

2024 Pediatric Primary Care Mental Health Training Grant Questions and Answers

UPDATED MAY 7, 2024

To submit a question, please email health.orhpc.workforcegrants@state.mn.us no later than May 15, 2024.

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.

Q4. Can you define “longitudinal”? Is it the tracking of care of the pediatric patients over time, or is it a collaboration among multidisciplinary medical professionals all serving individual patients within the time frame of the grant?

A4. It includes both aspects. As noted on page 4 and throughout the RFP, proposed training programs must emphasize longitudinal care for patients with behavioral health needs. The term “longitudinal care” as it is used in the RFP refers to caring for patients over time, meeting their evolving health needs, and maintaining an ongoing relationship between patient and provider. Collaboration among multidisciplinary medical professionals serving a patient, and maintaining a coordinated care plan, is an important feature of longitudinal care.

Q5. Why was this RFP reopened?

A5. We did not receive enough eligible applications in the first round and have some remaining funds available to grant out.

Q6. The RFP includes this provision: “Grant funds are not transferrable to any other entity.” Does this impact the possibility of a collaborative application comprising an academic institution, a community mental health agency, and/or a pediatric primary care clinic? If one party applies as the lead applicant, would that party be allowed to distribute part of the funding to the other two participating parties?

A6. The non-transferrable language, found on page 17 of the RFP, refers to mergers, acquisitions, and other changes to an organization’s legal standing. It does not prohibit collaboration among applicants or distributing funding through subawards to partner entities.

Q7. Could you please clarify the start and end dates of the funding? Section 1.3 says 6/30/2024 (estimated) to 6/30/2025. However, Exhibit A in the sample grant agreement lists 5/1/2024 to 4/30/2025.

A7. The sample grant agreement and exhibits are just an example. The project dates in section 1.3 are the expected dates for this funding: a start date of June 30, 2024 and an end date of June 30, 2025.

Minnesota Department of Health
Office of Rural Health and Primary Care
PO Box 64975
St. Paul, MN 55164-0975
651-201-3634
siham.abdellah@state.mn.us
www.health.state.mn.us

5/7/2024

To obtain this information in a different format, call: 651-201-3838.