Screening & Treatment for Maternal Depression and Related Behavioral Disorders Program

Funding Opportunity Number: HRSA-18-101

Pre-application Technical Assistance webinar

July 12, 2018

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Division of Healthy Start & Perinatal Services (DHSPS)
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Webinar Outline

1. Award & Eligibility Information
2. HRSA Background
3. Program Purpose
4. Program Goals & Expectations
5. Application & Submission Information
6. Narrative Submission Highlights
7. Review Criteria Highlights
8. Additional Considerations
9. Contact Information
10. Q & A
Award and Eligibility Information
**Award Information**  (p. i of NOFO)

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-18-101</td>
</tr>
<tr>
<td>Letter of Intent Due Date:</td>
<td>July 16, 2018 <em>(See p. 20 of NOFO)</em></td>
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<tr>
<td>Due Date for Applications:</td>
<td>August 6, 2018</td>
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<tr>
<td>Anticipated Total Annual Available FY 2018 Funding:</td>
<td>$4,550,000</td>
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<tr>
<td>Estimated Number &amp; Type of Awards:</td>
<td>Up to seven cooperative agreements <em>(see p. 8-9 of NOFO for summary of responsibilities)</em></td>
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<tr>
<td>Estimated Award Amount:</td>
<td>Up to $650,000 per year dependent on the availability of appropriated funds</td>
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<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
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<tr>
<td>Period of Performance:</td>
<td>Sept. 30, 2018 through Sept 29, 2023 <em>(5 years)</em></td>
</tr>
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</table>

Program is authorized by the Public Health Service Act, Title III, Part B, § 317L-1 (42 U.S.C. § 247b-13a), as amended.
Eligibility Information (p. ii and 9 of NOFO)

**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.

**NOTE:** Multiple applications from a state are not allowable.
HRSA Background
Background

Health Resources and Services Administration

Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs

Vision

Healthy Communities, Healthy People

https://www.hrsa.gov/
Background

HRSA’s Maternal & Child Health Bureau

Mission
To improve the health of America’s mothers, children and families

Vision
We envision an America where all children and families are healthy and thriving, and have a fair shot at reaching their fullest potential

https://mchb.hrsa.gov/
Program Purpose
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\(^3\).

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.

\(^1\) Postpartum women are defined here as women who have given birth within the preceding 12 months.

\(^2\) HRSA defines rural and underserved areas on p. 7 of the NOFO.
• **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.

• 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.
• This 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 and Expectations
Program Goals (p. 1 of NOFO)

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**.
Program Expectations (p. 2-3 of NOFO)

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.*

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.
Program Expectations (cont.) (p. 2-3 of NOFO)

Recipients are expected to:

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) Use telehealth services for rural areas and medically underserved areas.
Recipients are expected to:

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 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 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.
Program Expectations (cont.) (p. 2-3 of NOFO)

Recipients are expected to:

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:

(b) Engaging other partners that may be relevant to the project’s mission. **National and state partners may include:**

- State/territorial health & human services agencies, including MCH Title V agencies, state substance use/mental health authorities, and state offices of rural health;
- Other HRSA grant projects (e.g., Healthy Start and MIECHV grant programs, and HRSA’s [Telehealth Resource Centers](#)).
- health care organizations;
- insurers (e.g., Medicaid, commercial);
- women/families with lived experience with a mental illness and/or addiction, particularly persons who are traditionally underserved;
- patient support and advocacy organizations;
- primary health care providers; and
- 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.
Program Expectations (cont.) (p. 2-3 of NOFO)

Recipients are expected to:

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.
Recipients are expected to:

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.
Expected Program Metrics: Performance, Outcomes & Impact (p. 3-5 of NOFO)

Recipients are expected to:

• Measure program performance, outcomes and impact.

• Establish baseline numbers for, and track specific measures listed on p. 3-5 of the NOFO annually, at a minimum.

• **NOTE:** The baseline for four of the 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.
Expected Program Metrics: Project Impact Measures (p. 3-4 of NOFO)

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

• Increase to 100% 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% the number of participating providers using the program for psychiatric consultations or care coordination.

• Increase to 75% 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.
Expected Program Metrics: Project Impact Measures (cont.) (p. 3-5 of NOFO)

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

• Increase to 75% 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.
By the conclusion of the period of performance in 2023, recipients should from baseline:

- 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.
Resources for Applicants in the NOFO

• Footnotes/references/definitions throughout the NOFO
  - Examples: “behavioral health” p. i, footnote #2; “psychiatric providers” p. 1, footnote #3; “telehealth” p. 7, footnote #21; “rural areas” and “underserved areas”, p. 7.

• Section VIII: Other Information (p. 28 of NOFO)
  - Logic Models
  - Work Plan
  - Tips for Writing a Strong Application

• Appendix (p. 30 of NOFO)
  - HRSA’s Telehealth Resource Centers
  - HRSA’s Rural Health Information Hub’s Community Health Gateway
  - SAMHSA-HRSA Center for Integrated Health Solutions
  - Provider’s Clinical Support System for Medication Assisted Treatment
  - Technical Brief by AHRQ, Medication Assisted Treatment Models of Care of Opioid Use Disorder in Primary Care Settings
  - Validated screening tools for depression, substance use, anxiety
Application & Submission Information
Application & Submission Information
(p. 10-11 of NOFO)

• HRSA requires all applicants to apply electronically through Grants.gov.

• HRSA’s SF-424 Application Guide:

• Page Limit: The total size of the uploaded files may not exceed 80 pages when printed by HRSA.

• Due Date: Your application must be submitted and successfully validated by Grants.gov no later than August 6, 2018 at 11:59 pm ET.
Narrative Submission Highlights
Sections of the Project Narrative include:

- Introduction
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation & Technical Support Capacity
- Organizational Information
Project Narrative—INTRODUCTION (p. 11 of NOFO)

• Describe briefly the purpose of the proposed project.

• Specify and include:

  → Is this a new project for your state/region, or are you building on an existing program?

  → If and how this funding will be used in conjunction with other state or grant funds. How federal funds will be used to complement/support other efforts; not duplicate or replace existing funds.

  → List sources, amounts, years, and brief description of any other funding. May be included as attachment in Other Relevant Documents.
• Describe your state’s need for this program, including ensuring access to affordable, community-based and/or telehealth resources.

• Describe the geographic areas to be served (e.g., statewide or regional, based on needs assessment); target populations (e.g. health providers and pregnant/postpartum women) and their unmet health needs, including rural and medically underserved areas, and socio-cultural determinants of health and health disparities.

• Cite the most recent demographic/geographic data to support the information provided.

• Discuss any barriers in the service area that the project hopes to overcome, and possible solutions.
Project Narrative – METHODOLOGY (p. 12-13 of NOFO)

1. Describe methods for how you intend to achieve each of the Program Expectations (p. 2-5 of NOFO).
   a) Provide narrative framework for project, and extend across the 5-year period of performance;
   b) Include your methods for ongoing staff training, partner and provider outreach, partner collaborations, clear communication, information sharing/dissemination, and efforts to involve patients with lived experience;
   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 description of plans to participate in HRSA’s TA activities; and
   e) Include plan to disseminate reports, products, and/or project outputs, so project information is provided to key target audiences.

2. Describe plan for project sustainability after federal funding ends.
Project Narrative – WORK PLAN (p. 13 of NOFO)

• Submit Work Plan as Attachment 1.

• Submit Project Logic Model as Attachment 2.

NOTES:

→ As appropriate, identify support, collaboration & coordination with key stakeholders in planning, designing & implementing all activities.

→ Describe collaboration with the state Title V MCH program, if not your organization, & other HRSA programs.

→ Describe the level of readiness of your organization and your expected partners’ organizations, to work together to achieve project goals and expectations.
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.

**NOTE:**

➔ Discuss how you will address the lack of behavioral health and recovery support providers to refer women to in rural areas, if applicable. e.g., describe use of telehealth.

➔ Address any challenges related to the level of readiness of your organization and your expected partners’ organizations.
Project Narrative—EVALUATION AND TECHNICAL SUPPORT CAPACITY (p. 14-15 of NOFO)

- Describe your measurement and data strategy for collecting, analyzing, and tracking data to measure project performance, outcomes and impact. Describe how you will ensure data quality.

- 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.

- Describe plans to participate in HRSA’s program evaluation activities for this Program.
Project Narrative—Evaluation and Technical Support Capacity (cont.) (p. 14-15 of NOFO)

• 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).

• Describe the inputs, systems and processes that will support your organization's performance management requirements.

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

• Describe any potential obstacles for this section, and your plan to address those obstacles.
This includes (not exhaustive list – see p. 15 of NOFO):

- Your Organization’s Mission, Organizational Structure, & Scope of Current Activities
- Organizational Chart as Attachment 6 | Project Staff
- Experience with a statewide or regional provider consultation, care coordination, and/or provider training program, if applicable
- Project Partners Organization
  - Project Organizational Chart as Attachment 7
  - Describe project’s administrative & organizational structure
  - Describe relationships w/partners or sub-recipients, including oversight of and communication with | All sub-recipients must report to your agency (the award recipient), and are held to same award requirements.
  - Letters of Agreement as Attachment 5
ATTACHMENTS— Required unless otherwise noted (p. 17-18 of NOFO)

1. Work Plan
2. Project Logic Model
3. Staffing Plan & Job Descriptions for (4) Key Personnel
   ✓ Project Director, Program Manager, Fiscal Manager & Data Manager
4. Biographical Sketches of Key Personnel
5. Letters of Agreement, MOU’s, Existing Partnerships, Sub-recipients
6. Applicant Organizational Chart
7. Project Organizational Chart
8. Tables, Charts (If Applicable)
9. 5th Year Budget
10. Other Relevant Documents (If Applicable)
Review Criteria Highlights
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.

<table>
<thead>
<tr>
<th>NARRATIVE SECTION</th>
<th>REVIEW CRITERIA</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
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<tr>
<td>Methodology</td>
<td>(2) Response and (4) Impact</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2) Response and (4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Budget &amp; Budget Narrative</td>
<td>(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.</td>
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Review Criteria (p. 20-23 of NOFO)

Review Criteria are used to review and rank applications. For this NOFO, there are six review criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
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<td>Criterion 1: Need</td>
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<tr>
<td>Criterion 2: Response</td>
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<tr>
<td>Criterion 3: Evaluative Measures</td>
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<td>Criterion 4: Impact</td>
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<td>Criterion 5: Resources and Capabilities</td>
<td>25</td>
</tr>
<tr>
<td>Criterion 6: Support Requested</td>
<td>10</td>
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Additional Considerations
Additional Considerations

Award Notice (p. 24 of NOFO)

- The Notice of Award will be sent prior to the start date of September 30, 2018.
- See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

Post-award Reporting requirements (p. 24-27 of NOFO)

- Annual Progress Report(s), Final Report Narrative, Annual Performance Reports
- Integrity and Performance Reporting
- Annual Project Impact, Performance, & Outcome measures (p. 3-5 of NOFO)
Contact Information  (p. 27 of NOFO)

Program Contact
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Grants Contact
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Web: mchb.hrsa.gov
Twitter: twitter.com/HRSAgov
Facebook: facebook.com/HHS.HRSA
A recording of this webcast, slides & FAQs will be posted at

https://mchb.hrsa.gov/fundingopportunities/default.aspx?id=3a4c841e-e48e-4162-b83f-0dd78290b90c
Thank you for your participation!

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