

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

Funding Opportunity Number: HRSA-23-085

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110

Application Due Date: June 2, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: April 3, 2023

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See [Section VII](#) for a complete list of agency contacts.

Authority: [42 U.S.C. § 247b-13a](#) (Title III, § 317L-1 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. The purpose of this program is to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders.

Funding Opportunity Title:	Screening and Treatment for Maternal Mental Health and Substance Use Disorders
Funding Opportunity Number:	HRSA-23-085
Due Date for Applications:	June 2, 2023
Anticipated FY 2023 Total Available Funding:	\$8,750,000
Estimated Number and Type of Award(s):	Up to 14 cooperative agreement(s)
Estimated Annual Award Amount:	Up to \$750,000 per award (see the Summary of Funding)
Cost Sharing/Match Required:	Yes; not less than 10% in non-federal matching funds in each year from Year 1 to Year 5
Period of Performance:	September 30, 2023 through September 29, 2028 (5 years)
Eligible Applicants:	Eligible applicants include States, Indian Tribes and Tribal organizations. See Section III.1 of this notice of funding

	opportunity (NOFO) for complete eligibility information.
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Tuesday, April 18, 2023
2 – 4 p.m. ET
Weblink: <https://hrsa.gov.zoomgov.com/j/1604267347?pwd=RTNTdURRT1JBNGtoRmFzL3hDOG9Zdz09>

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

Call-In Number: 1-833-568-8864
Meeting ID: 160 426 7347
Passcode: 99834191

MCHB will provide an overview of the NOFO and an opportunity to ask questions. HRSA will record the webinar and make it available at: <https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the FY 2023 Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. The purpose of this program is to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders. This will be accomplished by establishing, improving, and/or maintaining statewide or regional¹ networks that provide real-time psychiatric consultation, care coordination support services, and culturally and linguistically appropriate training to maternity care providers and clinical practices. This program is also intended to help reduce maternal health inequities. [For more details, see Program Requirements and Expectations.](#)

The program's long-term goals are to:

- Increase routine behavioral health screening for pregnant and postpartum persons;
- Increase routine detection, assessment, brief intervention, treatment, and referral of maternal mental health conditions through the use of evidence-based practices; and,
- Increase access to treatment and recovery support services for pregnant and postpartum persons that are culturally and linguistically appropriate (e.g., translation of materials), community-based, that may be provided in-person or via telehealth.

The program objectives to be accomplished during the period of performance to support program goals, are included below. Recipients will collect and report baseline data by the end of Year 1, and subsequently achieve by the conclusion of the performance period in 2028, the following objectives:

- Increase the number of providers using the program for real-time psychiatric consultations and/or care coordination support services (including referrals).
- Increase the number of providers trained on maternal mental health and substance use disorders, including screening, assessment, treatment, and follow-up recovery support services.
- Increase the number of provider trainings that incorporate equity and respectful, culturally responsive, and congruent care.
- Increase the number of community-based mental health, substance use disorder treatment, and recovery support service providers in the project's referral database.

¹ Regional MMHSUD teams are defined as MMHSUD care teams within regions of a state, jurisdiction, or Tribal area.

For additional details on the program requirements and expectations to support and monitor the program goals and objectives, see [Program Requirements and Expectations](#). Additional information about program measures and data can be found in the [Reporting](#) section.

2. Background

Authority

The Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program is authorized by [42 U.S.C. § 247b-13a](#); ([Title III, § 317L-1](#) of the Public Health Service Act).

Maternal Mental Health and Well-Being

The U.S. suffers from one of the highest maternal death rates in the developed world, especially when compared to other developed countries.² The leading underlying cause of pregnancy-related deaths from 2017 to 2019 was mental health conditions according to data from Maternal Mortality Review Committees (MMRCs) in 36 states. These included deaths due to suicide and overdose/poisoning related to substance use disorder.³ Additionally, depression during pregnancy and up to 12 months after delivery is one of the most common medical complications of pregnancy and childbirth. Approximately one in eight pregnant individuals experience symptoms of depression after pregnancy,⁴ but maternal mental health conditions, like anxiety, depression, or substance use, can occur during or after pregnancy. Some studies have reported higher rates of postpartum depression in Black and Hispanic women compared to White women.⁵ An analysis conducted by the Centers for Disease Control and Prevention indicated that American Indian/Alaska Native women report the highest rates of depressive symptoms during the postpartum period.⁶ Stressors of the COVID-19 pandemic have exacerbated symptoms of depression, anxiety, post-traumatic stress, and loneliness reported among pregnant and postpartum women.^{7,8} Undetected and

² The Commonwealth Fund. [Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries](#).

³ Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

⁴ Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020; 69:575–581. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919a2>

⁵ Cannon C, Nasrallah HA: [A focus on postpartum depression among African American women: A literature review](#). *Ann Clin Psychiatry*. 2019;31:138-143.

⁶ Bauman BL, Ko JY, Cox S, et al. [Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018](#). *MMWR Morb Mortal Wkly Rep* 2020;69:575–581. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919a2>. Retrieved 10/2020.

⁷ Liu, CH et al. "Risk Factors for Depression, Anxiety, and PTSD Symptoms in Perinatal Women during the COVID-19 Pandemic" *Psychiatry Review* DOI: [10.1016/j.psychres.2020.113552](https://doi.org/10.1016/j.psychres.2020.113552)

⁸ Basu A, Kim HH, Basaldua R, Choi KW, Charron L, Kelsall N, et al. (2021) A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic. *PLoS ONE* 16(4): e0249780. <https://doi.org/10.1371/journal.pone.0249780>

untreated, these conditions can increase the risk of poor outcomes for mothers and their children.

A nationwide shortage of psychiatrists compounds these issues.⁹ Women in rural and medically underserved areas are especially vulnerable to these shortages.¹⁰ The U.S. Preventive Services Task Force and the American College of Obstetricians and Gynecologists recommend screening pregnant and postpartum women for mental and substance use disorders with a brief intervention where possible and referral when appropriate,^{11, 12, 13, 14, 15} but this has not yet been consistently achieved in practice. By training front-line clinical providers¹⁶ to identify and treat behavioral health conditions as part of their routine care,¹⁷ pregnant and postpartum people can receive screening, assessment, treatment, and referrals from providers with whom they may already have established relationships.

About MCHB and Strategic Plan

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

Goal 1: Assure access to high quality and equitable health services to optimize health and well-being for all maternal and child health (MCH) populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

⁹ Weiner, S. (2018, February 12). [Addressing the escalating psychiatrist shortage](#). AAMC. Retrieved December 20, 2021.

¹⁰ The American College of Obstetricians and Gynecologists. [Committee Opinion No. 586: Health Disparities in Rural Women](#). February 2014, reaffirmed 2021. Retrieved 8/2021.

¹¹ The U.S. Preventive Services Task Force, [Final Recommendation Statement: Screening for Depression in Adults](#). January 26, 2016. Retrieved November 8, 2022.

¹² The U.S. Preventive Services Task Force, Final Recommendation Statement: Unhealthy Drug Use: Screening. June 09, 2020. Retrieved November 8, 2022.

¹³ The U.S. Preventive Services Task Force, [Final Recommendation Statement: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions](#). November 13, 2018. Retrieved November 8, 2022.

¹⁴ The American College of Obstetricians and Gynecologists. Committee Opinion No. 757: [Screening for Perinatal Depression](#). November 2018. Retrieved November 2022.

¹⁵ The American College of Obstetricians and Gynecologists. Committee Opinion No. 711: [Opioid Use and Opioid Use Disorder in Pregnancy](#). August 2017. Retrieved November 2022.

¹⁶ Front-line clinical providers may include, but are not limited to, any health care providers (including nurse practitioners, nurse midwives, obstetrician-gynecologists, pediatricians, psychiatrists, mental health care providers, and adult primary care clinicians) that provide or receive real-time psychiatric consultation (in-person or remotely) to aid in the treatment of pregnant and postpartum people.

¹⁷ The American College of Obstetricians and Gynecologists. Screening for perinatal depression. ACOG Committee Opinion No. 757. *Obstet Gynecol* 2018;132:e208–12

This program addresses all of MCHB's goals. Award recipients will address these goals by establishing new or enhancing existing statewide, tribal, or regional networks that expand health care provider capacity to assess, treat, and refer pregnant and postpartum people with behavioral health concerns, especially in rural and medically underserved areas. MCHB is committed to promoting equity in health programs for mothers, children, and families.

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Providing oversight and subject matter expertise 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.
- Reviewing the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement on an ongoing basis.
- Assisting in the establishment and facilitation of effective collaborative relationships with federal and state contacts, HRSA-funded recipients, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work.
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

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

- Completing activities proposed in response to this NOFO.
- Meeting with the federal project officer 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.
- Collaborating with HRSA on ongoing review of activities; procedures and budget items; information/publications prior to dissemination; contracts; and interagency agreements.
- Establishing contacts relevant to the project’s mission, such as with federal and non-federal partners and other HRSA projects.
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed, and submitted on time.
- Participating in HRSA’s TA activities for the MMHSUD program; to include data monitoring, evaluation, and capacity building assistance.
- Willingness to adapt as necessary to meet the required goals and objectives of the program.

2. Summary of Funding

HRSA estimates approximately \$8,750,000 to be available annually to fund up to 14 recipients. You may apply for a ceiling amount of up to \$750,000, annually (reflecting direct and indirect costs) per year.

Total Number of Women of Reproductive Age Within the State or Tribal Area(s) ¹⁸	Annual Funding Amount
≤200,000	Up to \$500,000
>200,000	Up to \$750,000

The period of performance is September 30, 2023 through September 29, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the MMHSUD Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

¹⁸ Women of reproductive age is defined as women 15-44 years of age. 2020 population estimates from the US Census Bureau for women 15-44 years of age by state (and some counties) are available from CDC WONDER (CDC WONDER) or March of Dimes Peristats (<https://www.marchofdimes.org/peristats/>). Population estimates for women 15-44 years of age for tribal areas can be calculated from US Census Bureau My Tribal Area (<https://www.census.gov/tribal/>).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are States, Indian Tribes, and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act) (25 U.S.C. § 5304)).

2. Cost Sharing/Matching

Cost sharing/matching is required for this program.

Under this NOFO, applicants need to show how they will provide matching funds that are no less than 10%. For example, the match could be \$75,000 for an annual award in the amount of \$750,000.

Possible sources to meet the 10% non-federal cost sharing/matching requirement may include, but are not limited to:

- Sponsoring organization (State, clinic, hospital, university, etc.) supports the project financially
- Local or national foundation
- Local business/corporate funding
- Community fundraising
- In-kind funds (i.e., space, rent, equipment, staff time, health provider time, volunteer time, etc.)
- For-profit ventures
- Program income
- Private insurance payments

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

3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-085 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items don’t count toward the page limit:

- Standard OMB-approved forms you find in the NOFO’s workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")

- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

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

If you use an OMB-approved form that isn't in the HRSA-23-085 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-085 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

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

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

Program Requirements and Expectations

Successful MMHSUD award recipients will be expected to:

- 1) Provide training, education, and information to front-line health care providers on maternal mental health and substance use disorders. This includes evidence-based, trauma-informed, and culturally and linguistically appropriate screening; brief intervention; treatment (as applicable for healthcare providers); referrals for treatment; follow-up support services; and linkages to community-based resources. Trainings should:
 - a. Be conducted in-person and/or via webinar (to support distance learning);
 - b. Incorporate evidence-based, trauma-informed, and culturally and linguistically appropriate protocols, guidelines, services, and treatment algorithms that include respectful care; and,
 - c. Educate health care providers and their staff on how to use these behavioral screening tools and protocols in clinical practice.
- 2) Attract participants and promote the benefits of trainings to clinical providers, by conducting vigorous and personal outreach; using a variety of marketing approaches; and providing incentives (e.g., continuing medical education credits).
- 3) Provide real-time psychiatric consultation, either in person or via telehealth, and care coordination support to front-line maternal health care providers to aid in the screening, assessment, and treatment of pregnant and postpartum people.
- 4) Develop and implement a mechanism(s) that addresses the following program components:
 - a. Establish and maintain quality psychiatric consultation services (in-person or via telehealth);
 - b. Collect and report on data and evaluation activities; and,
 - c. Utilize innovative approaches, such as telehealth and teleconsultation services, to address the needs of rural and medically underserved areas.
- 5) Collaborate with other federally funded programs that support mental and behavioral health, including, but not limited to, the [National Maternal Mental Health Hotline](#), Community Mental Health Centers Grant Program, [Veterans Affairs](#) mental health services, Family Violence Prevention and Services Program, and the [Pediatric Mental Health Care Access \(PMHCA\) program](#).
- 6) Develop and/or enhance partnerships to expand treatment and recovery support service options and coordinate services and activities and achieve program goals. This program activity will be completed by:
 - a. Developing partnerships across the state, tribe and/or region and then connecting these partners to a broad range of community-based mental health and substance use treatment and recovery support service providers. Partnerships should increase access to such services for pregnant and

postpartum people and their families. Service providers may also include any organization that reduces barriers to housing, food insecurity/nutrition, employment, education, transportation, childcare, etc. for patients in the target population. Partnerships should be established, at a minimum, with entities that receive funding for other HRSA programs to facilitate referrals for comprehensive services for pregnant and postpartum people. These HRSA programs may include [Title V Maternal and Child Health \(MCH\) Block Grant agencies](#), [Community Health Centers](#), [Healthy Start](#), and the [Maternal, Infant and Early Childhood Home Visiting \(MIECHV\)](#). Other partners may include:

- i. Health care organizations;
 - ii. Health insurance providers (e.g., Medicaid, TRICARE, commercial);
 - iii. People/families with lived experience with a mental illness and/or substance use disorder (i.e., someone with their own personal experience with a mental illness and/or substance use disorder), particularly persons who are medically underserved;
 - iv. Patient support and advocacy organizations, including doula, perinatal bereavement, and community health worker organizations;
 - v. Tribes and tribal organizations, including Urban Indian Organizations;
 - vi. Primary health care providers; and
 - vii. State chapters of medical and professional associations.
- b. Establishing linkages with and among community-based resources, including mental health resources, primary care resources, and patient support groups.
- 7) Participate in HRSA's technical assistance (TA) activities to support the MMHSUD program. Participation may include joining an MMHSUD Community of Practice and other program-wide learning communities and presenting to MMHSUD colleagues on programmatic successes, challenges, and program outcomes. TA may be a one-time encounter or on-going activity depending on the needs of the recipient organization. TA may target the needs of several states, tribes, or a HRSA region.
 - 8) Collect MMHSUD performance measure data.
 - 9) Participate in HRSA's MMHSUD program evaluation activities. Participation may include responding to surveys, participating in interviews, and providing other reports on evaluation activities.
 - 10) Track, report, and share the MMHSUD program performance and outcomes with HRSA, HRSA's program evaluator, other award recipients, and state/regional partners.

Program-Specific Instructions

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

i. **Project Abstract**

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

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. **Project Narrative**

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

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

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion #1 [Need](#)
 1. Briefly describe the purpose of the proposed project that is consistent with [Section I: Purpose](#).

- *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 people for maternal mental health and substance use disorders, ensuring accessibility to community-based resources that include services in person or via telehealth.
 2. Describe and document, using demographic and geographic data and trends over time whenever possible (e.g., official federal, local, or state surveys; Title V MCH Block Grant or other program needs assessments and reports; Maternal Mortality Review Committee (MMRC) or severe maternal morbidity reports; issue papers; study reports; annual reports from trade/professional organizations; etc.):
 - a. The geographic areas to be served (i.e., statewide, tribe or regional), the behavioral health care services available, in those areas, any unmet health needs, including in rural areas and medically underserved areas or populations;
 - b. The need of the target population(s) to be served, including which types of health care providers you will target for program outreach and engagement (e.g., nurse practitioners, nurse midwives, obstetricians/gynecologists, nurse midwives, pediatricians, psychiatrists and psychiatric providers, mental and other behavioral health care providers, adult primary care clinicians, etc.); and
 3. Include social determinants of health and health disparities that impact the population(s) or communities to be served.
 4. Identify and discuss relevant barriers that the project hopes to overcome in the service area and possible solutions.
 - a. Describe the challenges that affect behavioral health care in the service area (e.g., poverty, uninsured or underinsured, social determinants of health). Please describe how the proposed program will address the challenges and impact the geographic areas you plan to serve.
- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 [Response](#)*
 1. Propose clear and feasible methods that you will use to address the stated needs and ensure the activities described in the [Program Requirements and Expectations](#) section are integrated into the proposal to include:
 - a. Establishment and maintenance of quality consultative services through psychiatric consultation to be provided via telehealth or in-person.

- b. Provision of outreach services to rural and medically underserved areas and populations.
 - c. Participation in HRSA's MMHSUD TA activities.
 - 2. Approaches should encompass all 5 years of the project and identify the outcomes you expect to achieve by the end of the period of performance.
 - 3. Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal.
 - 4. Include your methods for development of effective strategies for ongoing staff training, partner and provider outreach, partner collaborations, clear communication, information sharing, and involving patients with lived experience with mental illness and/or substance use disorder (i.e., individuals with their own personal experience with a mental illness and/or substance use disorder), families, and communities.
 - 5. Describe which evidence-based or evidenced-informed screening tools and protocols you will use and why they are appropriate for the population(s) you are serving.
 - 6. Describe a plan for disseminating reports, products, and/or project outputs so project information is provided to key target audiences.
 - 7. Describe a plan for project sustainability after the period of federal funding ends.
- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 [Response](#) and #4 [Impact](#)*
 - 1. Provide a work plan and a timeline as **Attachment 1** that describe the activities or steps, including cultural competency efforts, you will use to achieve each of the proposed objectives included in the Methodology section. The work plan and the timeline should cover the entire 5year period of performance and identify responsible staff.
 - 2. Describe an effective plan for managing the project, including its personnel, resources, and activities that will support the necessary infrastructure to operate consultative services and provider trainings. If you will make sub-awards or expend funds on contracts, describe how you will maintain communication among any subrecipients and how they will ensure consistent and timely, high-quality work. Describe how your organization will ensure proper documentation of funds for subrecipients.
 - 3. Identify meaningful support and collaboration with key stakeholders, which may include engagement with state, (e.g., State Title V MCH Block Grant, etc.), tribes and tribal organizations, regional, and local systems in planning, designing, and implementing all activities, including developing the application.

4. Submit a logic model as **Attachment 2** that presents the conceptual framework for the project and explains the links between the goals, activities, and outcomes. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. You can find information on developing logic models at the following website: [ACF HHS: Logic Model Tip Sheet](#).
- *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 available to serve women in rural and medically underserved areas, if applicable. Describe your strategies, such as the use of direct patient telehealth services (e.g., direct patient tele-psychotherapy, direct patient tele-psychiatry, virtual support groups, etc.), and other strategies to overcome these barriers.
 - a. 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. Describe your organization's leadership support of this program.
 - *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 [Evaluative Measures](#) and #5 [Resources/Capabilities](#)*

Provide a performance measurement and evaluation plan that demonstrates how you will fulfill the expectations and requirements for performance measurement and evaluation described in the Program Requirements and Expectations section. This plan should include the following:

1. Monitoring: how you will track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation. Provide an initial list of measures (indicators, metrics) you will use to monitor progress.
2. Performance Measurement: your plan for measuring and tracking program performance on the objectives outlined in the Purpose Section. The plan should include required and/or proposed measures outlined in the Program Requirements and Expectations Section, and plans for the timely collection and reporting of all measures. Include plans for establishing baseline data by the end of Year 1.

3. Program Evaluation: your program evaluation plans and methods for completing the activities outlined in the Program Requirements and Expectations Section. Plans should include a description of data to be collected and how those data relate to program objectives and performance measurement, data management and data submission plans, and expected deliverables.
 4. Continuous Quality Improvement: your plans for using and incorporating information from performance measurement and evaluation to inform and improve processes and outcomes.
 5. Capacity: your capacity to collect and manage data in a way that allows for accurate and timely monitoring, good data quality, performance measurement, evaluation, and continuous quality improvement. Include a description of the available resources (e.g., organizational profile, collaborative partners, staff skills and expertise, budget), systems, and key processes you will use for monitoring, performance measurement, and evaluation (e.g., data sources, data collection methods, frequency of collection, data management software). Describe any potential obstacles for implementing your performance measurement and evaluation plan and your plan to address those obstacles.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 [Resources/Capabilities](#)*
 1. Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
 2. Discuss expertise of staff that will be assigned to this project as it relates to the scope of this project. Specifically describe your organization's and proposed staffs' roles. Include an organizational chart as **Attachment 6**.
 3. Provide information on your organization's ability, capacity, and relevant experience developing, implementing, and managing a statewide, tribal or regional provider psychiatric 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.
 4. Provide information on your organization's efforts to deliver culturally and linguistically appropriate training for the population to be served.
 5. Describe relationships with any agencies or organizations, including subrecipients, with which you intend to partner, collaborate, coordinate efforts, or receive consultation from while conducting project activities. Include letters of agreement and/or descriptions of proposed/existing contracts (project specific) in **Attachment 5**.

6. Discuss how your 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.

iii. **Budget**

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy the less than 10 percent matching or cost-sharing requirement.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II..." Effective January 2023, the salary rate limitation is **\$212,100**. Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

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

In addition, the MMHSUD program requires that the budget narrative clearly describes each cost element, and explains how it relates to the project's objectives.

The budget justification narrative should clearly describe how the not less than 10 percent cost sharing/matching requirement will be met in each year of the 5-year period of performance.

v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan and Timeline

Attach the work plan and timeline for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Logic Model

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).

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. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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. If a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 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 and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 6: Project Organizational Chart

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

Attachment 7: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 8: For Multi-Year Budgets--5th Year Budget

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, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 9: Request for Funding Priorities

HRSA will assign up to 4 priority points to programs that:

- **Priority (1):** Are proposing to create, improve, or enhance screening, prevention, and treatment services for maternal mental health and substance use disorders in primary care settings. **(1 point)**
- **Priority (2):** Are currently partnered with, or will partner with, one or more community-based organizations to address maternal mental health and substance use disorders; **(1 point)**
- **Priority (3):** Are located in, or provide services under this program in, an area with disproportionately high rates of maternal mental health or substance use disorders or other related disparities; or **(1 point)**
- **Priority (4):** Operate in a health professional shortage area designated under section 332, including maternity care health professional target areas. **(1 point)**

To receive a funding priority, include a statement (via **Attachment 9**) that you are eligible for a funding priority and identify the priority. Include evidence that supports your eligibility for each priority requested.

Attachments 10-15: Other Relevant Documents

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

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

Effective April 4, 2022:

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

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

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

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

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

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

Here's what this means:

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

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

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **June 2, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#), Section 8.2.5 for additional information.

5. Intergovernmental Review

The MMHSUD Program is not subject to the provisions of [Executive Order 12372](#), as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$750,000 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, 2023 (P.L. 117-328), apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used

under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

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

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

1. The extent to which the applicant's proposed project responds to the "Purpose" section of the NOFO.
2. The extent to which the application describes and documents the need to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders.
3. The strength of the description and the justification of the geographic and target populations to be served, which should include a description of project reach (e.g. statewide, tribes, tribal organizations, or regional), unmet needs, rural areas, and medically underserved areas or populations.
4. The strength and effectiveness of the application in describing social determinants of health and health disparities of the population(s) or communities served to support the purpose of the proposed project.
5. The extent to which the application identifies and discusses relevant barriers that the project hopes to overcome in the service area and possible solutions.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Methodology (20 points)

The extent to which the proposed project responds to the Purpose section included in the program description, as well as the Program Requirements and Expectations. Specifically, the extent to which the applicant, across the five years of the period of performance, effectively describes and demonstrates:

1. The strength and feasibility of the proposed plans, and methods to:
 - a) Establish and maintain quality consultative services through psychiatric consultation provided via telehealth or in-person.
 - b) Provide outreach to rural areas and medically underserved areas and populations.
 - c) Participate in the HRSA's TA activities.
2. The extent to which the application provides specific, measurable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE) objectives for each project goal.
3. The extent to which the application includes methods for development of effective strategies for ongoing staff training, partner and provider outreach, partner collaborations, clear communication, information sharing/dissemination, and involving patients with lived experience with mental illness and/or addiction (i.e., individuals with their own personal experience with a mental illness and/or addiction), families, and communities.
4. The extent to which the application describes which evidence-based or evidence-informed screening tools and protocols you will use and why they are appropriate for the populations being served.
5. The feasibility and effectiveness of plans for dissemination of project results via reports, products, and/or project outputs so that project information is shared with key target audiences.
6. The extent to which the project is sustainable beyond the federal funding.

Work Plan (15 points)

1. The extent to which the application describes and includes a work plan and logic model that are adequate, meaningful, and feasible; includes cultural competency efforts, includes all activities to be used in achieving program goals and objectives, and includes a timeline of each activity with corresponding responsible staff members.
2. The feasibility of the proposed project plan for managing subawards is based upon the level of readiness of the applicant and expected partners to work together to achieve project goals, expectations, and requirements, including the provision of consultative services and provider trainings.
 - a) If the applicant plans to use subawards to implement the project, then also assess the extent to which the application describes communication among subrecipients to ensure consistent and timely high-quality work products, and proper documentation of funds for subcontractors.

3. The extent to which the application identifies and describes support and collaboration with key stakeholders at the state (e.g., the state Title V MCH program, if the applicant is not the state Title V MCH program), tribal, or regional level.

Resolution of Challenges (5 points)

1. The extent to which project challenges are reasonably projected and proposed approaches to resolve are realistic.
2. The strength and feasibility of the plan to address a lack of behavioral health and recovery support providers available to serve women in rural areas and medically underserved areas, if applicable, including the use of direct patient tele-behavioral health services.
3. The extent to which the application describes how the proposed project activities will address the challenges related to organizational readiness to achieve the project goals and expectations, and how organizational leadership will support program implementation.

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

Reviewers will assess the strength and effectiveness of the proposed performance measurement and evaluation plan. This includes:

1. The applicant's capacity to monitor and track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation. The feasibility and quality of the initial list of measures (indicators, metrics) proposed to monitor progress and the degree to which the proposed measures align with the purpose of the NOFO.
2. The applicant's capacity to measure and track program performance on the objectives outlined in the Purpose Section and the quality of plans for the timely collection and reporting of all measures, including the plans for establishing baseline data by the end of Year 1.
3. The applicant's capacity to evaluate the activities outlined in the proposed project, including plans for data to be collected and how those data relate to program objectives and performance measurement, data management and data submission plans, and expected deliverables.
4. The applicant's capacity to use and incorporate information from performance measurement and evaluation to inform and improve processes and outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan

1. The extent to which applicant's logic model (**Attachment 2**) outlines the project's framework, and explains the links between goals, activities, and outcomes.
2. The proposed project, as outlined in the narrative, work plan, and logic model, has a feasible and significant impact on public health and will be effective, if funded.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

Evaluation and Technical Support Capacity (10 points)

The extent to which:

1. The applicant identifies of any potential obstacles for implementing their performance measurement and evaluation plan and adequacy of the plan to address those obstacles.
2. The applicant describes their capacity to collect and manage data in a way that allows for accurate and timely monitoring, good data quality, performance measurement, evaluation, and continuous quality improvement. The adequacy of the proposed resources (e.g., organizational profile, collaborative partners, staff skills and expertise, budget), systems, and key processes for monitoring, performance measurement, and evaluation (e. g., data sources, data collection methods, frequency of collection, data management software).

Organizational Information (10 points)

The applicant organization, project personnel, and proposed partners (as listed in the [Program Requirements and Expectations](#) section of the NOFO), are clearly described, including its oversight of and frequency of communication with these partners; its relationships to these partners; and their roles and responsibilities in program implementation. The extent to which:

1. The included project personnel and partners have sufficient training, qualifications, expertise, and experience to carry out the project and to engage and activate all partners (especially obstetric provider practices, behavioral health treatment providers, and recovery support providers) in the state, tribe, or region (including rural communities).
2. The applicant describes their organization’s mission, structure, and scope of current activities and whether these components will contribute to the organization’s ability to conduct the project requirements and meet the project goals and objectives.
3. 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 of the data and evaluation 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.
- 4) The adequacy of the plan for securing resources (in cash or in-kind) to fulfill the not less than 10 percent non-federal cost sharing/matching requirement in each year of the 5-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

For this program, HRSA will use:

Funding Priorities

This program includes a funding priority, as authorized by 42 U.S.C. § 247b-13a(c); (Title III, § 317L-1(c) of the Public Health Service Act). A funding priority is a favorable adjustment of combined review scores of individually approved applications when applications meet specific criteria. The objective review committee adjusts the score by a set, pre-determined number of points. The Screening and Treatment for Maternal Mental Health and Substance Use Disorders program has four funding priorities. To receive a funding priority, a request must be made via **Attachment 9** and include evidence that supports the applicant's eligibility for each priority point requested.

Priority 1: Service Provision in Primary Care Settings (1 point)

The applicant will be granted a funding priority if:

The applicant is proposing to create, improve, or enhance screening, prevention, and treatment services for maternal mental health and substance use disorders in primary care settings.

Priority 2: Partnerships with Community-Based Organizations (1 point)

The applicant will be granted a funding priority if:

The applicant is currently partnered with, or will partner with, one or more community-based organizations to address maternal mental health and substance use disorders.

Priority 3: Service Provision in Areas of High Need (1 point)

The applicant will be granted a funding priority if:

The applicant is located in, or provides services under this program in, an area with disproportionately high rates of maternal mental health or substance use disorders or other related disparities; and

Priority 4: Health Professional Shortage Area (1 point)

The applicant will be granted a funding priority if:

The applicant operates in a health professional shortage area¹⁹ designated under section 332, including maternity care health professional target areas.

3. Assessment of Risk

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

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

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

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

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

¹⁹ Health Resources and Services Administration (HRSA); Find Shortage Areas: <https://data.hrsa.gov/tools/shortage-area>

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications,

and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are Core 3; Financial Forms 1, 2, 6, and 7; Capacity Building 1, 4, 6, and 8; Women's/Maternal Health 4; Training 15; and Products and Publications. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2023 – September 29, 2024 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 30, 2023 – September 29, 2024	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2023 – September 29, 2028	Period of performance end date	90 days from the available date

- 2) **Progress Report(s).** The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Tonya Randall
 Grants Management Specialist
 Division of Grants Management Operations, OFAM
 Health Resources and Services Administration
 Phone: (301) 594-4259
 Email: Trandall@hrsa.gov

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

M. Sony Fermin, MSW, LICSW
Senior Public Health Analyst
Division of Healthy Start and Perinatal Services
Phone: (301) 443-1504
Email: wellwomancare@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

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

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

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

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

Appendix A: Page Limit Worksheet

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

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1: Work Plan and Timeline	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Logic Model	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 4: Biographical Sketches of Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or contracts	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 6: Project Organizational Chart	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 7: Tables and Charts	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 8: 5th Year Budget (Does not count against the page limit)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9: Request for Funding Priorities	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 10	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-085 is 60 pages		My total = ___ pages

Appendix B: Additional Resources for Applicants

You may wish to consult the following resources as you prepare your 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. See <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. See <https://www.ruralhealthinfo.org/community-health>.
- The National Center of Excellence for Integrated Health Solutions provides training, technical assistance, and a wealth of tools and resources to support primary care and behavioral health organizations as they integrate primary care and behavioral health services. See <https://www.samhsa.gov/integrated-health-solutions>.
- Providers' Clinical Support System for Medication Assisted Treatment is a national training and clinical mentoring project funded in part by SAMHSA 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. See <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). See <https://www.ncbi.nlm.nih.gov/books/NBK402352/>.
- The National Maternal Mental Health Hotline provides 24/7, free and confidential emotional support, resources, and referrals to any pregnant and postpartum mothers facing mental health challenges and their loved ones. See <https://mchb.hrsa.gov/national-maternal-mental-health-hotline>.
- The Pediatric Mental Care Access Program builds workforce capacity to screen and help children with behavioral disorders. See <https://mchb.hrsa.gov/training/pgm-pmhca.asp>.

Glossary of Key Terms

- Community of Practice: A group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis. See <https://www.cdc.gov/publichealthgateway/phcommunities/communities-of-practice-cops.html>.
- Equity: "The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have

been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”²⁰

- Health Equity: Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities.²¹
- Health Professional Shortage Area Designated Under Section 332²²: Refers to a designation under section 332 of the Public Health Service Act (42 U.S.C. § 254e), which states, in relevant part, that the term health professional shortage area means “(A) an area in an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services) which the Secretary determines has a health manpower shortage, (B) a population group which the Secretary determines has such a shortage, or (C) a public or nonprofit private medical facility or other public facility which the Secretary determines has such a shortage. All Federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), that meet the requirements of section 334 shall be automatically designated as having such a shortage.”
- Maternal Mental Health (MMH)²³: Maternal Mental Health conditions include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), and substance use disorders, and can occur during pregnancy or within a year after birth²⁴.
- Medically Underserved Area: The term “medically underserved area” has the meaning given the term “medically underserved community” in section 799B(6) of the Public Health Service (PHS) Act (42 U.S.C. § 295p(6)).²⁵ Section 799B(6) of the

²⁰ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

²¹ The Maternal and Child Health Bureau created this definition of health equity. It is a working definition that encompasses concepts of equity as reflected in the Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

²² Health Resources and Services Administration (HRSA), Find Shortage Areas: <https://data.hrsa.gov/tools/shortage-area>

²³ Maternal Mental Health Leadership Alliance. [Maternal Mental Health Conditions](#).

²⁴ Postpartum women are defined here as women who have given birth within the preceding 12 months.

²⁵ See Public Health Service Act § 330(a)(4) (42 U.S.C. § 254c-14(a)(4)).

PHS Act defines the term “medically underserved community” as an urban or rural area or population that—

- (A) is eligible for designation under section 332 of the PHS Act as a health professional shortage area;
- (B) is eligible to be served by a migrant health center under section 329 of the PHS Act, a community health center under section 330 of the PHS Act, a recipient under section 330(h) of the PHS Act (relating to homeless individuals), or a recipient under section 340A of the PHS Act (relating to residents of public housing);
- (C) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or
- (D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

- Rural Area: 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.
- Telehealth Services: The term “telehealth services” means services provided through telehealth technologies.²⁶ “Telehealth technologies” means technologies relating to the use of electronic information, and telecommunications technologies, to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.²⁷
- Underserved Communities: “[The] populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of ‘equity.’²⁸ (See term “Equity” defined in Glossary above).

²⁶ See Public Health Service Act § 330I(a)(6) (42 U.S.C. § 254c-14(a)(6)).

²⁷ See Public Health Service Act § 330I(a)(7) (42 U.S.C. § 254c-14(a)(7)).

²⁸ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(b) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>. Executive Order 13985, at § 2(b).