U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Early Childhood Comprehensive Systems:
Health Integration Prenatal-to-Three Program

Funding Opportunity Number: HRSA-21-078
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: March 15, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: December 11, 2020

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Authority: 42 U.S.C. § 701(a)(3) (Title V, § 501(a)(3) of the Social Security Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year 2021 Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three (ECCS) Program. The purpose of this program is to build integrated maternal and early childhood systems of care that are equitable, sustainable, comprehensive, and inclusive of the health system, and that promote early developmental health and family well-being and increase family-centered access to care and engagement of the prenatal-to-3 year old (P–3) population. A maternal and early childhood system of care brings together health, early care and education, child welfare, and other human services and family support program partners—as well as community leaders, families, and other stakeholders—to achieve agreed-upon goals for thriving children and families.

The P–3 period is a particularly critical period of early child development and parent-driven change. The ECCS program will advance intergenerational health equity and expand state capacity to reach and engage families during this critical period.

Funding Opportunity Title:	Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three
Funding Opportunity Number:	HRSA-21-078
Due Date for Applications:	March 15, 2021
Anticipated Total Annual Available FY 2021 Funding:	$5,112,000
Estimated Number and Type of Award(s):	Up to 20 cooperative agreements
Estimated Award Amount:	Up to $255,600 per year, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2021 through July 31, 2026 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b) is eligible. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, January 5, 2021
Time: 3–4 p.m. ET
Call-In Number: 1-877-917-5781
Participant Code: 7981308
Weblink: https://hrsaseminar.adobeconnect.com/eccs_applicant_ta_/

HRSA will record the webinar and make it available at:
https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program (ECCS). The purpose of this program is to build integrated maternal and early childhood systems[1] of care that are equitable, sustainable, comprehensive, and inclusive of the health system, and that promote early developmental health and family well-being and increase family-centered access to care and engagement of the prenatal-to-3 (P–3) population.

The goals for the ECCS program are to:

1) Increase state[2]-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care;
2) Increase coordination and alignment between maternal and child health (MCH) and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being;
3) Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family well-being, beginning prenatally;
4) Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the P–3 population; and
5) Increase state-level capacity to advance equitable and improved access to services for underserved P–3 populations.

To advance these goals, recipients will pursue the following core objectives:

1) Increase the number of family and professional leaders engaged in state-level maternal and early childhood initiatives;
2) Develop (or strengthen) and implement a cross-sector state-level maternal and early childhood strategic plan that integrates health with other P–3 systems and programs;
3) Increase the participation of health providers (including obstetricians and pediatricians) in coordinated intake and referral systems (CIRS) or other centralized intake and data coordination efforts for the maternal and P–3 population;
4) Demonstrate progress toward critical policy and financing changes, as identified in state maternal and early childhood strategic plans; and

[1] An organized, purposeful group that consists of interrelated and interdependent partners and subsystems working together to develop seamless systems of care for children from the prenatal period to kindergarten entry. A maternal and early childhood system brings together health, early care and education, child welfare, and other human services and family support program partners—as well as community leaders, families, and other stakeholders—to achieve agreed-upon goals for thriving children and families. See Appendix A for more details.

[2] For the purposes of this NOFO, the term 'state' is inclusive of each state of the United States, the District of Columbia, each territory or possession of the United States, and each federally recognized Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304))

5) Set specific and measurable P–3 health equity goals in the statewide early childhood strategic plan.

ECCS goals and objectives aim to increase statewide access to integrated, effective, culturally appropriate, evidence-based early developmental health and family well-being promotion, prevention, and early intervention practices and services during the prenatal and early childhood period. Earlier family engagement in high-quality comprehensive services supports long-term family protective factors, reductions in risks to health and development, and improvements in indicators of health and well-being.[3] See Appendix B for the ECCS program logic model and core assumptions underlying the program. For a detailed description of program expectations, see Section IV.

2. Background

Legislative Authority

The ECCS program is authorized by 42 U.S.C. § 701(a)(3) (Title V, § 501(a)(3) of the Social Security Act), the Community Integrated Service Systems (CISS) statutory set-aside within the Title V MCH Block Grant. As aligned with the Title V goal of improving the health of all mothers and children, CISS projects seek to foster formation of comprehensive, integrated, community-level service systems for mothers and children. The ECCS program supports state capacity and infrastructure building to accelerate and coordinate community early childhood systems capacity and effectiveness toward developing and expanding integrated maternal and early childhood systems of care that build upon integrated service delivery systems for human services programs. Other CISS priorities such as those around expanding maternal and infant health home visiting programs; increasing obstetrician and pediatrician participation in state Title V and Medicaid plans; developing the capacity of maternal and child health centers; serving rural populations and expanding outpatient and community-based services programs for children with special health care needs are supported by ECCS.

History

Prioritization of building early childhood systems began in 2002, when the Maternal and Child Health Bureau (MCHB)-HRSA Strategic Plan for Early Childhood called on State Title V MCH programs to leverage their convening power to foster cross-agency early childhood systems that address health and education disparities. HRSA began funding the ECCS program in 2003 to assist states and territories in their efforts to build and implement comprehensive statewide systems that support the health and development of children. Historically, the ECCS program has catalyzed state and local focus on early childhood, laying the groundwork for many sustained early childhood systems initiatives.

[3] U.S. Department of Health and Human Services and U.S. Department of Education (2016). *Policy Statement on Family Engagement from the Early Years to the Early Grades*. https://www.acf.hhs.gov/sites/default/files/ecd/16_0152reportclean_logos.pdf

The Need

Many families[4] experience significant adversity during the P–3 period or experience significant challenges in providing the safe, nurturing, and engaging environments that young children need to thrive—this contributes to widening disparities and inequities in childhood development, school readiness and achievement, and lifelong health. While multigenerational approaches focused on prevention and coordinated services have proven to be effective, existing infrastructure has often been fragmented or lacking the leadership and coordination capacity necessary to reach families equitably and early. Systems leadership, improvement, and coordination capacity are necessary to achieve population level improvements in early developmental health and family well-being. However, these efforts are time-intensive and often not sufficiently funded. ECCS provides funding to strengthen critical systems capacity.

The ECCS program is part of HRSA's portfolio of early childhood systems programs that work to build and sustain multigenerational systems at the state and community level with a specific focus on the P–3 period, a critical window of opportunity for promotion of family and child well-being prevention and intervention. Early childhood systems programs address systemic barriers in coordination, equity, and reach that are necessary for all children to achieve their optimal potential. This iteration of the ECCS program addresses the following specific areas of development and improvement for early childhood systems: prenatal engagement, integration of the health system, and promotion and prevention strategies that address whole family well-being.

The Evidence and Opportunity

Early investments to foster positive child development can reap large and lasting gains.[5] Aligning services and policies to: 1) support responsive relationships between children and adults, 2) strengthen caregivers' core life skills, and 3) reduce sources of stress in the lives of children and families improves long-term well-being outcomes[6]. However, many policies, financing strategies, and practices do not align with these evidence-based principles. The pre- and perinatal period offers a window of opportunity to lay the foundation for life-long health and well-being.[7] Despite this, many early childhood systems initiatives do not exclusively focus on this period.

The MCH system offers a channel, which can reach the largest number of children, at the earliest possible ages, in a non-stigmatizing context.[8] As a result, the health system can accelerate effective efforts that support the social and emotional roots of well-

[4] For the purposes of this NOFO, the term "family" means custodial and non-custodial primary caregivers, inclusive of pregnant individuals and partners thereof; biological parents, adoptive, and kinship caregivers; and their children from birth through age 3.
[5] ChildTrends (2017). *Flourishing From the Start: What Is It and How Can It Be Measured?* *https://www.childtrends.org/publications/flourishing-start-can-measured*
[6] Center on the Developing Child at Harvard University (2017). *Three Principles to Improve Outcomes for Children and Families.* *http://www.developingchild.harvard.edu*
[7] Ascend at the Aspen Institute (2015). *Two Open Windows: Infant and Parent Neurobiologic Change.* *https://ascend.aspeninstitute.org/resources/two-open-windows-infant-and-parent-neurobiologic-change-2/*
[8] National Scientific Council on the Developing Child. (2020). *Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined: Working Paper No. 15.* *http://www.developingchild.harvard.edu*

being.[9] However, there have been longstanding barriers to coordination and enhancement of the health system's role within a comprehensive early childhood system.[10] For this reason, HRSA encourages state MCH/Title V agencies, or other state-level actors with close partnerships with these agencies, to apply for this funding opportunity. Additionally, strategies focused on family engagement during the prenatal period, including healthy pregnancies and the earliest transitions to parenting, require greater emphasis within comprehensive early childhood systems.

Oftentimes, effective health system and community level cross-sector initiatives are disconnected from state-level planning bodies and lack the infrastructure necessary for sustainability and spread. For this reason, HRSA is focusing this initiative on building state-level capacity to leverage and coordinate with these assets and opportunities.

The understanding of early developmental science and its application to policy and practice drives this program. It also builds upon lessons learned from past and current ECCS implementation, federal interagency coordination across early childhood programs,[11] stakeholder input, and growing evidence and urgency for systems change in the field.

Aligned with MCHB's strategic agenda of ***Accelerating Upstream Together***, and HRSA's Strategic Plan, the ECCS program:

- **Accelerates Progress and Impact** by focusing on health systems integration into early childhood systems, equity, policy and financing strategies, and scaling of family-centered, multigenerational interventions and supports.
- **Moves Upstream** by focusing on the P–3 period, and shifting state systems towards universal, multigenerational promotion of early developmental ***and*** family health and well-being.
- **Brings Systems Together** by emphasizing intentional, goal-oriented partnerships, greater coordination among initiatives, and a stronger connection of the health care system to broader early childhood systems. Family and community leadership and partnership are at the foundation of achieving health equity.

[9] Bethell, C., et. al. (2017). *Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics.* Academic Pediatrics (2017);17:S36–S50.
[10] Build Intitiative (2015). *Risng to the Challenge: Building Effective Systems for Young Children and Families, a BUILD E-Book*. https://childcareta.acf.hhs.gov/ncase-resource-library/rising-challenge-building-effective-systems-young-children-and-families-build
[11] U.S. Department of Health & Human Services, Administration for Children and Families (2020). *ACF Early Childhood Collaborative. https://www.acf.hhs.gov/ecd/early-childhood-collaborative*

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Having experienced HRSA personnel available to participate in the planning and development of all phases of this cooperative agreement;
- Participating, as appropriate, in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects;
- Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Assistance establishing effective collaborative relationships and technical assistance (TA) opportunities with federal and state contacts, HRSA-funded grants, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work;
- Reviewing and providing advisory input on written documents and activities conducted under the auspices of the cooperative agreement;
- Ensuring integration into HRSA programmatic and data reporting efforts;
- Initiating inquiries in the form of listening sessions, email inquiries, and surveys to inform program continuous quality improvement (CQI), TA, and evaluation needs; and
- Participating with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Meeting with the federal project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity;
- Providing ongoing, timely communication and collaboration with the federal project officer, including responding to inquiries about progress, budget, and activities, and holding regular check-ins with the federal project officer;
- Implementing and completing activities toward accomplishing the goals of the cooperative agreement, consistent with the Notice of Funding Opportunity (NOFO), approved application, and subsequent approved revisions or refinement;
- Working with the ECCS TA Center after award to refine data and reporting plans and to ensure alignment of plans with existing early childhood system data,

overall ECCS program goals, and the ECCS performance measurement approach;
- Collaborating with HRSA and the ECCS TA Center on program evaluation and CQI efforts, including responding to surveys, participating in interviews, and providing other reports upon request;
- Participating in regular calls, peer networking platforms, face to face and virtual meetings, and other TA opportunities in support of achievement of program goals offered by the ECCS TA Center or HRSA;
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of performance, including participation at least one annual national meeting for ECCS Program award recipients; Providing the federal project officer with the opportunity to review, discuss, and provide input on any publications, audiovisuals, and/or other materials produced as part of the project (drafts and final products); and
- Assuring that all performance and progress reports or other administrative information, as designated by HRSA in the Notice of Award (NOA) or subsequent Requests for Information (RFI), will be completed and submitted in a timely manner.

2. Summary of Funding

HRSA estimates approximately $5,112,000 to be available annually to fund approximately 20 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $255,600 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is August 1, 2021 through July 31, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for ECCS in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b) is eligible. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. Only one entity per state will be chosen for this program.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-078, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachments 8–15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

Program Expectations

The ECCS program is a systems and infrastructure focused program, and does not include a direct service component. It aims to build state capacity and infrastructure to integrate and strengthen maternal and early childhood systems that contribute to improvements in early developmental health and family well-being in the P–3 period. The focus on the P–3 period maximizes the opportunity to reach families early, promotes prenatal health, and supports families during the earliest stages of parenting. The ECCS program orients state and community systems towards fostering caregiver-child relationships, strengthening core life skills of both caregivers and their children, supporting early childhood health and development, and addressing social and structural determinants of health. These lay the foundation for children's school readiness and lifelong health and well-being.

HRSA anticipates that applicants representing state MCH agencies, or applicants with strong partnerships with such agencies, will be best positioned for success in achieving program goals. Recipients' activities should leverage and be closely coordinated with current state (and community) maternal and early childhood systems efforts and must support the development and/or expansion of community integrated service systems. Partnerships with Title V MCH services, the state Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Medicaid and the Children's Health Insurance Program (CHIP), health care providers including obstetricians and pediatricians, human service programs, and other stakeholders as listed below and in Appendix C are critical to achieving program goals.

HRSA views the following project activities as critical to achieving program goals and objectives:

1) Hire or appoint a state-level lead for the program (referred to as the ECCS Lead) and support statewide early childhood system leadership capacity;
2) Conduct an analysis of system assets, gaps, and financing needs and opportunities to advance integrated maternal and early childhood systems of care;
3) Develop or contribute to a state early childhood strategic plan in response the above analysis and help advance its implementation;
4) Convene or leverage a cross-sector advisory council to facilitate effective collaboration across sectors and partners;
5) Advance best practices and innovation through the health system;
6) Identify financing and policy strategies to support and sustain efforts that promote early developmental health and family well-being;
7) Improve, support, and increase family engagement and leadership in decision-making and early childhood program design; and
8) Advance equity within early childhood systems.

In addition, the following programmatic expectations should be taken into consideration when planning and implementing ECCS projects:

ECCS and Early Childhood System Leadership:

The ECCS Lead should lead and coordinate the implementation of the ECCS program. It is recommended that they possess an understanding of statewide maternal and early childhood systems and early developmental and family health. The ECCS Lead should have skills and relationships necessary to develop partnerships that effectively advance a state level strategic agenda.

Recipients are also encouraged to leverage existing opportunities, initiatives, and ECCS-specific TA to promote leadership development for partners and key decision-makers across state-level programs and offices. If recipients have the capacity and resources to do so, they may also advance early childhood leadership development at community levels.

Systems Asset and Gap Analysis

As a foundation for robust strategic planning and implementation, recipients are strongly encouraged to conduct a comprehensive asset and gap analysis of the current maternal and early childhood systems of care. This analysis should specifically focus on the P–3 population, and may examine existing early childhood opportunities and barriers related to the effectiveness and strength of coordination and integration between the early childhood system and the health sector, availability and reach of best practices and interventions that promote early developmental health and family well-being (see examples in Appendix D), and the use of early childhood data in systems design. This activity may also include mapping of the current cross-sector community initiatives, health practice transformation efforts, and mechanisms of coordination between the state and local levels. A network analysis of the early childhood system may also be included as part of this activity.

The ECCS asset and gap analysis should build upon and coordinate with existing state-level needs assessments, such as those conducted by the MIECHV Program, the Title V MCH Block Grant Program, and if applicable, the Preschool Development Grant Birth through Five Initiative (PDG), to avoid duplication of efforts and strengthen integration.

Early Childhood Strategic Plan

Recipients are encouraged to develop or contribute to the refinement and implementation of a state early childhood strategic plan. It is suggested that the ECCS Strategic Plan include and be grounded in a shared vision for systems and services that promote early developmental health and family well-being and articulate well-defined strategies to address the goals and objectives of this program. For more information and exemplar guidance, see Appendix E.

Recipients are strongly encouraged to develop strategic goals driven by their state systems readiness and maturity, as well as specific community-defined priorities and input. If an early childhood strategic plan is already in place, project activities should focus on refining and aligning the plan to be inclusive of ECCS priorities and partners and providing capacity for implementation.

Effective Collaboration

To advance effective integration, collaboration, and asset sharing around maternal and early childhood systems goals, recipients are required to ensure involvement of the following entities in ECCS planning and implementation:

- Title V MCH Block Grant Program (if not the recipient);
- MIECHV Program;
- State agency(ies) administering Medicaid and CHIP programs;
- Birthing/obstetric, pediatric, family medicine, and other health providers; and
- Human services programs (see Appendix A: Glossary).

Furthermore, HRSA strongly recommends that recipients engage the following entities:

- Family leadership organization(s) or coalitions;
- Other major health payer systems;

- State PDG Birth through Five Initiative (if applicable); and
- Existing state Early Childhood Advisory Council(s) (if applicable).

HRSA strongly encourages recipients to establish or leverage existing written agreements, such as Memoranda of Understanding (MOUs) or letters of agreement, with these partners prior to or early in the project. Additionally, recipients are encouraged to develop, strengthen, and leverage partnerships with the other entities described in Appendix C over the course of the project.

Recipients are encouraged to engage a cross-sector advisory council to support the advancement of the early childhood strategic plan and ECCS goals. To avoid duplications, existing state cross-sector advisory bodies and other aligned cross-sector initiatives may be leveraged. The cross-sector advisory council should include representation from sectors such as health, early childhood, early care and education, child welfare, and human services and family support and allow for a variety of perspectives, such as those of public and private sector partners and those representing program, provider, and system levels. Active family and community participation is an expectation for the advisory council. Recipients should support equitable participation of council members that represent the diversity of the populations being served, including tribal child-serving systems (i.e., Tribal MIECHV, MCH, or early care and education programs).

Health System Integration and Innovation

The ECCS program is expected to include efforts to increase the capacity of health systems, including participation of health providers in state Title V MCH and Medicaid/CHIP plans, to carry out best practices and innovations that promote early developmental health and family well-being. HRSA recommends that recipients focus efforts on prioritizing scale-able strategies and building the infrastructure to support, spread, and sustain best practices that align with state system and population needs. Program activities should not focus on direct service delivery or pilot projects implementing clinical interventions.

Exemplar practices, which are supported by a growing body of evidence and field expertise, may include, but are not limited to:

- Health provider (especially obstetric and pediatric providers) participation in coordinated intake and referral systems;
- Integration of parenting support, social emotional development, early relational health or two-generation health promotion within OB/GYN and pediatric well-child care;
- Promotion of screening for social determinants of health, social-emotional development, and/or caregiver stress including mental health, as well as brief intervention and referral, in obstetric, birthing, and pediatric well-child care; and
- Care coordination (including data sharing), co-location, and referral processes and agreements between MCH systems and early learning, family support (including home visiting), WIC, early intervention services, or other human services.

In addition to engaging the health sector as part of the advisory council, recipients should establish ongoing communication and strengthen partnerships with health providers, health professionals, health financing, and system leaders and organizations as referenced in Appendix C. Additionally, see Appendix D for detailed resources and information on health care integration and innovation approaches.

Innovative Fiscal Strategies

Recipients are encouraged to map existing funding streams and advance innovative fiscal strategies that may support the sustainability of an integrated and aligned early childhood system of care. Potential strategies include engaging diverse early childhood partners (both public and private) and non-traditional stakeholders, braiding of varied funding sources (e.g., Medicaid reimbursement and Temporary Assistance for Needy Families (TANF) funds), integrating value-based payment structures, and developing models to understand the costs and return-on-investment potential of an effective and equitable early childhood system.

Policy Barriers and Improvements

In order to advance and sustain desired improvements to the early childhood system, recipients are encouraged to identify and assess policy and practice barriers to achieving P–3 maternal and early childhood systems goals and improvements, and engage partners in developing and implementing solutions to overcome or remove such barriers. Example barriers may include conflicting regulatory guidance or eligibility criteria across programs, misalignment of service locations with identified P–3 population needs, obstacles to the provision of providing child and caregiver-level services simultaneously, obstacles to information sharing, or high administrative burden on families or providers, among others.

Meaningful Family Partnership and Leadership

Recipients are encouraged to support meaningful and equitable engagement of and partnership with families and community representatives in state-level decision-making. They are expected to secure and support the involvement of a Family Leader, who will contribute to the planning and implementation of the project and support family engagement. Further expectations for the Family Leader are outlined in Section IV, Budget Narrative. This individual may work in partnership with the ECCS Lead to provide family and caregiver leadership and guidance, and should advance family leadership across the system. Recipients may leverage and/or enhance current family leadership efforts. Recipients may also support family leaders through access to ECCS program-specific TA or other leadership and professional development opportunities using ECCS funding or other sources of support.

Advancement of Equity within Maternal and Early Childhood Systems

Successful recipients are encouraged to develop project goals and processes that identify and address early developmental, family, and maternal health disparities affecting the P–3 population. These processes should be reflected in the strategic plan and include strategies to increase access to services for underserved P–3 populations

(e.g., rural populations, racial/ethnic groups). HRSA recommends that recipients build and/or strengthen partnerships and reciprocal learning with specific agencies and efforts focused on equity (e.g., state-level stakeholder groups, Minority Health and Equity offices, rural health offices, and/or local initiatives).

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

HRSA recognizes that your maternal and early childhood systems may range in capacity, readiness, and maturity. The program narrative should be rooted in your current realities and the needs of the P–3 population. Successful proposals should reflect needs, capacities, and activities that are feasible and will yield significant improvements in the state's current system. HRSA anticipates that some states will require more significant planning, partnership development and analysis while others will be positioned to implement and spread strategies earlier in the period of performance.

Additionally, HRSA recognizes the significance of pandemic-related systemic challenges and opportunities and encourages you to consider the potential of this program to address them.

Successful applications will contain the information below. Please use the following section headers for the narrative:

INTRODUCTION -- Corresponds to Section V's Review Criterion 1: Need

Clearly identify the applicant entity (i.e., state agency, or other) in the purpose statement. Briefly describe the purpose of the proposed project, and include a summary of the following:

- High-level challenges and priorities related to maternal and early childhood system coordination and integration that will be addressed through the proposed project; and
- How this project will improve coordination across the spectrum of service entities that comprise the maternal and early childhood system to support early developmental and family well-being.

NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: Need

This section requests information on the identified needs of the recipient's state P–3 population and the maternal and early childhood systems that serve them. The needs assessment is different from the Analysis of Systems Assets and Gaps. This section will help reviewers understand the known needs that you will address with the proposed project, as well as the feasibility of the proposed project within the context of current system-wide capacity and readiness. Depending on the level of systems maturity, gaps might be more focused on foundational partnerships and coordination structures or on the capacity to advance existing plans and spread and scale best practices. In summary, this section should give background evidence for reviewers to understand the degree to which funding this program will fill necessary gaps to achieve ECCS goals while building on existing assets.

The following information should be included, as part of the application needs assessment:

- Give an overview of the availability, accessibility, and effectiveness of coordinated, comprehensive services and multigenerational approaches that promote early developmental health and family well-being for the P–3 population.
- Identify specific barriers and gaps in the state maternal and early childhood system that the project hopes to overcome, including historical context as appropriate, and existing foundational assets from which you plan to build. Include an overview of the readiness and capacity to advance and support the following elements:
    - Early childhood leadership development across sectors;
    - Effective multi-stakeholder and cross-sector partnerships including, but not limited to, Medicaid, health systems, and perinatal partners;
    - Engagement of prenatal-specific partners;
    - Service coordination infrastructure, such as coordinated intake systems, data sharing efforts, referral pathways, and availability of aligned, interdisciplinary professional development;
    - Sustainable financing strategies; and
    - Equitable family and community partnerships in decision-making.
- Provide available data related to the current status and historical trends of indicators relevant to MCH, preventative health care utilization, and/or degree of service utilizations across health care and other sectors.
- Provide an overview of statewide health indicators and P–3 population data from other relevant needs assessments (i.e., MIECHV, Title V, and PDG needs assessments, as applicable).
- Indicate if you intend to focus on or tailor project activities to the needs of a particular subset(s) of your state's population or service provider communities, and describe their needs and assets as compared to the state as a whole. Use and cite data whenever possible to support the information provided.
- Include discussion of known disparities in relevant service access or child and family outcomes related to race/ethnicity, tribal status, poverty level, and/or geography.
- Describe status and needs pertaining to partnership with families in state decision-making. Note specific family leadership groups, coalitions, or efforts that

are active in service and systems design and improvement efforts (See Appendix D for examples).
- Describe the current scope and depth of cross-sector and cross-program partnerships. Note the strength of existing partnerships with the entities listed in Appendix C.
- Include a description of early childhood system gaps that may have been identified during or caused by the COVID-19 pandemic.

METHODOLOGY -- Corresponds to Section V's Review Criteria 2: Response and 4: Impact

In this section, please address the following:

Program Goals and Proposed Project Activities: Describe the methods you will use to achieve each of the ECCS program goals and meet each of the program expectations outlined in the Program Expectations section, including the activities, processes, partnerships, and other strategies that you will develop and/or implement to meet these expectations. Provide goals and objectives, and organize your response in line with ECCS program goals. Please note that the objectives you provide should be specific, measurable, attainable/achievable, relevant, and time-framed (SMART). Be sure to include the following:

- Statewide Early Childhood System Leadership Capacity and ECCS Lead
  - Describe the leadership skills of the ECCS Lead and how they will be leveraged and continually developed to advance the strategic agenda and coordinate the ECCS program.
  - Describe how you will provide leadership to advance systems innovation and improvement.
  - Describe how you plan to support ongoing leadership for the Family Leader, other family representatives, and P–3 professional leaders (e.g., state agency or program leads, provider organization partners).
  - Explain how you will develop inclusive approaches towards leadership development and support leaders who are representative of the diversity of populations being served.

- System Assets and Gaps Analysis
  - Describe how you will conduct a comprehensive asset and gap analysis of the current maternal and early childhood systems in line with the requirements outlined in Section IV.
  - Describe how your asset and gap assessment will include a focus on the needs of the P–3 population, address the integration of the early childhood system and the health sector, and identify gaps and existing efforts to promote early developmental health and family well-being.
  - Describe how you will engage in ongoing mapping of P–3 system financing and aligned initiatives and policies.
  - If an asset and gap analysis fully inclusive of ECCS priorities exists, describe how you will leverage the findings to advance your goals.

- Development and Implementation of an Early Childhood Strategic Plan
    - Explain how you will develop, refine or leverage, and implement an early childhood strategic plan**,** per the requirements outlined in the Program Expectations section.
    - Describe how you will promote effective collaboration across sectors to advance the development and implementation of the strategic plan.
    - Describe how the strategic plan will:
        - Align with state-level early childhood priorities; and
        - Augment and strengthen an existing shared early childhood strategic plan and/or shared agenda. If the existence and/or implementation of a statewide strategic plan is an identified gap, clearly state so.

- Effective Collaboration Across Sectors
    - *Partnerships*
        - Describe how each of the entities listed in the Program Expectations have been and/or will be involved in project planning and implementation.
        - Describe how you will expand the breadth of partners who will support the statewide early childhood strategic plan. Include how partners will represent P–3 (including prenatal-specific) population-focused entities, and provide examples of entities you plan to engage.
        - Describe how you will be in a position to effectively engage health system partners, including obstetric and pediatric providers, state agency(ies) administering Medicaid and CHIP programs, and other related state agencies for this project.
        - Describe specific strategies you might use to advance collaboration, foster effective partnerships, and promote contribution and impact towards a common vision.
        - Provide existing written agreements, including MOUs or other letters of agreement, or Letters of Support (LOSs) with critical partners in *Attachment 4: Written Agreements and Letters of Support*.
            - If you have a general agreement in place with the partner, provide details of how it applies to this project.
            - If you do not have a current agreement in place or cannot provide a LOS for each critical partner identified in Appendix C, provide a plan for engaging these partners during the period of performance, including a description of known barriers to collaboration and how you will overcome them.
            - Provide written agreements (including MOUs) or LOSs from other key partners, as available, in *Attachment 4: Written Agreements and Letters of Support*.

- *Advisory Council*
  - Describe the steps you will take to convene an advisory council and highlight whether this council will be part of an existing advisory council and how existing assets will be leveraged and duplication avoided.
  - Describe how the advisory council (or equivalent) will engage and foster collaboration among existing relevant initiatives that address the needs of the P–3 population.
  - Describe how your project will support equitable and meaningful participation and representation from the population being served, including representation of families, service providers, and tribal child-serving systems.
  - Describe how you will elicit input from diverse family and community perspectives.

- Advancement of Best Practices and Innovation through the Health System
  - Describe how your proposed project will partner with the health sector, including providers (inclusive of prenatal, pediatric and family health), health professional and health systems leaders, and health organizations (see Appendix C for examples).
  - Explain how the proposed goals and objectives will lead to a more integrated health system, improved referral pathways, and improved coordination across a continuum of services for the P–3 population.
  - Describe how your activities will increase systems capacity for delivery of promotion, prevention, and intervention services that improve early developmental health and family well-being.
  - Explain how you will advance and improve participation in and use of CIRS and otherwise strengthen coordination between health systems and early childhood, child welfare, and human services and family support services.
  - If you have already identified best practices for spread or are engaged in supporting practice transformation efforts, discuss plans to augment, spread, and sustain these practices.

- Innovative Financing Strategies
  - Describe how you will advance innovative financing strategies that may support sustainability of an integrated and aligned early childhood system of care.

- Policy Barriers and Improvements
  - Describe the mechanisms through which your project will identify current policy and practice barriers to achieving maternal and early childhood systems goals.
  - Describe how you will engage and collaborate with diverse and representative partners to develop and/or implement policy and practice recommendations to address identified barriers and optimize multigenerational, preventive early childhood services and systems.

- Meaningful Family Partnership and Leadership
    - Outline how you plan to leverage or improve the engagement of families and community members in project activities and promote family leadership across the early childhood system.
    - Discuss how you will secure and support the involvement of a Family Leader, who will contribute to the planning and implementation of the project and support family engagement.
    - Discuss plans to provide leadership development to family partners and the identified Family Leader.

- Advancement of Equity within Maternal and Early Childhood Systems
    - Describe how you will build commitment and capacity to address systemic factors that contribute to early developmental, family, and maternal health disparities.
    - Describe how you will identify and address barriers in access to high quality, effective early childhood and family services for underserved P–3 populations (e.g., rural populations, racial/ethnic groups).
    - Explain how you will build and/or strengthen partnerships and reciprocal learning with specific agencies and efforts focused on increasing state-level commitment and capacity for advancing equity.
    - Describe how you will coordinate and engage partners representing the diversity of P–3 populations in your state/territory, including with tribal entities and governments in your state. If no relationships with tribal entities have been established, outline how pathways for partnership with American Indian and Alaska Native-focused early childhood and health programs will be established.

Sustainability: Include a description of how you will plan for project sustainability beyond the period of federal funding and develop a sustainability plan by Y4 of the project. Describe how sustainable strategies will be prioritized in the program strategic plan and how the planned braiding of private and public funding, as well as the development of policy and financing strategies will contribute to program sustainability. HRSA expects recipients to sustain key elements of their projects. Include a description of how you will plan for sustainability of systems coordination and improved infrastructure as well as promotion and prevention service strategies advanced by ECCS.

Statement of Non-Duplication: Provide a description of how the project will leverage and add value to existing early childhood system efforts, including how you will:

- Leverage any staff time that contributes to ECCS and is supported through other funding streams;
- Build upon and leverage other advisory structures, existing system-change initiatives and efforts focused on the P–3 population at the state and local levels;
- Align with the goals of the MIECHV Program, Title V Program, and PDG (if applicable); and
- Enhance the strength and breadth of the described efforts.

WORK PLAN -- Corresponds to Section V's Review Criteria 2: Response and 4: Impact

Describe how the project activities and methods will achieve each of the proposed goals and objectives for the period of performance. In *Attachment 1: Work Plan*, provide a timeline that aligns the completion of activities and goals, and identifies responsible staff, partners, and/or members of the advisory council. Include all required and proposed activities that will be developed. As appropriate, discuss how collaboration with key stakeholders is being leveraged for the planning, designing, and implementing of activities, including developing the application.

Logic Model

Submit a logic model for designing and managing the project in *Attachment 1: Work Plan.* Your logic model should align clearly with the ECCS program logic model provided in Appendix B. A logic model is a one-page table or diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the project or intervention(s));
- Assumptions (e.g., beliefs about how the program will work and support resources and base assumptions on research, best practices, and experience);
- Critical inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other assets and resources);
- Target population (e.g., the individuals or communities who will participate in or benefit from project activities);
- Activities (e.g., approach, key interventions);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A logic model outlines the "what" and "why" of a project, to show how it is intended to work. A work plan is an "action" guide with a time line used during implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website:
https://www.acf.hhs.gov/archive/ana/ana/resource/ana/resource/logic-model-template.

RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2: Response

Discuss any challenges you are likely to encounter in the design and implementation of project activities, as described in *Attachment 1: Work Plan*. Discuss how you will work to address any challenges described and COVID-19 pandemic related barriers.

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3: Evaluative Measures and 5: Resources/Capabilities

Recipients must gather, track, and report data regarding project progress and outcomes as a routine part of monitoring and evaluating their ECCS project. HRSA expects that such activities will support the culture of shared learning and measurement across partners, quality improvement efforts, and performance reporting to HRSA in an aligned way that is both feasible and actionable. Recipients may select one or more sub-population(s) on which data efforts will be focused, or develop/use statewide data systems, as determined by individual project goals. Recipients will receive support from the ECCS TA Center after award to refine their monitoring and evaluation plans, develop and implement CQI activities, and ensure alignment of individual recipient activities with existing early childhood system data, overall ECCS program goals, and the ECCS performance measurement approach.

HRSA recommends that you leverage relationships and align efforts with their state's Title V MCH Block Grant recipient, MIECHV Grant recipient, and/or other relevant agencies in developing their data and reporting plans, as appropriate and feasible. HRSA further encourages the use of or alignment with other research-based metrics and tools (e.g., Healthy People 2030, National Collaborative for Infants and Toddlers, Early Childhood System Performance Assessment Toolkit, Parent Engagement and Leadership Assessment Guide and Toolkit, Family Engagement in Systems Toolkit, State of Babies Yearbook), where possible. In addition to recipient-reported metrics, HRSA or its designees will compile publicly-available early developmental health and family well-being data (e.g., National Survey of Children's Health, Title V National Performance Measures and National Outcome Measures, National Child Abuse and Neglect Data System) annually to assess trends associated with a state's receipt of an ECCS grant.

The following data elements are required as part of recipients' monitoring and evaluation activities:

- HRSA Discretionary Grant Information System (DGIS) forms, as outlined in Section VI.3.
- Measures of outcomes associated with core program objectives identified in the Purpose section, including:
    - Number of family representatives engaged as leaders in state-level early childhood initiatives (e.g., members of state advisory council, active participation on workgroups, speak at conferences or presentations);
    - Number of professional representatives engaged as leaders in state-level early childhood initiatives (e.g., members of state advisory council, active participation on workgroups, speak at conferences or presentations);
    - State has a strategic plan that includes coordination and alignment of the health system and public financing stakeholders with other P–3 systems and programs (Yes/No);
    - Proportion of strategic plan objectives in active implementation status or achieved;
    - Number of P–3 health system providers participating in CIRS or other data coordination efforts (e.g., maintain current listing in common resource

databases, provide and/or receive referrals through CIRS, align intake and referral practices with other providers);
    - State has identified critical policy and financing changes needed in the early childhood strategic plan (Yes/No);
    - Proportion of identified policy and financing change needs (e.g., resolving conflicting eligibility criteria, developing comprehensive service reimbursement models) in active implementation status or achieved;
    - State has set specific and measurable goals/objectives for P–3 health equity (Yes/No); and
    - Proportion of identified P–3 health equity goals in active implementation status or achieved.
- Customized process and outcome measures, including relevant systems indicators, that align with the project goals and logic model, are to be identified in the first year of the award. These measures may be quantitative and/or qualitative in nature and should contribute to shared measurement with partners, quality improvement, and performance reporting. For projects emphasizing the development or expansion of integrated maternal and early childhood systems of care that build upon integrated service delivery systems for human services programs, specifically consider progress indicators that relate to the cost-effectiveness of the integrated service delivery system involved and the extent to which this system is improving the delivery of services. See Appendix F for an illustrative list of potential indicators and specific measures.

In your application, provide a preliminary plan for effectively monitoring and evaluating your project's progress and outcomes. Plans are subject to revision and approval by HRSA, in collaboration with the ECCS TA Center, prior to implementation. Plans may also evolve over time as new information about state and local systems needs emerges from project activities. Include the following in your application:

- Describe your overall strategy to monitor and evaluate project performance, including reporting on required data elements. Provide an overview of expected data sources and established instruments you plan to use for program monitoring and evaluation (to the extent these are known), including any alignment with measures established for the Title V MCH Block Grant and/or the MIECHV Program, or with the broader early childhood development evidence base.
- Discuss your plan to collect, clean, analyze, and track required performance measures and other indicators of project progress and impact. Include the ways in which existing or planned partnerships will support the alignment of your ECCS measurement approach with existing data collection or reporting processes and enable access to data across partners.
- Describe the target population(s) or sub-population(s) for which you will gather and track performance and outcome data (e.g., geographically- or demographically-defined communities, providers operating in specific settings), as aligned with the focus of your project activities. Discuss how you will actively collaborate with representatives from this population(s) in the planning, design, implementation, and iterative improvement of your monitoring and evaluation plan, including in the selection of measures and the interpretation and reporting of results.
- Describe how you will use available data to evaluate your project's performance and make adjustments over the course of the project, in order to meet ECCS

program goals and objectives and to promote a culture of learning. Include plans for establishing appropriate baseline assessments of key outcome indicators.

- Describe how the data collected will inform your state's strategic early childhood agenda and approach to achieving project goals. Include any state-specific evaluation questions you intend to answer, and how results will contribute to the state or national evidence-base for developing and improving early childhood comprehensive systems.
- Discuss how you will disseminate findings (including any evaluation results, lessons learned regarding barriers encountered, or areas of success) to key stakeholders (e.g., through development of a comprehensive evaluation report, presentation of findings to HRSA and other stakeholders, other planned informational products).
- Discuss planned strategies or approaches for understanding and addressing equity through data and measurement (e.g., disaggregating data by key variables, contextualizing data through an equity lens, using data to guide actions toward equity goals, supporting communities' measurement capacity).
- Provide an overview of the available assets and resources (within or outside your organization) that will support the implementation of your monitoring and evaluation plan, including individual staff and/or organizational experience, skills, and knowledge.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5: Resources/Capabilities

In this section, please respond to the following:

- Organizational Structure and Capacity
    - Succinctly describe your organization's current mission, structure, and scope of current activities, and how these contribute to the organization's ability to implement the program requirements and meet program expectations, as outlined in Section IV. Include an organizational chart of your organization in *Attachment 5: Project Organizational Chart* and specify reporting and accountability mechanisms between the ECCS Lead(s) and recipient organizational leadership. Provide an overview of the current staffing for early childhood systems, and indicate how positions and organizational capacities supported by this award will be additive.
    - Describe your organizational experience and expertise in leading and participating in state comprehensive early childhood systems initiatives, advisory councils and coordinating entities, including the specific role your organization played in these efforts. Describe experience and expertise in serving in the role of organizer and facilitator for cross-sector efforts including advancing strategic agendas and advancing policy change.
    - Describe your current capacities to support the assessment and addressing of gaps and challenges in your state's maternal and early childhood systems, as they relate to statewide strategic planning and early childhood systems improvement.
    - If the state's Title V MCH services agency is not the lead applicant for your proposal, provide an MOU or similar written agreement with the lead Title V agency and describe how you will partner with theTitle V MCH Block Grant

Program. in *Attachment 4: Written Agreements and Letters of Support* that outlines your relationship.

- Advisory Structures and Partners
  - Provide a one-page figure in *Attachment 5: Project Organizational Chart* that depicts the organizational structure of the project, including relationship to significant advisory structures, working groups, coalitions, collaborators, partners, and subcontractors and relationship to community early childhood systems.
  - Demonstrate the extent to which you have the commitment of the Governor's office, health systems and health care providers, family leadership organizations or other family representatives, or other key partners to lead the ECCS program and advance project goals in your state. Submit any written agreements or LOSs as part of *Attachment 4: Written Agreements and Letters of Support.*

- Staff Capacity
  - Describe your staffing plan to fill the required position(s) outlined in the Program Expectations and any other positions that will be necessary to carry out the goals and requirements of the program. Describe your capacity for ongoing staff support, retention and professional development. Demonstrate how the individuals in the following positions will possess the required expertise and capacities:
    - Program lead/ECCS Lead: The ECCS Lead should possess skills and experience outlined in the Program Expectations. Recipients are encouraged to dedicate a 1.0 FTE to provide leadership, management, and oversight of the program. In addition to other activities as defined by recipients, the ECCS Lead should be positioned to:
      - Represent the recipient's organizational leadership,
      - Effect state agency level contributions,
      - Participate in ECCS-specific TA and peer-to-peer sharing activities, and
      - Have sufficient time, administrative support, and agency/organizational leadership capacity needed to be effective.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. In addition, the ECCS program requires the following:

- That the proposed budget for each year of the period of performance be reasonable in relation to the objectives, the complexity of the activities, and the anticipated results;
- That costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- That key personnel have adequate time devoted to the project to achieve project objectives;
- That the budget includes support for the Family Leader to participate in the planning and advising of the project, including reimbursement for participation; and
- That the budget includes reasonable costs associated with facilitation of family and provider engagement and meaningful participation (e.g., child care, transportation, leadership training).

You are also encouraged to consider what costs might be associated with supporting the time commitment of key partners and community representatives as well as any additional technical assistance needs that may emerge.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Written Agreements and Letters of Support

Provide available written agreements (e.g., MOUs, letters of agreement) and/or LOSs from partners identified as required in the Program Description. In addition, provide such agreements or LOSs between your organization and other key partners cited in the proposal. Written agreements, including MOUs, may be pre-existing and can be included in this attachment if the project narrative clearly describes how they will be leveraged for this program. LOSs must be dated and specifically indicate a commitment to the project/program.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project and a one page figure that depicts the relationship and partnerships of the recipients organization with partner entities and advisory bodies.

Attachment 6: Project Performance and Outcome Measures

Provide a list of selected custom process and outcome measures that you will use for program monitoring and performance reporting. Include expected data sources and established instruments you plan to use.

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit:

however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the

updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *March 15, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

ECCS is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $255,600 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

You cannot use funds under this notice for construction.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The ECCS Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction & Needs Assessment
Reviewers will consider the extent to which:

- The application demonstrates a clearly articulated purpose statement that aligns with the goals of the program;
- The application clearly outlines challenges and priorities relevant to the P–3 population and maternal and early childhood systems, and opportunities for improvement, in alignment with goals and objectives of this program;
- Needs and gaps are described with sufficient detail to allow for an assessment of how the proposed project will address critical opportunities for improvement including in the areas of:
    - Services and system changes that promote early childhood developmental health and family well-being and prevent negative family outcomes;
    - Coordination of the health system with the broader early childhood systems;
    - Increasing focus on the prenatal period for service delivery and family engagement; and
    - Equitable access to high quality, comprehensive services.
- The application presents a clear understanding of the current foundational system assets and the system's capacity and readiness for change that clearly connects these to the foundational components of the proposal.

Criterion 2: RESPONSE (Total 40 points) – Corresponds to Section IV's Methodology, Work Plan & Resolution of Challenges

General (15 points) – Reviewers will consider the extent to which the proposed project and application:

- Responds to the Purpose section and requirements outlined in the Program Expectations section;
- Proposes activities that are feasible and capable of achieving program goals and objectives;
- Proposes activities that respond to the needs highlighted in the Needs Assessment section;
- Outlines strategies that build on existing assets and align with the state priorities and agendas described in the applicant's proposal; and
- Offers a well-articulated approach for meeting program goals and expectations and complete, comprehensive responses to requirements outlined in the Project Narrative section.

Methodology (15 points) – Reviewers will consider the extent to which the proposed methodology demonstrates that:

- Health system-based best practices and innovations, including engagement of key partners, will be effectively achieved;
- Equity is embedded throughout program activities, including an approach towards community and family leadership and engagement in decision making;
- The approach to leadership and coordination is likely to yield well aligned and collaborative interagency and partner contributions, inclusive of the development and implementation of the ECCS strategic plan; and
- Proposed approaches to support financing and policy strategies are articulated and likely to move maternal and early childhood systems towards systems improvements and sustainability.

Work Plan and Logic Model (7 points) – Reviewers will consider the extent to which:

- The proposal outlines a clear, comprehensive, and specific set of activities, timeframes, and key partners to ensure successful implementation of the project in line with ECCS program goals and expectations; and
- The program logic model presents a clear pathway towards achieving program goals and outcomes.

Resolution of Challenges (3 points) – Reviewers will consider the extent to which:

- The application discusses realistic implementation challenges, including those related to the COVID-19 pandemic, and provides a strategic approach to resolving them.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

Reviewers will consider:

- The completeness, feasibility, and strength of the applicant's plan to monitor, evaluate, and improve project performance and outcomes, and to use data to support statewide strategic planning and advance project goals.
- The alignment of proposed plans for monitoring and evaluation with the applicant's proposed project goals and activities, including any focus on target populations and equity goals, and with the broader early childhood development evidence-base.
- The extent to which the applicant proposes a feasible and effective plan to align or integrate performance measures with other existing data sources, such as those established for other MCH or early childhood programs.
- The extent to which key stakeholders (including family and community representatives) and existing measurement and evaluation assets will be integrated in the planning, implementation, and response to performance measurement and evaluation efforts.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan

Reviewers will consider:

- The extent to which the proposed project has an expected public health impact on the P–3 population and the project will be effective, if funded.
- The extent to which the plan will result in significant improvements in the state's existing early childhood system capacity.
- The feasibility of the plan to achieve core program goals and objectives outlined in the Purpose section.
- The likelihood of program sustainability beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity & Organizational Information

Reviewers will consider:

- The extent to which the applicant organization demonstrates the capability and capacity to successfully implement the requirements of the program and achieve program goals and objectives.
- The extent to which the applicant either is or demonstrates strong partnership with the state Title V MCH agency.
- The extent to which the applicant demonstrates strong relationships with critical partners (as outlined in Program Expectations and Appendix C) and other key decision makers and agencies (including Medicaid or other major health payer entity) in the state that will effectively promote the development, implementation, and impact of a statewide strategic plan. This includes the extent to which these relationships are documented through written agreements and letters of support.

- The extent to which proposed key personnel meet the skills and capacity criteria identified in Section IV.
- The extent to which adequate project personnel time and expertise are available to carry out the requirements and goals of the project, including proposed data, measurement, and evaluation activities.
- The capability of the applicant to collect and report on required performance measures listed in the Reporting section of this NOFO, either directly or in coordination with partners.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

Reviewers will consider:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the proposed activities, and the anticipated results.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the Family Leader, family and provider partners have adequate time and resources to devote to project goals, including consideration for costs related to compensation and incentives for participation such as transportation or child care.
- As appropriate, costs associated with supporting the time of key partners and TA needs that might be associated with implementation of identified evidence-based models and best practices (including set asides in later years) are identified.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other

support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of August 1, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/FormAssignmentList/u7e.html. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	August 1, 2021 to July 31, 2026 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	August 1, 2021 to July 31, 2022 August 1, 2022 to July 31, 2023 August 1, 2023 to July 31, 2024 August 1, 2024 to July 31, 2025	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	August 1, 2025 to July 31, 2026	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1440
Email: lferguson@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Ekaterina Zoubak, MA
Social Science Analyst
Attn: ECCS
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Office: (301) 443-9339
Email: EZoubak@hrsa.gov

Sandy Sheehy, MBA, RN
Public Health Analyst
Maternal and Child Health Bureau
Health Resources and Services Administration
Office: (816) 426-2917 | Cell: (816) 719-7260
Email: ssheehy@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, January 5, 2021
Time: 3–4 p.m. ET
Call-In Number: 1-877-917-5781
Participant Code: 7981308
Weblink: https://hrsaseminar.adobeconnect.com/eccs_applicant_ta_

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: Glossary

Care coordination services – Promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children and their families.

Collective impact – Organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success. (For more information: https://www.collectiveimpactforum.org/what-collective-impact; http://www.fsg.org/approach-areas/collective-impact, and https://www.collectiveimpactforum.org/sites/default/files/Collective%20Impact%203.0.pdf)

Community – A social unit of any size that shares common values and is bound together because of where members reside, work, visit, or otherwise spend a continuous portion of their time. For the purposes of this NOFO, community-level efforts operate at a more localized level than state or territorial efforts.

Continuous quality improvement (CQI) – An ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

Coordinated intake and referral systems (CIRS) – A single place or process (centralized system), or set of interconnected processes, through which an individual or family seeks information and supports, screening helps to identify specific needs, and facilitators generate referrals to programs and services that are the best fit for those needs. CIRS also connect families to services and facilitate care coordination and other information exchange across service providers/organizations. CIRS often carry out common shared tasks across organizations, including community outreach and recruitment, screening and assessment, determination of fit, and referral to comprehensive services. They vary in scope and reach and may be housed either within one central entity that screens and refers all individuals or throughout various agencies with connected referral systems.

Cross-sector alignment and coordination – Coordination that extends beyond working together on a single project. *Aligned systems* require that sectors think and work together in fundamentally new ways to improve the health and well-being of the people and communities they serve. Sectors, systems, and leaders that share a set of priorities for outcomes that are valued by the people they serve; create a shared data, metrics, and measurement system; establish stable financing with incentives and shared accountability; and have strong governance with leadership and structured relationships. (For more information: https://ghpc.gsu.edu/download/aligning-systems-for-health-theory-of-change-with-glossary)

Early childhood developmental health and family well-being – For the purposes of this NOFO, this term includes a range of processes and outcomes associated with children's and caregivers' safety and well-being over time, including positive physical health and functioning; mental and emotional well-being; social behavior and development; cognitive, linguistic, and academic development; safe, stable, and nurturing relationships between children and caregivers; a sense of meaning, engagement, positive relationships, competence, positive emotion, and self-esteem; and opportunities for educational advancement and economic mobility, including access to critical supports. Services and supports that foster early childhood developmental health and family well-being operate on a continuum including health and well-being promotion, universal prevention, screening for risks and adverse conditions, and referral to/delivery of focused interventions.

Early childhood system – An organized, purposeful group that consists of interrelated and interdependent partners and subsystems working together to develop seamless systems of care for children from the prenatal period to kindergarten entry and their families. An early childhood system brings together health, early care and education, child welfare, and other human services and family support program partners—as well as community leaders, families, and other stakeholders—to achieve agreed-upon goals for thriving children and families. These systems help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation. (For more information: https://childcareta.acf.hhs.gov/systemsbuilding/understanding-systems-building)

Early childhood comprehensive system (ECCS) Lead – One or more appointed individuals who will serve as the program lead for ECCS. The Lead serves a critical role in statewide maternal and early childhood systems building efforts, including convening partners and coordinating ECCS efforts.

Early childhood leaders – Individuals or organizational representatives that reflect key early childhood constituency groups (e.g., families, family support organizations, service providers, government agencies, and related professional or interest groups) and serve as change agents to actively promote the interests and needs of young children and their families. Early childhood leaders speak up about the importance of investments in early childhood for individual and community well-being, offer diverse perspectives and voices to inform and shape programs, services, and policies relevant to families with young children, and are often well-positioned to advance maternal and early childhood systems initiatives within their organizations and communities.

Early relational health – The complex interpersonal interactions between young children (birth to age 3) and their parents, extended family, and caregivers, which can

have positive impact on a child's healthy development. Healthy and positive child development emerges best in the context of nurturing, warm, and responsive early parent/caregiver child relationships, when children are surrounded by safe communities with strong trust and social connectedness. (For more information: https://cssp.org/our-work/project/advancing-early-relational-health/)

Family engagement - Authentic partnership between professionals and family leaders who reflect the diversity of the communities they represent, working together at the systems level. This also includes systematic inclusion of families in activities and programs that promote children's development, learning, and wellness, including in the planning, development, and evaluation of such activities, programs, and systems. (For more information: https://eclkc.ohs.acf.hhs.gov/family-engagement; https://www.lpfch.org/publication/framework-assessing-family-engagement-systems-change; https://cssp.org/wp-content/uploads/2018/11/Parent-Manifesto-FINAL.pdf)

Family leadership – Occurs when families are engaged as valued partners and their input is heard, understood, and influential in decision-making. The involvement and leadership of families in early childhood systems efforts acknowledges that lived experiences fill knowledge gaps and increase the accountability of systems to the families and communities they serve. (For more information: https://cssp.org/wp-content/uploads/2019/04/Parent-Engagement-and-Leadership-Assessment-Guide-and-Toolkit-FINAL.pdf)

Health disparities – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. (For more information: https://www.cdc.gov/healthyyouth/disparities/index.htm)

Health equity – The absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (For more information: https://www.hrsa.gov/about/organization/bureaus/ohe/index.html; https://thinkculturalhealth.hhs.gov/clas; https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html)

Health sector – Includes the organizations, programs, and services that help individuals obtain access to personal health services to prevent, treat, or manage diseases and injuries, including services for physical health conditions, mental health conditions, substance abuse, and developmental disabilities. This sector includes the providers, purchasers, and payers of these services, as well as the suppliers of associated products and technologies.

Health system – Encompasses the full continuum between public health (population-based services) and medical care (delivered to individual patients).

Human services programs – For the purposes of this NOFO, Federal or federally assisted programs which provide aid, assistance, or benefits based wholly or partly on need or on income-related qualifications to specified classes or types of individuals or families, or which is designed to help in crisis or emergency situations by meeting the basic human needs of individuals or families whose own resources are insufficient for that purpose. Examples include Temporary Assistance for Needy Families (TANF), supplemental Social Security income benefits, Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Head Start, among others.

Multigenerational/Two-generation approaches – Approaches that build family well-being by intentionally and simultaneously working with children and the adults in their lives together. The approach recognizes that families come in all different shapes and sizes and that families define themselves. (For more information: https://ascend.aspeninstitute.org/two-generation/what-is-2gen/)

Prenatal-to-three (P–3**)** – For the purposes of this NOFO, the population including children through age 3 (including prenatal development), their families (including pregnant and parenting individuals), and the providers and systems that serve them.

Social and structural determinants of health (SDOH) – include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, intimate partner violence, and social and political structures. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. Addressing SDOH, such as intimate partner violence, is a HRSA objective to improve health and well-being of individuals and the communities in which they reside. (For more information: https://www.hrsa.gov/about/organization/bureaus/ohe/index.html)

State – For the purposes of this NOFO, the term 'State' is inclusive of each state of the United States, the District of Columbia, each territory or possession of the United States, and each federally recognized Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).

Systems initiatives/system building – Systems initiatives are organized efforts to improve a system and its impacts. They can be publicly or privately funded or a combination of the two. Systems initiatives in the early childhood field may have different labels, such as systems building, systems change, or systems reform. An early childhood systems initiative might focus on one or more of the following five areas that, if developed or advanced, can produce broad impacts for the system's intended beneficiaries: Context, Components, Connections, Infrastructure, and Scale. Early childhood systems building is the ongoing process of improving the five areas outlined above. Due to the fragmented nature of all the various systems that support young children, many states are also working to build coherence between these five areas so that the infrastructure (financing, governance, and professional development); programs (Head Start, child care, early intervention, pre-k, home visiting, and other health and

human services); and sectors (public, business, philanthropy, and nonprofit) of early childhood operate more as a whole. The widely recognized and desired systemic effects are: program effectiveness, equity, coherence, and sustainability with the ultimate outcome of benefiting children and families. (For more information: https://childcareta.acf.hhs.gov/systemsbuilding/understanding-systems-building; https://docs.kumu.io/content/Workbook-012617.pdf)

Sustainable – Systems changes, services, or capacities that are built to last, rather than temporary due to funding constraints, lack of incentives, or structures that do not produce permanent connections.

Appendix B: ECCS Program Logic Model

The purpose of the ECCS program is to build integrated, equitable, sustainable, comprehensive maternal and early childhood systems of care that are inclusive of the health system; promote early developmental health and family well-being; and increase early, family-centered access and engagement of the P–3 population.

Assumptions:

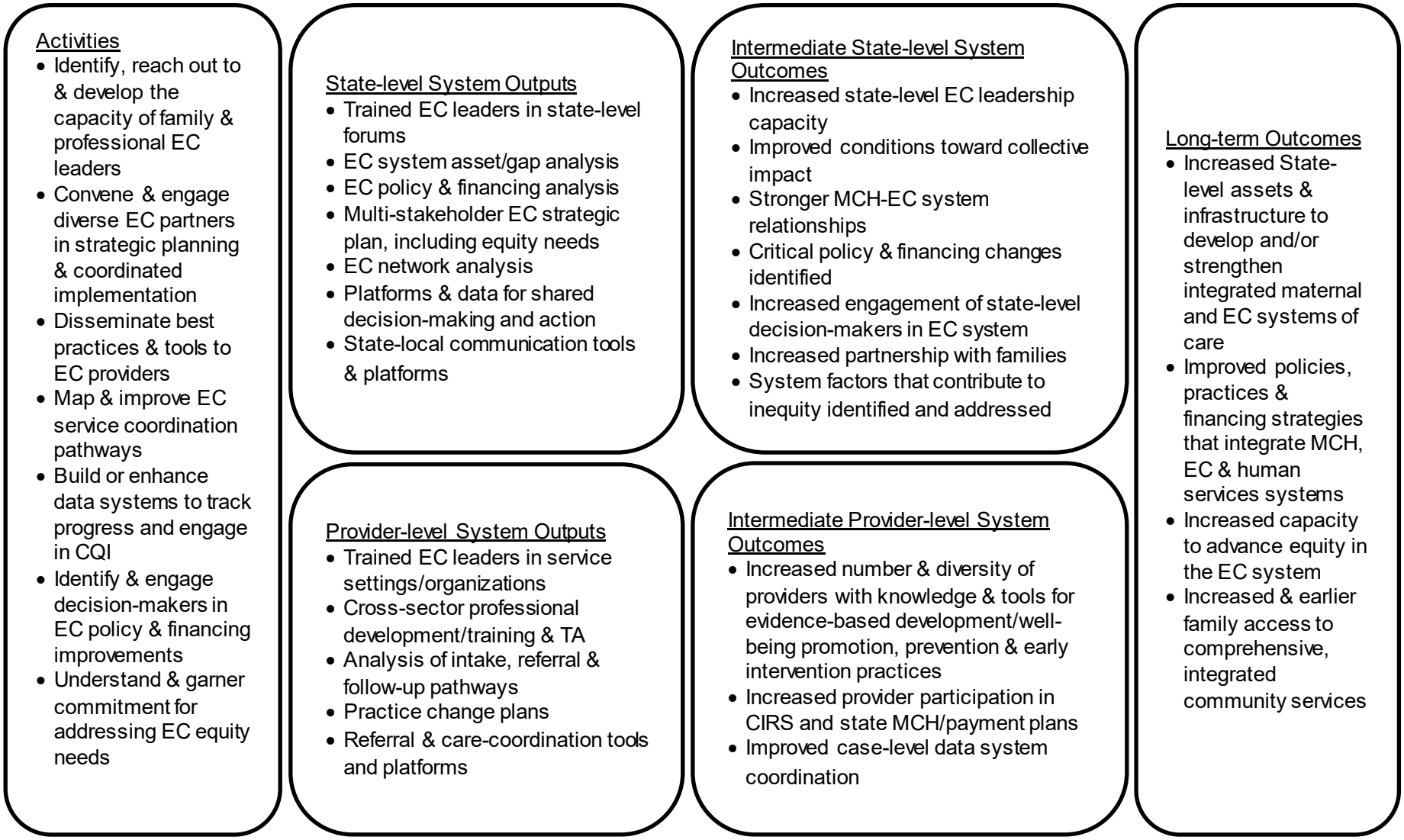
- Discrete services and interventions for young children and their families are not sufficient to achieve sustained, population-based improvements in early developmental health and well-being; building and improving the early childhood system is also required to achieve program effectiveness, equity, coherence, and sustainability.
- Cross-sector coordination and alignment around a shared vision or plan are necessary components of early childhood system building, and there are research-based strategies and necessary structures that promote effective alignment and coordination.
- Systems change is time-consuming, non-linear, and requires structural change (policies, practices, and resource flows), relational change (relationships and connections, power dynamics), and transformative change (implicit mental models).
- Investing in leaders helps strengthen organizations, communities, and families; for systems to be equitable, their development must prioritize family and community engagement, partnership, and leadership on all levels.
- Health system engagement in the early childhood system is critical to earlier and more expansive engagement of the P–3 population into a continuum of early developmental health and family well-being supports and services.
- Early developmental health and family well-being is fostered through responsive parenting relationships, strengthening caregiver and child core life skills, reducing sources of family stress, and addressing social and structural determinants of health.
- State systems coordination, policy and financing development is necessary to accelerate and sustain community level early childhood systems.

Critical Inputs:

- Appointed and supported state-level ECS Lead
- At least one cross-sector early childhood advisory council or similar organizational body
- Family, community, and health system and aligned early childhood provider and organization representatives, and state-/local- decision-makers and organizational leaders, as partners
- Evidence-based and promising early developmental health and family well-being and systems-building interventions, practices, and tools
- ECCS Technical Assistance Center support

Target population: Statewide P–3 population of children and families, or recipient-identified sub-population(s)

Activities, Outputs, and Outcomes:
(Note: EC = early childhood; CQI = continuous quality improvement; TA = technical assistance)



Appendix C: Recommended Partners

This appendix outlines the sectors, organizations, and partners that may be included to achieve ECCS goals and objectives. This list is not intended to be exhaustive, and partnerships with the sectors, organizations, and individuals listed are NOT required unless otherwise indicated.

Critical Project Partners: Recipients must ensure involvement of several entities in ECCS planning and implementation to advance program goals and objectives. HRSA strongly encourages engagement of additional partners and the submission of written agreements that demonstrate critical partnerships, such as MOUs or letters of agreement, or Letters of Support, with the application, as feasible. If the recipient does not currently have a written agreement in place with a given partner, HRSA encourages the recipient to establish one early in the project. Effective written agreements clearly state the purpose of the collaboration as it relates to advancing a shared vision or specific goals, and outline key roles of each partner. (Note: HRSA intends for these agreements to outline the partnership and support effective collaboration. There is no requirement from HRSA that they be legally binding documents.)

Required partners:

- Title V MCH Block Grant Program (if not the recipient)
- MIECHV Program
- State agency(ies) administering Medicaid and CHIP programs
- Birthing/obstetric, pediatric, family medicine, and other health providers
- Human services programs (see Appendix A: Glossary)

Recommended partners:

- Family leadership organization(s) or coalitions
- Other major health payer systems
- State Preschool Development Grant (PDG) Birth through Five Initiative (if applicable)
- Existing state Early Childhood Advisory Council(s) (if applicable)

Sector Representation on Advisory Council: HRSA recommends that the following sectors/entities be represented on the advisory council.

- Business
- Family and community representation
- Health (broadly defined and inclusive of health, behavioral/mental health, nutrition, community health, lactation support, midwifery)
- Early care and education
- Early learning
- Early intervention services
- Education
- Existing cross-sector initiatives
- Funders
- Human services and family support
- Health care and early childhood/family providers
- Economic support
- Equity
- Civic engagement
- Child welfare
- Crime and law enforcement
- Legal aid

- Service coordination

Other Project Partners: HRSA recommends that recipients consider involving the following stakeholders in project planning, implementation, consultation, and/or advisory.

- State Partners
    - Tribal MIECHV Program
    - Individuals with Disabilities Education Act Part C Interagency Coordinating Council
    - Agencies and/or Programs serving families that are experiencing or at-risk for experiencing homelessness, including Runaway & Homeless Youth programs
    - Other federally-funded programs serving young children and families, including (but not limited to) Healthy Start, LEND Program, Infant and Early Childhood Mental Health Program, and Project LAUNCH
    - Representation from the Governor's Office
    - Representation from State Intertribal Organization(s), as applicable
    - Director of the Head Start State Collaboration Office
    - Minority Health and Equity Offices
    - State Advisory Council on Early Childhood Education and Care
    - State Lead for:
        - Early Hearing Detection and Intervention
        - Newborn Screening, Birth Defects and Developmental Disabilities
        - Infant Early Childhood Mental Health Consultation
        - Center on the Social and Emotional Foundations for Early Learning
        - Learn the Signs Act Early Ambassador
        - Early Childhood Integrated Data System
        - Centralized/Coordinated Intake and Enrollment Initiative
    - Lead Agency for:
        - Elementary and Secondary Education Act Title I Program
        - Supplemental Nutrition Assistance Program (SNAP)
        - Title II of the Child Abuse Prevention and Treatment Act
        - Child Welfare (Title IV-E and IV-B) Program
        - Child Care and Development Block Grant
        - Early Intervention: Individuals with Disabilities Education Act-Part C and Part B Section 619 Program
        - Other state-funded programs serving young children and families related to: mental health, substance use, and/or intimate partner violence.
- Health Professionals and Professional Organizations
    - Professional Organizations, including (but not limited to) the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and American Academy of Family Physicians.

- Providers and Health System Administrators, including those representing Federally Qualified Health Centers, Community Health Centers, Academic Medical Centers, and Children's Hospitals.
- Primary Care Associations
- Indian Health Services

- Community Representation
  - Family and Community Leaders, including Family Voices
  - Community-led Organizations and Stakeholder Groups, including cross-sector initiatives/hubs
  - Faith-based Leaders and Institutions
  - Local School Districts and/or School Boards
  - Family and Early Childhood Programs Serving American Indian and Alaska Native Communities
  - Urban Indian Organizations
  - Organizations and/or Programs related to community engagement, including (but not limited to) library and museum services, public broadcasting services, early literacy coalitions, and higher education and training programs.

Appendix D: Evidence-Based Approaches

Several resources offer tools, data, and information that may help you in preparing this application. Links to some of these resources are below, although this list is not exhaustive. Please note HRSA is not affiliated with most of the resources provided below. These resources focus on strategies and evidence-informed practices that aim to increase coordination with and integration of the health system, foster practice innovation, and promote early developmental health and family well-being in early childhood systems.

Strategies and evidence-informed practices included in the resources listed range on a continuum of universal promotion to targeted intervention. Examples include: universal family health and wellness promotion and education; care coordination; developmental, social emotional, and behavioral health screening and referral pathways; evidence-based dyadic and parenting interventions; peer to peer supports; support groups; team-based care; integrated medical care; infant and early childhood mental health consultation; co-location of services and supports within medical care; approaches to address social determinants of health; and interdisciplinary workforce development.

System Coordination and Integration:

- Health Resources and Services Administration: A Crosswalk of the Maternal, Infant, and Early Childhood Home Visiting Program and the Title V MCH Block Grant Program Needs Assessments
- Maternal, Infant, and Early Childhood Home Visiting Program: Technical Assistance Resources for Early Childhood Systems Coordination
- National Academy of Medicine: Accountable Communities for Health for Children and Families: Approaches for Catalyzing and Accelerating Success
- National Home Visiting Resource Center: Strengthening Service Coordination Between Home Visitors and Pediatric Primary Care Providers
- Office of the Assistance Secretary for Planning and Evaluation: Planning Title IV-E Prevention Services: A Toolkit for States
- Substance Abuse and Mental Health Services Administration Integrated Care Resources: Center of Excellence for Integrated Health Solutions Resources
- U.S. Departments of Health and Human Services and Education: Policy Statement to Support the Alignment of Health and Early Learning Systems
- Zero to Three: Innovation in Cross-System Collaboration to Better Support Babies

Evidence-based and Evidence-informed Practices Within Health Systems:

- The American Academy of Pediatrics: Primary Care Interventions for Early Childhood Development: A Systematic Review
- The American Academy of Pediatrics: A Road Map to Address the Social Determinants of Health Through Community Collaboration
- The American Academy of Pediatrics: Screening for Basic and Social Needs and Connecting Families to Community Resources
- Association of Maternal and Child Health Programs: The Power of Prevention for Mothers and Children
- Center for the Study of Social Policy: Pediatrics Supporting Parents

- Center for the Study of Social Policy: Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change
- IncK Marks: Resources to Help Leaders Advance Child Health Care Transformation

Evidence-based and Evidence-informed Family Strengthening and Parenting Interventions:

- Administration for Children and Families: Compendium of Evidenced-Based Parenting Interventions
- Administration for Children and Families: The Title IV- E Prevention Services Clearinghouse
- Health Resources and Services Administration: Home Visiting's Two Generation Approach: Supporting Primary Caregiver Education, Family Self-Sufficiency, and Children's Well-Being
- National Academies of Sciences, Engineering, and Medicine: Parenting Matters: Supporting Parents of Children Ages 0–8

Other Relevant Resources:

- Georgetown University Center for Child Human Development: Center of Excellence for Infant and Early Childhood Mental Health Consultation
- Harvard Center on the Developing Child: Frontiers in Innovation
- Health Resources and Services Administration: Using Performance-Based Contracting to Strengthen Performance
- Joint ACF and SAMHSA Publication: A Collaborative Approach to the Treatment of Women with Opioid Use Disorders
- Nemours National Office of Policy & Prevention: Early Childhood and Medicaid: Opportunities for Partnering
- U.S. Departments of Health and Human Services and Education: The Integration of Early Childhood Data

Appendix E: Strategic Plan Guidance

The ECCS early childhood strategic plan should lay out goals for building the capacity of maternal and early childhood systems to improve and support early developmental health and family well-being in the P–3 population. This plan is intended to serve as a road map for the project's activities, contribute to a statewide early childhood system agenda, and align with current priorities and planning efforts. If an early childhood strategic plan is already in place, the recipient should focus on refining and aligning the plan to be inclusive of ECCS priorities and partners and providing capacity for implementation. Recipients are encouraged to incorporate cross-sector partner, family, and community-defined priorities and input. ECCS strategic plans will contribute to or drive a shared, system wide vision for early childhood. Furthermore, it is recommended that ECCS strategic plans advance strategies for health and well-being promotion; evidence-informed, culturally appropriate preventative family supports and interventions; and effective screening and referral pathways.

Additional considerations for ECCS strategic plans include:

- Strategies to address barriers in cross-sector coordination and reduce duplication of efforts, such as:
    - Engagement of existing MCH service providers in early childhood services and initiatives;
    - Coordination of intake and referral processes;
    - Development or improvement of shared data systems at the systems planning and/or case-coordination levels;
    - Development or advancement of innovative policy and financing strategies; and
    - Support for ongoing learning and best practices across sectors and systems.
- Strategies to advance equity, such as:
    - Partnership with families and professional leaders in state-level planning, agenda development, and decision-making;
    - A comprehensive, data-driven approach to address health disparities, engage diverse communities, and when applicable, a defined approach towards partnership with tribal health systems and early childhood programs;
    - Development of sustainable state-to-local coordination structures;
    - Development of mechanisms to support equitable access to services; and
    - Utilization of a comprehensive approach to promote equity at all levels of the early childhood system that aligns with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

Appendix F: Example Performance and Outcome Measures

The following indicators and measures are illustrative and provided for your consideration in developing their customized data and measurement plans, but are not required or exclusive.

Example short-term performance indicators:

- *State-level early childhood leadership capacity*
  - Training and/or engagement of early childhood leaders, by sector and type
  - Representation and meaningful engagement of family representatives on early childhood working groups or advisory committees
  - Community outreach and engagement efforts
- *Coordination and alignment between MCH, public financing stakeholders, and other statewide P–3 systems and programs*
  - Cross-sector and cross-agency contributions to the development or implementation of an early childhood strategic plan or vision
  - Establishment of MOUs or data sharing agreements between critical partners
  - Development or improvement of pathways for communication and shared learning across state and local levels
  - Development or use of common or coordinated data systems that support system-level quality improvement and planning
- *Health system capacity to deliver and connect families to a continuum of services that promote early developmental health and family well-being*
  - Engagement of P–3 service providers and other state-level or community partners in training or TA related to best practices and practice change strategies related to: family screening and referral, promotion of early developmental health and family well-being, and care coordination/integration of health and other early childhood systems
  - Diversity of health providers (e.g., by setting or discipline) engaged in training or TA
  - Health provider knowledge of and interest in CIRS
  - Training and TA provided to support the development or implementation of data sharing agreements
  - Development or use of common or coordinated data systems that support case-level service coordination
  - Development or reach of CIRS
- *P–3 policy and financing improvements*
  - Engagement of state-level decision-makers or organizational leaders in policy change efforts
  - Progress on P–3 focused policy improvement efforts (i.e., policy changes that improve conditions for young children and their families)
  - Progress toward identification, development, or implementation of sustainable financing strategies for early developmental health and family well-being services and integration

- *Commitment and capacity to address systemic drivers of P–3 health disparities and to advance equity in the early childhood system*
    - Degree to which equity and diversity is integrated into statewide strategic planning and implementation
    - Degree to which family leaders engaged in planning and advisory roles reflect the diversity of the P–3 communities or sub-populations targeted by the ECCS project
    - Data collection and analysis enables identification of disparities in core outcomes
    - Evidence of improvement toward or achievement of project equity goals

Example long-term outcome indicators:

- *State-level assets and infrastructure to support strong, sustainable cross-system coordination and alignment*
    - Degree to which early childhood system stakeholders use data to support planning and quality improvement at the system level
    - Degree to which early childhood system stakeholders use data for improved service coordination at the case level
    - Strength of relationships, based on a network analysis, between P–3 health system partners (e.g., Title V MCH Block Grant recipient, lead behavioral health agency, health provider organizations) and other P–3 serving agencies and organizations (e.g., early care and education, early intervention, child welfare, economic empowerment)
    - Number and diversity (by sector, setting, or background) of identified early childhood leaders in the state
- *Policies, practices, and financing strategies that support the integration of the health system into early childhood comprehensive systems*
    - Extent to which there are public payer mechanisms (e.g., Medicaid reimbursement codes) to reimburse for developmental promotion and family well-being services
    - Rates of health care providers who report integrating evidence-based early developmental health and family well-being practices and guidance in prenatal and pediatric visits
    - Provider and/or target population participation in CIRS
- *Equity in the early childhood system*
    - Equity in family- or system-level outcomes/indicators (according to recipient-selected target population(s) and equity goals)
    - Impact of family and community representatives on state-level early childhood working groups or advisory committees
- *Increased and earlier access to promotion, prevention, and early intervention services*
    - Rates of P–3 family participation in preventive health care services (e.g., home visiting programs, well-child visits, routine prenatal visits, well-woman visits)
    - Rates of developmental screening for children ages 0–3, and referral to intervention when indicated
    - Rates of screening for P–3 parent stress and behavioral health (e.g., depression, anxiety, substance use, intimate partner violence), and referral to intervention when indicated

- Timing of entry into prevention or early intervention services
- Number and diversity of community-based organizations providing population-based early developmental health and family well-being services to P–3 populations