# Announcements from the Federal Office of Rural Health Policy

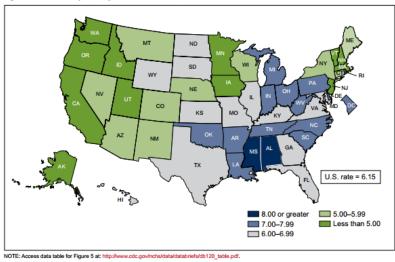
# **Funding Opportunities**

1. Open funding opportunities through HRSA programs include:

Healthy Start - HRSA is re-opening the competition period for Healthy Start, a program run by HRSA's Maternal and Child Health Bureau and up to 36 rural communities could be awarded up to \$30 million to improve perinatal care outcomes. This is an important opportunity to increase access to perinatal care and reduce child and maternal health disparities in rural communities; please distribute widely to any rural stakeholders who may be interested in applying. The guidance has changed significantly and the pool of funding is now available to a much broader range of potential applicants. This is a unique opportunity for rural communities seeking to improve perinatal health.

- For community-based organizations, please consider applying.
- For Associations, please share with your members.
- For State Offices of Rural Health, please distribute widely.

See the map below<sup>1</sup> to see if your state or region has high incidence of infant mortality (note that individual applicants will need to identify the rates of infant mortality and low birth weight for their own communities in 2007-2009 to determine eligibility). Figure 5. Infant mortality rates, by state: United States, 2010



SOURCE: CDC/NCHS, National Vital Statistics System, mortality data set.

**Who**: Public or private entities, including community organizations and faith-based groups are eligible to apply. Applicants must be located in communities with rates of infant mortality at least 1.5x the US national average and high rates for other adverse perinatal outcomes (e.g. low birthrate). Please see the funding announcement for all eligibility criteria.

What: Funded projects will focus on activities built on the Healthy Start model:

- Improve women's health, before, during and after pregnancy;
- Promote quality services, with a focus on required core competencies and standardized interventions;

<sup>&</sup>lt;sup>1</sup> MacDorman M, Hoyert DL, Mathews TJ. Recent Declines in Infant Mortality in the United States, 2005-2011. NCHS Data Brief. No 120. Hyattsville, MD: National Center for Health Statistics. 2013. http://www.cdc.gov/nchs/data/databriefs/db120.pdf

- Strengthen family resilience, by engaging both parents and addressing some of the stress that underlies many disparities in birth outcomes;
- Achieve collective impact, serving as community hubs that drive collective improvements; and
- Increase accountability through quality improvement, performance monitoring, and evaluation.

**When**: The project period will be four years and nine months. The current competition has an application submission deadline of March 31, 2014.

Where: Urban, rural, and border communities with significant disparities in perinatal outcomes.

**Why**: To reduce disparities in perinatal health across America.

Please note that there are three separate grant applications: Level 1, Level 2, and Level 3. Level 1 grantees will work to create change at the individual level, Level 2 grantees will work to create change at the community level, and Level 3 grantees will serve as a resource for state, regional, and national action. Entities may only apply for one of the grants. Please see the table below for a further description of the differences between the Healthy Start (HS) grant levels:

Level 1 Grantees	Level 2 Grantees	Level 3 Grantees
<ul> <li>34 awards of up to \$750,000 each</li> <li>Support the implementation of essential HS program activities needed to achieve the five elements of the HS Model :         <ul> <li>Improve women's health, before, during and after pregnancy;</li> <li>Promote quality services, with a focus on required core competencies and standardized interventions;</li> <li>Strengthen family resilience, by engaging both parents and addressing some of the stress that underlies many disparities in birth outcomes;</li> <li>Achieve collective impact, serving as community hubs that drive collective improvements; and</li> <li>Increase accountability through quality improvement, performance monitoring, and evaluation.</li> </ul> </li> <li>Level 1 grantees are responsible for outcomes at the individual level.</li> </ul>	<ul> <li>Four awards of up to \$1,200,000 each</li> <li>All Level 1 activities</li> <li>Applicants applying for Level 2 funding will also engage in additional services and activities, such as Fetal-Infant Mortality Review and Perinatal Periods of Risk</li> <li>Level 2 is responsible for community level effect.</li> <li>This program will be accountable to reach the entire community, thereby <u>driving collective</u> <u>impact</u> and supporting community level change.</li> <li>Minimum program participants/year: 800</li> </ul>	<ul> <li>Four awards of up to \$2,000,000 each</li> <li>All Level 1 and 2 activities</li> <li>In addition to the Level 1 and 2 activities, this level also supports the provision of expanded maternal and women's health services and supports the development of a place-based initiative that will serve as the backbone or hub organization for achieving collective impact.</li> <li>Serve as a resource site for state, regional, and national action in support of other HS grantees and organizations working to improve perinatal outcomes.</li> <li>Serve as leaders and participate in the development of state/regional/ national programs and policies.</li> <li>Participate with other Level 3 Leadership and Mentoring HS grantees, and the Supporting Healthy Start Performance Project, in the development and implementation of a HS</li> </ul>

		Collaborative Innovation
		and Improvement
		Network (HS CollN)
	•	Minimum program
		participants/year: 1,000

#### For more information and to apply, visit: <a href="http://www.hrsa.gov/grants/apply/assistance/healthystart/">http://www.hrsa.gov/grants/apply/assistance/healthystart/</a>

- Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 2) Apply by: Monday, March 31, 2014 <u>Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 2) (HRSA-14-120)</u>
- Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 1) Apply by: Monday, March 31, 2014 <u>Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 1) (HRSA-14-121)</u>
- Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 3) Apply by: Monday, March 31, 2014 <u>Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 3) (HRSA-14-122)</u>

State Loan Repayment Program – The State Loan Repayment Program (SLRP) makes grants to states to assist in operating their own state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas within their state. This is a great opportunity for rural communities to offer incentives that will assist in the recruitment and retention of primary health providers in their areas. Currently all states except Arkansas, Connecticut, Florida, Idaho, Maine, Mississippi, Nebraska, New Hampshire, North Carolina, Oklahoma, South Carolina, Texas, Utah, Vermont and Wyoming are participating in SLRP.

- Apply by: Tuesday, April 29, 2014 http://www.grants.gov/view-opportunity.html?oppId=251810
- National Health Service Corps Loan Repayment Program Apply by: Thursday, March 20, 2014
   <u>2014 National Health Service Corps Loan Repayment Program Application</u>
- Poison Center Support and Enhancement Apply by: Monday, March 17, 2014 <u>Apply</u>

- Black Lung/Coal Miner Clinics Program Apply by: Friday, March 14, 2014 <u>http://www.grants.gov/view-opportunity.html?oppId=250805</u>
- Black Lung Centers of Excellence Apply by: Friday, March 14, 2014 <u>http://www.grants.gov/view-opportunity.html?oppId=250806</u>
- Supporting Healthy Start Performance Project Funding Opportunity Apply by: Monday, March 3, 2014 <u>Apply</u>

#### Webinars and Technical Assistance

The CMS Innovation Center will host a webinar on Monday, March 3, 2014 to provide information on how to calculate budget neutrality for the five prongs in the Frontier Community Health Integration Project Demonstration. CMS will also provide examples of ways that applicants can respond to the solicitation. Subject matter experts from the CMS Innovation Center and the Health Resources Services Administration (HRSA) will provide details and answer questions.

On January 31, the Centers for Medicare & Medicaid Services (CMS) announced the Frontier Community Health Integration Project Demonstration. This new demonstration aims to develop and test new models of integrated, coordinated health care in the most sparsely-populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures. Eligibility is restricted to Critical Access Hospitals in Alaska, Montana, Nevada, North Dakota, and Wyoming.

**What:** Frontier Community Health Integration Project Demonstration - Budget Neutrality and Savings Examples webinar

**When:** Tuesday, March 3, 2014 1:30PM – 3:30PM EST

For more information: <u>http://innovation.cms.gov/resources/FrontierCommunity-Savings.html</u>

On **Friday, February 28<sup>th</sup> from 2pm – 3pm ET** the Health Resources and Services Administration will be holding a Health Information Technology and Quality Webinar: *Federal Communications Commission Support for Community based Health IT.* The Federal Communications Commission (FCC) is the primary authority for communications law, regulation and technology innovation. They are providing leadership and investing in the broadband services and facilities that are relevant to and for the safety net community. This webinar will focus on FCC programs that support telecommunications and broadband community-based health IT programs, as well

as, highlight examples of how their programs are currently being used to support safety net providers.

Participants can register at <a href="https://cc.readytalk.com/r/2fipqu42m3fw&eom">https://cc.readytalk.com/r/2fipqu42m3fw&eom</a>.

Questions for presenters are welcome ahead of the event and may be emailed to <u>healthit@hrsa.gov</u>.

## The Affordable Care Act

1. As we move into the last 8 weeks of enrollment, we will be changing our office hours schedule to maximize your time to help rural residents enroll. The calls will now be every other week through the end of enrollment. The following is a schedule of upcoming calls:

**February 26, 2014, 3-4pm**. **ET** Our colleagues from CMS will be joining us to discuss hardship exemptions in the Marketplace. As we all know, rural residents benefit greatly from subsidies for the Marketplace, and many may qualify for hardship exemptions. This will be an informative session for those with questions on exemptions in the Marketplace.

March 12, 2014, 3-4pm. ET TBD—stay tuned!

March 26, 2014, 3-4pm. ET TBD—stay tuned!

Call Information:

3-4 p.m. EST

Call-in Number: (800) 857-3749

Passcode: ORHPACA

Adobe Connect Session: <u>https://hrsa.connectsolutions.com/orh1/</u>

Recordings of past calls can be found <u>here</u>. And remember, these calls are open to any that are interested to feel free to pass this information along!

### **Other Useful Information and Resources**

 The Substance Abuse and Mental Health Services Administration (SAMHSA) along with HRSA are offering HRSA funded safety-net organizations a series of training opportunities for clinicians serving veterans and their families through the Center for Integrated Health Solutions. Created by the U.S. Department of Defense's Center for Deployment Psychology, National Council for Behavioral Health and Relias Learning, the Serving Our Veterans Behavioral Health Certificate features an evidence-informed curriculum offering 14 online coursed for 20+ hours of continuing education credits.

Courses include:

- Cognitive Processing Therapy for PTSD in Veterans and Military Personnel
- Domestic and Intimate Partner Violence
- Epidemiology of PTSD in Military Personnel and Veterans
- Fundamentals of Traumatic Brain Injury
- Improving Substance Abuse Treatment Compliance
- Meeting the Behavioral Health Needs of Returning Veterans
- Military Cultural Sensitivity
- Overview of Suicide Prevention
- Prolonged Exposure Therapy for PTSD for Veterans and Military Service Personnel
- Provider Resiliency and Self-Care: An Ethical Issue
- PTSD: Then and Now, There and Here
- The Impact of Deployment and Combat Stress on Families and Children
  - Part I: Understanding Military Families and the Deployment Cycle
  - Part II: Enhancing the Resilience of Military Families
- Working with the Homeless: An Overview

To learn more about the certificate program, including the specific CEs available, visit **vets.cequick.com**.