

“Show Me The Money:” Opportunities and Strategies for Getting a Grant



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Opportunities and Strategies for Getting a Grant

The 2005 HRSA Primary Health Care All-Grantee Meeting

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Lis Handley, Lynn Spector, Twyla Adams and Tonya Bowers

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Division of Health Center Development (DHCD)

The Division of Health Center Development

Director - Elisabeth Handley

Principal Program Manager - Lynn Spector

Senior Analyst - Joe Fitzmaurice

Chief, Systems Branch - Twyla Adams

Chief, Expansion Branch - Tonya Bowers

TOPICS TO BE COVERED

1. Overview of the Division of Health Center Development (DHCD).
2. BPHC's Funding Opportunities.
3. Application Process.
4. Lessons Learned.

Office of the Director

Health Center Expansion Branch

1. New Access Points (NAP)
2. Service Area Competition (SAC)
3. Service Expansion Initiative (SEXP)
4. Expanded Medical Capacity (EMC)
5. Health Center Consortia

Health Center Systems Branch

1. FQHC Look-Alikes
2. Integrated Services Development Initiative (ISDI)
3. Healthy Communities Access Program (HCAP)
4. State and Regional Primary Care Associations (PCAs)
5. Health Disparities Collaborative Sustain and Spread (HDCSS)

Office of the Director

Health Center Systems Branch (continued)

6. National Technical Assistance (NTA)
7. Black Lung
8. Federal Earmarks
9. Native Hawaiian Health Care Improvement Act
10. Radiation Exposure Screening and Education Program (RESEP)

THE PRESIDENT'S INITIATIVE PHASE II – FY 2006

- **\$26 million** for **40 new access points** and **25 planning grants** for health center development in high poverty counties.
- **Goal:** To build upon the activities of Phase I of the Initiative to ensure that access to primary and preventative health care services to poor communities.
- **Planning grants:** The grants will provide funding for community-based organizations to plan and develop Health Centers in high poverty counties across the country.

WHERE WE ARE: FY 2005 and FY 2006

Fiscal Year 2005:

- Opportunities with decisions announced and feedback sent/being sent to applicants:
 - New Access Points, Expanded Medical Capacity, Service Expansion
- Opportunities under review:
 - Health Disparities Collaborative, Healthy Communities Access Program

Fiscal Year 2006:

- Negotiating timeline for FY 2006 application deadlines
- Final dates announced in the *HRSA Preview*

FUNDING AWARDS

Funding Opportunities	FY 2005 Awards	Number of Awards Outlined in President's FY 2006 Budget
New Access Points (NAP) <i>President's First Initiative</i>	93	275
<i>President's Second Initiative</i>	N/A	40
Expanded Medical Capacity (EMC)	64	303
Service Expansion (SEXP)	22	
President's Second Initiative Planning Grants	N/A	25
Healthy Communities Access Program	TBD	10

FUNDING AWARDS

Funding Opportunities	FY 2005 Awards	Number of Awards Projected for FY 2006
Health Center Controlled Networks		
Operational Networks		
Health Disparities Collaborative Sustain and Spread (HDCSS)	TBD	
National Technical Assistance (NTA)	TBD	12
Service Area Competition (SAC)	TBD	300
Health Center Consortia		
State and Regional Primary Care Associations (PCA)	N/A	50

FUNDING OPPORTUNITIES – section 330 Grant Programs

New Access Points (NAP)

Purpose:

New service delivery site for the provision of comprehensive primary health care and access to oral and mental health services.

Eligibility:

- Must be a site outside current scope of project.

Funding Preference:

- Awarded to approvable applications proposing to serve sparsely populated areas (entire service area has 7 or less persons per square mile).

Contact Information:

Preeti Kanodia, (301) 594-4300, pkanodia@hrsa.gov.

FUNDING OPPORTUNITIES – section 330 Grant Programs

Expanded Medical Capacity (EMC)

Purpose:

To expand access to primary health services by increasing penetration into the health center's current service area (e.g. by adding new medical providers or medical services or expanding hours of operation).

Eligibility:

- Currently funded section 330 grantees.
- Target sites within current scope of project.
- Project must propose a significant expansion of current capacity.
- Minimum expansion standards are required depending on population type served.

Funding Preference:

- Sparsely populated areas

Contact Information:

Kirsten Argueta, (301) 594-4300, kargueta@hrsa.gov.

FUNDING OPPORTUNITIES – section 330 Grant Programs

Service Expansion (SEXP)

Purpose:

To add new or expand existing mental health/substance abuse and oral health services provided by health centers.

Eligibility:

- Currently funded section 330 grantees.

Funding Preference:

- Sparsely populated areas (entire service area has 7 or less persons per square mile).

Contact Information:

Latecia Engram, (301) 594-4300, lengram@hrsa.gov.

FUNDING OPPORTUNITIES – section 330 Grant Programs

Service Area Competition (SAC)

Purpose:

To provide on-going competing continuations for existing health center grantees (competing at the end of the project period).

Eligibility:

- Currently funded section 330 grantees whose project periods expire during FY 2006; and
- New organizations proposing to serve the same areas or populations being served by existing section 330 grantees.
- Open to public and private non-profit entities including tribal, faith-based and community-based organizations.

Contact Information:

Latecia Engram, (301) 594-4300, lengram@hrsa.gov.

FUNDING OPPORTUNITIES – section 330 Grant Programs

Health Center Consortia

Purpose:

To expand access to primary health care by collaborating with other health providers (such as hospitals, public clinics, free clinics or other health care organizations).

Eligibility:

- Consortia of section 330-funded grantees.

Funding Preference:

- Sparsely populated areas (entire service area has 7 or less persons per square mile).

Contact Information:

Kirsten Argueta, (301) 594-4300, kargueta@hrsa.gov.

OTHER FUNDING OPPORTUNITIES

for section 330 Grant Programs

Integrated Services Delivery Initiative (ISDI)

Health Center Controlled Networks

Operational Network Grants

Purpose:

To provide Planning/Development, and Operational Network grants for better integration of networks across multiple health centers.

Eligibility:

- Current section 330(e) funded grantees.

Contact Information:

Latecia Engram, (301) 594-4300, lengram@hrsa.gov.

OTHER FUNDING OPPORTUNITIES

for section 330 Grant Programs

Health Disparities Collaborative Sustain and Spread (HDCSS)

Purpose:

To support health centers that are in Phase II of a Health Disparities Collaborative (HDC) to continue working on sustaining the positive changes made during the first phase of the collaborative, for disseminating the care model for chronic diseases throughout the organization and spreading the model to new practice sites.

Eligibility:

- Currently funded section 330 grantees that have successfully completed a Phase 1 HDC.

Contact Information:

Cicely Nelson, (301) 594-4300, cnelson@hrsa.gov.

OTHER FUNDING OPPORTUNITIES

for section 330 Grant Programs

State and Regional Primary Care Associations (PCA)

Purpose:

Provide training and technical assistance to health centers within each respective State/region, through State or regional Primary Care Associations.

Eligibility:

- State Primary Care Associations who currently work with BPHC-supported programs or other community-based providers with similar missions and governance throughout their State or region.

Contact Information:

Cicely Nelson, (301) 594-4300, cnelson@hrsa.gov.

OTHER FUNDING OPPORTUNITIES

for section 330 Grant Programs

National Technical Assistance (NTA)

Purpose:

To develop technical assistance materials and activities that benefit BPHC-supported programs and strengthen relationships between the BPHC-supported programs and State/local health departments, State Medicaid Agencies and State Governors and legislators.

Eligibility:

- Public and private non-profit entities, including tribal, faith-based and community-based organizations.

Contact Information:

Cicely Nelson, (301) 594-4300, cnelson@hrsa.gov.

FUNDING OPPORTUNITIES – other Grant Programs

- **Healthy Communities Access Program (HCAP):** To develop or strengthen integrated community health care systems to increase access to health care services.
- **Native Hawaiian Health Care Improvement Act (NHHCIA):** To improve the provision of comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians in Hawaii.
- **Radiation Exposure Screening and Education Program (RESEP):** To aid individuals adversely affected by the mining, transport and processing of uranium and the testing of nuclear weapons for the Nation's weapons arsenal.
- **Black Lung Clinics Program (BLCP):** Provide treatment and rehabilitation for Black Lung patients and others with occupationally related pulmonary diseases.

GENERAL ASSISTANCE AVAILABLE TO ALL APPLICANTS

We Are Here To Help:

Staff from the *Division of Health Center Development* can help applicants by:

- Providing written feedback on Letters of Interest (*NAPs* only).
- Arranging applicant conference calls to provide assistance with applications
 - one-on-one; or
 - group.
- Organizing workshops for potential applicants.

LESSONS LEARNED

Preparing a Strong Application:

- Why is this so important?
 - Opportunity to maintain/bring new funding into your community
 - Competition is increasing
 - Limited funds

- Impact:
 - Will not be able to expand access in your community
 - May impact on continued funding

LESSONS LEARNED

Hints For Success in Application Preparation:

➤ **START EARLY:**

- **Work with partners** to demonstrate that you are coordinating services in the community with other providers of care. Work with other Federally Qualified Health Centers (FQHCs) in the area.
- **Get technical assistance** from your Primary Care Associations (PCAs), other State or national organizations, or other experienced health centers.
- **Letters of Interest (LOIs)** are a great way for applicants to get important feedback in preparing applications (New Access Points only).
- **Review, Review and Review** the application. It is also a good idea to have an independent reviewer look at the application.

LESSONS LEARNED

Hints For Success in Application Preparation:

➤ FOLLOW INSTRUCTIONS:

- **Pay attention to the detailed instructions** in the Public Information Notice (PINs).
- **Submit complete applications** by making sure that all requested documents are included.
- **Remember the page limit!** Applications should not go over the page limit given in the guidance.

➤ BE RESPONSIVE

- **Clearly State Outcomes** of Federal funding in terms of increasing access to care, increasing the number of providers and the services available in the community.
- **Ensure that the project plan** addresses each element and criteria for scoring because every point is critical.

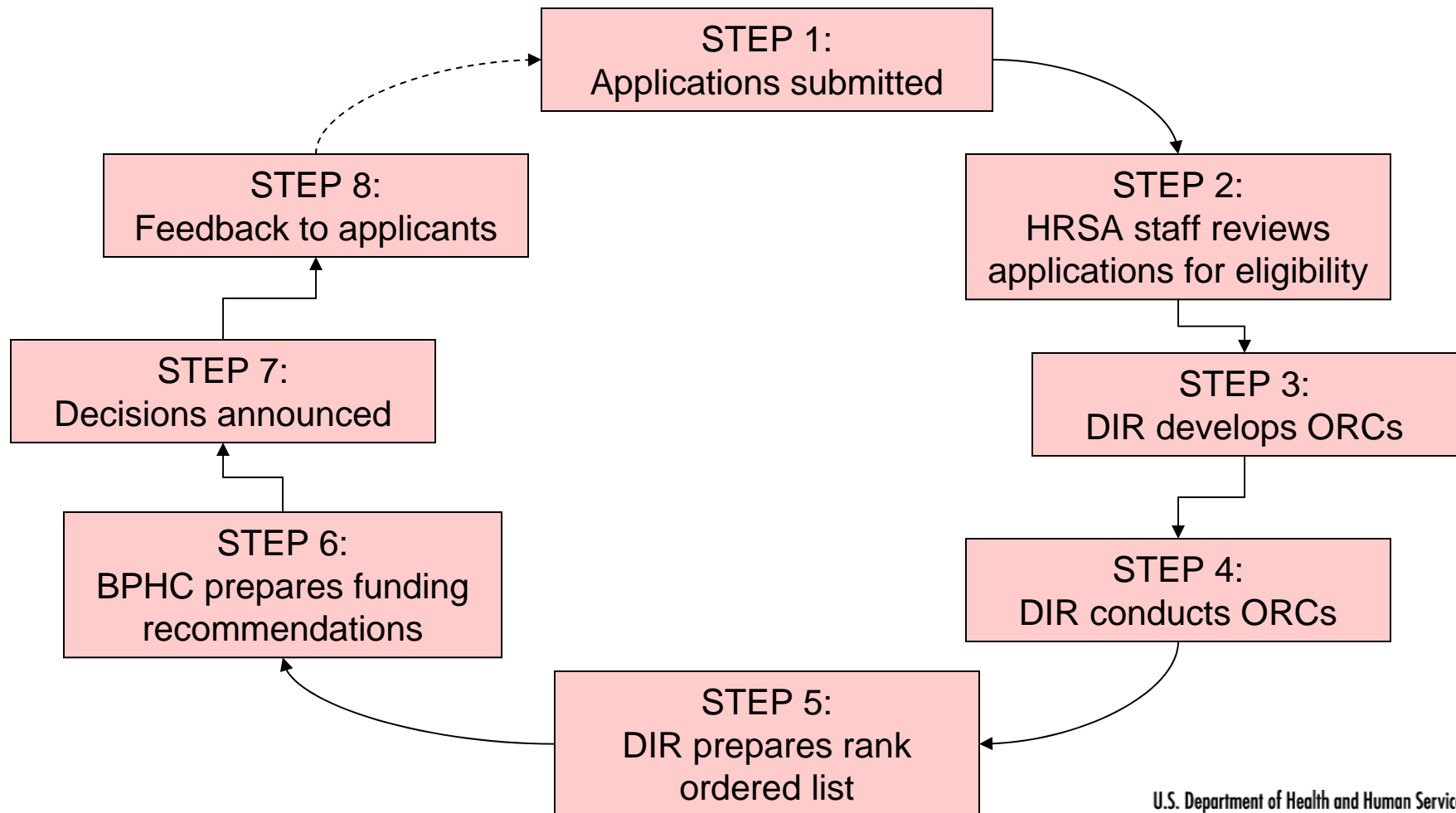
APPLICATION PROCESS

Stages of Review

- Applications are submitted to the Grants Application Center (GAC).
- HRSA staff review all applications for eligibility based on the requirements stated in the application guidance.
- A list of eligible applications is forwarded to the *Division of Independent Review* (DIR) to develop and conduct the objective review of the applications.
- *Objective Review Committees (ORCs)* are comprised of expert, independent reviewers. An ORC evaluates each application assessing its strengths and weaknesses based on specified criteria from the application guidance.
- DIR prepares the rank order list based on the results of the ORCs.
- BPHC prepares funding recommendations.
- Decisions announced and feedback provided to unsuccessful applicants.

APPLICATION PROCESS

Stages of Review



APPLICATION PROCESS

What Can Impact on Funding Decisions?

- Available funds
- Objective Review Committee application assessment score
- Statutory Requirements:
 - Proportionate Distribution
 - Urban/Rural Distribution
 - Sparsely Populated Preference

LESSONS LEARNED

What Are Objective Review Committees Looking For? Who, What, Where, When, and How

WHO: Demonstrated need for additional Federally supported primary care services.

WHAT: Plan to increase access to primary care services in compliance with section 330 requirements.

WHERE: Sound and complete project plan to address identified health care needs of the target population.

WHEN: Readiness.

HOW: Reasonable and accurate budget;
Integrated services with other area providers of care.

OBJECTIVE REVIEW COMMITTEE SCORES

Comparing Scored Applications: Sample with Scores of 90+

- **Provided a Thorough and Detailed Response:**
 - had a clear project scope and delivery plan.
 - addressed each criteria element.
 - presented a solid business plan.
 - response addressed the major needs identified.
 - all parts of the application are tied together.
- **Included Documentation to Support Plans:**
 - presented community support for the application.
 - included letters of support, MOUs and MOAs.
- **Demonstrated Capability and Appropriateness:**
 - demonstrated effective management systems, organizational structure and financial viability.
 - detailed plan for recruiting and retaining health care providers.
 - documented quality improvement and evaluation mechanisms already in place.
 - presented a health care plan with time-framed measurable goals and objectives.

OBJECTIVE REVIEW COMMITTEE SCORES

Comparing Scored Applications: Sample with Scores Below 90

A sample application with a score of 80 – 90:

- include limited demographic information about the target population.
- presented an unclear service model type.
- contained no methodology for monitoring patient satisfaction.
- did not address cultural or linguistic competency.

A sample application with a score below 80:

- did not include a response to all criteria.
- disorganized and incomplete materials.
- did not detail service arrangements through MOAs, contracts, etc.
- incomplete forms and calculation errors in the budget presentation.

COMMON MISTAKES FROM PREVIOUS APPLICATIONS

Critical Errors for Applications:

- Did not meet the eligibility requirements.
 - Site in/not in scope of project.
 - Did not demonstrate significant growth.
- Exceeds the specified page limit.
- Requested Federal funds in excess of the funding cap.
- Did not complete the budget correctly/calculation errors.
- Did not include all of the required attachments.
- Did not include/correctly complete the required forms.

LESSONS LEARNED

DON'T GIVE UP!!!!!!

- These programs are competitive, so do not be disappointed if an application is not funded.
- Use feedback from HRSA staff and technical assistance from other partners to improve future applications.

DOCUMENTS AND RESOURCES

Additional information can be found online:

- Application Guidances.
- www.hrsa.gov/grants.
- www.bphc.hrsa.gov.

For help using the on-line application system:

- call 1-877-464-4772 (GO4-HRSA) or
- e-mail: CallCenter@hrsa.gov.

FOR MORE INFORMATION CONTACT:

Health Resources and Services Administration

Bureau of Primary Health Care

Division of Health Center Development

Web site: <http://bphc.hrsa.gov>

Phone: (301) 594-4300