



MINNESOTA
RURAL HEALTH TRANSFORMATION

Child and Adolescent Mental Health Initiatives

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Tribal-State Relations Acknowledgement Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our Rural Health Transformation Program work, we demonstrate our commitment to Tribal-State relations by partnering with the MDH Office of American Indian Health and Tribal Relations to seek input from Tribal Nations as we develop and implement our program, including engaging Tribes on matters of data sovereignty and program evaluation.

Overall RHTP Grant Outcomes

- Improving health outcomes for rural Minnesotans with or at risk of developing cardiovascular disease, diabetes, and chronic kidney disease (cardiometabolic disease).
- Building education pathways and promoting training opportunities in rural communities to sustainably expand the health care workforce in rural Minnesota.
- Expanding health care access in rural communities by creating new access points for community-based screenings, preventive care, and chronic disease management through technology-enabled care delivery, mobile care, and increased use of community-based frontline workers.
- Strengthening partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions.
- Strengthening and stabilizing rural provider financial health through strategic investments in technology, data infrastructure, and collaborative mechanisms needed to address unique needs of rural providers.

Program Description

- Seeks proposals from applicants to support the planning and development of regional Child and Adolescent Mental Health Initiatives.
- These initiatives will serve as a mechanism for regional collaboration to build effective community-based mental health services for children and adolescents across Minnesota.
- Based on the work of the [Minnesota Adult Mental Health Initiatives](#), this activity brings counties and consortia of counties together to regionally coordinate mental health crisis services and support child and adolescent mental health.
- These initiatives will include evidence-based and research-informed practices and service delivery.

Program Description Continued

- When fully operational, services that the Child and Adolescent Mental Health Initiatives implement may include:
 - Coordinated early identification of children, adolescents, and families in need of services and intervention
 - Increasing and improving culturally and developmentally appropriate and accessible services
 - Improved service coordination, including transitional care planning
 - Family and community education, support and training for rural families, residents and stakeholders
 - Protected transportation for those in crisis
 - Prevention programs, such as screening for mental health conditions, community outreach, and systems collaboration
 - Continuum of care for mental health services for children and adolescents

Eligible Projects

- Community outreach to increase access to child and adolescent mental health services
- Planning and creation of evidence-based and research-informed child and adolescent mental health teams and service delivery. Teams may include different services including:
 - Prevention teams
 - Mobile crisis response teams
 - Developmentally and culturally informed supports for children, adolescents, and their families
 - Holistic continuum of care services and service coordination

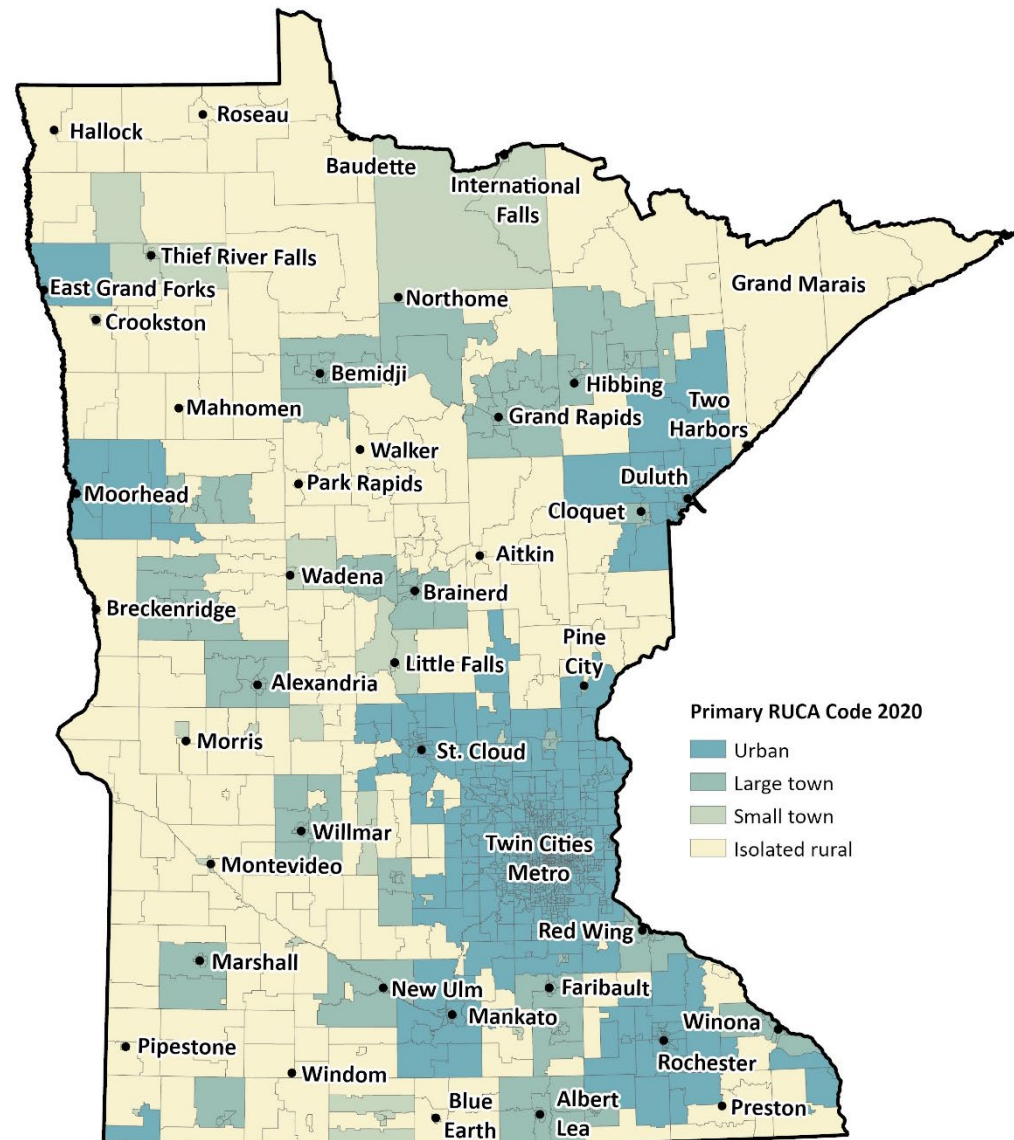
Eligible Projects Continued

- Coordination of mental health integration into community services such as early childhood programs, school-based behavioral health programs, suicide prevention initiatives, justice programs for children and adolescents, housing, and childcare
- Coordination of statewide learning opportunities for Child and Adolescent Mental Health Collaboratives and Partners
- Opportunities for local advisory councils supporting children and adolescents to share lived experience and other relevant information
- Training for providers in specific models of care to advance the prevention, care coordination and crisis intervention for children and adolescents

Eligible Entities

- Applicants must be:
 - Located in Minnesota
 - Located outside of the seven-county metropolitan area and serve rural communities
 - The seven-county metropolitan area includes Hennepin, Ramsey, Dakota, Anoka, Washington, Carver, and Scott counties
- Applicants may include:
 - Established Child and Adolescent Mental Health Collaboratives (including Integrated Children's Mental Health and Family Services Collaboratives)
 - Counties or consortia of counties/county health boards
 - Current consortia/regions serving Minnesota's Adult Mental Health Initiatives are strongly encouraged to apply in the same configuration
 - Tribal Nations

Rural-Urban Commuting Areas (RUCAs) - 2020 Census Tract



Sources: (1) USDA, Economic Research Service 2020 Rural-Urban Commuting Area Codes data product; (2) U.S. Department of Commerce, Bureau of the Census, 2025 TIGER/Line MN census tract file; (3) U.S. Department of Commerce, Bureau of the Census, 2022 TIGER/Line MN place; (4) MN Department of Transportation, 1947 Boundaries of Minnesota

Minnesota Office of Rural Health and Primary Care
May 6, 2026

Funds Available

Funding	Estimate
Estimated Amount to Grant	\$1,782,000
Estimated Number of Awards	5 – 10
Estimated Award Maximum	\$400,000
Estimated Award Minimum	\$200,000

No expenditures are to be incurred prior to the grant contract's full execution

- This application will be for Year 1 funding (from agreement signing to October 30, 2026).
 - The year 1 funds must be fully spent by September 30, 2027.
- The RHTP is a 5-year funding program from CMS. Future funding may be available to selected grantees in years 2-5 of Minnesota's program. This funding is dependent on work available and CMS's award to Minnesota. Current grantees will be notified of possible amendments for time and additional funds in the future.
- If you do not apply for the children and adolescent mental health initiatives in Year 1, you may apply in future years.

Outcomes & Priorities

- Grant outcomes will include:
 - Increasing mental health services for children and adolescents in rural Minnesota
 - Establishing and deepening collaborative regional mental health access for children and adolescents
 - Bringing together people with lived experience, providers, counties, Tribal Nations, managed care organizations (MCOs), and MN Department of Human Services to fully utilize all available resources to meet regional needs
 - Developing and providing an array of person-and family-centered services that build on personal, cultural, and community strengths
 - Using a data-driven model to evaluate the impact of services on health outcomes
 - Ensuring access, early intervention, coordination, and application of resources through creative partnerships

Data Reporting:

Baseline Data:

1) How many mental health crisis services for children and adolescents exist in your service area?

2) What types of mental health crisis services for children and adolescents are available in your service area?

Data Reporting:

Regular Programmatic Reporting:

1) How many children and adolescents were served by RHTP-funded mental health services in this reporting period?

2) What types of, and how many, mental health crisis services for children and adolescents were established with RHTP funding in your service area in this reporting period?

- Eligible Expenses

- Hiring or contracting with regional planners
- Purchasing supplies or technology to improve access to services and support networks, including for telehealth support
- Salary and fringe to train the workforce on specific models of family and youth-focused care or to facilitate planning and coordinate services
- Contracted services to provide training, develop youth-focused care models, conduct needs assessments, or facilitate planning
- Administrative costs, both direct and indirect, not to exceed 6% of your total budget (see the Administrative Costs section in RFP Part 4: Application Guidance for examples of administrative costs)

- Ineligible Expenses

- Rural Health Transformation Program ineligible expenses outlined in Attachment B
- Direct clinical services, any billable services, or anything that duplicates or supplants existing funding sources.
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

Budget Periods

- Budget Period 1: Grant Agreement Execution Date (estimated July/Aug 2026) – October 30, 2026
- Budget Period 2: October 31, 2026 – October 30, 2027
- Budget Period 3: October 31, 2027 – October 30, 2028
- Budget Period 4: October 31, 2028 – October 30, 2029
- Budget Period 5: October 31, 2029 – October 30, 2030
- Grant agreements are expected to run through Oct 30, 2030, if MN continues to receive RHTP funding. Each year MDH may amend the grant agreement to add funds based on that year's CMS award to MN

Spending RHTP Funds

- Funds should be fully spent in each budget period
- If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through Sep 30, the end of the following federal fiscal year)
- However, CMS will evaluate MN's spending and progress toward our goals and metrics at the end of each budget period
- Our results during the budget period will determine whether MN receives an RHTP award for the next budget period and the amount of that award

Grant Contractual Obligations

- Work may not start prior to the full execution of agreement and the first day of the contract period
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
- Grantees must report on financial and programmatic activities
- Progress and financial reports will be submitted bimonthly: August 20, October 20, December 20, February 20, April 20, June 20
- MDH will provide further guidance on outcomes, metrics, and reporting and will invite collaboration from grantees. Evaluation metrics may evolve based on grantee contributions, program findings, and CMS requirements
- Grantees will have one grant monitoring visit and financial reconciliation per grant period

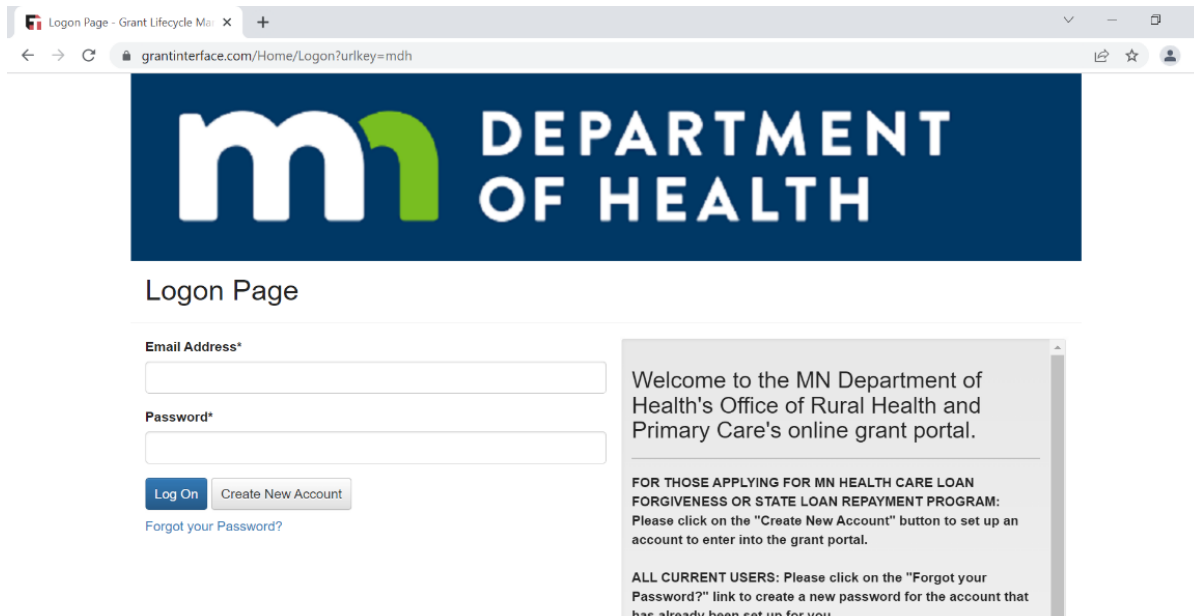
Review Process

- Initial eligibility is determined
- External evaluators review grants individually and score on the following criteria
 - Problem Statement – 30 points
 - Methods – 35 points
 - Work Plan – 20 points
 - Budget and Budget Narrative – 15 points
- Prior to contracting, due diligence and past performance review are conducted

Application Instructions & Important Dates

- Applications open: May 11, 2026
- Deadline for questions: June 1, 2026 at 4:30 p.m. Central Time
- Applications deadline: June 15, 2026 at 4:30 p.m. Central Time
- Applications must be submitted through the [ORHPC Online Grants Portal](#)


How to Apply



The screenshot shows a web browser window with the URL `grantinterface.com/Home/Logon?urlkey=mdh`. The page features the MN Department of Health logo at the top. Below the logo, the text "Logon Page" is displayed. The login form includes an "Email Address*" field, a "Password*" field, and two buttons: "Log On" and "Create New Account". A link for "Forgot your Password?" is located below the password field. To the right of the form, a grey box contains the following text: "Welcome to the MN Department of Health's Office of Rural Health and Primary Care's online grant portal." Below this, it states: "FOR THOSE APPLYING FOR MN HEALTH CARE LOAN FORGIVENESS OR STATE LOAN REPAYMENT PROGRAM: Please click on the 'Create New Account' button to set up an account to enter into the grant portal." At the bottom of the grey box, it says: "ALL CURRENT USERS: Please click on the 'Forgot your Password?' link to create a new password for the account that has already been set up for you."

- Existing Users: log in or use the forgot password button
- New Users: verify your organization has or doesn't have a profile & create profile(s)
- If you are unsure of organization's status, reach out to MDH

Application Sections

 Fields with an asterisk (*) are required.

- > Application Instructions
- > Section 1: Organization and Applicant Information
- > Section 2: Project Information
- > Section 3: Narrative
- > Section 4: Timeline and Work Plan
- > Section 5: Budget and Budget Narrative
- > Section 6: Attachments
- > Section 7: Applicant Conflict of Interest
- > Certification

- 8 sections to complete
- Refer to RFP for instructions on narrative questions
- Complete at your own pace
 - Save button vs Submit button

Application Overview

- Organization and Applicant Information
- Contact Overview

Application Overview: Narrative

- Narrative
 - Organization Overview
 - Organizational Capacity
 - Problem Statement
 - Project Methods
 - Target Population
 - Project Description
- Collaborating Partners
- Project Outcomes
- Project Evaluation
- Baseline Date – Number of Services
- Baseline Date – Availability of Services
- Key Personnel Biographical Sketch(es)
- Administrative Costs

Application Overview Continued

- Timeline and Work Plan
 - Refer to Estimated Timeline
- Budget & Budget Narrative
 - Detailed justification including itemized budget line items
- Required Application Attachments
 - Audited Financial Statements
 - Due Diligence
- Conflict of Interest
- Certification
 - RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources
 - RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs

Registering for Grant Related Systems

- Office of Rural Health and Primary Care [online grants portal](#)
 - Creating accounts and other steps, including adding collaborators, are found online
 - [ORHPC Grant Guide, August 2022](#)
- SWIFT Vendor Resources
 - [SWIFT Vendor Resources / Minnesota Management and Budget \(MMB\)](#)
 - [SWIFT Supplier Portal Homepage](#)
 - [Vendor Reference Guides / Minnesota Management and Budget \(MMB\)](#)
- SAM.gov
 - Unique Entity ID [Entity Registration | SAM.gov](#)

Questions

Thank You!

Office of Rural Health and Primary Care RHTP Team

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