thursday, April 20, 2023
3 – 4:30 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1600254483?pwd=SFVMZGZ2UVR6MnJWTkRmZ1FXaGtQZz09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1 833 568 8864
Meeting ID: 160 025 4483
Passcode: 83066975

(2) HRSA has scheduled a Technical Assistance webinar for applicants for **New Awards**.

Wednesday, April 26, 2023
3 – 4:30 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1601431008?pwd=RjlUYmRmSml4T2wyd2VtdWFBNG9tQT09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1 833 568 8864
Meeting ID: 160 143 1008
Passcode: 93825390

Both webinars will provide technical assistance and an opportunity for you to ask questions. HRSA will record the webinars and the recordings will be available at this weblink: https://mchb.hrsa.gov/training/pgm-pmhca.asp.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Pediatric Mental Health Care Access (PMHCA) program.

The purpose of this program is to promote behavioral health integration into pediatric primary care by supporting the planning and development of statewide, regional or tribal pediatric mental health care tele-consult access programs. These networks of pediatric mental health care teams will provide tele-consultation, training, technical assistance, and care coordination support for pediatric primary care providers (PCPs) to diagnose, treat, and refer children with behavioral health conditions.

This funding opportunity is available for competing continuation awards for those existing recipients originally funded in FY 2018 and 2019 whose period of performance is ending, new awards with previous implementation experience on HRSA PMHCA programs from FY 2018 and FY 2019, and new awards with no prior HRSA PMHCA experience to expand the program into new geographic areas.

- **Competing Continuations and New Awards with previous HRSA PMHCA implementation experience: Applicants with an existing HRSA funded PMHCA program or have implemented activities under an existing HRSA funded PMHCA program (that began in FY 2018 and FY 2019):** Applicants seeking a competing continuation or new awards with previous HRSA PMHCA experience would be able to access a 3-year period of performance at $700,000 per year to focus on continued implementation and expansion of the existing program (with no planning period). Programs will expand access to, coordinate, and improve the quality of behavioral health services that PCPs and other providers can provide to children, adolescents, and their families, including in sites such as emergency departments and schools.
- **New Programs with no prior HRSA PMHCA experience**: For interested entities not currently funded and with no prior HRSA PMHCA experience, this funding opportunity will support the development of statewide, regional or tribal pediatric mental health care tele-consult access program. Funding will support new award recipients with no prior HRSA PMHCA experience at $500,000 per year.

  Planning includes developing the needed infrastructure, including establishment of reliable, high-speed broadband technology, personnel, establishing or expanding partnerships, resources, and processes to provide behavioral health (tele-consult and in-person) consultation to pediatricians and other primary care providers, training, technical assistance (TA), and care coordination support services. In addition, planning should include identification of the pediatric mental health care access team (described below) and development of processes, protocols, and procedures needed to execute hiring contracts and implement operations.

Applications should detail planning year and two implementation years. To increase capacity to provide behavioral health supports to children, award recipients should use this planning period to bring together key partners, including schools, emergency departments, local and state government, health and social service agencies, Tribal organizations, insurance, family and self-advocacy organizations, PCPs, behavioral health, medical and professional organizations, and academic institutions. Once implemented, these programs will expand access to, coordinate, and improve the quality of behavioral health services that PCPs can provide to children and adolescents.

All successful recipients will focus on addressing disparities in access to care, especially in rural and other underserved areas. Successful applicants will establish methods to achieve health equity goals and objectives in pediatric behavioral health.

This program will serve as a resource for pediatric primary care providers serving children and adolescents, including, but not limited to, pediatricians, family physicians, nurse practitioners, and physician assistants. The programs are encouraged to broaden the reach to additional providers such as physician specialists (e.g., developmental-behavioral pediatricians, obstetrician-gynecologists, endocrinologists, and gastroenterologists), pharmacists, occupational therapists, behavioral health clinicians, care coordinators, mental health counselors such as addiction specialists, and social workers.

Programs are strongly encouraged to reach school-based and emergency department providers.

Program Goals

The program's long-term goal is to: increase routine diagnosis, treatment, and referral of child and adolescent behavioral health conditions in primary care including by reducing disparities in access to behavioral health care, especially in rural and other underserved areas.

The program objectives to be accomplished during the period of performance to support program goals are:

- Increase the number of providers using the program for real-time behavioral consultations and/or care coordination support services (including referrals).
- Increase the number of providers trained on child and adolescent behavioral disorders, including screening, diagnosis, and treatment.
- Increase the number of provider trainings that incorporate equity and respectful or culturally and linguistically responsive care.
- Increase the number of children and adolescents for whom a provider contacted the program for consultation and/or care coordination support services, especially those living in rural and other underserved areas.

For more details, see Program Requirements and Expectations.

2. Background

Authority

The Pediatric Mental Health Care Access Program is authorized by 42 U.S.C. § 254c–19 (§ 330M of the Public Health Service Act), as amended by Section 11005 of the Bipartisan Safer Communities Act (P.L. 117-159).

In the United States, over 1 in 5 children ages 3 to 17 have one or more mental, emotional, or behavioral problems.[1] Studies have found higher rates of anxiety, depression, and post-traumatic symptoms among children facing lower socioeconomic conditions, and of particular concern, suicide rates higher in American Indian/Alaska Native, and young Black children.[2,3] Additionally, only about half of children with mental or behavioral conditions receive mental health treatment or counseling.[1] Geographic, racial, and ethnic disparities exist in access to behavioral health care. Black/African American children residing in urban areas and Hispanic/Latino children residing in both rural and urban areas are less likely to be connected to mental health care than White children.[4] The COVID-19 pandemic exacerbated existing behavioral health challenges experienced by children and adolescents.[5] Despite significant need, there is not an adequate workforce to identify and treat children's behavioral health disorders. The U.S. currently has 9.75 child psychiatrists per 100,000 children ages 0-19, which is considerably lower than the recommended 47 child psychiatrists per 100,000 children.[6] Often, pediatricians and other pediatric primary care providers (e.g., family physicians, nurse practitioners/advanced practice nurses, and physician assistants), are the first ones to respond in behavioral health disorder identification and service provision because specialty behavioral health care can be difficult to obtain in a timely fashion. Under-identification of children and adolescents with behavioral health conditions occurs because primary care physicians report a lack of training and confidence in treatment of disorders.[7,8]

---

[1] Child and Adolescent Health Measurement Initiative. 2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [**10/18/22**] from [www.childhealthdata.org].

[2] Marques de Miranda, D., da Silva Athanasio, B., Sena Oliveira, A. C., & Simoes-E-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents? International journal of disaster risk reduction: IJDRR, 51, 101845. https://doi.org/10.1016/j.ijdrr.2020.101845

[3] Hoffmann J.A., Alegria, M, Alvarez, K., Anosike, A., Shah, P.P, Simon, K.M., Lee L.K. (2022). Disparities in Pediatric Mental and Behavioral Health Conditions, Pediatrics, 150(4): e2022058227 https://doi.org/10.1542/peds.2022-058227,

[4] Stacy Hodgkinson, Leandra Godoy, Lee Savio Beers, Amy Lewin; Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. *Pediatrics* January 2017; 139 (1): e20151175. 10.1542/peds.2015-1175

[5] Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged < 18 Years During the COVID-19 Pandemic – United States, January 1-October 17, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1675–1680. DOI: http://dx.doi.org/10.15585/mmwr.mm6945a3external icon

[6] Axelson D. Meeting the Demand for Pediatric Mental Health Care. Pediatrics. 2019;44 (6) e20192646; DOI: https://doi.org/10.1542/peds.2019-2646

[7] Horwitz SM, Storfer-Isser A, Kerker BD, et al. Barriers to the Identification and Management of Psychosocial Problems: Changes From 2004 to 2013. *Acad Pediatr.* 2015;15(6):613-620. doi:10.1016/j.acap.2015.08.006 .

[8] McMillan JA, Land Jr. M, Tucker AE, Leslie LK. Preparing future pediatricians to meet the behavioral and mental health needs of children. Pediatrics 2020: 145(1). https://publications.aap.org/pediatrics/article/145/1/e20183796/76876/Preparing-Future-Pediatricians-to-Meet-the

Research indicates that telehealth can address workforce shortages in rural and other underserved areas.[9] The use of web-based technology, including distance-learning modalities, can ensure that pediatric primary care providers and other providers who cannot participate in on-site learning sessions will receive ongoing education, training, and peer-to-peer exchange.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all for Maternal and Child Health (MCH) MCH populations*
Goal 2: *Achieve health equity for MCH populations*
Goal 3: *Strengthen public health capacity and workforce for MCH*
Goal 4: *Maximize impact through leadership, partnership, and stewardship*

This program most closely addresses MCHB's goals to assure access to high quality and equitable health services to optimize health and well-being for all MCH populations and achieve health equity[10] for MCH populations. To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHB.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought:

- Competing Continuation for Existing Recipients
- New Awards with previous HRSA PMHCA implementation experience
- New Awards with no prior HRSA PMHCA experience.

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

---

[9] The National Academies of Sciences, Engineering, Medicine. The Role of Telehealth in an Evolving Health Care Environment – Workshop Summary (2012). Retrieved 11/2021. http://www.nationalacademies.org/hmd/Reports/2012/The-Role-of-Telehealth-in-an-Evolving-Health-Care-Environment.aspx .
[10] See Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, 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, including by connecting recipients to technical assistance resources;
- In conjunction with PMHCA TA Innovation Center and national program evaluation contractor, participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects;
- Conducting ongoing review of the planning, establishment, and implementation of activities, procedures, measures, and tools for accomplishing the goals and objectives of the cooperative agreement;
- Providing assistance establishing effective collaborative relationships and technical assistance opportunities with federal and state contacts, HRSA-funded programs, PMHCA Innovation Center (Technical Assistance) contractor, national program evaluation contractor, PMHCA Impact Study contractor, national technical assistance organizations, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of the cooperative agreement;
- Reviewing and providing advisory input on written documents, including information and materials, training materials, screening/assessment/treatment protocols and activities conducted under the auspices of the cooperative agreement;
- Participating with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project; and participating in the planning of all-recipient annual meeting and quarterly webinars;
- Conducting a site visit with each recipient during the performance period;
- Disseminating information on the program through conference presentations and journal articles; and
- Facilitating recipient consultation with HRSA evaluation contractor, PMHCA Innovation Center (Technical Assistance) contractor, and the PMHCA Impact Study contractor.
- Collaborating with the HRSA Office for the Advancement of Telehealth (OAT) programs and HRSA Telehealth Resource Centers (https:/www.telehealthresourcecenter.org/), to provide recipients with up to 10 hours of virtual, high level technical resources to engage in information exchange, share best practices and lessons learned, and receive technical assistance on technology-related challenges. These challenges may relate to both service provision on behavioral disorders and training and education for pediatric primary care providers.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Meeting with the federal project officer at the time of the award to ensure the project goals align with HRSA priorities for this activity;
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins with the federal project officer;
- Providing ongoing, timely communication and collaboration with the HRSA Grants Management Specialist;
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts, and interagency agreements;
- Collaborating with HRSA and HRSA evaluation contractor on HRSA's Pediatric Mental Health Care Access Program evaluation, capacity-building, and support activities.;
- Collaborating with HRSA and the PMHCA Innovation Center contractor to enhance program capacity to effectively implement models that promote behavioral health integration into pediatric primary care using telehealth. Award recipients will participate in a national network of PMHCA programs and engage with the PMHCA Innovation Center contractor which will provide technical assistance, resources, peer-to-peer learning and support; identify effective and innovative models of training and care; and implement program and policy options to strengthen and sustain PMHCA programs;
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed, and submitted on time; and
- Providing technical support for the initiation and sustainment of telehealth activities in PMHCA programs to advance consultation, training, TA, and care coordination support to enrolled and participating providers.
- Ability to remain flexible and collaborate with HRSA to adjust responsibilities as necessary
- Developing statewide and/or regional partnerships which should include establishing partnerships with entities receiving funding for other HRSA programs, such as Health Centers, MCHB-funded training programs, and the National Health Service Corps. For more information on HRSA-funded grant programs, please visit the HRSA Data Warehouse.
- Establishing contacts that may be relevant to the project's goals and objectives, including national and state partners (see Appendix for list of potential partners) and other HRSA programs. These partnerships can provide linkages to services and resources for your project's population served, support actions that address SSDOH,

support the integration and coordination of health services, and drive initiatives aimed at reducing health disparities in communities.

- Collaborating with other federally funded programs that support mental and behavioral health, including the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program (MDRBD). The MDRBD Program helps address maternal mental health conditions that often affect women during and after pregnancy.

2. Summary of Funding

The Bipartisan Safer Community Act provided multiyear appropriations for the PMHCA through FY 2025. From both annual appropriations and Bipartisan Safer Communities Act funding, HRSA estimates approximately $22,200,000 (per year for 3-years) to fund up to 36 recipients to support and expand existing PMHCA programs and up to 15 new recipients to develop a PMHCA program.

- Current FY 2018 and 2018 competing continuation applicants may apply for a ceiling amount of up to $700,000 (reflecting direct and indirect, costs) per year.
- New award applicants with previous HRSA PMHCA implementation experience may apply for a ceiling amount of up to $700,000 (reflecting direct and indirect costs) per year.
- New award applicants with no prior HRSA PMHCA experience; may apply for a ceiling amount of up to $500,000 per year.

The period of performance is September 30, 2023 through September 29, 2026 (3 years). Apart from the funds appropriated through FY 2025 from the Bipartisan Safer Communities Act, funding beyond the first year is subject to the availability of appropriated funds for the Pediatric Mental Health Care Access Program in subsequent fiscal years, satisfactory progress, 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

Competing Continuation Programs: Entities that are currently funded under HRSA-18-122 and HRSA-19-096, are eligible to apply as competing continuation awards.[11]

New Applicants with previous HRSA PMHCA experience: Eligible applicants include States; political subdivisions of states, territories, Indian Tribes and Tribal organizations not currently funded under HRSA-21-122 and HRSA-22-121 and have previous HRSA PMHCA implementation experience under HRSA-18-122 and HRSA-19-096.

New Applicants with no prior HRSA PMHCA experience: Eligible applicants include States; political subdivisions of states, territories, Indian Tribes and Tribal organizations not currently funded under HRSA-21-122 and HRSA-22-121.

- Note that Indian Tribes and Tribal organizations in states with existing awards are eligible to apply for **new** awards. Consortia of Tribes or Tribal organizations are encouraged to apply, where one Tribe or Tribal organization is applying on behalf of a larger consortium of Tribes or Tribal organizations.

2. Cost Sharing/Matching

Cost sharing/matching is required for this program.

The Secretary may not award a cooperative agreement under the statutory authority for the program unless the applicant organization involved agrees, with respect to the costs to be incurred by the organization in carrying out the program purpose, to make available non-federal contributions (in cash and/or in-kind) in each year toward such costs in an amount that is not less than 20 percent of federal funds provided in the award For example, the match would be $100,000 for the annual award in the amount of $500,000 and $140,000 for an annual award in the amount of $700,000.

Possible sources to meet the 20% non-federal cost sharing/matching requirement are as follows:[12]

- Sponsoring organization (State, clinic, hospital, university, etc.) supports the project financially
- Local or national foundation
- Local business/corporate funding

---

[11] The Web site URL to currently funded PMHCA projects: https://mchb.hrsa.gov/training/projects.asp?program=34.
[12] See CFR : 45 CFR 75.306 -- Cost sharing or matching.

- Community fundraising
- In-kind funds (i.e., space, rent, equipment, staff time, health provider time, volunteer time, etc.)
- For-profit ventures
- Program income
- Private insurance payments

Programs cannot use other federal funds, including Medicaid and CHIP payments, as matching funds.[13] The match requirement allows recipients to leverage federal funds as they develop programs, deliver services, and conduct evaluations to test program success. These non-federal resources are important because they increase the capacity of projects during the period of performance.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4
- Multiple applications from an organization with the same Unique Entity Identifier (UEI) are not allowable.
- States, political subdivisions of states, and or Tribes currently funded under HRSA-21-122 and HRSA-22-121 are not eligible to apply for new awards.

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of

[13] Per legislation, "The Secretary may not award a grant under this section unless the State, political subdivision of a State, Indian tribe, or tribal organization involved agrees, with respect to the costs to be incurred by the State, political subdivision of a State, Indian tribe, or tribal organization in carrying out the purpose described in this section, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount that is not less than 20 percent of Federal funds provided in the grant. Cost matching rules typically state that reimbursement for services provided to an individual under a State plan under Title XIX will not be deemed ''non-Federal matching funds'' for the purposes of this provision."

funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-081 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **55 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.v. Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-081 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-081 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, 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. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 9-15: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319I of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

Recipients are expected to:

- Establish, or expand, state or regional network of pediatric mental health care teams that provide behavioral consultation, care coordination support and provider training and technical assistance via tele-consultation mechanisms to expand pediatric primary care and behavioral clinicians' capacity to screen, treat, and refer children and adolescents with behavioral disorders. A team must consist of at least one of each of the following: a care coordinator; a child and adolescent psychiatrist; and a licensed clinical mental health professional, such as a psychologist, social worker, or mental health counselor. Other providers caring for children and adolescents with

behavioral disorders, such as developmental-behavioral pediatricians, pharmacists, addiction specialists, and occupational therapists, may be included on teams. Teams should be designed to provide tele-consult support to pediatricians and other primary care providers. Applicants are strongly encouraged to work with schools and emergency departments to make tele-consult mental health supports available.

  - **For new applicants with no prior HRSA PMHCA experience,** establish such a network of teams by the end of year 1. You should plan to implement the basic components of a successful PMHCA program by Year 2.
  - **For competing continuations and new applicants with previous HRSA PMHCA implementation experience,** support and improve such teams to continue implementation and expansion of the existing program and improve the quality and breadth of those activities that are already provided through the base and expansion awards. Competing continuation and new applicants with previous HRSA PMHCA implementation experience are **not eligible** for a planning period prior to implementation.

- **If the state Title V Maternal and Child Health (MCH) Services Block Grant program is not the lead applicant for your proposal**, you should discuss how you will develop, and/or maintain collaboration between the proposed project and the state Title V MCH Program. You can locate information on how to contact your state Title V MCH Program by visiting the MCHB Title V web site. In your application, attach a letter of support from the state Title V MCH Program (Other Relevant Documents, ***Attachments 9–15***). HRSA will facilitate technical assistance between state Title V MCH programs and successful recipients.
- Ensure that your organization has the staffing and infrastructure necessary to oversee program activities and serve as the fiscal agent for the award.
- Provide PMHCA services and resources in a culturally and linguistically appropriate and responsive manner. Ensure services and resources are trauma-informed and evidence-based approaches.
- Develop or enhance a statewide or regional telehealth referral database, which contains up-to-date information on community-based supports for children with mental health concerns. The database should include service provider directory demographic information, telehealth capabilities, and other information necessary to support the technical, legal, financial, and clinical aspects of telehealth delivery. Service delivery programs that address social and structural determinants of health (SSDOH) (e.g., housing, food insecurity, childcare, etc.) should also be included in the referral database. Programs are encouraged to include a broad array of provider types from historically underrepresented groups to be representative of the communities served. If the program is utilizing a database that is maintained by an

external organization, HRSA encourages PMHCA program staff to regularly communicate and plan with the external organization. Recipients are expected to be able to share data on referrals received through the PMHCA programs. Programs are encouraged to make this referral database publicly accessible.

- Convene a diverse array of advisory committee members comprised of key stakeholders and agencies needed to support the program, which may include mental health, public health, pediatric health, Tribal health and behavioral clinicians; and members representing education, human services, emergency departments and health insurers. The committee should meet at minimum two times per year.
- Establish formal statewide or regional enrollment process for providers to participate in consultation program. Recipients are also encouraged to recruit providers who are from historically underrepresented groups.
- Conduct ongoing outreach, enrollment and recruitment of providers serving children and adolescents across the state, region, and/or Tribe to encourage utilization of the new or existing consultation line as well as training opportunities.
- Collaborate with existing PMHCA programs in neighboring states or areas to avoid duplication of services.
- Establish mechanisms for measuring and monitoring increased access to pediatric behavioral health care services by pediatric primary care providers and expanded capacity of pediatric primary care providers to identify, treat, and refer children with behavioral health conditions.
- Provide information to MCHB in annual progress and performance reports on PMHCA performance measures, program performance, program activities, products, and lessons learned to facilitate knowledge dissemination.
- Collect demographic information on children and adolescents served by providers receiving consultation and/or care coordination support, as collected in Discretionary Grant Information System (DGIS) Performance Reporting Form 7.
- Within the first year, initiate a project sustainability plan and enhance it over the remainder of the 3-year period of performance. Following the end of the 3-year period of performance, sustain and disseminate key elements of your project that have been effective in improving practices and that have led to improved outcomes for the communities served.
- Aim to achieve statewide or regional coverage by the end of the period of performance
- Additional Program Expectations for competing continuation applicants and new applicants with previous HRSA PMHCA implementation experience

1) Expand program to reach additional pediatric providers, as well as emergency departments and/or schools that are addressing the increase in child and adolescent behavioral health concerns, by providing information, consultative support, training, and technical assistance. For purposes of this NOFO, the term "schools" include State educational agencies, local educational agencies, Tribal educational agencies, and elementary and secondary schools. Schools receiving information, consultative support, training, and technical assistance from a PMHCA program shall operate in a manner consistent with, and shall ensure consistency with, the requirements of subsections (a) and (c) of section 7101 of Title 20 with respect to the provision of information, consultative support, training, and technical assistance. Successful recipients who expand PMHCA resources in schools and emergency departments (ED) should increase the use of teleconsultation with school and ED providers, and conduct trainings on how pediatric behavioral concerns should be addressed in school-based and ED settings.

2) Build provider capacity through expansion of consultation services from baseline. This can be achieved through expanding consultation hours, and breadth of provider disciplines available for consultation.

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*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact

Narrative Section	Review Criteria
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Applicant Organization Resources/Capabilities
Organizational Information	(5) Applicant Organization Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

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

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

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

- *NEEDS ASSESSMENT– -- Corresponds to Section V's Review Criterion #1 Need*
  Describe the need to establish or expand a statewide or regional program. Please review Program Requirements and Expectations section.

1. Describe (using and citing verifiable demographic and geographic data and trends over time whenever possible) the:
   a. geographic area(s) to be served and the behavioral health care service environment in those areas based on needs assessment);

b. communities to be served, including:
    i. the types of pediatric primary care clinicians (e.g., pediatricians, other pediatric primary care providers such as family physicians, nurse practitioners/advanced practice nurses, and physician assistants) and other providers (e.g., psychiatrists, behavioral health professionals, developmental behavioral pediatricians, and care coordinators) and emergency departments and schools that you will target for program outreach and engagement, based on identified needs for behavioral health care supports and resource.
    ii. population(s) of children and adolescents with behavioral health concerns and their families the size of the population(s) that will be served).
    iii. service area(s) and population(s) being served.
c. an assessment of need to achieve health equity including, but not limited to, racial and ethnic and geographic disparities in access to care especially in rural and other underserved areas; how proposed activity will meet the unmet needs and health disparities and other inequities in population(s) being served.

2. Include socio-cultural determinants of health and health disparities, and other inequities that impact the population(s) or communities served.
3. Discuss any relevant barriers in the service area that the project hopes to overcome and possible solutions.
    a. Describe structural challenges that affect behavioral health care in the service area (e.g., poverty, uninsured or underinsured, social determinants of health, lack of administrative resources for grant writing and funding).
4. Assess the current state of tele-consult capabilities (technology, training, legal, clinical, etc.) and the gaps that need to be filled to start and continue telehealth activities.

You are encouraged to review the most recent State Title V MCH Block Grant Program Needs Assessment findings and Action Plan for your state to document need for proposed projects statewide or in the regions of a state that they intend to serve.

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

  The Methodology section is limited to 20 pages in length. Applications that exceed this 20-page limit in the Methodology section will be deemed non-responsive and will not be considered for funding under this notice.

  Provide details of how you propose to provide consultation, training, TA, and care coordination support to pediatric primary care providers and other providers (EDs and schools) to identify, diagnose, treat, and refer children and adolescents with behavioral health conditions, based on the needs identified in your geographic service area. This section also helps reviewers understand *how* you plan to accomplish the goals and expectations of the cooperative agreement.

1. Describe your proposed methods for how you intend to achieve the purpose of the PMHCA program, Section I. 1. Purpose and program requirements and expectations under Section IV.

    a. For new applicants with no prior HRSA PMHCA experience:
        i. Describe your proposed methods for the optional program planning period in Year 1, including proposed goals, objectives, and expected outcomes, and the proposed implementation of your program in Years 2 and 3.
        ii. Include plans to build partnerships, initiate the contract bid process, and execute contracts with partners and subcontractors. If you have plans for partnership but cannot include documentation of these agreements in your application, please indicate how you will work to establish those agreements during the planning year and provide formal documents to HRSA at a later date.
        iii. Describe the proposed faculty composition of the provider training program. If already identified, describe their qualifications and roles in the program, and the racial/ethnic demographic information of faculty (should be representative of the racial, ethnic, and cultural diversity of the patient populations served).

    b. For competing continuation programs and new applicants with previous HRSA PMHCA implementation experience:
        i. Describe how you will expand the existing statewide or regional PMHCA program. Describe efforts to expand services to improve the capacity of ED providers and/or school-based health providers in your program's geographic service area to provide pediatric behavioral health services and referrals, and efforts to expand consultation services, such as expanding consultation hours, or breadth of providers on the pediatric mental health team.
        ii. Describe the proposed faculty composition of the provider training program including their qualifications and roles in the program (should be representative of the diversity of the patient populations served).

    c. For ALL applicants:
        i. Describe the program model and how it will be developed and implemented through the proposed project to either establish or improve a statewide or regional, jurisdiction, or Tribal PMHCA program. Consider the use of both telephone, web-based and telehealth consultation in your proposed model. Describe how you will either establish or use an existing line for consultation. If applicant has existing consultation services, please discuss how you currently provide these services and any modifications you may introduce, if funded. For new applicants, describe how you will use the planning year to identify consultation model and workflow.

ii. Describe proposed education and training sessions, their evidence base and how you will ensure that they are culturally and linguistically appropriate for communities served. Trainings should include content for times of crisis or a public health emergency, where there is an increase in behavioral health conditions and an increased need to address family and provider wellness. Examples of training models include Project Extension for Community Health Care Outcomes, and Resource for Advancing Children's Health. Training also can occur through learning collaboratives, be in-person, and occur synchronously or asynchronously. Describe plans to include training in trauma-informed care for children, adolescents, and families. Describe plans to select topics and presentation model. Discuss tracking of provider attendance in training sessions and how pre- and post-testing will be incorporated into the training program to assess knowledge change over time.
iii. Direct behavioral/mental health care may be provided to children and adolescents on a temporary basis until a local clinician is available to provide behavioral health services If applicable, discuss how provision of direct services is or will be incorporated in your program.
iv. Describe plans to engage providers and practices and promote the program to increase provider participation over time, including plans to engage diverse and rural providers, and providers who serve children covered by Medicaid and CHIP.
v. Describe how you will develop a new or enhance an existing online database and communication mechanism that will provide in-person and virtual resource and referral options to facilitate consultation support to pediatric primary care providers. Describe how you will work to make this database up-to-date, searchable and whether the database will be publicly available.
vi. Describe strategies you will utilize for ongoing staff training, partner and provider outreach, partner collaborations, clear communication between PMHCA team members, and information sharing and dissemination to community partners and the general public.
vii. Describe how you will engage child-patient advocates or youth self-advocates and families of children and adolescents with behavioral disorders to ensure services meet their needs.
viii. Describe a plan to convene an advisory committee comprised of key community partners and agencies needed to support a statewide or regional pediatric mental health care access program, which may include mental health, public health, pediatric health, Tribal health and behavioral clinicians, human services, health insurers, education, diversity, equity, and inclusion subject matter experts, individuals with lived experience, Tribal leaders, elders, or Tribal council members, child-patient advocates or youth self-advocates and families or children and adolescents with behavioral

health conditions. The committee should meet at minimum two times per year. Ensure that individuals on your advisory committee are representative of the geographic area your program will serve.

1. For competing continuation applicants, describe the current makeup of your advisory committee and any planned changes for this next period of performance to strengthen the effectiveness and reach of the committee and highlight efforts around diversity, equity, and inclusion.
2. For applicants who plan to use an existing advisory committee on children's behavioral health that is not an advisory committee specific to the PMHCA program, please describe the participants, the purpose of the committee, the content of the meetings, the frequency and length of meetings, and how often the PMHCA program will be on the agenda.

ix. Discuss how you will achieve health equity goals and objectives in pediatric behavioral health in the geographic areas you will serve, including rural and other underserved areas, as a result of your planning activities. When possible, provide and support your expected outcomes with quantifiable data.

x. If applicable, describe the plan to improve the capacity of emergency department providers and/or school-based health providers in your program's geographic service area to provide pediatric behavioral health services and referrals.

xi. Describe plans to participate in HRSA's technical assistance activities, including sharing best practices, and lessons learned, and engaging with the PMHCA TA Innovation Center.

xii. Describe your plan for project sustainability after the period of federal funding ends. You are expected to sustain key elements of the project, e.g., strategies or services that have been effective in improving practices and those that have led to improved outcomes for the communities served, such as quality improvement practices, and resources created.

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

1. Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
2. Develop a timeline that links each activity to the program expectations, identifies responsible staff, and indicates progress milestones across the full 3-year period of performance.
3. Provide assurance that you will participate in an annual all-recipient meeting and in quarterly all-awardee webinars
4. Demonstrate in the work plan that you will be able to implement the program within the 3-year period of performance.

5. Describe how you will work towards achieving statewide or regional coverage by the end of the period of performance.
6. As appropriate, identify meaningful support, collaboration, and coordination with key stakeholders in planning, designing, and implementation of all activities, including development of the application. Describe the level of readiness of your organization and your expected partners' organizations, to work together to achieve project goals and expectations. Letters of agreement, memoranda of understanding, and/or description(s) of proposed/existing contracts (project-specific) are required in ***Attachment 4***. The work plan must be submitted in table format as ***Attachment 1*** and include all the information detailed in this narrative in outline form.

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

1. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
2. Discuss how you will address the lack of behavioral clinicians for referral services in the target population. Describe your strategies, including the use of telehealth services to provide direct behavioral/mental services to children and adolescents on a temporary basis if applicable, until local clinicians are available to provide behavioral health services.
3. Address how you intend to resolve any challenges related to the level of readiness of your organization and of your expected partner organizations, to work together to achieve project goals and expectations.
4. Discuss any challenges that you may encounter regarding initiation, sustainability, and liability for telehealth services and approaches that you will use to resolve such challenges.
5. Discuss any challenges and potential solutions for data acquisition, including data ownership and data use agreements.

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

Provide a preliminary performance measurement and evaluation plan in one attachment under ***Attachment 6*** that demonstrates how the recipient will fulfill the expectations and requirements for performance measurement and evaluation described in the Program Requirements and Expectations section. This plan should include the following:

- Monitoring: how you will track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation. Provide an initial list of measures (indicators, metrics) you will use to monitor progress.

- Performance Measurement: your plan for measuring and tracking program performance on the objectives outlined in the Purpose Section. The plan should include required and/or proposed measures outlined in the Program Requirements and Expectations and Reporting Section, and plans for the timely collection and reporting of all measures.

- Program Evaluation: your program evaluation plans and methods for completing the activities outlined in the Program Requirements and Expectations Section. Plans should include a description of process and outcome data to be collected and how those data relate to program objectives and performance measurement (HRSA-required reporting measures discussed later in this NOFO), data management and data submission plans, and expected deliverables.

- Continuous Quality Improvement: your plans for using and incorporating information from performance measurement and evaluation to inform and improve processes and outcomes. Your capacity to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, and evaluation. Include a description of the available resources (e.g., organizational profile, collaborative partners, staff skills and expertise, budget), systems, and key processes you will use for monitoring, performance measurement, and evaluation (e.g., data sources and data collection methods used to identify outputs and outcomes, frequency of collection, data management software).

1. Describe how you will measure the effectiveness of the project, with respect to both dissemination of project results, and engagement with the population(s) served. Describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target population(s), the general public, and other stakeholders who might be interested in using the results of the project. Evaluation plans often evolve as a project progresses through a 3-year period of performance. HRSA will ask award recipients to provide updates to their evaluation plans and report findings of the evaluation in their annual progress reports. HRSA also may share your evaluation plans with PMHCA contractors for review and possible technical assistance.
2. Descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources). Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
3. Data sources (e.g., measurements, performance measures, administrative data, etc.) and a strategy for collecting, analyzing, and tracking data to measure project performance, outcomes, and impact. You should demonstrate an ability to collect patient demographic data during tele-consultation. Recipients will be

responsible for reporting on the DGIS and performance measures included at the end of this NOFO section. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

4. Description of the activities, outputs, and projected short-, medium-, and long-term outcomes and anticipated value of the project.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Applicant Organization Resources/Capabilities

All Applicant organizations

1. Describe your organization's current mission, structure, history, past experiences, and scope of current activities, provide your organizational chart (***Attachment 5***), and describe how these contribute to the ability of the organization to meet project expectations. Please describe how the administration and the fiscal management and oversight of the proposed project will be integrated into the current structure.
2. Describe processes for recruitment and staffing of key personnel on the project that will ensure availability of key personnel for project startup, implementation and oversight.
3. Discuss expertise of staff who will be assigned to this project, as it relates to the scope of this project, e.g., telephone and telehealth consultation, care coordination support, and provider training program. Discuss staff experience in pediatric health and behavioral health, and the systems and resources, including in trauma-informed approaches, serving children, adolescents and their families. At a minimum, as described under the Program Expectations in the Purpose section (Section I. 1.) of this NOFO, pediatric mental health team members **must** represent the disciplines outlined in this NOFO and should be representative of the target population(s) served. For new applicants, refer to plans to recruit required pediatric mental health team members in the planning period if such staff have not yet been identified. For all applicants, if you would like to propose innovative additions to the staff on the team (e.g., child-patient advocates, youth self-advocates, faith-based leaders, professional organization leaders), discuss how these additional team members will improve the services provided by the project.
4. Describe the staffing plan (including contractor's staff) which identifies positions that will provide personnel for essential programmatic, fiscal and evaluation activities. For new applicants, please indicate which staff positions will be recruited during the planning period. The Project Director and/or Program Manager should have adequate qualifications, appropriate experience and reasonable allocated time percent /FTE) to fulfill their proposed responsibilities. Your Project Director and/or Program Manager perform duties such as attend calls with the HRSA Project Officer, meet regularly with project subcontractor,

and facilitate collaboration with State Title V and other MCH-related agencies. The Project Director provides overall oversight, and the Program Manager manages the day-to-day operations of the project. Other Key Personnel include a Fiscal Manager to provide routine fiscal/budget tracking and oversight and ensure compliance with all federal fiscal requirements; and a Data Manager to handle all data collection, reporting, and evaluation requirements of the project. A staffing plan and position descriptions of Key Personnel for the project should be placed in ***Attachment 2***. Biographical sketches and curriculum vitae of Key Personnel for the project should be placed in ***Attachment 3***.

5. Describe organizational experience with the development and support of systems of health and behavioral health care for children and adolescents, including relevant statewide or regional programs.
6. Provide information on the organization's resources and capabilities to support provision of and training on culturally and linguistically appropriate and health literate services appropriate for the population to be served.
7. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Discuss systems, policies, and procedures in place for managing funds, equipment, and personnel to receive cooperative agreement support. All recipients must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

Project partners or partner organizations

1. If the state Title V MCH program is not the lead applicant for your proposal, describe how you will develop, and/or maintain robust collaborative relationships between the proposed project and the state Title V MCH Program. Collaboration with the state Title V MCH Program can include technical assistance with the application and, subsequently, with program implementation. You can locate information on how to contact your state Title V MCH Program here.
2. If the state Title V MCH program is not the lead applicant, a letter of support from the state Title V MCH Program **should** be included in one attachment under ***Other Relevant Documents*** (***Attachments10–15***).
3. Describe the administrative and organizational structure within which the project will function, including relationships with other relevant departments, institutions, organizations, agencies, or subrecipients. Overall, organizational capacity may be demonstrated through partnerships with these other entities.
4. For competing continuations and new applicants with previous HRSA PMHCA implementation experience, describe relationships with any organizations or subrecipients with which you intend to collaborate or receive assistance from, while conducting project activities. You should ensure that when there is a change in a subrecipient helping to implement your project, the new subrecipient is expected to work with the previous subrecipient to facilitate the transition of activities. If you have plans for partnership but cannot include documentation of these agreements in your application, please indicate how you will work to

establish those agreements during the planning year and provide formal documents to HRSA at a later date.

5. For applicants who are non-state entities, describe the relationship the applicant has with the state and how they collaborate and coordinate activities.
6. Describe your planned oversight of, and frequency of communication with any partners or subrecipients. All subrecipients must report to your organization (the award recipient) and are held to the same cooperative agreement requirements.
7. For new applicants, discuss which elements above are currently in place for organization and partnerships. Describe how the planning year will be utilized to develop organizational expertise and partnerships on the required components. Demonstrate in the application that your organization will be able to fully implement the program with a 1 year planning period, and what will be possible in the two additional project years.

iii. *Budget*

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

Subawards/subcontracts:

A detailed line-item budget form is required for each subaward and should be uploaded to the Subaward Budget Attachment(s) Form. NOTE: These additional line-item budget forms for subawards will not count against the page limit. However, any additional budget justifications ARE included in the page limit.

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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…" Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

In addition, PMHCA requires the following:

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

The budget narrative must describe all line-item federal funds (including subawards) proposed for this project. The budget justification narrative should:

- Clearly justify how you will use the funds requested to plan, implement, and develop a program to achieve proposed goals, objectives, activities and outcomes. The funding request should align with your line-item budget which supports the needs and activities you identified in the project narrative portion of your application.
- Clearly justify costs as they relate to scope of work and the technology that will be required to implement the project.
- Clearly demonstrate that staff have adequate time devoted to the project to achieve program objectives.
- Clearly indicate how funds will be distributed across partner organizations (subawards), if proposed. If funds for subawards change after a period of performance starts because contracts were not in place at time of application, you will have the opportunity to make adjustments post award.
- Clearly budget travel funds and include justification for travel to the Pediatric Mental Health Care Access Program all-recipient meeting, which will be held every other year in the Washington, DC area. At least one key program representative from your program must attend. Travel for up to 2 staff from each program can be funded by an award. An in-person meeting will be held in Year 2 of the 3-year period of performance, and virtually in Years 1 and 3.
- Clearly describe how the 20 percent cost sharing/matching requirement will be met in each year of the 3-year period of performance.

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.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. 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. of HRSA's SF-424 Application Guide)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Key personnel must have the requisite education and experience for their role and responsibilities. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. **NOTE: Key personnel for this project are discussed under the Organizational Information, All Applicant Organization section of this NOFO.**

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 not yet hired, 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 deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: *Preliminary Project Evaluation Plan*

See Section IV. ii. Evaluation and Technical Support Capacity for more information about this plan.

Attachment 7: Tables, Charts, etc. (Optional)

This attachment should give more details about the proposal that are not already included elsewhere (e.g., Gantt or PERT charts, flow charts).

Attachment 8: Proof of Indirect Cost Rate Agreement (Does not count against the page limit)

Attachment 9: Progress Report (FOR COMPETING CONTINUATIONS AND NEW APPLICANTS WITH PREVIOUS HRSA PMHCA IMPLEMENTATION EXPERIENCE ONLY)

A well-documented progress report is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific

accomplishments. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the applications.

The progress report should include: (1) The period covered (For HRSA-18-122, September 30, 2018-September 29, 2023, and for HRSA-19-096, September 30, 2019-September 29, 2023).

2) A brief presentation of the accomplishments, in relation to the goals and objectives of the program during the period covered.

See Section V.2 Review and Selection Process for a full explanation of funding priorities.

Attachments 10–15: Other Relevant Documents

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

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 has been approved.

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

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more 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 application due date under this NOFO is ***June 22, 2023, at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional, Section 8.2.5information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $500,000 per year in Years 1-3 for new applicants; and at no more than $700,000 in Years 1-3 for competing continuation applicants and new applicants with previous HRSA PMHCA implementation experience per year (inclusive of direct **and** indirect costs). See Section II.2. 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, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, 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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

7. Other Submission Requirements

Letter of Intent to Apply

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

Send the letter via email by May 1, 2023 to:

HRSA Digital Services Operation (DSO)
Use the HRSA opportunity number as email subject (HRSA-23-081)
HRSADSO@hrsa.gov

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

V. Application Review Information

Criterion	Points
1: Need	10
2: Response	30
3: Evaluative Measures	15
4: Impact	10
5: Applicant Organization Resources/Capabilities	25
6: Support Requested	10
Total	**100**

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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank PMHCA applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application demonstrates the problem and associated contributing factors to the problem, including:

1. The extent to which the application demonstrates an expert understanding of the issues and needs (statewide or regional, jurisdiction, or Tribal, rural, or other underserved areas).
2. The adequacy of the description and justification of the geographic reach, provider populations and population(s) of children and adolescents to be served.
3. The strength of the description of socio-cultural and structural determinants of health and health disparities, and other inequities that impact the population(s) or communities served including unmet needs especially in rural or other under-resourced and underserved areas.
4. The adequacy of the discussion of relevant barriers in the service area that the project hopes to overcome and possible solutions.

5. The strength of the description of the current state of telehealth capabilities in networks (technology, training, legal, clinical, etc.) and the gaps that need to be filled for the initiation and sustainment of telehealth activities.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application can address the problem and attain the project objectives.

Methodology (15 points)
1. The strength of the response to the Purpose outlined under section I. 1 of the NOFO.
2. The strength and reasonableness of the program's proposed model and plan to implement the program within the 3-year period of performance.
3. The strength and feasibility of the plan to develop a new or enhance an existing online database and communication mechanism that will provide in-person and virtual resource and referral options
4. The strength of the evidence-based therapeutic practices and web-based education and training sessions provided to pediatric primary care providers to increase timely detection, assessment, treatment and referral of children and adolescents with behavioral disorders, and the strength of the plan to make sessions culturally and linguistically appropriate.
5. The strength of the proposed methods to achieve project health equity goals and objectives in pediatric behavioral health.
6. The adequacy of plans to participate in HRSA's technical assistance activities, including sharing best practices, and lessons learned, and engaging with PMHCA TA Innovation Center.
7. The effectiveness of the plan to ensure that federal funds secured through this funding opportunity will complement existing non-federal resources to build a new program or expand and enhance existing programs that do not currently have HRSA funding
8. The strength of the plan to support an advisory committee consisting of key community partners needed to support a pediatric mental health care access program
9. The strength of the proposed application to achieve a statewide or regional reach over the course of the period of performance.
10. If applicable, the strength and effectiveness of the plan to improve the capacity of emergency department providers and school-based health providers in the program's geographic service area to provide pediatric behavioral health services and referrals.

Work Plan (10 points)
1. The strength and feasibility of the proposed activities and steps to achieve project goals, expectations, and requirements. The applicant **must** include a work plan in ***Attachment 1***.

2. The feasibility of the proposed project based upon the level of readiness of the applicant and expected partners to work together to achieve project goals, expectations, and requirements.

Resolution of Challenges (5 points)
The effectiveness of the application in anticipating project challenges and describing realistic approaches to resolve challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

1. The strength of the proposed methods, systems, and processes to monitor and evaluate project goals and objectives, performance, outcomes, impact, and sustainability efforts.
2. The capability to collect and report annually on the performance measures from Evaluation and Technical Support Capacity section.
3. The strength of a plan to participate in HRSA's Pediatric Mental Health Care Access Program evaluation activities, including participating in activities of the HRSA national evaluation contractor.
4. The strength of the program performance evaluation in ensuring continuous quality improvement.
5. The strength of the applicant's description of the:
    a. potential obstacles to implementing the program performance evaluation, and plans to address those obstacles;
    b. how the evaluation findings will inform program management and improvement activities.

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

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the service area in addressing health disparities and advancing equity in historically under-resourced and underserved communities, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

1. The feasibility and effectiveness of plans for dissemination of project results, and engagement with the population(s) served.
2. The reasonableness of the project's anticipated value-add to the improvement of behavioral health care models using behavioral telephone and telehealth consultations and care coordination support.

3. The reasonableness of the plan proposed for project sustainability after the period of federal funding ends.

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

Applicant Organization Resources/Capabilities (15 points)
In terms of the strength, reasonableness, and effectiveness the extent to which:

1. The applicant organization, proposed partners, and project staff are qualified by training, expertise, and/or experience to implement and carry out the project within the 3-year period of performance, and applicant organization demonstrates that it will perform a substantive role in carrying out programmatic, administrative and fiduciary responsibilities.
2. The applicant organization demonstrates experience in the development and support of systems of health and behavioral health care for children and adolescents in the proposed geographic service areas for the program. If there are existing PMHCA programs (e.g., child and adolescent behavioral health programs that conduct teleconsultation, referral, or health care provider trainings), in neighboring states, jurisdictions, or Tribal areas, the applicant organization demonstrates that it will collaborate with these programs to avoid duplication of services.
3. The applicant demonstrates that it will develop, and/or maintain collaborative relationships between the proposed project and the Title V MCH Program, if the Title V MCH program is not the lead applicant for the proposal. If not the lead applicant, the applicant **should** provide a letter of support from the state Title V MCH Program as an attachment under Other Relevant Documents (***Attachments10–15***).
4. The applicant describes their organization's mission, structure, and scope of current activities; and whether these components contribute to the organization's ability to plan and conduct the project requirements and meet the project goals and objectives. Include a project organizational chart in ***Attachment 5***.
5. Identified project personnel, including proposed partners (as listed under Section I. 1, Program Expectations), have sufficient training, qualifications, expertise, and experience to carry out the project. The pediatric mental health care team should be representative of the geographic areas served. If the applicant has proposed innovative additions to the staff on the team (e.g., family leaders, child-patient advocates, youth self-advocates), the extent to which these additional team members will improve the services provided by the project. Include a staffing plan and job descriptions for key personnel in ***Attachment 2,*** and biographical sketches in ***Attachment 3***.

Project Partners and Partner Organizations (10 points)
The extent to which:

1. The applicant provides a sufficient description of all proposed partners, including subrecipients, their roles and responsibilities in program planning (if applicable) and program implementation. The applicant includes letters of agreement in ***Attachment 4***), from proposed partners that demonstrate commitment to the project. If the

applicant cannot include documentation of agreements with potential partners in their application, the applicant provides sufficient detail about how they will establish those agreements and includes a statement of their plans to provide formal documents to HRSA at a later date.
2. The applicant fully describes its oversight of and frequency of communication, roles, and responsibilities of partners and subrecipients. The applicant describes how it will ensure that a new subrecipient will work with a previous subrecipient to facilitate the transition of activities if there is a change in subrecipients.
3. The applicant has sufficient resources and staff with established relationships, and/or for new applicants, describes plans to build sufficient resources by the end of the planning year, with demonstrated outreach and partnership capability to engage and activate partners in the state or region, especially pediatric primary care practitioners (pediatricians, family physicians, nurse practitioners, and physician assistants), psychiatrists, behavioral health professionals, and care coordinators, EDs and schools..

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative
The extent to which the applicant demonstrates:

1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity and timing of the activities, and the anticipated results.
2. The reasonableness of costs, as outlined in the budget and required resources sections, given the scope of work and the technology that will be required to implement the project.
3. The strength of the application in demonstrating key personnel have adequate time devoted to the project to achieve project objectives.
4. The adequacy of the application in discussing how the applicant organization will account for federal funds and document all costs to avoid audit findings.
5. The adequacy of the plan for securing resources (in cash or in-kind) to fulfill the 20 percent non-federal cost sharing/matching requirement in each year of the 3-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

For this program, HRSA will use a funding priority and special consideration.

Funding Priorities

This program includes a funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified review criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The PMHCA program has one funding priority:

Priority 1: Progress Report (2 points)

You will be granted a funding priority for the submission of a progress report of prior PMHCA accomplishments in relation to the objectives of the program during the current period of performance (Attachment 9).

Funding Special Consideration

This program includes special consideration. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process. HRSA is including special consideration for the geographic distribution of awards. HRSA will aim to select only one entity in a particular state, jurisdiction, or Tribal area. To ensure national coverage, and to prevent duplication, HRSA reserves the right to fund successful applicants out of rank order when making final award determinations.

3. 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.

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 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 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 release the Notice of Award (NOA) on or around the start date of September 30, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-

rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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 subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

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

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the

updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are Core 3, Capacity Building (CB 1), Capacity Building (CB 4), Capacity Building (CB 5), Capacity Building (CB 6) and Capacity Building (CB 8), Adolescent Health 3, Financial Form 1, Financial Form 6, Financial Form 7, Training 15, Products, Publications and Submissions Data Collection Form, TA/Collaboration Form, and Continuing Education. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	9/30/2023-9/29/2026 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	9/30/2023-9/29/2024 9/30/2024-9/29/2025	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	9/30/2025-9/29/2026	Period of performance end date	90 days from the available date

2) **Progress Report**(s). The recipient must submit a progress report narrative to HRSA **annually**, including both quantitative data and brief narratives to capture project progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Quantitative data expected in progress reports will include measures to document recipients' activities to expand mental health teleconsultation to emergency departments and schools. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding.

In addition to Discretionary Grant Information System (DGIS) reporting in Section VI.3. Reporting, recipients will be expected to collect and report to HRSA in their annual performance, progress reports, or requests for information, the following data:

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

1. Number of trainings held by topic, mechanism used (e.g., in-person, web-based).
2. Number and types of providers trained.
3. Number and types of providers participating in a statewide or regional pediatric mental health care access program (e.g., contacting the program for consultation or care coordination support services).
4. Number and types of providers enrolled for and participating in consultation (teleconsultation or in-person) and care coordination support services.
5. Reasons for provider contact with the pediatric mental health team (e.g., psychiatric consultation, care coordination, or both; and suspected or diagnosed behavioral health conditions such as depression, anxiety, ADHD, Autism Spectrum Disorder).
6. Number of consultations (teleconsultation or in-person) and referrals provided to providers by the pediatric mental health team.
7. Number of consultations (teleconsultations or in-person) and referrals provided by each discipline type (e.g., psychiatrist, counselor, care coordinator) of the pediatric mental health team.
8. Number of children and adolescents, 0–21 years of age, for whom a provider contacted the pediatric mental health team for consultation (teleconsultation or in-person) or referral during the reporting period.
9. Percentage of children and adolescents, 0–21 years of age, for whom providers contacted the pediatric mental health team for consultation (teleconsultation or in-person) or referral during the reporting period, from rural and underserved counties.
10. Number of children or adolescents, ages 0-21 years of age, served through teleconsultation, who were recommended treatment by the participating provider, were recommended referral to behavioral health or support services, or were recommended both treatment by the participating provider and referral to behavioral health or support services.
11. **(Optional)** Number of children and adolescents, 0–21 years of age, for whom a provider contacted the pediatric mental health team, who received at least one screening for a behavioral health condition using a standardized validated tool.

A glossary of terms used in PMHCA progress report instructions, performance reports, and Requests for Information is included in the Appendix.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

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

2) **Final Program Report**. A final report is due within 90 calendar 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 a grant after completion of project activities. Recipients are required to submit a final report at the end of their project.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted

VII. Agency Contacts

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

Marc Horner | Crystal Howard | Leon Harrison
Grants Management Specialists
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-4888, (301) 443-3844, (301) 443-9368
Email: mhorner@hrsa.gov | choward@hrsa.gov | lharrison@hrsa.gov

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

Madhavi M. Reddy, MSPH & Jordanna Snyder, MPH
Project Officers, DMCHWD
Attn: Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 443-0754, (301)945-9482
Email: mreddy@hrsa.gov, jsnyder1@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Additional Resources for Applicants

Applicants should view a list of currently funded PMHCA projects to determine whether they are eligible to apply:

https://mchb.hrsa.gov/training/projects.asp?program=34

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

- HRSA *MCHB PMHCA* program page, including program overview, abstracts, reporting resources: https://mchb.hrsa.gov/training/pgm-pmhca.asp
- *HRSA's Telehealth Resource Centers* provide assistance, education, and information to organizations and individuals who provide or are interested in providing health care at a distance, especially for underserved populations. https://www.telehealthresourcecenter.org/
- HRSA's *Rural Health Information Hub's Community Health Gateway* is a resource for finding programs and approaches that rural communities can adapt to improve the health of their residents. https://www.ruralhealthinfo.org/community-health
- *The American Academy of Pediatrics Mental Health Toolkit* outlines strategies to enhance pediatric mental health at both the community level and in individual pediatric practices. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx
- *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition is a resource that provides health care professionals with updated background and recommendations for pediatric health promotion, health supervision, and anticipatory guidance for 31 age-based visits. https://brightfutures.aap.org/Pages/default.aspx
- *American Telemedicine Association*: https://www.americantelemed.org/
- *Medicaid and Telemedicine:* https://www.medicaid.gov/medicaid/benefits/telemed/index.html
- If you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see Rural Health Care Program. Qualified low-income patients may also be eligible for a monthly discount on phone, internet, or bundled package bills which can give them the tools to access telehealth through Lifeline. The Affordable Connectivity Program also helps ensure that households can afford the broadband they need for healthcare. Patients living on tribal lands may be eligible for additional benefits.

PMHCA Glossary of Terms

Background:
The terms defined in this document are some of the terms used in PMHCA progress report instructions, performance reports, and Requests for Information. The terms are as follows:
• Assessment
• Care coordination support
• Direct Service
• Enrolled Provider or Practice
• Equity
• Health Education
• National and state partners
• Participating Provider or Practice
• Referral
• State Title V Action Plan
• Underserved

Definitions:

Assessment
A detailed evaluation within a provider's scope of practice that applies clinical reasoning based on the following types of information: patient history, diagnostic interviewing, physical examination, laboratory evaluation, standardized questionnaires and/or observations from family members, care providers, teachers, or other care team members.

Care Coordination Support
Care coordination support means, at minimum, that the program provides resources and referrals to a provider when they contact the program, or to the patient/family when the program works with patients/families directly. "Care coordination support" is synonymous with "providing resources and referrals".

Direct Services
Direct services are primary, specialty, or preventive clinical services to patients. Examples: Preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescribing prescription drugs, occupational and physical therapy, speech therapy, showing how to use durable medical equipment and medical supplies, medical nutrition therapy, dental care, and vision care. (Title V OMB Approved FY 2019_2021 MCH Block Grant Guidance Appendix, retrieved 10/2022)

Enrolled Provider or Practice
Enrolled providers or practices are providers or practices who have formally registered with the program to facilitate use of consultation (teleconsultation or in-person) or care coordination services. The use of the term "enrolled" does not apply to providers or practices who participate in training only.

Equity
"[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." (Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021)).

Health Education
Health education is a strategy for implementing health promotion and disease prevention programs. Health education provides learning experiences on health topics. Health education strategies are tailored for their target population. Health education presents information to target populations on particular health topics, including the health benefits/threats they face, and provides tools to build capacity and support behavior change in an appropriate setting. (Rural Health Hub, retrieved 10/2022)

National and state partners can include, but are not limited to, the following:

- State and territorial territory health and human service agencies (e.g., Maternal and Child Health and other Single State Agencies)
- State Medicaid agencies
- HRSA Telehealth Resource Centers
- HRSA Community Health Centers
- Health care organizations
- Indian Health Service and Tribal health organizations
- Tribal leaders, elders, and Tribal councils
- Commercial
- Families who have cared for children and adolescents with behavioral disorders, particularly those who live in rural and other under-resourced and underserved areas.
- Organizations that promote family-provider partnerships
- Child-patient advocates or youth self-advocates
- Behavioral health disorder support and advocacy organizations
- Pediatric primary care providers (representative of the areas served by the program)
- Developmental-behavioral clinicians (representative of the areas served by the program)
- State chapters of medical and professional associations, such as those representing pediatricians, family physicians, nurse practitioners, and behavioral clinicians
- Diversity, equity, and inclusion associations or professional organizations

- Academic institutions
- Schools and school-based health centers
- Emergency departments
- Screening and Treatment for Maternal Depression and Related Behavioral Disorders Programs, and other MCHB programs

Participating Provider or Practice
Participating providers or practices are providers or practices who contacted the program for consultation (teleconsultation or in-person) or care coordination support services, and who may or may not be an enrolled provider. This does not include providers or practices who only participate in trainings.

Referral
A process whereby an individual or the individual's family is introduced to additional health resources in the community.

State Title V Action Plan
As part of the Title V Maternal and Child Health (MCH) Block Grant, state develop 5-year State Action Plans that document priority needs. In these plans, states take a further step and identify objectives, strategies, and relevant national performance measures to address needs in six population health domains: Women/Maternal Health; Perinatal/Infant Health; Child Health; Children with Special Health Care Needs; Adolescent Health; and Life. (State Action Plan Table, Retrieved 11/2022)

Underserved
Underserved communities refers to “populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life.” (Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(b) (Jan. 20, 2021).

Appendix B: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit. Note: You can submit responses in the SF-424 form, if additional information is added as an attachment, the attachment counts towards the page limit. An attachment is not required.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment* = ___ *pages*
Attachments Form	Attachment 1: Work Plan	*My attachment* = ___ *pages*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment* = ___ *pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*My attachment* = ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)	*My attachment = ___ pages*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 6: Preliminary Project Evaluation Plan	*My attachment = ___ pages*
Attachments Form	Attachment 7: Tables, Charts, etc. (Optional)	*My attachment = ___ pages*
Attachments Form	Attachment 8: Proof of Indirect Cost Rate Agreement	*Does not count against page limit*
Attachments Form	Attachment 9: Progress Report (FOR COMPETING CONTINUATIONS AND NEW APPLICANTS WITH PREVIOUS HRSA PMHCA IMPLEMENTATION EXPERIENCE ONLY)	*My attachment = ___ pages*
Attachments Form	Attachment 10 – 15: Other Relevant Documents	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-081 is 55 pages		**My total = ____ pages**