



# Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention program

Funding Opportunity Number: HRSA-20-111  
Pre-application Technical Assistance Webinar  
*Thursday, April 30, 2:00 – 3:30 pm EST*

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**Maternal and Child Health Bureau (MCHB)**

**Vision: Healthy Communities, Healthy People**



# Webinar Agenda

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- 1. Award and Eligibility Information**
- 2. HRSA Background**
- 3. Program Purpose and Goals**
- 4. Program Objectives and Key Activities**
- 5. Application and Submission Information**
- 6. Narrative Submission Highlights**
- 7. Review Criteria Highlights**
- 8. Additional Considerations**
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- 10. Q & A**



# Award and Eligibility Information



# Award Information (p. i of NOFO)

<b>Funding Opportunity Title:</b>	<b>Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention (SFASDSI)</b>
<b>Funding Opportunity Number:</b>	<b>HRSA-20-111</b>
<b>Due Date for Applications:</b>	<b>June 9, 2020</b>
<b>Anticipated Total Annual Available FY 2020 Funding:</b>	<b>Up to \$1,000,000 dependent on the availability of appropriated funds</b>
<b>Estimated Number &amp; Type of Awards:</b>	<b>Up to one cooperative agreement (see p. 6-7 of NOFO for summary of responsibilities)</b>
<b>Estimated Award Amount:</b>	<b>Up to \$1,000,000 per year dependent on the availability of appropriated funds</b>
<b>Cost Sharing/Match Required:</b>	<b>No</b>
<b>Period of Performance:</b>	<b>September 1, 2020 through August 31, 2023 (3 years)</b>



Program is authorized by 42 U.S.C. § 701(a)(2).



# Eligibility Information (p. ii and 7 of NOFO)

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## Eligible Applicants:

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

**NOTE:** Multiple applications from an organization are not allowable.



# HRSA Background



# Background

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## Health Resources and Services Administration

### Mission

To improve health and address health disparities through access to quality services, a skilled health workforce and innovative, high-value programs

### Vision

Healthy Communities, Healthy People

<https://www.hrsa.gov/>



# Background

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## HRSA's Maternal & Child Health Bureau

### Mission

To improve the health and well-being of America's mothers, children and families.

### Vision

An America where all mothers, children, and families are thriving and reach their full potential.

<https://mchb.hrsa.gov/>



# Program Purpose and Goals



# Program Purpose (p. 1 of NOFO)

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**The SFASDSI program has two related purposes:**

- 1) To reduce alcohol use among pregnant women, and**
- 2) To improve developmental outcomes for children and adolescents with a suspected or diagnosed fetal alcohol spectrum disorder (FASD),**
  - in states, U.S. territories, tribes or tribal organizations, or communities that have high rates of binge drinking among pregnant women, especially in rural areas.**



# Program Goals (p. 1 of NOFO)

- 1) To improve the ability of primary care providers (PCPs) serving pregnant women to screen their patient population for alcohol use, provide brief intervention, and refer high-risk pregnant women to specialty care; *and*,
- 2) To improve the ability of PCPs serving children and adolescents to screen their patient population for prenatal alcohol exposure among those suspected of FASD, and manage and provide referrals to necessary services for those identified with FASD.
  - The recipient will use a variety of evidence-based modalities including telehealth approaches, to increase PCP knowledge and provide technical assistance to implement and sustain practice change among PCPs.



# Program Objectives and Key Activities



# Program Objectives (p. 1 of the NOFO)

To move toward achieving program goals, the recipient will work toward the following objectives by the end of the 3-year period of performance in 2023:

- 1) At least 80 percent of PCPs educated through this program have increased knowledge about the hazards of prenatal alcohol exposure and the options for screening for alcohol use during pregnancy, and prenatal alcohol exposure among children and adolescents suspected of FASD.**
- 2) At least 50 percent of PCPs educated through this program have increased self-efficacy in the recommended approach of screening, intervention, and referral to services, for their respective patient population.**
- 3) At least 30 percent of PCPs educated through this program have increased use of appropriate methods of screening for their respective patient population for alcohol use during pregnancy, and prenatal alcohol exposure among children and adolescents suspected of FASD.**



# Key Activities (p. 9-10 of NOFO)

To achieve the objectives in the Purpose section, you are encouraged to propose innovative strategies through key partnerships and collaborations to:

- 1) **Recruit over the course of the 3-year period of performance...at least 20 practices<sup>1</sup> comprised of *PCPs serving pregnant women* and at least 20 practices comprised of *PCPs serving children and adolescents*, that are located, ideally, in multiple states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women.**
  - ✓ At least 50 percent of PCPs should be practicing in rural and safety net settings.
  - ✓ PCPs may include those participating in other HRSA-supported initiatives.
  - ✓ Employ innovative recruitment and retention strategies, e.g., providing maintenance of certification, CE credits, certificates of completion, or incentives for participation.



<sup>1</sup> A practice is defined as an ambulatory clinical setting in which one, two, or more clinicians provide health care in a single-specialty (e.g., primary care) or multispecialty practice (e.g., offering various types of medical specialty care within one organization).

# Key Activities (cont.) (p. 9-10 of NOFO)

## 2) Provide education to PCPs *servicing pregnant women* to increase their knowledge and self-efficacy to:

- ✓ discuss avoidance of alcohol during pregnancy,
- ✓ screen pregnant women for alcohol use,
- ✓ provide brief intervention,
- ✓ refer high-risk pregnant women to specialty care, and
- ✓ communicate/collaborate with pediatric providers about known prenatal alcohol exposure.

# Key Activities (cont.) (p. 9-10 of NOFO)

## 3) Provide education to PCPs *servicing children and adolescents* to increase their knowledge and self-efficacy to:

- ✓ screen children and adolescents for prenatal alcohol exposure among those suspected of FASD,
- ✓ manage and provide referrals to necessary services for those identified with FASD,
- ✓ improve effective communication and shared decision making with families caring for a child with a suspected or diagnosed FASD, and
- ✓ provide maternal and family referral, for alcohol or other substance misuse, mental health, or family support services.

# Key Activities (cont.) (p. 9-10 of NOFO)

- 4) Provide TA to participating PCPs and their practices on using quality improvement strategies to implement and sustain practice change on topics such as, but not limited to,
- ✓ integrating evidence-based screening, clinical guidelines, brief intervention, referral, documentation, and clinical decision support tools into practice workflows/electronic health records (EHR)
  - ✓ coordinating with specialty and community services, and
  - ✓ establishing partnerships for referral networks.

# Key Activities (cont.) (p. 9-10 of NOFO)

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**5) Convene a project advisory committee**, comprised of individuals and families living with FASDs, mothers in recovery, and other key stakeholders/experts in the field, to guide project activities.

**6) Identify, curate, incorporate, and build on existing evidence-based education and training materials, tools, clinical guidelines and resources.**

→ The recipient *shall not duplicate* existing public health content, tools, clinical guidelines, or resources.



# Resources for Applicants in the NOFO

- **Footnotes/references/definitions throughout the NOFO**

- *Examples:* “rural” p. 1, footnote #3; “medically underserved community” p. 1, footnote #4; “self-efficacy” p. 1, footnote #5; “telehealth” p. 4-5 (in text); “practice” p. 9, footnote #29.

- **HRSA-funded partners to support recruitment of PCP practices (p. 13 of NOFO)**

- **Information on Developing a Logic Model (p. 15 of NOFO)**

- **Section VIII: Other Information (p. 30-31 of NOFO)**

- Helpful Resources and Informational Websites

[Bright Futures](#) (American Academy of Pediatrics (AAP) | [CDC FASDs: Information for Healthcare Providers](#) | [Healthy People 2020](#) | [HRSA’s Health Center Program](#) | [HRSA’s National Consortium of Telehealth Resource Centers](#) | [HRSA Strategy to Address Intimate Partner Violence, 2017–2020](#) | [National Organization on Fetal Alcohol Syndrome \(NOFAS\)](#) | [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#) | [The FASD Toolkit, AAP](#) | [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) Fetal Alcohol Exposure \(NIH\)](#)

- Tips for Writing a Strong Application (Sec. 4.7, HRSA’s [SF-424 Application Guide](#))



# Application & Submission Information



# Application & Submission Information (p. 8-9 of NOFO)

- HRSA *requires* all applicants to apply electronically through Grants.gov, & encourages using the SF-424 workspace application package associated with this NOFO following directions at [For Applicants](#) page on Grants.gov
- Follow HRSA's [SF-424 Application Guide](#), which provides detailed instructions to help with the application preparation & submission process
- **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 Tuesday, June 9, 2020 at 11:59 pm ET.**



# Narrative Submission Highlights



# Project Narrative Instructions (p.10-18 of NOFO)

## Sections of the Project Narrative include:

- Introduction – *Briefly describe purpose of proposed project*
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation & Technical Support Capacity
- Organizational Information
- Budget and Budget Narrative



# Project Narrative– NEEDS ASSESSMENT (p. 12 of NOFO)

**This includes** (not exhaustive list – see p. 12 of NOFO):

- Describe and document the problem to be addressed by the proposed activities.
- Evaluate the need/demand in multiple states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women, for education and TA for PCPs to meet program goals (p. 1 of the NOFO).
- Provide evidence supporting the selection of the PCP disciplines and geographic locations that the program will target.
- Demonstrate knowledge of rural and safety net settings serving pregnant women, children, and adolescents that will be reached through the program.



# Project Narrative– METHODOLOGY (p. 12-14 of NOFO)

- 1) Goals and Objectives** - State the overall goal(s) of the proposed project, and list specific objectives that respond to the stated need and purpose of this project.
- 2) Outreach and Recruitment Strategy**
- 3) Education and TA Modalities**
- 4) Learner Competencies, Education, and TA Content**
- 5) Project Advisory Committee to Guide Program Activities**
- 6) Dissemination Plan**



# Project Narrative– METHODOLOGY (CONT.) (p. 12-14 of NOFO)

## 2) Outreach and Recruitment Strategy (not exhaustive list)

- Provide a detailed plan for how **at least 20 practices** comprised of PCPs serving pregnant women and **at least 20 practices** comprised of PCPs serving children and adolescents, that are located, ideally, in multiple states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women, will be recruited and selected for participation in education and TA **over the course of the 3-year period of performance.**
  - ✓ Describe recruitment plans separately for each provider group.
  - ✓ Propose recruiting PCPs practicing in rural and safety net settings or other HRSA-supported initiatives rural areas and medically underserved communities.
- Provide a recruitment timeline for the 3-year period of performance. **It is expected that the recruitment of at least 10 practices serving pregnant women and at least 10 practices serving children and adolescents will be complete within the first 6 months of the period of performance.**



# Project Narrative– METHODOLOGY (CONT.) (p. 12-14 of NOFO)

## 2) Outreach and Recruitment Strategy (cont.)

- Estimate the numbers and types of learners, practice settings and locations of participating PCPs, over the 3-year period of performance.
- Describe innovative recruitment and retention strategies which may include, providing maintenance of certification, CECs, certificates of completion, or incentives for participation.
- You are encouraged to develop strategic partnerships with any of the following (p. 13 of NOFO) to achieve recruitment or other program goals:
  - ✓ HRSA-funded partners to support recruitment of rural and safety net PCPs
  - ✓ National medical and professional associations and stakeholders.



# Project Narrative– METHODOLOGY (CONT.) (p. 12-14 of NOFO)

## 3) Education and TA Modalities (not exhaustive list)

- Describe a variety of evidence-based modalities to increase the knowledge and self-efficacy of PCPs, and strategies for optimizing uptake and implementation of clinical guidelines and recommendations.
  - ✓ **Interdisciplinary modalities** may include, primary care practice transformation coaching, telehealth approaches such as provider-to-provider tele-consultation, and tele-mentoring such as Project ECHO, etc. **Propose models that have the best evidence base for sustaining practice change in primary care settings.**
- Describe what technologies you will use for education and TA, including e-learning systems, course management software, web-based conferencing, social media, and social networking tools, among others.



# Project Narrative– METHODOLOGY (CONT.) (p. 12-14 of NOFO)

## 4) Learner Competencies, Education, and TA Content

- Specify competencies of learners at conclusion of education and TA activities.
- Describe the evidence-based education, training and TA materials, tools, clinical guidelines, curricula (if applicable) and resources you intend to use or develop.
  - ✓ The program should identify, curate, incorporate, and build on existing materials. Materials developed under this program **should not duplicate** existing public health content, tools, clinical guidelines, or resources.
- Describe how education and training materials will be culturally and linguistically appropriate for PCPs and their respective patient populations, and help PCPs address the social determinants of health of their patients



# Project Narrative– METHODOLOGY (CONT.) (p. 12-14 of NOFO)

## 5) Project Advisory Committee to Guide Program Activities

- Describe your plan to engage a project advisory committee to guide program activities.
  - ✓ Comprised of individuals and families living with FASDs, mothers in recovery, and other key stakeholders and experts in the field.
- Describe who and how many people will be on your committee, roles and responsibilities, frequency of meetings (which can be virtual), and how the advisory committee will support the planning and implementation of Key Activities.
- Include in *Attachment 5*, select copies of letters from proposed advisory members.



# Project Narrative– METHODOLOGY (CONT.) (p. 12-14 of NOFO)

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## 6) Dissemination Plan

- Provide a plan to disseminate reports, products, and/or project outputs, including peer-reviewed publications, and opportunities for information exchange to ensure key target audiences receive the project information.

# Project Narrative – WORK PLAN (p. 15 of NOFO)

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- **Submit Work Plan as Attachment 1.**
- **Submit Project Logic Model as *Attachment 2*.**



# Project Narrative – RESOLUTION OF CHALLENGES (p. 16 of NOFO)

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- Discuss challenges you are likely to encounter and how you will resolve such challenges.
- Discuss potential challenges in recruiting and retaining providers and practices and how you will resolve such challenges.

# Project Narrative – EVALUATION & TECHNICAL SUPPORT CAPACITY

(p. 16-17 of NOFO)

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- Describe the plan for program performance evaluation that will contribute to continuous quality improvement.
- Document a plan for measuring program outcomes including, but not limited to the Program Objectives on p. 1 of NOFO.
- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.



# Project Narrative – ORGANIZATIONAL INFORMATION (p. 17-18 of NOFO)

**This includes** (not exhaustive list – see p. 17-18 of NOFO):

- Your organization’s *capacity and expertise* to provide education and TA activities, create linkages among stakeholders, and measure performance for building provider capacity to reduce alcohol use among pregnant women, and improve developmental outcomes for children with suspected/ diagnosed FASD.
- Your expertise and past work in areas such as:
  - ✓ screening, brief intervention, and referral to treatment for SU and MH disorders | screening children and adolescents for prenatal alcohol exposure | management and referral of those identified with FASD | the family-centered medical home model | child development | referral network development | trauma informed models and approaches to care | and related topics.
- Organizations who will partner with yours to meet program goals and objectives



# BUDGET AND BUDGET NARRATIVE

(p. 18-19 of NOFO and HRSA's SF-424 Application Guide, Sections 4.1.iv and 4.1.v)

**IMPORTANT:** Follow the instructions in HRSA's SF-424 Application Guide, Sections 4.1.iv and 4.1.v and additional budget instructions in this NOFO. HRSA's Guide and NOFO supersede any budget instructions on Grants.gov

**Budget:** Total Project Costs are the total allowable costs (inclusive of direct and indirect costs) that you incur to carry out your project.

## Budget Narrative:

- Describe how each line of your budget will support the achievement of your proposed objectives.
- Include the budget narrative for all 3 years of the project.

## Allowable Costs



# ATTACHMENTS — Required unless otherwise noted

(p. 19-20 of NOFO)

1. Work Plan
2. Project Logic Model
3. Staffing Plan & Job Descriptions for Key Personnel
4. Biographical Sketches of Key Personnel
5. Letters of Agreement, MOU's, and/or Description(s) of Proposed/Existing Contracts (project-specific)
6. Applicant Organizational Chart
7. Project Organizational Chart
8. Tables, Charts *(If Applicable)*
9. Other Relevant Documents *(If Applicable)*



# Review Criteria Highlights



# Narrative Guidance (p. 18 of NOFO)

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. Any attachments referenced in a narrative section may be considered during the objective review.

NARRATIVE SECTION	REVIEW CRITERIA
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
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 & Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

# Review Criteria (p. 22-26 of NOFO)

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

Criteria	Points
Criterion 1: Need	10
Criterion 2: Response <ul style="list-style-type: none"><li>- Methodology (10 points)</li><li>- Participant Recruitment and Retention (5 points)</li><li>- Work Plan (10 points)</li><li>- Resolution of Challenges (5 points)</li></ul>	30
Criterion 3: Evaluative Measures	15
Criterion 4: Impact	15
Criterion 5: Resources and Capabilities <ul style="list-style-type: none"><li>- Technical Support Capacity (13 points)</li><li>- Organizational Information (12 points)</li></ul>	25
Criterion 6: Support Requested	5



# Additional Considerations

# Additional Considerations

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## **Award Notice (p. 27 of NOFO)**

- The Notice of Award will be sent prior to the start date of September 1, 2020.
- See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

## **Post-award Reporting Requirements (p. 28-29 of NOFO)**

- Annual Performance Report(s), Annual Progress Report Narrative, Final Report Narrative
- Integrity and Performance Reporting



# Contact Information

## Program Contact

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## Grants Contact

Marc Horner

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HRSA Office of Federal Assistance Management

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Phone: 301-443-4888

## Grants.gov Contact Center

Telephone: 1-800-518-4726

Email: [support@grants.gov](mailto:support@grants.gov)

Self-Service Knowledge Base:

<https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>



# Q & A

Thank you for your participation!

**A recording of this webcast, slides & FAQs will be posted at**

**<https://www.hrsa.gov/grants/find-funding/hrsa-20-111>**



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