U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program

Funding Opportunity Number: HRSA-18-101
Funding Opportunity Types: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Letter of Intent Due Date: July 16, 2018

Application Due Date: August 6, 2018

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

Issuance Date: July 2, 2018

Dawn Levinson, MSW
Behavioral Health Lead, Division of Healthy Start and Perinatal Services
Telephone: (301) 945-0879
Fax: (301) 594-0878
Email: DLevinson@hrsa.gov

Authority: Public Health Service Act, Title III, Part B, § 317L-1 (42 U.S.C. § 247b-13a), as amended

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2018 Screening and Treatment for Maternal Depression and Related Behavioral Disorders program. The purpose of this program is to establish, improve, or maintain programs that expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women[1] for maternal depression and related behavioral health disorders[2] including in rural and medically underserved areas. The program's overarching goal is to improve the mental health and well-being of pregnant and postpartum women and, thereby, their infants' social and emotional development, through increased access to affordable, culturally and linguistically appropriate treatment and recovery support services.

Funding Opportunity Title:	Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program
Funding Opportunity Number:	HRSA-18-101
Due Date for Applications:	August 6, 2018
Anticipated Total Annual Available FY 2018 Funding:	$4,550,000
Estimated Number and Type of Awards:	Up to seven cooperative agreements
Estimated Award Amount:	Up to $650,000 per year dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2018 through September 29, 2023 (5 years)

---

[1] Postpartum women are defined here as women who have given birth within the preceding 12 months.

[2] Behavioral health is an umbrella term commonly accepted and used in the field and includes both mental and substance use disorders, e.g. depression, anxiety, substance use disorder, and other disorders as classified in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed, 2013) as well as problems such as serious psychological distress and suicide. Behavioral health refers to mental and emotional well-being, and/or one's actions that affect wellness. The phrase "behavioral health" is also used to describe service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support. All terms are used in this document. (National Behavioral Health Quality Framework (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014.) Retrieved 1/2018. https://www.samhsa.gov/data/national-behavioral-health-quality-framework/.)

Eligible Applicants:	Eligible applicants are states. Per Section 2(f) of the PHS Act, 42 U.S.C. § 201(f), the definition of state includes the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands. Tribes are not included in the statutory definition of states. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, July 12, 2018
Time: 1:30 – 3:30 p.m. ET
Call-In Number: 1-877-937-9313
Participant Code: 377-971-87
Weblink: **https://hrsa.connectsolutions.com/r5oj6s6ysov/**

The recording will be posted on the MCHB website at https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

The purpose of the Screening and Treatment for Maternal Depression and Related Behavioral Disorders program is to establish, improve, or maintain programs that expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women[1] for maternal depression and related behavioral health disorders[2], including in rural and medically underserved areas. The program's overarching goal is to improve the mental health and well-being of pregnant and postpartum women and, thereby, their infants' social and emotional development, through increased access to affordable, culturally and linguistically appropriate treatment and recovery support services.

This cooperative agreement program may be built into an existing statewide or regional psychiatric consultation service, such as one that supports primary care providers serving children and adolescents, where screening for maternal/caregiver depression is now the recommended practice.

With limited psychiatric providers[3] across the country, the Screening and Treatment for Maternal Depression and Related Behavioral Disorders program will increase statewide or regional access (in one or more communities) to the screening, assessment, and treatment of pregnant and postpartum women for maternal depression and related behavioral health disorders, including but not limited to depression, anxiety, opioid use disorder and alcohol use disorder. This program will offer resources to any front-line health care providers serving pregnant and postpartum women, including but not limited to, obstetricians/gynecologists, nurse midwives, pediatricians, psychiatric providers, mental health care providers, and primary care providers.

Program Goals
The program goals are to:
1) Increase universal screening by health care providers, for maternal depression and related behavioral health disorders— including but not limited to depression, anxiety and substance use disorders— among pregnant and postpartum women.
2) Increase timely detection, assessment, treatment and referral of pregnant and postpartum women's depression and related behavioral health disorders using evidence-based practices (e.g., referred for psychotherapy or substance use disorder treatment alone, or in conjunction with medication management by the woman's health care provider) and ensuring accessibility to community-based resources that include affordable services within a reasonable distance or via telehealth.
3) Increase and improve access to treatment and recovery support services for pregnant and postpartum women identified with maternal depression and related behavioral health disorders, including those living in rural and medically underserved areas.

---

[3] Psychiatric providers are health care professionals who can prescribe psychiatric medication, including psychiatrists, or psychiatric or mental health nurse practitioners. Primary care physicians, physician's assistants, or nurse practitioners (depending on your state) also can prescribe medication. Retrieved 11/2017: http://www.mentalhealthamerica.net/types-mental-health-professionals

Program Expectations

Recipients are expected to:

1) Provide appropriate training, education and information to front-line health care providers on maternal depression and related behavioral disorders, including evidence-based and culturally and linguistically appropriate screening, treatment, and follow-up support services, and linkages to affordable community-based resources. This should include vigorous and personal outreach and marketing to attract providers to trainings and to use the program developed under the Screening and Treatment for Maternal Depression and Related Behavioral Disorders program. Training should:
    (a) Be held in-person and/or via webinar (distance learning);
    (b) Use existing evidence-based and culturally and linguistically competent protocols, guidelines, and treatment algorithms; and
    (c) Educate health care providers and their staff on how to use these screening tools and protocols in practice.
2) Enable front-line health care providers to provide or receive real-time psychiatric consultation (in person or remotely) and care coordination support, to aid in the treatment of pregnant and parenting women.
3) Establish linkages with and among community-based resources, including mental health resources, primary care resources, and support groups.
4) Utilize telehealth services for rural areas and medically underserved areas.
5) Develop or enhance partnerships to expand treatment and recovery support service options, and establish regional (in at least one community), state and national partnerships to coordinate services and activities and achieve program goals, by:
    (a) Developing partnerships statewide and/or regionally with a broad range of community-based mental health and substance use disorder treatment and recovery support service (i.e. services that reduce barriers to housing, food insecurity/nutrition, employment, education, transportation, and child care, etc.) providers to increase access for pregnant and postpartum women, and their families. This could include partnerships with entities receiving funding for other HRSA programs, such as Maternal and Child Health (MCH) Title V agencies, Community Health Centers, Healthy Start, and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant programs, to which women could be referred for comprehensive services.
    (b) Engaging other partners that may be relevant to the project's mission. National and state partners may include:

        o state and territorial health and human services agencies, including Maternal and Child Health (MCH) Title V agencies, state substance use or mental health authorities, and state offices of rural health;
        o Other HRSA grant projects (e.g., HRSA's Healthy Start and MIECHV grant programs, and HRSA's Telehealth Resource Centers).
        o health care organizations;
        o insurers (e.g., Medicaid, commercial);
        o women/families with lived experience (i.e. adults, children or youth with their own personal experience with a mental illness and/or

addiction) with a mental illness and/or addiction, particularly persons who are traditionally underserved;
- o patient support and advocacy organizations;
- o primary health care providers; and
- o state chapters of medical and professional associations, such as the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, American Academy of Family Physicians, American Association of Nurse Practitioners, American College of Nurse-Midwives, and the National Council for Behavioral Health.

6) Track, report on, and share the program performance and outcomes with HRSA, other award recipients, and state/regional partners.
7) Participate in HRSA's technical assistance (TA) activities to support Screening and Treatment for Maternal Depression and Related Behavioral Disorders program. Participation may include being part of cross-site learning communities or presenting to colleagues on programmatic successes and challenges. TA may be a one-time encounter or on-going activity of brief or extended frequency depending on the needs of the recipient. TA may target the needs of several states or a HRSA region.
8) Participate in HRSA's Screening and Treatment for Maternal Depression and Related Behavioral Disorders program evaluation activities. Participation may include responding to surveys, participating in interviews, and providing other reports. If evaluation activities involve human subjects research as described in 45 CFR part 46, you will be required to comply with the regulations for the protection of human subjects as applicable.

Project Impact Measures

By the conclusion of the period of performance in 2023, recipients should **from baseline**:

- Increase to 100 percent the number of pregnant or postpartum women, served by participating practices, who are screened using a standardized validated tool for depression, anxiety, and substance use at least once during pregnancy or in the first 12 months after delivery.
- Increase to 80 percent the number of participating providers using the program for psychiatric consultations or care coordination.
- Increase to 75 percent the number of women living in *rural and underserved counties* (identified using patient zip code) who screened positive for a behavioral health disorder *and* were referred for services and/or treated by the participating provider.
- Increase to 75 percent the number of women living in *non-rural counties* (identified using patient zip code) who screened positive for a behavioral health disorder *and* were referred for services and/or treated by the participating provider.
- Increase to at least three, the number of community-based mental health, substance use disorder treatment, and recovery support service providers in each provider category (e.g., therapists, support groups, housing, job skills, direct patient tele-behavioral health providers, etc.) in the referral database.

- Increase providers' self-efficacy with consultation and care coordination services, as measured using a standardized validated tool at baseline and post consultation.
- Develop a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

The baseline for four of these seven project impact measures, selected by the recipient, should be established within 6 months of the period of performance start date, with the remaining three to be set by 9 months.

Recipients should collect the following data:

Performance Measures
Recipients will establish baseline numbers for, track annually, and report on, at a minimum, the following performance measures:
- Number and type of information and/or training materials (e.g., protocols, treatment algorithms) used.
- Number of information and/or training sessions held by topic and type (i.e., in-person and webinar).
- Number and types of providers trained.
- Number of calls received by the program, and by provider discipline type.
- Number and types of participating provider practices enrolled with the program.
- Reasons for provider contact with the program.
  - Number of providers calling in for psychiatric consultation, and for what condition (e.g., depression, anxiety, substance use (broken down by substance used, e.g., opioids, alcohol, poly-substance use, co-occurring disorders, etc.).
  - Number of providers calling in for care coordination.
  - Number of providers calling in for both psychiatric consultation and care coordination.
- Types of referrals provided by the program (e.g., referrals for psychotherapy, support groups, substance use disorder treatment, home visiting, housing support, etc.).
- Course of action to be taken by provider as result of contact with the program (e.g., provide referral, recommend medication initiation to patient).
- Number and types of community-based mental health, substance use disorder treatment, and recovery support service providers in referral database (e.g., housing, childcare, nutrition program for women, infants, and children, job skills training, etc.).

Outcome Measures
Recipients should establish baseline numbers for, and track annually, at a minimum, the following outcome measures:
- Number and types of referrals provided to pregnant and postpartum women who screen positive for a behavioral health disorder, by participating providers who contacted the program.

- Number of pregnant and postpartum women served by participating providers who contacted the program.
- Number of pregnant and postpartum women living in rural and medically underserved counties served by participating providers who contacted the program.
- Number of pregnant and postpartum women who received at least one screening for depression using a standardized validated tool conducted by participating practices during pregnancy or the first 12 months after delivery.
- Number of pregnant and postpartum women who received at least one screening for anxiety using a standardized validated tool conducted by participating practices during pregnancy or the first 12 months after delivery.
- Number of pregnant women who received at least one screening for substance use using a standardized validated tool conducted by participating practices during pregnancy.
- Number of pregnant and postpartum women served by a participating provider, who screened positive for a behavioral health disorder, and who were referred for services and/or treated by the participating provider. Stratified by women living in rural and medically underserved counties (identified using patient zip code).

2. Background

This program is authorized by the Public Health Service Act, Title III, Part B, § 317L-1 (42 U.S.C. § 247b-13a), as amended.

Maternal mental health and well-being

Mental health is an integral part of health. "There is no health without mental health," according to the World Health Organization (2017). Women are more likely than men to experience a mental illness, with depression and anxiety being most common among women.[4] Behavioral health issues are prevalent among pregnant and postpartum women. Depression is the most common complication of pregnancy and within the first year of delivery,[5] and is experienced by one in seven women.[6] Substance use during pregnancy is at least as common as many of the medical conditions screened for and managed during pregnancy, including preeclampsia, gestational diabetes, cystic fibrosis, and anemia.[7]

Women with substance use disorders often have a history of trauma and/or co-occurring mental health disorders.[8] Individuals who have experienced trauma[9] are at

---

[4] SAMHSA Center for Behavioral Health Statistics and Quality, Data Review: Past Year Mental Disorders among Adults in the United States: Results from the 2008-2012 Mental Health Surveillance Study (2014). Retrieved 1/2018 https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-N2MentalDis-2014-1/Web/NSDUH-DR-N2MentalDis-2014.htm

[5] American College of Obstetricians and Gynecologists 2015 committee opinion (Reaffirmed 2016), Screening for Perinatal Depression. Retrieved 7/2017 https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression

[6] Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. Obstet Gynecol 2005;106:1071–83.

[7] Wright, T.E., Terplan, M., Ondersma, S.J., Boyce, C., Yonkers, K., et al. (2016). The role of screening, brief intervention, and referral to treatment in the perinatal period. *American Journal of Obstetrics & Gynecology*, 215(5), 539-547.

[8] Substance Abuse and Mental Health Services Administration, *Guidance Document for Supporting Women in Co-ed Settings*. HHS Publication No. (SMA) 16-4979. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. Retrieved 1/2018 https://store.samhsa.gov/shin/content//SMA16-4979/SMA16-4979.pdf

[9] Defined as an individual or series of events experienced as physically or emotionally harmful resulting in lasting adverse effects, e.g. abuse, violence, disasters. Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance

an elevated risk for mental or substance use disorders and physical disorders or conditions. Often, people use alcohol or other drugs to self-medicate psychological symptoms[10] or to cope with traumatic experiences.[11] The most proven effective treatment for women is integrated treatment and recovery support services that address women's mental and substance use issues at the same time.[11]

Supporting a mother's behavioral health safeguards her children

Behavioral health disorders among pregnant and postpartum women are a serious public health issue and can complicate birth, infant, child, and maternal outcomes.[11] These issues affect not only the mother but also her ability to care for her own and the infant's basic needs, and can affect the child's cognitive and emotional development.[12] Decades of research indicate that prevention works, treatment is effective, and people recover from mental and substance use disorders. Intervening early and offering the integrated services and support women and their partners need to provide responsive, caring relationships with their children can prevent or reverse damaging health effects[13] to the child that can be caused by major stressors such as a caregiver's mental and/or substance use disorder, neglect, abuse, or poverty.[14]

Need for screening, assessment, brief intervention, referral and treatment

Several medical and professional associations recommend universal screening of pregnant and postpartum women for mental and substance use disorders with a brief counseling intervention and appropriate referral as the standard,[15] but this has not yet been achieved in practice. These health problems remain largely under-recognized and under-diagnosed in this population.[16] With shortages of psychiatrists nationwide—and even fewer perinatal psychiatrists—many health care providers on the front lines serving women and their families have limited access to the behavioral health resources, services, and supports needed to address these disorders.[17]

Need for targeting rural and medically underserved areas

With behavioral health providers more scarce in medically underserved areas, targeting rural locales is especially important in addressing behavioral health. This is especially true for rural women, who have less access to health and prenatal health care and

Abuse and Mental Health Services Administration, 2014. Retrieved 1/2018 http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

[10] National Alliance on Mental Illness webpage on Dual Diagnosis (2017). Retrieved 1/2018 https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis

[11] CDC web page on Maternal Health: Advancing the Health of Mothers in the 21st Century. At A Glance 2016. Retrieved 12/2017 https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm

[12] National Research Council and Institute of Medicine. 2009. *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention.* Washington, DC: The National Academies Press. https://doi.org/10.17226/12565

[13] CDC web page on Behavioral Risk Factor Surveillance System ACE Data. Retrieved 8/2017 https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html

[14] Center for the Developing Child, Harvard University, web page on Toxic Stress. Retrieved 8/2017 http://developingchild.harvard.edu/science/key-concepts/toxic-stress/

[15] *The U.S. Preventive Services Task Force:* https://www.uspreventiveservicestaskforce.org/BrowseRec/Search?s=depression) and https://www.uspreventiveservicestaskforce.org/BrowseRec/Search?s=alcohol. *The American College of Obstetricians and Gynecologists:* https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy and https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression. *The American Academy of Pediatrics:* https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx

[16] Ko JY, Rockhill KM, Tong VT, Morrow B, Farr SL. *Trends in Postpartum Depressive Symptoms — 27 States, 2004, 2008, and 2012.* MMWR Morb Mortal Wkly Rep 2017;66:153–158. Retrieved 12/2017 https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a1.htm

[17] Alliance for Health Policy. 2017. *The Sourcebook: Essentials of Health Policy. Ch. 8- Mental Health and Substance Abuse.* Retrieved 12/2017: http://www.allhealthpolicy.org/sourcebook/mental-health-and-substance-abuse/

experience poorer health outcomes than urban women.[18] While the prevalence of mental illness is similar between rural and urban areas, many more limitations exist for people needing to access behavioral health care in rural areas. These include chronic shortages of behavioral health professionals; lengthy travel distances to find care; lack of public transportation; social stigma of needing or receiving mental health care; and maintaining anonymity in small towns/rural areas.[19] Further, rural residents are less likely to be insured for behavioral health services and less likely to recognize an illness.[20] HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, HRSA uses Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx. If the county is not entirely rural or urban, follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

HRSA defines underserved areas by the following terms: a Health Professional Shortage Area (HPSA); a Partial Health Professional Shortage Area; a Medically Underserved Area/Population (MUA/P); or a Partially MUA/P. Updated HPSAs and Medically Underserved Areas/Populations (MUA/Ps) are accessible through the HPSA Find, https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspxand, and MUA/P Find tools, https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx, within the HRSA Data Warehouse, https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx.

Telehealth expands providers' reach, improves outcomes, lowers costs
Research indicates that telehealth[21] can improve access to care, reduce health care costs, improve health outcomes, and address workforce shortages in underserved areas.[22] A statewide or regional psychiatric teleconsultation program such as the Screening and Treatment for Maternal Depression and Related Behavioral Disorders program will assist health care providers serving pregnant and postpartum women.

Such a model has been successful in addressing needs in other populations. According to the National Network of Child Psychiatry Access Programs website,[23] at least 27 states have existing telephone psychiatric consultation programs that support physicians serving children, youth and adolescents. One state built on this existing pediatric infrastructure and resources to expand teleconsultation and referral services to health care providers serving pregnant and postpartum patients and their families. Based on an initial study, the volume of encounters, number of women served, and low

---

[18] The American College of Obstetricians and Gynecologists 2014 Committee Opinion (Reaffirmed 2018), Health Disparities in Rural Women. Retrieved 5/2018. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Disparities-in-Rural-Women

[19] Rural Health Information Hub, webpage on Rural Mental Health. Retrieved 7/2017 https://www.ruralhealthinfo.org/topics/mental-health

[20] Ibid.

[21] HRSA defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Retrieved 5/2018. https://www.hrsa.gov/rural-health/telehealth/index.html

[22] Institute of Medicine. 2012. *The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary*. Washington, DC: The National Academies Press. https://doi.org/10.17226/13466.

[23] National Network of Child Psychiatry Access Programs webpage. Retrieved 7/2017 http://web.jhu.edu/pedmentalhealth/nncpap_members.html

cost suggest that this type of program is a feasible, acceptable and sustainable approach that can help front-line providers effectively identify and manage pregnant and postpartum behavioral health conditions.[24]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA Program involvement will include:

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

The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to this NOFO.
- Meeting with the federal project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins with the federal project officer.
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and interagency agreements.

---

[24] Byatt, N., Biebel, K., Moore Simas, T.A., Sarvet, B., Ravech, M., et al. (2016). Improving perinatal depression care: the Massachusetts Child Psychiatry Access Project for Moms. *General Hospital Psychiatry*, 40 (2016) 12–17.

- Establishing contacts relevant to the project's mission such as federal and non-federal partners, and other HRSA projects that may be relevant to the project's mission.
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed and submitted on time.

2. Summary of Funding

HRSA expects approximately $4,550,000 to be available annually to fund up to seven recipients, pending availability of funds. You may apply for a ceiling amount of up to $650,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2018 through September 29, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Screening and Treatment for Maternal Depression and Related Behavioral Disorders program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are states. Per Section 2(f) of the PHS Act, 42 U.S.C. § 201(f), the definition of state includes the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands. Tribes are not included in the statutory definition of states.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from a state are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the

application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

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

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

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) 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 build on an existing statewide or regional psychiatric consultation, care coordination, and provider training program (e.g., pediatric);
     b) If requested HRSA funding for this project will be used in conjunction with other state or grant funds to achieve the goals and expectations stated in this NOFO. If yes, include how federal funds will be used to complement or support other efforts and not to duplicate those efforts or replace existing funds. In addition, list the source of any other funding, the amount from each source, the years funded, and a brief description of each funded project. This information may be included as an attachment in Other Relevant Documents.

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

  1. Describe the need for you to establish, improve, or maintain a program that expands health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression and related behavioral health disorders, ensuring accessibility to community-based resources that include affordable services within a reasonable distance or via telehealth. This should include your assessment of current capacity and gaps in the community(ies) being served.
  2. Describe and document—using and citing demographic and geographic data and trends (e.g., official federal, local or state surveys; issue papers, study reports, annual reports from trade/professional organizations, etc.) over time whenever possible—the
     a) geographic area(s) to be served (i.e., statewide or regional (in one or more communities), based on needs assessment);
     b) target population(s) to be served, including which types of
        i. health care providers you will target for program outreach and engagement (e.g., obstetricians/ gynecologists, nurse midwives, pediatricians, psychiatric providers, primary care clinicians, etc.); and
        ii. population(s) of pregnant and postpartum women (e.g., universal/population based, Medicaid only).
     c) how your proposed activity will meet the unmet needs, including in rural and medically underserved areas; and
     d) justification for the target area(s) and populations being served.
  3. Include socio-cultural determinants of health and health disparities that impact the population(s) or communities served.
  4. Discuss any relevant barriers in the service area that the project hopes to overcome and possible solutions.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response and (4) Impact*

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

  1. Describe your proposed methods for how you intend to achieve each of the program expectations listed in the Purpose/Program Expectations section of this NOFO.
     a) Provide a narrative framework for your proposed project, and extend across the 5-year period of performance;
     b) Include your methods for development of effective strategies for ongoing staff training, partner and provider outreach, partner collaborations, clear communication, information sharing/dissemination, and efforts to involve patients with lived experience (i.e. adults, children or youth with their own personal experience with a mental illness and/or addiction) with mental illness and/or addiction, families and communities;
     c) Describe which evidence-based screening tools and protocols you will use, and why they are appropriate for the population(s) you are serving;

      d) Provide a description of plans to participate in HRSA's TA activities; and

      e) Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

2. Describe a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- *WORK PLAN -- Corresponds to Section V's Review Criterion (2) Response and (4) Impact*

1. Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
2. Develop a time line that links each activity to the program expectations, identifies responsible staff, and indicates progress milestones across the full 5-year period of performance.
3. As appropriate, identify meaningful support, collaboration, and coordination with key stakeholders in planning, designing and implementing all activities, including development of the application. You should describe collaboration with the state Title V MCH program, if you are not the state Title V MCH program, and other HRSA programs, e.g. [Community Health Centers](), [Healthy Start](), and the Maternal Infant and Early Childhood Home Visiting grant programs. 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 5*.
4. The work plan must be submitted in table format as *Attachment 1*, and include all of the information detailed in this narrative.
5. Submit a logic model for designing and managing the project as *Attachment 2*. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this NOFO, the logic model should summarize the connections between the:
    - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
    - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
    - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
    - Target population (e.g., the individuals to be served);
    - Activities (e.g., approach, listing key interventions, if applicable);
    - Outputs (i.e., the direct products or deliverables of program activities); and,
    - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

    1. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
    2. Discuss how you will address the lack of behavioral health and recovery support providers to refer women to in rural areas, if applicable. Describe your strategies, such as the use of direct patient tele-behavioral health services (e.g., direct patient tele-psychotherapy; direct patient tele-psychiatry, virtual support groups, etc.), to overcome these barriers.
    3. Address how you intend to resolve any challenges related to the level of readiness of your organization and of your expected partners' organizations, to work together to achieve project goals and expectations. Address any challenges and how you intend to resolve them related to your organization's leadership support of this program.

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

    1. Describe your measurement and data strategy for collecting, analyzing, and tracking data to measure project performance, outcomes and impact.
    2. Describe your strategy to collect and report on, at a minimum, the performance and outcome measures and the project impact measures in the Purpose section and how you will ensure data quality. The program performance evaluation should monitor ongoing processes and the progress towards the goals and expectations of the project. It is also expected to contribute to continuous quality improvement.
    3. Describe your plan to establish the baseline for any four of these seven project impact measures within 6 months of the period of performance start date, with the remaining three to be set by 9 months.
    4. Describe plans to participate in HRSA's Screening and Treatment for Maternal Depression and Related Behavioral Disorders program evaluation activities. Participation may include responding to surveys, participating in interviews, and providing other reports. If there is any possibility that the evaluation may involve human subjects research as described in 45 CFR part 46, you will be required to comply with the regulations for the protection of human subjects as applicable.
    5. Describe the project's anticipated value to health care using psychiatric teleconsultations resulting from the evaluation of the proposed services (e.g., clinical consultations, distance learning, and/or informatics).
    6. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
    7. 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.

8. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
9. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
10. Describe any potential obstacles for implementing your measurement and data strategy (performance, outcomes and impact) and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
  1. **Applicant organization**
     a) Succinctly describe your organization's current mission, structure, and scope of current activities, provide your organizational chart (Attachment 6), and describe how these all contribute to the ability of the organization to conduct the project requirements and meet project expectations.
     b) Discuss expertise of staff that will be assigned to this project, as it relates to the scope of this project.
     c) Describe past performance developing, implementing and managing a statewide or regional provider consultation, care coordination, and/or provider training program, if applicable. Provide evidence of success in prior initiatives, if applicable, as well as any lessons learned.
     d) Provide information on the organization's resources and capabilities to support provision of and training on culturally and linguistically competent and health literate services appropriate for the population to be served.
     e) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

  2. **Project partners organization**
     a) Describe the administrative and organizational structure within which the project will function, including relationships with other relevant departments, institutions, organizations, agencies, or sub-recipients. Overall organizational capacity may be demonstrated through partnerships with these other entities.
     b) Describe relationships with any organizations or sub-recipients, including those in rural areas, with which you intend to partner, collaborate, coordinate efforts or receive assistance from, while conducting project activities. Examples of partners or sub-recipients were listed in the Purpose section, under Program Expectations.
     c) Describe your planned oversight of, and frequency of communication with any partners or sub-recipients. All sub-recipients must report to your organization (the award recipient) and are held to the same award requirements.
     d) A Project Organizational Chart must be included as **Attachment 7**. This is a one-page figure that depicts the organizational structure of the project, including any critical partnerships or other significant key stakeholders, and

paths of oversight and communication with other organizations, or sub-recipients. You must include the percentage of work your organization will do, as well as that of your partners or sub-recipients.

e) Include letters of agreement and/or descriptions of proposed and/or existing project-specific partnerships or contracts in *Attachment 5.*

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

---

iii. Budget

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

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

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424*

Application Guide for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

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

v. Program-Specific Forms
Program-specific forms are not required for application.

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

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. 2 Project Narrative, Work Plan.

Attachment 2: Project Logic Model
Attach the project logic model that includes all information detailed in Section IV. 2 Project Narrative, Work Plan.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)
Keep each job description to one page in length as much as is possible. It should include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs. **NOTE: Key Personnel for this project include:**
- Project Director (provides overall oversight)
- Program Manager (manages the day-to-day operations of the project)
- Fiscal Manager (provides routine fiscal/budget tracking and oversight; ensures compliance with all federal fiscal requirements)
- Data Manager (handles all data collection, reporting, evaluation, and requirements of the project)

Attachment 4: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that one of your key personnel has not yet been hired, please include a letter of commitment from that person, along with their biographical sketch.

Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities, programs, and/or sub-recipients cited in the proposal. Documents that confirm actual or pending contractual or other

agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

Attachment 6: Applicant Organizational Chart
Provide a one-page figure that depicts the organizational structure, and where the Screening and Treatment for Maternal Depression and Related Behavioral Disorders program will be managed, and by whom.

Attachment 7: Project Organizational Chart
Attach the one-page project organizational chart described in Section IV. 2 Project Narrative, Organizational Information.

Attachment 8: Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 9: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit).
After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide.*

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

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

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

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

SAM.gov is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *August 6, 2018 at 11:59 p.m. Eastern Time.* HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

Screening and Treatment for Maternal Depression and Related Behavioral Disorders program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $650,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

7. Other Submission Requirements

Notification 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.

This letter should be sent via email by *July 16, 2018* to:

    HRSA Digital Services Operation (DSO)
    Please use HRSA opportunity number as email subject (HRSA-18-101)
    HRSADSO@hrsa.gov

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Screening and Treatment for Maternal Depression and Related Behavioral Disorders program has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction, and Needs Assessment

1. The extent to which the application describes the purpose of the proposed project and demonstrates an expert understanding of the issues and needs (statewide and/or regional (in one or more communities)), goals and expectations of the project requested in this NOFO.
2. The extent to which the application describes and justifies the geographic and target populations to be served.
3. The extent to which the application describes socio-cultural determinants of health and health disparities that impact the population(s) or communities served.
4. The extent to which the application describes how the proposed activity will meet the unmet needs, including in rural and medically underserved areas and accessibility to community-based resources that include affordable services within a reasonable distance or via telehealth.
5. The extent to which the application discusses relevant barriers in the service area that the project hopes to overcome and possible solutions.

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

1. The extent to which the applicant's proposed project responds to the "Purpose" section of the NOFO.
2. The strength and feasibility of the proposed framework and methodologies described to meet project goals, expectations, and requirements.
3. The feasibility of the proposed project based upon the level of readiness and decision-maker support of the applicant and expected partners to work together to achieve project goals, expectations and requirements.
4. The extent to which collaboration with the state Title V MCH program, if the applicant is not the state Title V MCH program, is provided.
5. The extent to which a description of plans to participate in HRSA's TA activities is provided.
6. The extent to which project challenges are reasonably projected, and approaches to resolve the challenges are realistic.
7. The feasibility of the plan to address a lack of behavioral health and recovery support providers to refer women to in rural areas, if applicable, including the use of direct patient tele-behavioral health services.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

1. The strength and effectiveness of the proposed methods to monitor and evaluate project performance, outcomes and impact.

2. The capability of the applicant to collect and report on, at a minimum, the required performance and outcome measures and the project impact measures in the Purpose section of this NOFO.
3. The extent to which the applicant describes a plan to establish the baseline for four of the seven project impact measures within 6 months of the period of performance start date, with the remaining three to be set by 9 months.
4. The extent to which the applicant describes a plan to participate in HRSA's Screening and Treatment for Maternal Depression and Related Behavioral Disorders program evaluation activities.
5. The extent to which the program performance evaluation will ensure continuous quality improvement.
6. The strength and effectiveness of the applicant's description of the
   a) systems and processes that will support the organization's performance management requirements;
   b) data collection strategy to collect, analyze and track data to measure performance, outcomes and impact;
   c) potential obstacles for implementing the program performance evaluation, and plans to address those obstacles:
   d) if the evaluation findings will inform progress towards project goals and objectives; and
   e) plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

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

1. The feasibility and effectiveness of plans for dissemination of project results.
2. The reasonableness of the project's anticipated value to health care using psychiatric teleconsultations and care coordination.
3. The reasonableness of the plan proposed for project sustainability after the period of federal funding ends.

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

The extent to which:
1. The applicant organization, proposed partners, and project staff are qualified by training, expertise, and/or experience to implement and carry out the project.
2. The applicant describes their organization's mission, structure, and scope of current activities; and whether these components contribute to the organization's ability to conduct the project requirements and meet the project goals and objectives.
3. Project personnel, including proposed partners (as listed in Purpose/ Program Expectations section of the NOFO), are clearly described, and whether they have sufficient training, qualifications, expertise, and experience to carry out the project.
4. The applicant provided a description of proposed partners, including sub-recipients, described relationships to, roles and responsibilities of program implementation, and demonstrates commitments from (e.g., letter of agreement

in Attachment 5), any organization, entity, or sub-recipient that is a critical partner in this project.
5. The applicant fully describes its oversight of and frequency of communication, roles and responsibilities of partners and sub-recipients.
6. The applicant provided a detailed staffing model that supports statewide or regional program implementation (in one or more communities), including in rural communities.
7. The applicant has sufficient resources and staff with established relationships and/or demonstrated outreach and partnership capability to engage and activate all partners in the state or region, especially obstetric provider practices, behavioral health treatment providers, and recovery support providers.
8. The applicant discusses how it will follow the approved work plan, account for federal funds, and document all costs in order to avoid audit findings.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative
1. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity and timing of the activities, and the anticipated results.
2. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
3. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *[SF-424 Application Guide](#)*.

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

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS

and these improvements are available for recipient reporting as of October 1, 2017. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

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

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

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

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

2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project. The Project Officer will provide additional information about this narrative after the award has been made.

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

   a) **Performance Measures and Program Data**

   To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UK3_2.HTML and below.

Administrative Forms			
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project			

Updated DGIS Performance Measures, Numbering by Domain
(All Performance Measures are revised from the previous OMB package)

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products
Women's/ Maternal Health			
WMH 1	New	N/A	Prenatal Care
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 4	New	N/A	Depression Screening

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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

VII. Agency Contacts

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

Marc Horner
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4888
Fax: (301) 443-6686
Email: mhorner@hrsa.gov

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

Dawn Levinson, MSW
Behavioral Health Lead, Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N21
Rockville, MD 20857
Telephone: (301) 945-0879
Fax: (301) 594-0878
Email: dlevinson@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, July 12, 2018
Time: 1:30 – 3:30 p.m. ET
Call-In Number: 1-877-937-9313
Participant Code: 377-971-87
Weblink: **https://hrsa.connectsolutions.com/r5oj6s6ysov/**

The recording will be posted on the MCHB website at
https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

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

APPENDIX: ADDITIONAL RESOURCES FOR APPLICANTS

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

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

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

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

- *Providers' Clinical Support System for Medication Assisted Treatment* is a national training and clinical mentoring project that provides training at no cost, to all health professionals on evidenced-based clinical practices in the prevention, identification, and treatment of opioid use disorders. https://pcssmat.org/

- Technical Brief by the Agency for Healthcare Research and Quality, *Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings* (2016) https://www.ncbi.nlm.nih.gov/books/NBK402352/

- Validated screening tools, among others:

    - The *American College of Obstetricians and Gynecologists* lists recommended screening tools for perinatal depression in their Committee Opinion here, https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression, and lists screening tools for substance use in their Committee Opinion here, https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy.
    - The Western Australia Department of Health developed and tested the Perinatal Anxiety Screening Scale or PASS, to specifically screen for a broad range of anxiety symptoms during pregnancy and the postpartum period here, https://womensmentalhealth.org/posts/screening-for-perinatal-anxiety-using-pass-the-perinatal-anxiety-screening-scale/