

2024 Pediatric Primary Care Mental Health Training Grant

QUESTIONS AND ANSWERS

To submit a question, please email health.orhpc.workforcegrants@state.mn.us no later than January 8, 2024.

Updated December 20, 2023

Q1. What does psychiatric consultation entail?

A1. As noted in the RFP, programs must provide psychiatric consultation to pediatric primary care providers during their outpatient pediatric primary care experiences, in real time when possible.

Primary care providers in these training programs should have access to consultation with a psychiatrist about the mental health needs of their pediatric patients. This may include phone or video consultation during patient visits, and/or regularly scheduled consultation. Applicants may propose a model of psychiatric consultation that seems most effective and that allows for real-time consultation when possible.

The purpose of psychiatric consultation is to equip primary care providers with greater knowledge, skill, and confidence in caring for the mental health needs of pediatric patients, so that they may provide ongoing care for those needs even if a referral to a psychiatrist is also necessary. This allows patients to receive more timely, comprehensive care.

Q2. On page 4 the RFP reads, “Collaboration between higher education institutions and outpatient primary care clinics is highly encouraged. Partnerships between training programs and community resources are required.” Can you elaborate on this more, please?

A2. Training programs must be located in outpatient primary care clinics, and higher education institutions may be well-equipped to provide training resources and expertise.

Community resources should support pediatric patients’ well-being, mental health, and behavioral health needs. Community resources often address social drivers of health. Programs should form intentional partnerships with community resources to optimize their use and effectiveness. Programs are encouraged to consider how in some situations, community resources may be utilized as an alternative to hospitalization.

Examples of community resources include, but are not limited to, mobile crisis mental health services; school programs and supports; food and housing resources; community programs for youth; domestic violence resources; and mental health-related hotlines.

Q3. What is considered rural?

A3. For the purpose of this grant program, communities outside of the seven-county Twin Cities metropolitan area (which includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties) are considered rural.

One competitive priority in this grant program is an emphasis on serving rural communities and training pediatric primary care providers to care for the mental health needs of patients in rural communities.

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