DEPARTMENT OF HEALTH

Pediatric Mental Health Learning Collaborative

GRANT REQUEST FOR PROPOSAL (RFP)

Minnesota Department of Health
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health.cyshn@state.mn.us
www.health.state.mn.us/people/childrenyouth/cyshn/pedmenthlth.html

08/15/2025

To obtain this information in a different format, call: 651-201-3650.

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RFP Part 1: Overview

1.1   General information

- **Announcement title**: Pediatric Mental Health Learning Collaborative
- **Minnesota Department of Health (MDH) program webpage (www.health.state.mn.us/people/childrenyouth/cyshn/pedmenthlth.html)**
- **Project period:** November 1, 2025 – September 29, 2026
- **Funds available:** $150,000 total over the project period
- **Application deadline**: September 17, 2025 at 12:00 pm Central Standard Time

1.2   Program description

The Minnesota Department of Health's (MDH) Children and Youth with Special Health Needs (CYSHN) section is seeking proposals from qualified organizations to facilitate a Pediatric Mental Health Learning Collaborative. This collaborative will focus on building the capacity of pediatric primary care settings to identify early signs of, address, and respond to mental health concerns in children and youth. The approach must be trauma-responsive and culturally responsive, supporting entire primary care teams– including clinical and non-clinical staff– in delivering care that reflects the diverse experiences and needs of the children, youth, and families they serve.

1.3   Funding and project dates

Funding

A total of $150,000 is available to fund one applicant. Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures after the grant agreement is fully executed and has reached its effective date, whichever is later.

Funding	Estimate
Estimated Amount to Grant	$150,000
Estimated Number of Awards	1
Estimated Award Maximum	$150,000
Estimated Award Minimum	N/A

Match requirement

There is no match requirement for these grant funds.

Project dates

Grant-funded activities must occur between November 1, 2025, and September 29, 2026.

1.4 Eligible applicants

Eligible applicants include legally established organizations such as:

- Community-based nonprofit or for-profit organizations.
- Government agencies or Tribal governments.
- Clinics and hospitals.
- Community health or public health organizations.
- Quality improvement organizations.
- Professional provider associations.
- Institutes of higher education.

Eligibility requirements

Applicants must:

- Be formally registered and in good standing with the Minnesota Secretary of State at the time of application.
- Be currently operating as a legal business, organization, or institution capable of entering into a grant agreement with the State of Minnesota.
- Propose to train professionals working in primary care settings in Minnesota.
- Not be suspended or debarred from receiving federal or state funds.
- Apply under a legally registered entity—individuals who are not affiliated with an organization are not eligible. Sole proprietors and consultants must already have a formally registered business or firm at the time of application.

Preferred qualifications and experience

Proposals will be most competitive when submitted by applicants with:

- **Learning collaborative expertise**: Demonstrated experience designing, facilitating, and sustaining learning collaboratives or other structured peer-learning approaches.
- **Content expertise or partnerships**: Subject matter expertise or strong partnerships in pediatric mental health, trauma-responsive care, complex care, or related public health systems.
- **Equity-centered approach**: Proven ability to integrate trauma-responsive and culturally responsive practices into learning activities, with strategies to engage historically underserved populations.
- **Adult learning and facilitation skills**: Knowledge of adult learning principles and ability to create interactive, inclusive learning experiences for diverse professional roles in primary care settings.
- **Partner engagement**: Experience meaningfully involving family partners, primary care team members, and other system partners in co-design, facilitation, and evaluation.
- **Evaluation and adaptation**: Capacity to measure participant experience and learning outcomes, and to adapt collaborative content and structure based on results.

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Collaboration is highly encouraged, though not required. Proposals that demonstrate meaningful partnerships– especially those that strengthen systems coordination, expand support for primary care teams, and address structural barriers to care– will be viewed favorably in the review process (see Section 2.2: Priorities).

Collaborative approaches may include, but are not limited to:

- Partnering with community mental health providers or culturally specific organizations to enhance access and cultural relevance.
- Coordinating between primary care and mental health systems to improve integration of services.
- Engaging public health, social services, or education systems to address broader determinants of mental health and well-being.
- Working with family-led or peer-support organizations to ensure training reflects lived experience.
- Joint initiatives to identify and address systemic factors that contribute to provider stress and burnout.

Applicants should describe:

- Which partner organizations will be involved, their specific roles, and the nature of their commitment.
- How collaboration will be structured and maintained throughout the project period, including communication and decision-making processes.
- How partners will actively contribute to the learning collaborative's design, implementation, and evaluation.
- How collaboration will enhance impact, such as improving reach, increasing provider participation, or reducing duplication of efforts.

1.5   Questions and answers

All questions regarding this RFP must be submitted by email to Alyssa Greene at health.cyshn@state.mn.us.

- Please submit questions no later than 12:00 pm Central Standard Time (CST) on September 5, 2025.
- Questions received after this deadline will not be answered or posted.

All answers will be posted on the RFP webpage (https://www.health.state.mn.us/people/childrenyouth/cyshn/pedmenthlth.html) within five business days of receipt, and no later than September 10, 2025 so that all applicants have access to the same information.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Part 2: Program details

2.1 Grant overview

Background information

The Pediatric Mental Health Learning Collaborative grant is partially funded by the Pediatric Mental Health Care Access (PMHCA) program, a grant to MDH from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Minnesota uses these funds to support the Minnesota Pediatric Mental Health Access Program (MN-PMHAP), which addresses the growing behavioral health needs of children and adolescents.

The MN-PMHAP helps build the skills and knowledge of primary care settings so they can confidently identify and respond to mental health concerns in children and adolescents. Key goals of the MN-PMHAP include:

1. *Cultivating Collaborative Leadership:* Supporting leadership structures that promote shared decision-making.
2. *Enhancing the Psychiatric Assistance Line (PAL) (www.mnpsychconsult.com):* Expanding the quality and reach of PAL to provide telehealth-based mental health consultations and referrals.
3. *Increasing Primary Care Capacity:* Equipping primary care teams to recognize and respond to mental health concerns in a culturally relevant and developmentally appropriate manner.
4. *Coordinating Centralized Resources:* Streamlining access to mental health services by improving centralized resources such as FastTracker (https://fasttrackermn.org).
5. *Building Trauma-Responsiveness in Health Settings:* Increasing the capacity of health settings to provide trauma-responsive care for children and adolescents presenting with mental health concerns.

Purpose and goals

The purpose of this grant is to support a **statewide Pediatric Mental Health Learning Collaborative** that builds the capacity of professionals working in primary care settings to recognize, respond to, and manage mental health concerns in children and adolescents.

This initiative will fund one organization to lead a learning collaborative (November 1, 2025 – September 30, 2026) focused on strengthening the knowledge, confidence, and skills of primary care teams—particularly those serving children and youth with complex health care needs and disabilities, who often experience overlapping and unmet mental health needs.

The collaborative must be grounded in trauma-responsive, culturally responsive, and family-centered approaches. It should also elevate the intersections between disability, chronic conditions, and mental health, recognizing the unique challenges and opportunities for care coordination within primary care settings.

Through regular learning sessions and structured engagement, the collaborative will bring together subject matter experts, primary care staff, family and youth leaders, and partners across systems to:

- Promote shared learning, peer connection, and reflective practice.
- Reduce fragmentation between mental health and primary care systems.
- Support implementation of best practices in pediatric mental health.
- Build sustainable infrastructure for care that supports whole-child and whole-family well-being.

Preference will be given to applicants who propose to use a structured, evidence-based model– such as Project ECHO® (Extension for Community Healthcare Outcomes)– to guide the design and delivery of the learning collaborative. Proposals should describe how the chosen model will facilitate meaningful engagement, knowledge exchange, and long-term systems impact.

Expected outcomes

The learning collaborative is expected to achieve the following outcomes:

1. Increased knowledge of pediatric mental health conditions.
2. Improved skills in screening, addressing, and managing pediatric mental health concerns and diagnoses.
3. Implementation of trauma-responsive and healing-centered approaches to support children and youth with mental health needs in primary care settings.
4. Expanded understanding of the intersection between complex health care needs, disabilities, and mental health, including how these factors compound risk and impact access to care.
5. Broader dissemination of best practices in trauma-responsive, healing-centered care across health systems.
6. Increased awareness and support for addressing secondary or vicarious trauma among primary care professionals.
7. Development of sustainable, culturally responsive, trauma-informed care systems for children, adolescents, and their support networks.

2.2   Priorities

Health equity priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The overarching goal of this grant is to strengthen the competency, confidence, and access to pediatric mental health care within primary care settings—ultimately supporting healthier outcomes across the life course for children and adolescents with and without complex health care needs and disabilities.

Persistent marginalization, racism, ableism, and geographic and cultural barriers contribute to inequitable access and outcomes in pediatric mental health. Children and adolescents from Black, Brown, Indigenous, Latino/Latina/Latine/Hispanic, immigrant and refugee communities,

rural areas, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other (LGBTQ+) communities, and those with disabilities or complex care needs are disproportionately impacted.

Preference will be given to applicants who integrate equity throughout their approach–including design, delivery, and evaluation of the learning collaborative.

Strong proposals will:

- Show how equity is embedded across project goals, structure, and implementation.
- Address structural and systemic barriers to care.
- Elevate and reflect the lived experience of children, youth, families, and communities most impacted by inequities.
- Support healing and resilience for both the primary care workforce and the communities they serve.

The learning collaborative is expected to serve professionals who work with:

- Children and youth in rural communities.
- Black, Indigenous, and People of Color (BIPOC) children and youth.
- LGBTQ+ youth.
- Immigrant and refugee children and families.
- Children and youth with mental health diagnoses, complex health care needs, and disabilities.

Other competitive priorities

In addition to health equity considerations, proposals will be stronger if they demonstrate:

- Meaningful collaboration across organizations and sectors. This may include partnerships with community mental health providers, culturally specific organizations, public health or education systems, or family-led groups. Applicants should clearly describe partner roles, how collaboration will be maintained, and how partners will contribute to project success.
- Use of a structured or evidence-based model (e.g., Project ECHO® or a similar framework) that supports high-quality engagement, knowledge sharing, and systems change.
- Experience working at the intersection of disability, complex care, and mental health, including strategies to reduce fragmentation and improve coordinated care.

2.3   Eligible projects

The applicant selected to lead the Pediatric Mental Health Learning Collaborative will be responsible for implementing the full scope of the project as outlined below.

1. **Design and facilitate a statewide learning collaborative.**
   - Develop and lead a trauma-responsive, culturally responsive, and equity-informed learning collaborative that strengthens pediatric mental health capacity within primary care settings.

- Convene **monthly virtual sessions**, beginning **no later than January 2026**, to allow for initial planning while ensuring the collaborative launches promptly. Sessions must be:
    - Interactive, skills-based, and grounded in practical application.
    - Designed to build capacity in trauma-responsive practices, culturally responsive care, and evidence-informed pediatric mental health supports.
    - Structured to engage a cross-disciplinary audience (e.g., primary care clinicians, nurses, behavioral health professionals, Community Health Workers, care coordinators, psychiatrists).
    - Inclusive of opportunities for peer networking, case-based learning, and collaborative problem-solving.
    - Aligned with emerging needs identified through ongoing feedback and evaluation.
- **Note:** Monthly sessions are designed for ongoing skill-building and peer connection, while the summit (see #2 below) is a one-time capstone event that broadens the audience, showcases statewide efforts, and promotes cross-sector engagement.

2. **Plan and host a statewide pediatric mental health summit.**

- Organize and deliver one statewide summit during the grant period as a capstone event to elevate and extend the work of the learning collaborative.
- The summit must be a distinct, day-long event designed to engage a broader audience, including health professionals, systems leaders, and community partners.
- The format should prioritize in-person participation, with a virtual or hybrid option to support statewide accessibility.
- The summit must:
    - Showcase innovative practices and emerging models in pediatric mental health integration within primary care.
    - Promote cross-sector collaboration through panels, keynotes, and structured networking.
    - Offer interactive training and breakout sessions to deepen knowledge and practice.
    - Feature youth and family voice in both planning and delivery.
    - Be accessible, inclusive, and responsive to the diverse communities served across Minnesota.

3. **Assist MDH in convening and participate in a steering workgroup.**

- Work in partnership with MDH to convene an existing steering workgroup that will provide strategic guidance for the learning collaborative.
- Participate in all steering workgroup meetings and contribute to discussions, planning, and decision-making.
- Support MDH with meeting preparation as needed, such as developing materials, identifying discussion topics, and following up on action items.
- The workgroup includes diverse representation across geographic regions, professional roles, and lived experience perspectives, and meets at regular intervals (e.g., quarterly or as needed) to guide content, direction, and evaluation.

4. **Recruit participants for the learning collaborative.**

- Actively recruit participants who work in or with pediatric primary care settings, including but not limited to:
  - Primary care clinicians (e.g., pediatricians, family medicine physicians, nurse practitioners, physician assistants)
  - Nursing staff (e.g., RNs, LPNs)
  - Care coordinators and social workers embedded in clinics
  - Behavioral health professionals integrated into primary care settings
  - Community Health Workers who are part of, or closely partnered with, primary care teams
  - Clinic administrators or operational staff involved in care delivery or quality improvement
- Ensure recruitment efforts reflect the diversity of Minnesota's care settings, with specific attention to rural, Tribal, and underserved communities, and prioritize representation from Greater Minnesota.

5. **Promote and market the learning collaborative.**

- Develop and disseminate engaging, accessible, and culturally inclusive outreach materials.
- Use diverse communication channels to reach professionals across sectors and regions.
- Coordinate outreach in partnership with professional member organizations or other stakeholder organizations, where appropriate.

6. **Support virtual infrastructure for all sessions and meetings.**

- Facilitate all learning collaborative sessions and meetings using a secure, user-friendly web conferencing platform.
- Ensure grantee staff and facilitators have access to reliable video conferencing hardware (e.g., camera, microphone, speakers).

7. **Conduct ongoing needs assessment, evaluation, and continuous quality improvement.**

- Develop and implement a plan for ongoing learning and improvement that integrates needs assessment, participant feedback, and evaluation of both process and outcomes.
- Collect input from learning collaborative participants, the steering workgroup, and other partners to identify strengths, gaps, and emerging needs.
- Use findings to guide session content, guest speakers, support strategies, and resource development.
- Collect and report data on:
    - Number and demographics of participants
    - Participant satisfaction and engagement
    - Changes in knowledge, confidence, and skills related to pediatric mental health
- Use evaluation results to guide continuous quality improvement and demonstrate collaborative impact.

8. **Ensure accessibility.**

- All materials, sessions, and events must meet State of Minnesota's accessibility standards.
    - For guidance, refer to the State of Minnesota's Office of Accessibility's website (https://mn.gov/mnit/about-mnit/accessibility/).
- Provide accommodations such as American Sign Language (ASL), Communication Access Real-time Translation (CART), plain language materials, and other supports as needed.

9. **Include funding attribution.**

- Clearly acknowledge funding source in all materials and sessions supported by this grant.
- Include the attribution statement (to be provided by MDH) on all products developed with grant funds, such as training materials, handouts, promotional materials, presentation slides, reports, and other public-facing content.
- Verbally acknowledge the funding source at the beginning of all learning collaborative sessions, events, or presentations.

10. **Manage fiscal responsibilities and invoicing.**

- Submit quarterly invoices for reimbursement in accordance with grant agreement and state procedures.
- Maintain accurate and complete financial records, including clear documentation of expenditures and proof of payment. These must be retained and readily available in case of monitoring or audit review.
- Ensure all financial management practices comply with state and federal grant policies.

Ineligible expenses

Ineligible expenses include but are not limited to:

- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.4 Grant management responsibilities

Grant agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

No work on grant activities can begin until a fully executed grant agreement is in place.

A sample grant agreement can be found on the MDH Grant Resources (www.health.state.mn.us/about/grants/resources.html) webpage. Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Accountability and reporting requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met.

For this grant program, the grantee will:

- Submit to the grant manager three written progress reports during the grant period (one per quarter), and
- Participate in at least three check-in calls with the grant manager to ensure grant deliverables are on track.

The reporting schedule will be provided to the grantee upon execution of the grant agreement.

Grant monitoring

Minn. Stat. § 16B.97 and Policy on Grant Monitoring (www.mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf) require the following:

- One monitoring visit during the grant period on all state grants over $50,000.
- Annual monitoring visits during the grant period on all grants over $250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000.

The monitoring schedule will be based upon the applicant's risk assessment, which includes consideration of prior performance and previous experience with state grants and will be specified in the grant agreement. At minimum, there will be one monitoring visit and financial reconciliation of one invoice during the grant period. A financial reconciliation is an in-depth review of all the expenses submitted on a selected invoice. Grantee will need to submit all supporting documentation that shows how those expenses were calculated. Documentation will include but is not limited to proof of payment on all expenses such as invoices, receipts, bank statements, payroll reports, and purchase orders. This is not an all-inclusive list, and other items may be requested.

The monitoring schedule will be provided to the grantee upon execution of the grant agreement.

Grant payments

Per State Policy on Grant Payments (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be quarterly, by the 20th of the month following the end of the quarter.

2.5 Grant provisions

Affirmative action and non-discrimination requirements for all grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA); See e.g. Minn. Stat. § 363A.02. The MHRA is enforced by the Minnesota Department of Human Rights (https:/mn.gov/mdhr). Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part 5000.3550.

Audits

Per Minn. Stat. § 16B.98, subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Conflicts of interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 and the Office of Grants Management's Policy 08-01, Conflict of Interest Policy for State Grant-Making (https://mn.gov/admin/government/grants/policies-statutes-forms/).

Applicants must complete the applicant conflict of interest disclosure form (Attachment F) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- A grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence

- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Non-transferability

Grant funds are not transferrable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public data and trade secret materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted;
- Include a statement attached to its application justifying the trade secret designation for each item; and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.

This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

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MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Ch. 13 MN Statutes) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

2.6 Review and selection process

Review process

Funding will be allocated through a competitive process with review by a committee representing MDH and other state agencies who are familiar in mental health care and/or trauma-informed practices; MN-PMHAP Leadership Team or Steering Committee members; providers from various health settings; or community partners who are familiar with best practices in pediatric mental health and primary health care. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection criteria and weight

The review committee will be reviewing each applicant on a 170-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors and weight that applications will be judged are based on the application evaluation criteria score sheet (Attachment I).

Grantee past performance and due diligence review process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with the Office of Grant Management Policy (https://mn.gov/admin/government/grants/policies-statutes-forms) on pre-award risk assessment for potential grantees.

Notification

MDH anticipates notifying all applicants via email of funding decisions in October 2025.

RFP Part 3: Application and submission instructions

3.1 Application deadline

All applications must be received by MDH no later than 12:00 pm Central Time, on September 17, 2025.

- **Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology.
- **Acknowledgement of application receipt**. MDH will "reply all" to the email address that submitted the application to acknowledge receipt of your application within one business day of the receipt of an application. If you do not receive an acknowledgment email within that time frame from when you submitted the application, it means MDH did not receive your application/documents. Please contact the CYSHN section at health.cyshn@state.mn.us after that time frame for further instructions.

3.2 Application submission instructions

Please submit all materials listed on the application checklist (RFP Part 4) for the application to be considered complete. MDH requires application submissions to be made through the grant interface portal, Foundant (www.grantinterface.com/Home/Logon?urlkey=mdcfh). Tutorials on how to set up accounts and apply for grant funds (https://support.foundant.com/hc/en-us/articles/4479853059991-GLM-Applicant-Tutorial) are available. We recommend that you set up your Foundant account right away.

- **New users:** Please click on "Create New Account" to complete the registration process and create your logon credentials.
- **Existing users:** Please enter your credentials and log in. If you forgot your password, use the "Forgot your Password?" link to the left on the logon screen to reset your password.
- **Not sure:** If you think that you or someone at your organization has already registered in Foundant, do not create a new account. Please contact our MDH Children and Youth with Special Health Needs staff at health.cyshn@state.mn.us for assistance.

Once in the system, click on the "apply" button located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system. Select Pediatric Mental Health Learning Collaborative Grant.

Incomplete applications will not be evaluated. Applications must include all required materials, including attachments. Do not submit additional materials not requested in this RFP; they will not be reviewed or scored. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, applicants warrant that all information provided is true, correct, and reliable for evaluation purposes. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law. **All costs incurred in preparing and submitting an application are the responsibility of the applicant.**

RFP Part 4: Attachments and application checklist

We encourage applicants to use the following checklist to ensure you have compiled all required application components. Application is due in the grant interface portal by **12:00 pm** on **September 17, 2025**.

A complete application must include the following:

1. **Attachment B: Grant application face sheet** *(Online entry; not scored)*

    - Enter all required information into the grant interface portal.
    - Include legal and business name (as listed in SWIFT), address, and tax identification number.
    - Identify the Authorized Organization Representative (AOR)—typically the Chief Executive Office (CFO) or another authorized individual with the legal authority to enter into binding contracts with the State.
    - Information provided here will be used for contracting purposes.

2. **Attachment C: Project narrative** *(Online entry; scored)*

    - Describe your organization's capacity and approach to designing and facilitating the Pediatric Mental Health Learning Collaborative.
    - Address how you will meet the responsibilities in Section 2.3 and achieve the grant's goals.

3. **Attachment D: Work plan** *(Word document/upload; scored)*

    - Complete and submit the provided work plan template, customizing as needed.
    - Cover the entire grant period, including start and completion dates for all planned activities.
    - Maintain a similar scope if awarded, allowing for additions or adaptations to activities, but not deletions.

4. **Attachment E: Budget summary and justification** *(Excel workbook/upload; scored)*

    - Complete the provided budget template in Excel and upload to Foundant.
    - Detail all projected expenses and justifications, ensuring alignment with the project's goals and activities.

5. **Attachment F: Applicant conflict of interest disclosure form** *(PDF online/upload, not scored)*

6. **Attachment G: Due diligence form** *(PDF online/upload, not scored)*

7. **Attachment H: Indirect cost questionnaire** *(PDF online/upload, not scored)*

    - For non-CHB applicants only.

In addition, the **Application evaluation criteria ([Attachment I](#))** is available below for reference.

Attachment B: Grant applicant face sheet

The following information must be entered into Foundant. By submitting the following information, respondent acknowledges the following:

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency's governing board of the agency's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the agency.

General applicant information

- Applicant's Legal Name (do not use a "doing business as" name):
    - This should be the same name used when a federal tax identification number was obtained.
- Applicant's Business Address (street, city, state, zip):
- Applicant's Minnesota Tax Identification Number:
- Applicant's Federal Tax Identification Number:
- SWIFT Vendor ID number (if you have one):

Director of applicant agency

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email:

Financial contact, or fiscal agent, for this grant

- Name of Financial Contact for this grant:
- Name of Fiscal Agent for this grant, if applicable:
- Phone Number:
- Email:

Contact person for the grant

- Name:
- Business Address (street, city, state, zip):
- Phone Number:
- Email

Requested funding

- Total Amount on Proposed Budget: $
- Signature of Authorized Agent for Applicant
- Date of signature

Attachment C: Project narrative

The project narrative is your opportunity to describe your organization's capacity, experience, and proposed approach to fulfilling the goals and responsibilities of the Pediatric Mental Health Learning Collaborative Grant. Responses should be clear, concise, and aligned with the expectations outlined in the RFP.

The Project Narrative is submitted via an online form in the grant application system. We recommend drafting your responses in Word before copying them into the form. Please stay within the suggested character limits for each section.

1. Organizational background (character limit: 3,000)

Provide background information to help reviewers understand your organization's mission, structure, and relevance to this project. Please describe:

a. Your organization's history, mission, goals, and administrative structure.
b. How your current programs and services align with or prepare you for this project.
c. How your organization is currently funded and your financial infrastructure for managing grant funds, including any sub-awards or stipends (e.g., for youth/family partners or speakers).

2. Organizational capacity and expertise (character limit: 4,000)

a. Describe your organization's capacity and qualifications to lead this work. Include: The expertise and experience of key staff who will be working on this project – including pediatric mental health, learning collaboratives, quality improvement, facilitation, and systems change.
b. Your organization's experience delivering training or learning opportunities for primary care professionals, and your reach across geographic regions and professional disciplines across Minnesota.
c. Your history of engaging subject matter experts, youth and family leaders, and other system partners in similar work.
d. Experience coordinating advisory or steering groups.

Your organizational strengths in grant and project management, including your ability to manage timelines, contracts, reimbursements, and communication.

3. Equity, collaboration, and systems alignment (character limit: 3,500)

Please describe:

a. How your proposed approach will center equity, including your strategies for reaching and serving historically underserved populations (e.g., BIPOC communities, rural areas, children and youth with disabilities or mental health conditions, LGBTQ+ youth, immigrant and refugee families).
b. How your approach reflects a trauma-responsive, culturally responsive, and family-centered lens.
c. Any existing or planned collaborations with other organizations or systems (e.g., community mental health, education, public health, family-led organizations, culturally specific partners), and how these partners will support project implementation.

    d. How your work aligns with efforts to reduce fragmentation between primary care and mental health systems.

4. Project approach and implementation plan (character limit: 6,000)

Describe how your organization will meet the grant expectations outlined in the RFP. Please include:

    a. How you will design and facilitate a statewide, virtual learning collaborative that supports capacity-building in pediatric mental health across primary care settings.
- If using a structured or evidence-based model (e.g., Project ECHO®), describe the model and your team's experience with implementation.

    b. How you will ensure content is evidence-based, equity-focused, culturally and linguistically appropriate, and responsive to trauma and lived experience.

    c. How you will recruit participants from diverse professional roles in primary care (e.g., clinicians, nurses, care coordinators, Community Health Workers, behavioral health providers, administrators) and ensure statewide representation.

    d. How you will assist MDH in convening and participate in a steering workgroup to provide ongoing input and direction.
- Describe how you will work in partnership with MDH to convene the existing workgroup, participate in meetings, and contribute to planning and decision-making.
- Explain how you will support meeting preparation and follow-up (e.g., developing materials, identifying discussion topics), and ensure the workgroup remains inclusive of diverse geographic, professional, and lived experience perspectives.

    e. Your plans for hosting the statewide pediatric mental health summit, including your proposed format, intended audience, and how the summit will build on and amplify the learning collaborative.

    f. How you will promote and market the learning collaborative to ensure visibility, access, and alignment with statewide needs.

    g. How you will support the virtual infrastructure for all sessions and meetings.

    h. How you will conduct needs assessment, evaluation, and quality improvement activities throughout the project.
- Describe how you will gather and use data (e.g., participant demographics, satisfaction, skills/confidence changes) to inform project decisions and demonstrate impact.

    i. How you will ensure accessibility of all materials, sessions, and events.

    j. How you will ensure clear funding attribution in all materials and events, using MDH-provided language.

    k. Any anticipated barriers or implementation challenges and your plans to address them.

Attachment D: Work plan form

All applicants must submit a work plan as a part of their application. The work plan should capture key activities required by this RFP, as well as any other relevant activities your organization proposes to undertake using the grant funds during the grant cycle. The work plan should align with the goals and components outlined in the program description section of the project narrative.

Purpose of the work plan

A work plan is a tool used by organizations to detail the goals, objectives, and activities of a project, along with timelines for completing those activities. The work plan will help both the applicant, and the Minnesota Department of Health (MDH) ensure that the proposed activities are well-organized, feasible, and aligned with the grant's goals.

Components of the work plan

- **Primary goals for the project:** Each goal should be written clearly and concisely in one sentence.

- **Objectives:** Objectives should measure progress toward achieving each goal. You may write objectives using the "SMART" format:
    - **Specific:** Concrete and well-defined.
    - **Measurable:** Able to determine what changed and how much it changed.
    - **Achievable:** Feasible to implement.
    - **Realistic:** Considers constraints such as resources, personnel, cost, and time frame.
    - **Time-bound:** Includes a time frame for the objective.

- **Activities:** Specific activities or interventions that will be implemented to achieve the objectives.

- **Activity outputs:** The outcomes or deliverables resulting from the activity, indicating how the activity has been accomplished.

- **Timelines:** The start and end dates for each activity.

- **Staff responsible:** The person or team assigned to lead each activity, ensuring its completion.

- **Resources needed:** The resources required to accomplish the activity, such as printed materials (e.g., brochures, flyers, pamphlets).

Instructions for using the work plan template:

- **Customization:** A work plan template is available for your convenience. You are encouraged to customize the template to fit your proposal if you include all required components described above. You can add or delete tables, adjust the number of goals and objectives, or modify the layout to suit your needs.

- **Uploading to application:** You are required to complete the Work Plan Template by downloading the Word file available on the grant webpage and uploading it into Foundant.

- **Level of detail:** For application review purposes, you do not need to list every activity in exhaustive detail. Provide a high-level overview of your plan, ensuring that all critical activities are captured. MDH may request additional information if needed during the review process.

- **Revisions:** If awarded the grant, you may need to revise the work plan during negotiations before the grant agreement is signed. Any updates to the work plan must be discussed with MDH staff managing the grant.

Attachment E: Budget summary and justification form

Instructions

A clear, well-prepared budget helps ensure your proposal can be reviewed accurately and your grant activities can be implemented smoothly. This section explains what to include in each budget category and provides examples of how to show your calculations.

Before you begin your budget

Before you start writing your budget, consider:

- What activities are you planning?
- What resources (staff, supplies, equipment, etc.) are already available?
- What resources will you need to purchase?
- Will any items need to be replaced during the grant period?
- What skills will be needed to carry out your activities and meet grant requirements?

Budgeting for financial oversight is allowable (e.g., including a financial staff person). Include any training needed for staff or volunteers.

Important:

- Unallowable costs include entertainment, amusement, diversion, or social activities where no grant program information is provided, as well as related expenses (tickets, meals, lodging, rentals, transportation, gratuities).
- All costs must be prorated to reflect only the fair share charged to this program (example provided under Salary & Fringe).
- If the grant start date is delayed, the award amount may be prorated to match the actual time frame.

Food and beverage costs

Grant funds generally cannot be used for food. Exceptions are allowed if food is provided during grant activities, and most attendees are not grantee staff.

To be allowable:

- Food must be tied to a grant activity and included in the "Other" line of the budget.
- Food costs must be approved in your grant agreement.
- Grant funds cannot be used for award dinners, celebrations, or parties.

Reimbursement Limits (actual costs, up to the following amounts per person, whichever is lower – see Commissioner's plan (www.mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp) for full details):

- Breakfast: $11 (includes beverages)
- Lunch: $13 (includes beverages)
- Dinner: $19 (includes beverages; may only be provided if event is after 6:00 p.m.)
- Snacks: $5 (healthy snacks encouraged)
- Alcohol is never allowed.

Incentives

If your project provides incentives for participation, include those costs in the "Other" budget line and follow these rules:

- Incentives may be gift cards or specific items.
- They may only be given to eligible participants directly connected to this project's activities (e.g., families, youth, or professionals engaged in focus groups, interviews, or other approved project-related participation).
- The maximum value per incentive is $100, with one incentive per person per occurrence.
- Incentives must be stored securely and tracked by recipient, value, and date (while maintaining data privacy).
- Incentives must be distributed in the funding year they are purchased.

To be reimbursed for incentives, you must:

1. Describe their use in your application.
2. Include them in the "Other" line of the budget justification.
3. Obtain MDH's approval of the budget justification.
4. Maintain documentation of internal controls and reconciliation.

Completing the budget summary and justification

You must account for all costs under six budget line items. Include enough detail to show how you calculated each cost. If details are missing, your grant agreement may be delayed.

You are highly encouraged to complete the Budget Summary and Justification Form by downloading the Microsoft Excel file (Attachment E) from the grant webpage (www.health.state.mn.us/people/childrenyouth/cyshn/pedmenthlth.html) and uploading it into Foundant.

1. Salary and fringe

Grant funds can cover salaries and fringe for staff directly involved in project activities.

For each position, list:

- Job title
- FTE on this grant (percentage of time)
- Hourly or annual pay rate
- Fringe rate (percentage) and what it includes (e.g., FICA, Medicare, insurance)
- Total annual salary and fringe
- Amount charged to this grant

Example:

Public Health Nurse – $30.40/hour x 2,080 hours/year = $63,232 annual salary
Fringe rate: 23% = $14,543 fringe amount (6.2% FICA, 1.45% Medicare, 3% Retirement, 12.35% Insurance)
Total = $77,775 annual salary + fringe
FTE charged to grant = 0.50
Grant total for this position = $38,888

Notes:

- Admin/support staff salaries must be supported by time tracking to be included here.
- If unsupported, they may be included as indirect costs (if listed on the Indirect Cost Questionnaire and approved).
- Unsupported, unlisted, and unapproved salaries are unallowable.

2. Contractual services

List any subcontractor or consultant costs.

Include:

- Description of the service(s)
- Contractor name (if known) or selection process
- Duration of service
- Total cost

Example: Facilitation of four partner meetings: prepare agendas, facilitate, and summarize notes. $1,000/meeting x 4 = $4,000 total.

Important: The use of contractual services is subject to State review and may change based on final work plan and budget negotiations. You must monitor subcontractors to ensure they follow all State, Federal, and program regulations, including proper accounting methods.

3. Travel

List expected travel costs for project staff (mileage, lodging, meals, parking). Out-of-state travel requires prior MDH approval.

- Use rates from the State of Minnesota's Commissioner's Plan.
- Lodging should be reasonable for the area.
- Mileage reimbursed at the IRS rate at time of travel.

Example:

3 in-state conferences: 200 miles round trip each x $0.655/mile = $131 per trip x 3 trips = $393.

4. Supplies and expenses

List costs for supplies and operating expenses needed for the project (e.g., office supplies, printing, training materials, interpretation services).

Example: Printing materials for community meetings – $0.12/page x 500 pages = $60.

Notes:

- Costs should enable full participation by partners/participants (e.g., interpretation, translation).
- Individual equipment over $5,000 or capital improvements are not allowed.

5. Other

Include costs that do not fit elsewhere (e.g., staff training, incentives, approved food/beverages).

Example: Interpreter for 2 events at $50/hour x 3 hours each = $300 total.

Note: Unallowable costs include capital purchases, permanent improvements, direct cash assistance, or any expense not directly tied to the grant.

6. Indirect costs

Indirect costs are general business expenses that cannot be directly tied to a specific program (e.g., administrative salaries, rent, insurance).

You may:

- Charge your federally approved indirect rate, OR
- Use a de minimis rate of up to 15% of modified total direct costs.

Example: Flat percentage paid to a city/county attorney's office that covers multiple programs.

Note: If a cost can be tracked to a specific grant, it should be listed under the appropriate direct budget line instead of indirect.

Budget scoring

Reviewers will score budgets based on the clarity, accuracy, and appropriateness of your cost justifications.

- Double-check all calculations.
- Use whole dollars (no decimals).
- Provide enough detail to show how amounts were calculated.

Attachment F: Applicant conflict of interest disclosure form

This form must be filled out for applications to be eligible for review. Please complete the Applicant Conflict of Interest Disclosure Form (www.health.state.mn.us/about/grants/coiapplicant.pdf) and attach/upload into Foundant. This form must be filled out for applications to be eligible for review.

Attachment G: Due diligence form

Please complete the [Due Diligence Form (https://www.health.state.mn.us/about/grants/duediligence.pdf)](https://www.health.state.mn.us/about/grants/duediligence.pdf) and attach/upload into Foundant. This form must be filled out for applications to be eligible for review.

Attachment H: Indirect cost questionnaire form

Indirect Cost Questionnaire

For non-CHB applicants only: Fill out the following information in Foundant.

Background

Applicants applying may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs is a portion of any grant awarded, not in addition to the grant award. Please refer to page 32 for more detailed information on indirect costs.

Instructions

Please complete the information below and return this form as part of the application.

1. Name of applicant agency:

2. Are you requesting an indirect rate?

3. Do you have an approved Indirect Cost Rate Agreement with a Federal agency?

   - Yes and that is the rate being requested. Please submit a copy of your current rate with this completed form.
   - Yes but requesting a rate different from our Federally approved rate.
   - No – Please continue completing the rest of this form.

4. Non-federal indirect rate being requested:

   Up to 15% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for State funds.

5. Please list the expenses included in your indirect cost pool or attach a copy of your current indirect cost allocation plan to this form.

Attachment I: Application evaluation criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation scoresheet (below) before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications.

Pediatric Mental Health Learning Collaborative Grant Reviewer Score Sheet

Reviewer instructions and overview

Thank you for serving as a reviewer for the Pediatric Mental Health Learning Collaborative Grant. Your time and expertise are essential to ensuring a fair and thoughtful review process. This score sheet is designed to help you assess each application based on how well it meets the goals and requirements outlined in the Request for Proposals (RFP).

Review process

Each application should be reviewed independently and scored based on its clarity, completeness, and alignment with the grant's purpose and expected outcomes. Please take notes on strengths, weaknesses, and key points in each section to support your scores and aid group discussion.

Scoring scale

Use the scale below for all scored items, unless otherwise noted.

Points	Description
5	Excellent: Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
4	Very Good: Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
3	Good: Generally, meets minimum requirements; probability of success; significant weaknesses, but correctable.
2	Marginal: Lack of essential information; low probability for success; significant weaknesses, but correctable.
1	Unsatisfactory: Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

Important notes

- Provide comments for each major section.
- Comments and scores may become public record.
- After scoring, reviewers will meet as a group to discuss proposals. Scores may be adjusted following discussion.

Reviewer information

- Reviewer Number:
- Applicant Organization:

General notes

- Key points/observations:
- Strengths:
- Weaknesses:
- Other comments:

Total score summary

Section	Total Possible Points
Attachment C: Organizational background	15
Attachment C: Organizational capacity & expertise	25
Attachment C: Equity, collaboration, and systems alignment	20
Attachment C: Project approach & implementation plan	70
Attachment D: Work plan	20
Attachment E: Budget	20
TOTAL	170

Attachment C: Organizational background

Scored Question	Possible Points
Does the applicant clearly describe the organization's history, mission, goals, and administrative structure, and explain how these contribute to their ability to meet the grant requirements?	5
Does the applicant explain how their current programs and services align with or prepare them for the proposed project?	5
Does the applicant describe their current funding sources and financial infrastructure for managing grant funds, including any sub-awards or stipends (e.g., for youth/family partners or speakers)?	5
SUBTOTAL	15

Attachment C: Organizational Capacity and Expertise

Scored Question	Possible Points
Does the applicant describe their organizational capacity and qualifications to lead this work, including the expertise and experience of key staff in pediatric mental health, learning collaboratives, quality improvement, facilitation, and systems change?	5
Does the applicant demonstrate experience delivering training or learning opportunities for professionals in primary care settings, with reach across multiple geographic regions and professional disciplines in Minnesota?	5
Does the applicant describe their history of engaging subject matter experts, youth and family leaders, and other system partners in similar work?	5
Does the applicant demonstrate experience coordinating advisory or steering groups?	5

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Does the applicant describe strengths in grant and project management, including the ability to manage timelines, contracts, reimbursements, and communication effectively?	5
SUBTOTAL	25

Attachment C: Equity, collaboration, and systems alignment

Scored Question	Possible Points
Does the applicant describe how their proposed approach will center equity, including strategies for reaching and serving historically underserved populations (e.g., BIPOC communities, rural areas, children and youth with disabilities or mental health conditions, LGBTQ+ youth, immigrant and refugee families)?	5
Does the applicant explain how their approach reflects a trauma-responsive, culturally responsive, and family-centered lens?	5
Does the applicant describe existing or planned collaborations with other organizations or systems (e.g., community mental health, education, public health, family-led organizations, culturally specific partners) and how these partners will support project implementation?	5
Does the applicant describe how their work aligns with efforts to reduce fragmentation between primary care and mental health systems?	5
SUBTOTAL	20

Attachment C: Project approach and implementation plan

Scored Question	Possible Points
Does the applicant describe how they will design and facilitate a statewide, virtual learning collaborative that builds capacity in pediatric mental health across primary care settings?	5
If using a structured or evidence-based model (e.g., Project ECHO®), does the applicant describe the model and their team's relevant experience? (If not using a structured/evidence-based model, score a zero)	5
Does the applicant describe how they will ensure content is evidence-based, equity-focused, culturally and linguistically appropriate, and responsive to trauma and lived experience?	5
Does the applicant explain how they will recruit participants from diverse roles in primary care (e.g., clinicians, nurses, care coordinators, Community Health Workers, behavioral health providers, administrators) and ensure statewide representation?	5
Does the applicant describe how they will assist MDH in convening and actively participate in a diverse steering workgroup to provide input and direction?	5
Related to the steering workgroup, does the applicant explain how they will contribute to meeting preparation and follow-up, and ensure diverse representation across perspectives?	5

Does the applicant outline plans for hosting the statewide pediatric mental health summit, including format, audience, and how it will build on the collaborative's work?	5
Does the applicant describe how they will promote and market the learning collaborative to ensure visibility, access, and alignment with statewide needs?	5
Does the applicant describe how they will support the virtual infrastructure for sessions and meetings?	5
Does the applicant describe plans for needs assessment, evaluation, and quality improvement activities throughout the project?	5
Does the applicant explain how they will gather and use data (e.g., participant demographics, satisfaction, skill/confidence changes) to guide decisions and demonstrate impact?	5
Does the applicant describe how they will ensure accessibility of all materials, sessions, and events?	5
Does the applicant describe how they will ensure funding attribution in all materials and events, using MDH-provided language?	5
Does the applicant identify anticipated barriers or challenges and explain how they will address them?	5
SUBTOTAL	70

Attachment D: Work plan

Scored Question	Points Possible
Are objectives/goals specific and appropriate for project?	5
Are the activities/strategies included and appropriate for the objectives?	5
Does the timeline show the major milestones, including when the project begins and ends?	5
Does the applicant describe what roles are responsible for meeting the project requirements?	5
SUBTOTAL	20

Attachment E: Budget

Scored Question	Points Possible
Is the budget form complete?	5
Do the amounts in the Budget Summary and the Budget Justification match?	5
Is the information contained in the budget and work plan consistent?	5
Are the projected costs, reasonable, cost-effective, and sufficient to accomplish the proposed activities?	5
SUBTOTAL	20