

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Health Resources and Services Administration**

Bureau of Health Professions  
Division of Public Health and Interdisciplinary Education

**Substance Abuse and Mental Health Services Administration**  
Center for Mental Health Services

***Behavioral Health Workforce Education and Training for Paraprofessionals***

**Announcement Type:** New  
**Announcement Number:** HRSA-14-126

**Catalog of Federal Domestic Assistance (CFDA) No. 93.243**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2014

**Application Due Date: June 3, 2014**

*Ensure your Grants.gov registration and passwords are current immediately!*  
*Deadline extensions are not granted for lack of registration.*  
*Registration may take up to one month to complete.*

**Release Date: April 3, 2014**  
**Issuance Date: April 3, 2014**

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Authority: Sections 501(d)(5), 509, and 520A of the Public Health Service Act; Consolidated Appropriations Act, 2014, Division H, Title II (Health Surveillance and Program Support)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) Bureau of Health Professions (BHP) is accepting applications for the Substance Abuse and Mental Health Services Administration (SAMHSA) *Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals* grant program. The purpose of this program is to develop and expand the paraprofessional mental health and substance abuse workforce who will focus on children, adolescents, and transitional-age youth at risk for developing or who have developed a recognized behavioral health disorder following their training. Special emphasis is on transitional-age persons 16 to 25 years old who are at risk for mental illness, substance abuse, and suicide, and among the least likely to seek continuous help. Applicants must emphasize prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, and the involvement of families in the prevention and treatment of behavioral health conditions.

HRSA and SAMHSA are seeking to train a total of 1,700 behavioral health paraprofessionals per year through this grant program. The funding is to support education and training of students in community and technical colleges, including tribal colleges and universities, who are seeking to obtain a certificate in a paraprofessional field focusing on the behavioral health needs of at-risk youth and families. Paraprofessional certificate programs may include community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora, and peer paraprofessional. Certificate programs for peer paraprofessionals may also be offered by organizations recognized by their state government to offer peer paraprofessional training programs, and these programs must offer a state licensure or certification to the trainee upon completion.

Funding Opportunity Title:	Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals
Funding Opportunity Number:	HRSA-14-126
Due Date for Applications:	June 3, 2014
Anticipated Total Annual Available Funding:	\$3,400,000 in FY 2014; subsequent years based on the availability of funds
Estimated Number and Type of Awards:	Approximately 10-30 grants
Estimated Award Amount Per Grantee:	Up to \$300,000 for each one-year budget period.
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	September 30, 2014

Eligible Applicants:	<p>Eligible applicants for paraprofessional certificate training programs are community and technical colleges, including tribal colleges and universities, accredited by a United States Department of Education nationally recognized accrediting body. Eligible applicants for peer paraprofessional certificate training programs also include organizations recognized by their state government to offer peer paraprofessional training programs, and these programs must offer a state licensure or certification to the trainee upon completion. Entities must offer a certificate program(s) in a behavioral health-related paraprofessional field (i.e., community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora, peer paraprofessional). [See Section III-1 of this FOA for complete eligibility information.]</p>
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All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>. A brief video which provides some general information about this program can be found at [www.hrsa.gov/grants/apply/assistance/behavioralhealth/](http://www.hrsa.gov/grants/apply/assistance/behavioralhealth/).

**Two technical assistance calls are scheduled for applicants:**

**Thursday April 10 at 3:00 pm (ET)**

Call-in Number: 1-888-628-9526

Participant Code: 2193070

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta041014>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014): 866-435-5406; Passcode: 6014

**Wednesday, April 23 at 3:00 pm (ET)**

Call-in Number: 1-888-628-9526

Participant Code: 2193070

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta042314>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014): 866-415-2343; Passcode: 6314

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# **I. Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the FY 2014 Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals grant program. In support of the White House's *Now is the Time* initiative, the grant program aims to expand the mental health and substance abuse (jointly referred to as behavioral health throughout the funding opportunity announcement) workforce targeting children, adolescents, and transitional-age youth at risk for developing or who have developed a recognized behavioral health disorder.

Grantees will be expected to expand the behavioral health workforce by supporting education and training for behavioral health-related paraprofessionals at community and technical colleges, and training for peer professionals in other settings as appropriate. BHWET grantees will help to close the gap in access to behavioral health care services by increasing the numbers of adequately prepared behavioral health paraprofessionals working with at-risk children, youth and their families.

## **Program Requirements:**

Grantees will be expected to use funds for the following activities:

1. Support students through provision of tuition, fees, and supplies to complete a certificate program in a behavioral health-related paraprofessional field. Students may be new to the field or may be individuals who are already practicing but want additional credentials advance their employability.
2. Expand an existing paraprofessional certificate program(s) to include more behavioral health related content and curricula, and hands-on learning in the form of field placements. Focus should be on addressing behavioral health needs of at-risk children, adolescents, transitional-age youth, and their families.
3. Create more slots in a paraprofessional certificate program(s) to expand the number of students trained with a focus on behavioral health and working with at-risk children and youth.
4. Recruit students who are interested in pursuing a behavioral health-related paraprofessional certificate to prepare them to work with at-risk children, adolescents, transitional-age youth, and their families. Applicants will be expected to recruit a diverse group of students in terms of race/ethnicity, socio-economic status, and other demographic factors, to pursue the certificate program.
5. Develop relationships with non-profit and public organizations focusing on health care, social services, and behavioral health needs of these at-risk populations. These organizations are essential to hosting student field placements and assisting with career placement for graduates of the program.
6. Engage with other organizations/institutions in the community that may be able to provide support and resources to recruit, train and place students, including Area Health Education Centers, labor unions, and American Job Centers.
7. Engage with other organizations/institutions to, and/or where established within the grantee's organization, provide career development and job placement services that assist students in obtaining employment following the certificate program. Grantees should provide specific employment development activities designed to help participants gain employability skills, work experience and assist participants in finding employment.
8. Evaluate the program, collect needed program and performance information, and disseminate findings to appropriate audiences.

Applicants must already offer one or more certificate programs in a behavioral health-related paraprofessional field, including, but not limited to: community health worker; outreach worker; social services aide; mental health worker; substance abuse/addictions worker; promotora; youth worker; and peer paraprofessional. The certificate program must provide both didactic and hands-on learning in the form of a field placement.

Prerequisites for certificate programs for paraprofessionals must be at a minimum a high school diploma or GED, and the certificate must be able to lead to an associate's and/or bachelor's degree in the future, as applicable. For example, the certificate program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Include information about certificate curricula and prerequisites in **Attachment 7**.

Training programs specific to peer paraprofessionals must be recognized by the state government(s) within the proposed geographic coverage of the training program, and must offer a state licensure or certification to the trainee upon completion. Information regarding state certification for peer paraprofessional training must be included in **Attachment 7**.

In order to train greater numbers of students while ensuring appropriate economies of scale, institutions are encouraged to include multiple relevant certification programs in their application.

Allowable allocations and further guidance pertaining to these activities is outlined below.

Student Support (see grantee activity 1 above)

No less than 85 percent of a grantee's overall requested budget (direct costs only) must be used to support the tuition, fees, and supplies for the enrolled students. Applicants may request a maximum of \$2,000 and a minimum of \$1,700 per student to cover all student support and administrative and management activities for each 12-month period. No more than 12 consecutive months of student support is allowed per student.

Administrative and Management Activities (see grantee activities 2, 3, 4, 5, 6, 7 and 8 above)

Up to 15 percent of an applicant's overall requested budget (direct and indirect) may be dedicated to grantee activities other than student tuition, fees, and supplies support.

All education and training by grantees must prepare students for work in non-profit and public health care, social service and/or behavioral health organizations focusing on at-risk children, youth and families. The didactic and experiential training should prepare students to perform a broad range of functions, such as:

- Discussing problems and developing a plan of action in consultation with a team of providers;
- Serving as effective members of interprofessional community health teams in primary care and other health and social service settings;
- Understanding, detecting, intervening and referring when signs of at-risk behavior are present for individuals, and initiating necessary reporting requirements (in accordance with scope of practice and state law);
- Recognizing behavioral health issues and concerns, and referring to the appropriate professionals for care;

- Providing education, guidance, social support and assistance to patients/clients;
- Educating families about access to and the use of services and enhancing their ability to effectively communicate with providers;
- Working with appropriate organizations to increase and improve access to care;
- Providing culturally and linguistically appropriate education and services;
- Providing referral, follow-up and care coordination services as applicable to their role in their organization and community; and
- Providing individual, family, and community health promotion and prevention activities

Grantees should also be committed to increasing diversity in health professions programs and the health workforce. This commitment extends to ensuring that the workforce is reflective of the diversity of the nation, training programs develop the competencies and skills needed for intercultural understanding and expand cultural fluency, and recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

## 2. Background

The BHWET grant program is authorized in Sections 501(d)(5), 509, and 520A of the Public Health Service Act and the Consolidated Appropriations Act, 2014, Division H, Title II (Health Surveillance and Program Support). The focus of these authorities is on prevention and treatment of mental health and substance abuse disorders.

As proposed by the White House in the January 2013 *Now is the Time* initiative, one of the Nation's goals is improve behavioral health services for at-risk children, adolescents, and transitional-age youth by training more behavioral health paraprofessionals to serve these populations<sup>1</sup>. Although three-quarters of mental illnesses appear by the age of 24, less than half of children with diagnosable mental health problems receive treatment.<sup>2</sup> Transitional-age individuals, referring to those persons ages 16 to 25 years old, are at high risk for mental illness, substance abuse, and suicide, but they are among the least likely to seek continuous help.

Increasing the competency level of behavioral health paraprofessionals through education and training, expands the capacity of the behavioral health workforce. The inclusion of paraprofessionals as part of the integrated care team can result in greater quality, efficiency and effectiveness of services and coordination of care. Paraprofessionals are often the first stage of contact for clients served, and their functions may include: communicating with team members, families, and other professionals in the community; contributing to integrated and interprofessional care; participating in the planning and design of treatment or education goals for clients; observing and recording health information; connecting clients with other resources; assisting with and teaching daily living skills; modeling/teaching communication and social skills; and advocating for clients.

The Administration has proposed funding to train behavioral health paraprofessionals who plan to serve young people and their families. The BHWET for Paraprofessionals grant program will educate and train paraprofessionals or students seeking to obtain a certificate in a paraprofessional field focusing on the behavioral health of at-risk youth and families. This will

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<sup>1</sup> Now is the Time Initiative: [http://www.whitehouse.gov/sites/default/files/docs/wh\\_now\\_is\\_the\\_time\\_full.pdf](http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf)

be accomplished through programs at accredited community and technical colleges, including tribal colleges and universities, offering certifications in a behavioral health paraprofessional field including, but not limited to community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora, and peer paraprofessional. Training for peer paraprofessionals may also be offered by organizations recognized by their state government to offer peer paraprofessional training programs, and these programs must offer a state licensure or certification to the trainee upon completion.

A key factor in targeting community and technical colleges is to achieve diversity among paraprofessionals. According to the American Association of Community Colleges 2013 Community College Fact Sheet, 48 percent of students are non-white (18 percent Hispanic, 15 percent Black, 6 percent Asian and Pacific Islanders, 1 percent Native American, and 9 percent Other/Unknown).<sup>2</sup> Other demographics of community college students include: 40 percent are of the first generation to attend college, 16 percent are single parents, 7 percent are non-citizens, 12 percent are students with disabilities, and 3 percent are veterans.

HRSA and SAMHSA are seeking to train a total of 1,700 additional behavioral health paraprofessionals per year through this grant program.

Helpful terms and their definitions in relation to this announcement, include:

- “Behavioral health” refers to both mental health and substance abuse and may be used interchangeably with “mental and substance use disorders.
- “At-risk children and adolescents” refer to those individuals who have a higher risk of developing mental health or substance use problems than others due to a complex interaction of biological, behavioral, and environmental factors.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

Contingent on appropriations, this program will provide funding during Federal fiscal years 2014 – 2016. Approximately \$3,400,000 is expected to be available annually to fund ten to thirty (10-30) grantees. Applicants may apply for a minimum of \$100,000, and up to a maximum of \$300,000 per year (and a total maximum of \$900,000 over the three-year period). The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the BHWET program in subsequent fiscal years, grantee satisfactory performance, compliance with all terms and conditions of award, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

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<sup>2</sup> American Association of Community Colleges, 2013 Fact Sheet on Community Colleges.  
[http://www.aacc.nche.edu/AboutCC/Documents/2013facts\\_fold\\_revised.pdf](http://www.aacc.nche.edu/AboutCC/Documents/2013facts_fold_revised.pdf)



## 1. Eligible Applicants

Eligible applicants for paraprofessional certificate programs are accredited community and technical colleges, including tribal colleges and universities.

Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. More information is available at the following web site: ([http://www2.ed.gov/admins/finaid/accred/accreditation\\_pg5.html#NationallyRecognized](http://www2.ed.gov/admins/finaid/accred/accreditation_pg5.html#NationallyRecognized)).

Applicants for paraprofessional certificate programs must provide a copy of their accreditation letter as **Attachment 6**. Applicants who fail to attach a copy of their accreditation letter will be considered non-responsive and will not be considered for this funding opportunity.

Eligible applicants for peer paraprofessional certificate programs also include organizations recognized by their state government to offer peer paraprofessional training programs, and these programs must offer a state licensure or certification to the trainee upon completion.

Applicants for peer paraprofessional certificate programs that are not an accredited community or technical college must provide documentation of recognition by their state government to provide the peer paraprofessional certificate program as **Attachment 6**.

Eligible applicant institutions/organizations must be located in the United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

## 2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

## 3. Other

Applications that exceed the ceiling amount of \$300,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowed.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the Research and Related (R&R) application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

### 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. Applicants must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

#### 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 FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application and count the pages to ensure it does not exceed the 80-page limit.**

**Applications must be complete, within the 80-page limit, and submitted prior to the deadline to be considered under this announcement.**

#### Program-specific Instructions

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

##### i. *Project Abstract*

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

In addition to the instructions in the guide, please provide the Project Title at the top of the abstract. Format the body of the abstract as follows:

- Name of certificate program(s) and focus of the training and education;
- Brief overview of the proposed project, including number of students to be trained; and,
- Goals and specific, measurable objectives of the proposed project.

Do not include personal identifying information in the abstract.

## 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.

Use the following section headers for the Narrative:

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

This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT– Corresponds to Section V’s Review Criterion #1*

This section should define the geographic area (e.g. community, city, state, region, etc.) that will benefit from the proposed activities. Describe the behavioral health needs of the population within the defined area, and the existing behavioral health system capacity to meet these needs. Demographic data should be used and cited whenever possible to support the information provided. Discuss any relevant gaps or barriers in the defined area, including unmet needs of the population and limitations of the current behavioral health system, and how the proposed project plans to ameliorate or overcome them. Identify and utilize datasets available within all states, such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral Surveillance (YRBS) and National Survey on Drug Use and Health (NSDUH).

As appropriate, this section should include but not be limited to a discussion of:

- State and local health status indicators related to the behavioral health problems of at-risk children, adolescents and transitional-age youth, and their families;
  - Behavioral health needs identified for these populations, and what is required to meet these needs;
  - Labor Market Information related to the behavioral health paraprofessional job market (job categories may include, but are not limited to community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora, and peer paraprofessional);
  - The current behavioral health paraprofessional certificate program(s) offered by the institution and how these program(s) focus on meeting the behavioral health needs of at-risk children, adolescents, and transitional-age youth, and their families. Include the prerequisites for enrollment, the courses and hands-on learning required. Include information if the certificate is part of a career pathway with stackable credentials. Applicants may include more than one relevant certification program in the application; and,
  - Provide information on the number of students graduating from these certificate program(s) over the last five years, and the job placement for these graduates. Also, include relevant demographics of students, such as race and socio-economic status.
- *METHODOLOGY – Corresponds to Section V’s Review Criterion #2*

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity

announcement. As appropriate, include details about the development and implementation of any new effective tools and strategies that will be pursued to meet these needs.

▪ *WORK PLAN – Corresponds to Section V’s Review Criteria #2, #4, #5, and #6*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and the extent to which these contributors reflect the cultural, racial, gender, sexual preference, linguistic and geographic diversity of the populations and communities served.

The work plan should include:

- Goals of the project (including objectives and sub-objectives);
- Responsible entity/entities (e.g., key staff and partners);
- Activities;
- Timeline;
- Deliverables and/or products; and
- Proposed Outcomes.

The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. State objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed. The objectives and sub-objectives should address plans and/or strategies for:

- Supporting students through provision of tuition, fees, and supplies to complete a certificate program in a behavioral health-related paraprofessional field.
- Expanding the existing paraprofessional certificate program(s) to include more behavioral health related courses and curricula, and hands-on learning in the form of field placements. Focus should be on addressing the behavioral health needs of at-risk children, adolescents, transitional-age youth, and their families. Include how the certificate can lead to an associate’s or bachelor’s degree. Multiple certification programs that are relevant may be included in the program description. Training programs specific to peer paraprofessionals must be recognized by the state government(s) within the proposed geographic coverage of the training program, and these programs must offer a state licensure or certification to the trainee upon completion. Information regarding state certification for peer paraprofessional training must be included in **Attachment 7**.
- Creating more slots in the paraprofessional certificate program(s) to expand the number of students trained with a focus on behavioral health and at-risk children and youth.
- Recruiting students that are interested in pursuing a behavioral health paraprofessional certificate to prepare them to work with at-risk children, adolescents, transitional-age youth, and their families. Applicants must take into account recruiting a diverse group of students to pursue the certificate program.
- Developing relationships with non-profit and public organizations focusing on health care, social services, and behavioral health needs of these at-risk

populations. Applicants should describe how these organizations will host student field placements and assist with career placements for graduates of the program.

- Engage with other organizations/institutions in the community that may be able to provide support and resources to recruit and train students, including Area Health Education Centers, labor unions, and American Job Centers.
- Providing career development and job placements services to assist students in obtaining employment following the certificate program. Applicants should provide specific development activities designed to help participants gain employability skills and work experience and assist participants in finding employment.

**Sustainability plan:** The applicant must include plans for sustainability by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. The documentation should specify other sources of income, future funding initiatives and strategies, a timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

**Dissemination of Outcomes:** Develop a plan for dissemination of all products in venues such as conferences, presentations, publications, electronic recordings, web-based publishing, and teleconference. Dissemination of products/outcomes should be to state/community stakeholder groups such as planning and advisory councils. The applicant should plan to report on dissemination activities in the annual progress report.

▪ *RESOLUTION OF CHALLENGES – Corresponds to Section V's Review Criterion #2*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V's Review Criteria #3 & #5*

Applicants must describe the plan for monitoring and evaluating program performance that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives, sub-objectives, activities and timelines of the project and describe how outcomes can be attributed to the project. Include descriptions of the inputs (e.g., organizational profile, interprofessional or consortium partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management 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. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes with different cultural groups (e.g., race, ethnicity, language, and tradition) and explain how the data will be used to inform program development and service delivery and strengthen project performance.

Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed. The applicant must also show demonstrated expertise, experience, and the technical capacity to carry out the evaluation plan and collect required performance measures.

Applicants should describe their capacity to collect required outcome measures such as, but not limited to:

- The number and types of certificate programs offered in a behavioral health paraprofessional field;
  - The number and demographics of new students trained and the number who graduate during each year of the project;
  - The number of graduates who pursue behavioral health careers serving at-risk children, adolescents, and transitional-age youth and their families;
  - The employment locations of graduates;
  - The number and types of organizations partnered with for field placements and job placements; and
  - The impact the training has had on the population and community served.
- *ORGANIZATIONAL INFORMATION – Corresponds to Section V’s Review Criterion #5*

Provide information on the applicant organization’s current mission and structure, scope of current activities, personnel, quality and availability of facilities, and an organizational chart. Describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program’s organization’s resources and capabilities to support provision of culturally and linguistically competent, interprofessional education, consortium, and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The applicant should also provide the following information:

- Evidence of adequate staffing plan for proposed project including the project organizational chart (**Attachment 3**);
- Evidence of successful track record of recruiting students into the certificate program(s) and in helping to place the graduates into careers; and
- Evidence of support and commitment by nonprofit and public organizations serving at-risk children, adolescents, and transitional-age youth to provide field placements and job placement for these students. This may be demonstrated by resources and/or letters of support (i.e., commitment to provide financial or in-kind resources) (**optional attachment**).

### **iii. Budget and Budget Justification Narrative**

Refer to the instructions in Section 4.1.iv and v. of HRSA's [SF-424 R&R Application Guide](#).

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, Pub. L. 113-76 signed into law on January 17, 2014 includes a provision that states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section **4.1.iv Budget – Salary Limitation** of HRSA's [SF-424 R&R Application Guide](#) for additional information.

### **iv. Attachments**

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, each page of attachments counts toward the application page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) (counted in page limit)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Include biographical sketches for persons occupying the key positions, not to exceed two pages in length for each position. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Bio sketches should be uploaded in SF-424 R&R Senior/Key Person Profile form.

*Attachment 2: (If Applicable) Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (counted in page limit)*

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

*Attachment 3: Project Organizational Chart (counted in page limit)*

Provide a one-page figure that depicts the organizational structure of the project.

*Attachment 4: Tables, Charts, etc. (counted in page limit)*

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

*Attachment 5: Maintenance of Effort Documentation (counted in page limit)*

Applicants must provide a baseline aggregate expenditure for the prior fiscal year (unless otherwise noted in statute) and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES	
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">FY 2013 (Actual)</div> Actual FY 2013 non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.  <div style="text-align: right;">Amount: \$ _____</div>	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">FY 2014 (Estimated)</div> Estimated FY 2014 non-Federal funds, including in-kind, designated for activities proposed in this application.  <div style="text-align: right;">Amount: \$ _____</div>

*Attachment 6: Documentation of Accreditation (counted in page limit)*

Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. Applicants must include a copy of their accreditation letter or other evidence of accreditation. Applicants for peer paraprofessional certificate programs that are not an accredited community or technical college must provide documentation of recognition by their state government to provide the peer paraprofessional certificate program.

*Attachment 7: Documentation of the certificate training curriculum, courses, and pre-requisites (counted in page limit)*

Prerequisites for certificate programs for paraprofessionals must be at a minimum a high school diploma or GED, and the certificate must be able to lead to an associate's and/or bachelor's degree in the future, as applicable. For example, the certificate program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Include information about certificate curricula and prerequisites. Training programs specific to peer paraprofessionals must be recognized by the state government(s) within the proposed geographic coverage of the training program, and information regarding state certification or licensure for the individuals completing these peer paraprofessional training programs must be included.

*Attachment 8-11: Other Relevant Documents (counted in page limit)*

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.) List all other support letters on one page.

### **3. Submission Dates and Times**

#### **Application Due Date**



The due date for applications under this funding opportunity announcement is *June 3, 2014 at 11:59 P.M. Eastern Time.*

#### **4. Intergovernmental Review**

The Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals grant program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#). See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

#### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$300,000 per year. 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.

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. The BHWET Grant Program has six (6) review criteria:

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality of and extent to which the application addresses the following:

- Local and state health needs of the population and the behavioral health workforce in the defined geographic area,
- Demographics of the population(s) to be served;
- Health status indicators related to the behavioral health problems of at-risk children, adolescents and transitional-age youth, and their families.
- Identified behavioral health needs identified for these populations, and what is required to meet these needs.
- Labor Market Information related to the behavioral health paraprofessional job market (job categories may include, but are not limited to community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora, and peer paraprofessional).
- The current behavioral health paraprofessional certificate program(s) offered by the institution and how these programs focus on meeting the behavioral health needs of at-risk children, adolescents, and transitional-age youth, and their families, including the prerequisites for enrollment, and the courses and hands-on learning required.
- The number of students graduating from these certificate program(s) over the last five years, demographics of these students, and the job placement for these graduates.

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

The quality of and 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 described in the application are capable of addressing the problem and attaining the project objectives. The development and implementation of new tools to meet the stated needs of the project.

The feasibility, quality of, and extent to which the application addresses:

- How students will be supported through provision of tuition, fees, and supplies to complete a certificate program in a behavioral health-related paraprofessional field.
- The goals of the project (including objectives and sub-objectives), responsible entity/entities (e.g., key staff and partners), activities, timeline, deliverables and/or products, and proposed outcomes.
- How the behavioral health paraprofessional certificate program(s) will be expanded to include behavioral health courses/curricula, and hands-on learning in the form of field placements. Focus should be on addressing the behavioral health needs of at-risk children, adolescents, transitional-age youth, and their families. How the certificate can lead to an associate's or bachelor's degree.
- How more slots will be created in the paraprofessional certificate program(s) to expand the number of students trained with a focus on behavioral health and at-risk children and youth.
- Strategies to recruit students who are interested in pursuing a behavioral health paraprofessional certificate to prepare them to work with at-risk children, adolescents, transitional-age youth, and their families.
- Plans to develop relationships with non-profit and public organizations focusing on health care, social services, and behavioral health needs of these at-risk populations, and how these organizations will host student field placements and assist with career placements for graduates of the program.
- Methods to engage other organizations/institutions in the community that may be able to provide support and resources to recruit and train students, including Area Health Education Centers, labor unions, and American Job Centers.
- Strategies to provide career development and job placements services to assist students in obtaining employment following the certificate program including specific development activities designed to help participants gain employability skills and work experience and assist participants in finding employment.
- An understanding of the need for diversity within the behavioral health professions to improve health equity in the communities.
- The quality of the approaches to resolve challenges likely to be encountered in designing and implementing proposed activities.

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

The strength and effectiveness of the plan proposed to monitor the project and how the plan will contribute to continuous quality improvement and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program goals and objectives have been met, and 2) to what extent outcomes can be attributed to the project. Specific criteria include:

- The overall quality of the evaluation plan;
- The extent to which the applicant demonstrates expertise, experience, and the technical capacity to carry out the evaluation plan and collect required performance measures;
- The degree to which the applicant's proposed evaluation plan specifies a valid data collection strategy and identifies proposed instruments/tools to be used, data sources, and projected timelines for data collection, analysis, and reporting;
- The quality of the methods and proposed approach for using results and outcomes to inform program development and service delivery; and,

- The ability and experience of the applicant to collect and report data on a semi-annual basis and overcome obstacles to program evaluation.

*Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Work Plan*

- The feasibility, quality and effectiveness of plans for dissemination of project result; and
- The degree to which the project activities are sustainable. The institution should outline a sustainability plan to specify other sources of income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Performance will be considered, along with:

- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- The activities, timeline, and responsible staff to achieve each of the objectives proposed during each year of the entire three-year project period;
- Evidence of successful track record of recruiting students into the certificate program(s) and in helping to place the graduates into careers;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- Evidence of support and commitment by nonprofit and public organizations serving at risk children, adolescents, and transitional-age youth to provide field placements and job placement for these students. This may be demonstrated by resources and/or letters of agreement (i.e. commitment to provide financial or in-kind resources). (**Attachment 2**).

*Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Work Plan, Budget, and Budget Justification*

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and work plan, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The degree to which the budget justification is reasonable and describes the entire project costs and trainee expenses including the 85 percent and 15 percent split in costs as described in Section 1.1 above.

## **2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. The review and selection process for this funding opportunity is consistent with SAMHSA and HRSA peer review process requirements. Applications competing for Federal funds receive an objective and independent peer review performed by a committee of experts

qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA completeness and eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Please see section 5.3 of the HRSA's [\*SF-424 R&R Application Guide\*](#).

In making selections for awards, HRSA will consider the distribution of funding across the eligible paraprofessional areas. In order to achieve this projected distribution of awards, it may be required to skip applicants on the rank order list for funding following the grant review.

### **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 30, 2014.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of September 30, 2014. See section 5.4 of HRSA's [\*SF-424 R&R Application Guide\*](#) for additional information.

### **2. Administrative and National Policy Requirements**

See section 2 of HRSA's [\*SF-424 R&R Application Guide\*](#).

### **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [\*SF-424 R&R Application Guide\*](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. BHPPr will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. Funded applicants will be required to consistently collect, analyze, and report on participation and outcome data in the form of performance reports.

The **BHPPr Progress Report has two parts.** The first part demonstrates awardee progress on program-specific goals. The second part collects core performance

measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the Notice of Award. The applicant should plan to report on dissemination activities in the annual progress report.

Copies of any materials disseminated should include the following acknowledgement and disclaimer:

“This project is/was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, and total award amount). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the SAMHSA, HRSA, HHS or the U.S. Government.”

2) **Performance Reports.** The awardee must submit a Performance Report to HRSA on a **semi-annual** basis. All Bureau of Health Professions (BHPr) grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Reporting Modernization Act of 2010 (GPRA). In addition, Section 5103 of the Patient Protection and Affordable Care Act requires that BHPr grantees provide longitudinal data for individuals who receive training and financial assistance from BHPr programs. The required performance measures for this program can be found at <http://bhpr.hrsa.gov/grants/reporting/index.html>. Further information will be provided in the Notice of Award.

3) **Final Report.** A final report is due **within 90 days after the project period ends**. The Final Report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Professions (BHPr) with information required to close out a grant after completion of project activities. As such, every awardee is required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the Notice of Award.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Nandini Assar, Ph.D., Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-4920  
Email: [nassar@hrsa.gov](mailto:nassar@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Violet Ryo-Hwa Woo, MS, MPH  
Chief, Behavioral Health and Diversity Branch  
HRSA Bureau of Health Professions  
Division of Public Health and Interdisciplinary Education  
Parklawn Building, Room 9C-26  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-8032  
Fax: (301) 301-0157  
Email: [vwoo@hrsa.gov](mailto:vwoo@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees 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 Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

## VIII. Other Information

A brief video which provides some general information about this program can be found at [www.hrsa.gov/grants/apply/assistance/behavioralhealth/](http://www.hrsa.gov/grants/apply/assistance/behavioralhealth/).

Two technical assistance calls are scheduled for applicants:

### **Thursday April 10 at 3:00 pm (ET)**

Call-in Number: 1-888-628-9526

Participant Code: 2193070

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta041014>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014):  
866-435-5406; Passcode: 6014

### **Wednesday, April 23 at 3:00 pm (ET)**

Call-in Number: 1-888-628-9526

Participant Code: 2193070

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta042314>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014):  
866-415-2343; Passcode: 6314

## IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's [\*SF-424 R&R Application Guide\*](#). In addition, BHPr has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:  
<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.