

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

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

***Early Childhood Comprehensive Systems  
Collaborative Improvement and Innovation Network Coordination Center  
(ECCS CoIIN CC)***

**Announcement Type:** New  
**Funding Opportunity Number:** HRSA-16-179

**Catalog of Federal Domestic Assistance (CFDA) No. 93.110**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: April 29, 2016**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!  
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Registration in all systems, including SAM.gov and Grants.gov,  
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**Release Date: February 29, 2016**

**Issuance Date: February 29, 2016**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau is accepting applications for fiscal year (FY) 2016 Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network<sup>1</sup> Coordination Center (ECCS CoIIN CC). The purpose of this program is to manage, coordinate, and execute a Collaborative Innovation and Improvement Network (CoIIN) approach to assist the recipients of the ECCS Impact grant funding (HRSA 16-047) in meeting their goals of reducing health disparities by enhancing early childhood (EC) systems building and coordination, and demonstrating improved outcomes in population-based children's developmental health<sup>2</sup> and family well-being<sup>3</sup> indicators during the project period of this cooperative agreement.. The ECCS CoIIN CC will guide and facilitate three successive 18-month CoIIN cohorts<sup>4</sup> consisting of one to five (1 to 5) place-based communities<sup>5</sup> per participating ECCS Impact recipient utilizing CoIIN approaches and collective impact<sup>6</sup> principles to accelerate or improve results for families. The ECCS CoIIN CC will provide intensive, targeted assistance to the ECCS Impact recipients for use in providing support to their identified place-based communities. The ECCS Impact award competition is being announced through the HRSA funding opportunity [HRSA-16-047 Early Childhood Comprehensive Systems Impact \(ECCS Impact\)](#). See [Appendix A – Glossary of Terms](#) for key definitions. See [Appendix B](#) for a visual model of the working relationship between the ECCS CoIIN CC and the ECCS Impact recipients.

The overall **aim** of the ECCS Impact Award(s) is that, within 60 months, participating communities will show a 25 percent increase from baseline in age appropriate developmental skills of their communities' three (3) year old children.

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<sup>1</sup> **Collaborative Innovation and Improvement Network (CoIIN)** – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work<sup>1</sup>. The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, identification of common benchmarks, implementation of coordinated strategies, rapid tests of change, and the use of real-time data to drive real-time improvement.

<sup>2</sup> **Children's developmental health** – for the purposes of this FOA, children's developmental health includes developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry.

<sup>3</sup> **Family well-being** – for the purposes of this FOA, family well-being includes the prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care.

<sup>4</sup> **Cohort** – a group of place-based communities, selected by the ECCS Impact grantees, that participate in CoIIN improvement cycles.

<sup>5</sup> **Place-based community** – social unit of any size that shares common values and bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time. Work around place-based communities in this funding opportunity centers around intentional efforts to build, sustain and operationalize community capacity in improving systems around children's developmental health and family well-being.

<sup>6</sup> **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. <http://www.fsg.org/approach-areas/collective-impact>.

**The aims of the ECCS CoIIN CC are to:**

- a) strengthen leadership and expertise in continuous quality improvement (CQI)<sup>7</sup> and support innovation among a cohort of ECCS Impact recipients representing states/territories and their identified place-based communities;
- b) strengthen knowledge and skill level of ECCS Impact recipients and their identified place-based communities on successful collective impact strategies in early childhood systems at the state, county, and community level, through common aims, shared metrics and measurement systems, coordinated strategies, continuous communication, and a common convening organization at the state, county, and community levels;
- c) assist ECCS Impact recipients and their place-based communities in developing two-generation approaches<sup>8</sup> to drive integration of early childhood services vertically (i.e., within a sector such as health care) and horizontally (i.e., across sectors such as between early care and education and health care);
- d) facilitate the development and adoption of core sets of EC indicators that measure system processes and child/family outcome indicators to measure population impact around children’s developmental health and family well-being; and
- e) through the CoIIN process, facilitate the testing of innovative EC systems change ideas, development of spread strategies and adoption of new EC policies for sustaining the systems at the state/territory, county and community levels.

See [Appendix A - Glossary of Terms](#) for key definitions.

Funding Opportunity Title:	Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network Coordination Center (ECCS CoIIN CC)
Funding Opportunity Number:	HRSA-16-179
Due Date for Applications:	April 29, 2016
Anticipated Total Annual Available Funding:	\$1,100,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to \$1,100,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2016 through July 31, 2021 (five (5) years)

<sup>7</sup> **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.

<sup>8</sup> **Two-Generation approaches** – approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together.

Eligible Applicants:	<p>As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community-based organizations are also eligible.</p> <p>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]</p>
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### **Application Guide**

All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### **Technical Assistance**

A technical assistance webinar on the **ECCS CoIIN CC FOA** will be held:

Thursday, March 10, 2016 from 3:30 pm - 5:00 pm ET.

Please log into <https://hrsa.connectsolutions.com/eccs-cfta/> to view and use the following phone number and passcode:

Toll-free call-in number: 800-369-1764 | Passcode: 5380166.

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network<sup>9</sup> Coordination Center (ECCS CoIIN CC). The purpose of this program is to manage, coordinate, and execute a Collaborative Innovation and Improvement Network (CoIIN) approach to assist the recipients of the ECCS Impact grant funding (HRSA 16-047) goals of reducing health disparities by enhancing early childhood (EC) systems building and coordination, and demonstrating improved outcomes in population-based children's developmental health<sup>10</sup> and family well-being<sup>11</sup> indicators during the project period of this cooperative agreement.. The ECCS CoIIN CC will guide and facilitate three successive 18-month CoIIN cohorts<sup>12</sup> consisting of one to five (1 to 5) place-based communities<sup>13</sup> per participating ECCS Impact recipient utilizing CoIIN approaches and collective impact<sup>14</sup> principles to accelerate or improve results for families. The ECCS CoIIN CC will provide intensive, targeted assistance to the ECCS Impact recipients for use in providing support to their identified place-based communities. The ECCS Impact award competition is being announced through the HRSA funding opportunity [HRSA-16-047 Early Childhood Comprehensive Systems Impact \(ECCS Impact\)](#). See [Appendix A – Glossary of Terms](#) for key definitions. See [Appendix B](#) for a visual model of the working relationship between the ECCS CoIIN CC and the ECCS Impact recipients.

**The overall aspirational aim of the ECCS Impact Award is that, within 60 months, participating communities will show a 25percent increase from baseline in age appropriate developmental skills of their communities' three (3) year old children.**

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<sup>9</sup> **Collaborative Innovation and Improvement Network (CoIIN)** – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work<sup>9</sup>. The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, identification of common benchmarks, implementation of coordinated strategies, and rapid tests of change, and the use of real-time data to drive real-time improvement.

<sup>10</sup> **Children's developmental health** – for the purposes of this FOA, children's developmental health includes developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry.

<sup>11</sup> **Family well-being** – for the purposes of this FOA, family well-being includes the prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care.

<sup>12</sup> **Cohort** – a group of place-based communities, selected by the ECCS Impact grantees, that participate in CoIIN improvement cycles.

<sup>13</sup> **Place-based community** – social unit of any size that shares common values and bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time. Work around place-based communities in this funding opportunity centers around intentional efforts to build, sustain and operationalize community capacity in improving systems around children's developmental health and family well-being.

<sup>14</sup> **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. <http://www.fsg.org/approach-areas/collective-impact>.

**The aims of the ECCS CoIIN CC are to:**

- a) strengthen leadership and expertise in continuous quality improvement (CQI)<sup>15</sup> and support innovation among a cohort of ECCS Impact recipients representing states/territories and their identified place-based communities;
- b) strengthen knowledge and skill level of ECCS Impact recipients and their identified place-based communities on successful collective impact strategies in early childhood systems at the state, county, and community level, through common aims, shared metrics and measurement systems, coordinated strategies, continuous communication, and a common convening organization at the state, county, and community levels;
- c) assist ECCS Impact recipients and their place-based communities in developing two-generation approaches<sup>16</sup> to drive integration of early childhood services vertically (i.e., within a sector such as health care) and horizontally (i.e., across sectors such as between early care and education and health care);
- d) facilitate the development and adoption of core sets of EC indicators that measure system processes and child/family outcome indicators to measure population impact around children’s developmental health and family well-being; and
- e) through the CoIIN process, facilitate the testing of innovative EC systems change ideas, development of spread strategies and adoption of new EC policies for sustaining the systems at the state/territory, county and community levels.

See [Appendix A- Glossary of Terms](#) for key definitions.

See [Appendix B](#) for a visual model of the working relationship between the ECCS CoIIN TCC and the ECCS Impact recipients/awardees.

**Program requirements of the ECCS CoIIN CC**

*Development of Teams*

The recipient is expected to:

- establish and convene, in coordination with HRSA, an **ECCS Expert Team** which is comprised of a committee of up to eight national and international EC experts including its chair person. Expert Team members inform and advise the ECCS CoIIN Faculty Team and ECCS CoIIN Management Team on the broader EC system as it relates to the ECCS CoIIN activities.
- establish and convene, in coordination with HRSA, an **ECCS CoIIN Faculty Team**. As defined in collaborative models such as the Breakthrough Series (BTS) collaborative method<sup>17</sup>, Faculty Team members will consist of a Faculty Team Chair,

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<sup>15</sup> **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.

<sup>16</sup> **Two-Generation approaches** – approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together.

<sup>17</sup> **Breakthrough Series (BTS) collaborative method** – an improvement approach that relies on the spread and adaptation of existing knowledge to multiple settings to accomplish a common aim. “The Breakthrough Series – IHI’s Collaborative Model for Achieving Breakthrough Improvement” Institute for Healthcare Improvement. 2003.

the ECCS CoIIN CC Project Director or Project Co-Directors, a Quality Improvement Advisor, and two-six faculty members to serve as Subject Matter Experts.

- establish and convene, in coordination with HRSA, an **ECCS CoIIN Management Team** that is comprised of the ECCS CoIIN CC Project Director, HRSA/MCHB Project Officer, Faculty Team Chair, and Quality Improvement Advisor. Joint participation in the Management Team discussions is how HRSA/MCHB envisions collaboration to occur with the recipient.
- develop a charter for the ECCS CoIIN, in coordination with HRSA, that includes the roles and expectations for ECCS Impact recipients and their CoIIN Community Teams throughout the project. A CoIIN Community Team is developed by the ECCS Impact recipient for each place-based community that will participate in the CoIIN activities. Reasonable efforts must be made to ensure that CoIIN Community Teams include representatives from the official governing body of the community (e.g., Mayor’s Office, City Council, etc.), family engagement leadership, health, mental health, early childhood education, and other relevant groups for that community.

### *Coordination and Alignment*

The recipient is expected to:

- biannually convene the ECCS Expert Team members with the ECCS CoIIN CC Faculty Team and ECCS CoIIN CC Management Team members, in coordination with HRSA, to advise on innovation, alignment and promotion of local, state and national early childhood system building.
- conduct EC policy assessments, in coordination with HRSA, on the alignment of state, local and place-based early childhood development initiatives with relevant federal programs as further identified by HRSA (e.g., Title V, The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Promise Zones, Rural IMPACT, etc.). Inform where alignments could occur to improve cross-system EC population indicators that contribute to kindergarten readiness.

### *Orientation to the ECCS CoIIN*

The recipient is expected to present the ECCS CoIIN structure and model for improvement to the ECCS Impact recipients and identified CoIIN Community Teams.

### *Training and Facilitation*

The recipient is expected to:

- facilitate three (3) successive 18-month long CoIIN projects for three (3) respective cohorts of ECCS Impact Community CoIIN Teams (involving one to five (1 to 5) communities per participating ECCS Impact recipient). Individual ECCS Impact recipients and the selected communities commit to a working period of 48-60 months.
- provide training and guidance to the ECCS Impact recipients and participating Community CoIIN Teams on:
  - the CoIIN model, processes and activities;
  - collaborative learning practices for adult learners;
  - effective use of distance learning modalities and management of “cyber” teams;

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<http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx>.



- addressing health disparities, ways of promoting health equity through quality improvement (QI) principles;
- QI innovation practices at state/territory, county, and community levels;
- EC systems QI leadership competencies; and
- developing financial and programmatic plans for sustaining QI activities and outcome results.
- facilitate communication across Community CoIIN Teams, and support each cohort of Community CoIIN Teams to remain engaged in ECCS CoIIN activities.
- disseminate techniques to spread and adapt best practices across multiple communities.
- maintain a web-based platform, in coordination with HRSA, to facilitate online collaboration and learning activities for ECCS Impact recipients and Community CoIIN Teams’ participants.

### *Quality Improvement Processes*

The recipient is expected to:

- design, deliver and facilitate the collaborative learning and QI activities such as rapid cycle testing (i.e., running plan-do-study-act (PDSA) cycles) within the CoIIN that support breakthrough outcomes for the place-based communities;
- develop, refine as needed, and help Community CoIIN Teams test and implement change packages (interventions or practices that close the gap that exists between current service provision and ideal service provision for the topic areas or goals for the collaborative), including policies primarily based on two-generation approaches; and
- support the “improvement component” of the collaborative, which involves assisting the Community CoIIN Teams to test adaptations of existing programs and interventions already underway in their own communities.

### *Development of Indicators*

The recipient is expected to:

- facilitate and provide leadership to develop the core sets of EC system indicators, in coordination with HRSA, that measure system processes and outcome indicators to measure population impact around children’s developmental health and family well-being;
- develop common SMART goals and measures with the ECCS Impact recipients and their place-based communities, to reach the ECCS Impact program aim (*within 60 months, participating communities will show a 25percent increase from baseline in age appropriate developmental skills of their communities’ three (3) year old children*) through the CoIIN process by the end of the project period; and
- develop and maintain an information system, in coordination with HRSA, to regularly collect periodic progress reports, analyze and display data from Community CoIIN Teams. This production of real-time, periodic and graphically displayed data for the Community CoIIN Teams will help make the technology of qualitative and quantitative data-driven CQI available to other placed-based communities and help drive policy change at the state/territory level. As part of developing the information system, identify and specify measures (numerator and denominator), identify available data sources, facilitate the resolution of confidentiality issues among participants, develop and implement necessary data use and sharing agreements, and process, analyze and display data.

### *Dissemination and Spread*

The recipient is expected to:

- synthesize the experience within the ECCS CoIIN of the successes and challenges of CoIIN Communities and summarize methods and lessons learned into resources such as reports or a “playbook” including links to data files for potential spread to other sites, in coordination with HRSA (e.g., major changes implemented, barriers resolved, outcomes realized);
- disseminate ECCS CoIIN training and methodology of best practices and breakthrough learnings achieved through communication to non-participating states/territories and other place based communities; and
- explore new innovative approaches, in coordination with HRSA, including engaging future initiatives and partnerships, when feasible, to support improvement in early childhood system outcomes and impact (i.e., Pay for Success<sup>18</sup>, research or evaluation activities).

See [Appendix A - Glossary of Terms](#) for key definitions.

### **Outcomes desired during the project period:**

*These outcomes are illustrative of a successful ECCS CoIIN conducted by the ECCS CoIIN CC and in collaboration with ECCS Impact recipients.*

#### Outcomes desired in one-three years

- ECCS Impact recipients representing states/territories and their selected communities advance local and state coordination and integration of systems towards improving children’s developmental health and family well-being.
- An established core set of process indicators for measuring state-level EC system coordination and a core set of outcome indicators for improvement of children’s developmental health and family well-being at the population level.
- ECCS Impact recipients representing states/territories adopt the core set of process indicators for measuring state-level EC system success and a core set of outcome indicators for improvement of children’s developmental health and family well-being at the population level for ECCS CoIIN activities.
- ECCS Impact recipients utilize an existing state/territory early childhood data system to collect, store, report and analyze the new process indicators for measuring state-level EC system success and a core set of outcome indicators for improvement of children’s developmental health and family well-being at the population level.

#### Outcomes desired in four-five years

- Communities and states/territories adopt and sustain collaborative improvement and innovation efforts including policies that were demonstrative to be effective, to spread work to additional communities from this program.
- Indicators developed through the CoIIN are incorporated in state/territory and public health systems (i.e., in alignment with Title V performance measurement system).

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<sup>18</sup> **Pay for Success** –funding model that drives government resources toward social programs that prove effective at providing results to the people who need them most.

- Successful system innovations, interventions, and outcome indicators for improvement of children’s developmental health and family well-being at the population level created are aligned and work in tandem with other state/territory EC initiatives to reduce health disparities.
- Establish and sustain a central information system on an internet-based platform to collect and monitor ECCS CoIIN cohort performance data.

## 2. Background

### Early Childhood Comprehensive Systems

This program is authorized by Title V, § 501(a)(3)(C) of the Social Security Act as amended (42 U.S.C. 701(a)(3)(C)). In 2002, the MCHB-HRSA Strategic Plan for Early Childhood called on State Title V MCH programs to use their leadership and convening powers to foster cross-agency early childhood systems development planning to address health equity and health and education disparities. Over the last 14 years, HRSA has been committed to the Early Childhood Comprehensive Systems (ECCS) award program to assist states and territories in their efforts to build and implement comprehensive statewide systems in early childhood that support family and community approaches to promote positive early development and early school success for young children. As a result, many of today’s early childhood health and early initiatives are built on the foundations and successes of ECCS.

HRSA seeks to ensure that all children enter kindergarten ready to succeed in school and in life and recognizes the importance of engaging local communities, strengthening families, promoting a two generational approach and addressing toxic stress has, likewise, emerged as a national agenda to more effectively address health equity and reduce health disparities.

A serious but typically unrecognized barrier to healthy early development and school readiness, particularly for low-income young children, has been found in maternal depression, existing alone or in combination with other risks to family wellbeing. The negative effects of maternal depression on children’s health and development can start before birth.<sup>19</sup> Further, according to data from the 2011/2012 National Survey of Children's Health, only 30.8percent of children ages 10–60 months were screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit.<sup>20</sup> Common challenges that contribute to low rates of developmental screening among states include: lack of coordination between state level screening efforts, lack of key stakeholders and supporters that can influence policy on advisory panels, lack of available data that can drive and support state-level policy changes in these areas, and lack of meaningful cross agency partnerships and intentional collaboration.<sup>21</sup>

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<sup>19</sup> Knitzer, et al. Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Framework (2008). [http://www.nccp.org/publications/pub\\_791.html](http://www.nccp.org/publications/pub_791.html).

<sup>20</sup> <https://childhealthdata.org/learn/NSCH>

<sup>21</sup> Association of Maternal & Child Health Programs. Resources for Title V Action Planning: Developmental Screening Strategies and Measures (2015). [http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/TITLEV-ACTION-PLANNING\\_NPM6\\_STRATEGIES\\_MEASURES.pdf](http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/TITLEV-ACTION-PLANNING_NPM6_STRATEGIES_MEASURES.pdf)[http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/TITLEV-ACTION-PLANNING\\_NPM6\\_STRATEGIES\\_MEASURES.pdf](http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/TITLEV-ACTION-PLANNING_NPM6_STRATEGIES_MEASURES.pdf)

## **Building on HRSA’s Efforts in Quality Improvement**

Since 1999 HRSA has engaged in various quality improvement collaboratives. These efforts have primarily focused on public health and health care topics such as health disparities, diabetes, asthma, depression, HIV/AIDS, medical homes, epilepsy, newborn screening and inter-conception care. Many of these collaboratives have utilized the Institute for Healthcare Improvement (IHI) Collaborative Model for spreading improvement across several settings.

Also known as the Breakthrough Series (BTS), this model was developed in 1996 to help health care organizations make improvements in quality while reducing costs. The series is founded on the knowledge that evidence-based approaches and interventions, when applied effectively, can improve health care outcomes while reducing costs. Such evidence-based practices are often underutilized in daily practice. The collaborative seeks to close this gap between what is known and what is done at the point of care by creating a structure in which organizations can readily learn from each other and from recognized experts in relevant topic areas.

Since 2012, HRSA/MCHB has utilized the Collaborative Improvement and Innovation Network (CoIIN) model to expand upon earlier quality improvement efforts. The CoIIN to Reduce Infant Mortality, the first model, builds on the success of multiple public and private investments to improve birth outcomes. Early findings have suggested that this CoIIN has provided a platform and infrastructure that can successfully serve as a mechanism for states to accelerate improvements in the identified infant mortality reduction strategies.<sup>22</sup> The CoIIN model has also been adopted for use in the MCHB Home Visiting and Pediatric Nutrition areas of focus.

Community CoIIN Teams participating in a BTS collaborative commit to working and learning from each other and from the expert faculty over a specified period of time, alternating between planned facilitated guidance or formal learning activities and “action” periods. The theoretical component supporting the BTS collaborative process is the Model for Improvement which organizes and guides improvement activities. Central to the BTS process, the Model for Improvement is a simple but versatile framework that can be applied to any improvement process regardless of organizational level (in this case applicable to the CoIIN Management Team, the State/Territory Advisory Team or the Community CoIIN Teams levels).<sup>23</sup>

## **II. Award Information**

### **1. Type of Application and Award**

Type(s) of applications sought: New.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

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<sup>22</sup> [http://www.pihoa.org/fullsite/newsroom/wp-content/uploads/downloads/2014/08/IM-CoIIN-Summary\\_6-19-14.pdf](http://www.pihoa.org/fullsite/newsroom/wp-content/uploads/downloads/2014/08/IM-CoIIN-Summary_6-19-14.pdf)

<sup>23</sup> G Langley et al.: *The Improvement Guide*. The basic components of the Model for Improvement include: a) defining a measurable aim for each team which includes a discrete number of measurable goals, b) selecting a small family of measures associated with the goals that are common to all teams to be tracked over time, c) adopting a set of changes to be tested that could result in improvement, and d) utilizing plan-do-study-act (P-D-S-A) testing cycles. These are tasks that participating community teams will implement at their individual organization.

**HRSA Program involvement in this cooperative agreement will include the following activities:**

- make available the services of experienced Maternal and Child Health Bureau (MCHB) personnel as participants in the planning and development of the project;
- participate in all major areas the ECCS CoIIN activities -development of teams, coordination and alignment, training and facilitation, quality improvement processes, development of indicators, and dissemination and spread.
- participate in, reviewing topic areas for targeted improvement, reviewing, planning for the project, facilitating collaboration with ECCS Impact recipients and their communities, and facilitating involvement of expert faculty and partner organizations;
- review activities, measures, and tools to be established and implemented to accomplish the goals of the project;
- participate, as appropriate, in regular conference calls, meetings and webinars to be conducted during the project period;
- review and edit, as appropriate, written documents developed by the recipient including documentation of pre-work, learning sessions, white papers and evaluation reports; and
- participate with the recipient in the dissemination of project findings, best practices and lessons learned from the ECCS CoIIN, and in producing and jointly reviewing reports, articles, and/or presentations developed under this FOA.

**The cooperative agreement recipient's responsibilities include:**

- adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds (see **Acknowledgment of Federal Funding** in Section 2.2 of HRSA's [SF-424 Application Guide](#));
- planning and implementation of a *Collaborative Improvement and Innovation Network* among ECCS Impact recipient teams following the Breakthrough Series (BTS) or other established collaborative model for improvement and innovation. Overall activities involve applying and adapting the selected model and other relevant collective impact principles to the ECCS CoIIN as well as anticipating the challenges and complexities of designing, managing, and guiding a successful collaborative (See requirements section page 3 for more detail);
- completion of activities proposed in response to application review criteria;
- participation in face-to-face meetings and conference calls with the HRSA conducted during the period of the cooperative agreement; and
- collaboration with HRSA on ongoing review of activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements.

## **2. Summary of Funding**

This program expects to provide funding during federal fiscal years 2016 – 2020. Approximately \$1,100,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to \$1,100,000 per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely

manner. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the “Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network Coordination Center” in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community-based organizations are also eligible.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant’s **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* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

### 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

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

#### **Application Page Limit**

The total size of all uploaded files 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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 to be considered under the announcement.**

#### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other certifications.

## Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please 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 and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

#### ▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*

This section should describe the purpose of the proposed project. The applicant should include a discussion that exhibits a solid understanding of the Collaborative Improvement and Innovation Networks (CoIINs), principles and practices of collaborative learning for adults, the Breakthrough Series (BTS) Collaborative platform and the Model for Improvement that informs it or another proposed improvement and innovation model, and the application of QI to public health challenges. The applicant should also demonstrate familiarity with the HRSA funding opportunity [HRSA 16-047 Early Childhood Comprehensive Systems Impact \(ECCS Impact\)](#) and with the status of and current activities of early childhood systems in states and territories.

#### ▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*

This section should outline ways of assessing the needs as well as the strengths with respect to QI and innovation capacity of state/territory early childhood systems. The applicant should describe how they will assess the needs of the specific place-based communities after the ECCS Impact recipients have been awarded and place-based communities are known.

Data should be used and cited whenever possible to support the information provided. Discuss any relevant barriers that the project hopes to overcome.

#### ▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response*

Propose methods that will be used to address the stated needs and to meet each of the previously described project requirements and expectations in this FOA.

#### *Development of Teams*

Describe the plan for how:

- the ECCS Expert Team will be utilized and consulted, in coordination with HRSA, for guidance during the course of the project. Discuss how the ECCS Expert Team members will work with the Faculty Team and Management Team members;
- the Faculty Team members will assist in the planning and implementation of the ECCS CoIIN activities. An initial Faculty Team meeting or meetings is required, in coordination with HRSA, to develop the technical content for the CoIIN (e.g., driver diagram, change package, preliminary measures);



- the ECCS Expert Team members, ECCS CoIIN CC Faculty Team members, and ECCS CoIIN CC Management Team members will be convened, in coordination with HRSA, biannually and consulted as needed to advise on innovation, alignment and promotion of local, state and national early childhood system building; and
- the charter of the ECCS CoIIN will be developed, in coordination with HRSA.

*\*Refer to the “ORGANIZATIONAL INFORMATION” section to include discussion on the identification and selection of required Team members.*

#### *Coordination and Alignment*

Describe the plan to assess the alignment of state, county, local and place-based early childhood development initiatives with relevant federal programs identified by HRSA (e.g., Title V, MIECHV, Promise Zone, Rural IMPACT, etc.).

#### *Orientation to the ECCS CoIIN*

Describe the plans to:

- facilitate three (3) successive 18-month long CoIIN projects for three (3) respective cohorts of ECCS Impact Community CoIIN Teams (involving one to five (1 to 5) communities per participating ECCS Impact recipient); Individual recipients and the selected communities commit to a working period of 48-60 months;
- engage all ECCS Impact recipients and the participating Community CoIIN Teams as partners and champions in supporting the ECCS CoIIN; and
- introduce and educate the ECCS Impact recipients and identified Community CoIIN Teams on the ECCS CoIIN structure and model for improvement.

#### *Training and Facilitation*

Describe the plan for:

- developing effective tools and strategies, in coordination with HRSA, regarding training, outreach, testing and implementation of proposed change ideas, ongoing communication, and information sharing/dissemination for ECCS Impact recipient and place-based Community CoIIN Teams members;
- utilizing adult learning principles and distance learning best practices in virtual or in-person learning sessions and training activities for the ECCS Impact recipients and participating Community CoIIN Teams;
- preparing Community CoIIN Teams for the learning sessions;
- conducting monthly calls and/or webinars to facilitate communication across Community CoIIN Teams;
- annual onsite, in person meeting of ECCS Impact recipients;
- at least one, onsite; in person national meeting of each cohort of Community CoIIN Teams and the representative from their ECCS Impact recipient level awardees;
- ensuring continued and sustained participation (e.g., attendance to monthly calls, testing, and data submission) of ECCS Impact recipients and their participating place-based CoIIN Communities;
- supporting each cohort of Community CoIIN Teams to remain engaged in ECCS CoIIN activities in their organizations and communities;

- involving families of culturally, linguistically, socio-economically and geographically diverse backgrounds (e.g., including participation of client representatives in place-based community quality improvement team activities);
- providing facilitated guidance on promoting health equity through QI processes;
- working in partnership with the ECCS CoIIN CC Management Team and ECCS CoIIN CC Faculty Team to guide and coach ECCS Impact recipients to expand ECCS CoIIN gains to other communities within their state/territory;
- identifying, selecting and managing the web-based platform to facilitate online collaboration and learning activities. Describe the platform’s specifications and functionality that enables audio-visual communication of ECCS CoIIN participants to share successes and lessons learned in-between planned facilitated activities; and
- providing ECCS Impact recipients guidance on collective impact strategies for state, country and community level efforts and across the three levels, specifically ways to facilitate:
  - a common agenda with a common aim;
  - development of data collection and reporting capacity;
  - development of mutually-reinforcing activities to "move the needle" on early childhood development;
  - continuous communication; and
  - the development of a common convening organization at each of the 3 levels, including capacity for project management, data management.

*Quality Improvement Processes*

Describe how:

- the Community CoIIN Teams will learn to customize the “change package” (interventions or practices that close the gap that exists between current service provision and ideal service provision for the topic areas or goals for the collaborative), apply QI techniques, develop their own innovative change ideas, share information through the collection and submission of data and PDSA cycle reports, and participate in conference calls and e-mail list discussions during the action periods;
- the formal learning component, which is the education portion of the initiative, will highlight any gap that exists between current service provision and ideal service provision for the topic areas or goals for the collaborative and provide the scientific basis for interventions or practices that have closed such gaps (i.e., the “change package”);
- with respect to the improvement component, the implementation of the Model for Improvement or other QI model (e.g., Six Sigma or Lean) in this project will be used as a means of testing and implementing rapid change in participating organizations; assistance to Community CoIIN Teams and the ECCS Impact recipient on defining their aim, choosing actions to accelerate improvement, testing the changes they make (e.g., citing examples of how the end of a PDSA cycle may lead into the next creating “ramps” of linked cycles), and tracking progress of selected measures. The recipient will also help in identifying and specifying measures (numerator and denominator), identifying

available data sources, facilitating the resolution of confidentiality issues among participants, developing and implementing necessary data use and sharing agreements, and processing, analyzing and displaying data;

- the ECCS Impact award recipients and their Community CoIIN Teams will come together to learn about the selected topics and CQI methods and later on to share results and solutions to challenging issues; and
- the ECCS CoIIN CC Faculty Team will engage in peer-to-peer mentoring and sharing of ideas and insights via periodic conference calls and other forms of communication.

### *Development of Indicators*

Describe how:

- the ECCS Expert Team members and CoIIN CC Faculty Team members will help to develop the core sets of EC system indicators, in coordination with HRSA, that measure system processes and outcome indicators to measure population impact around children’s developmental health and family well-being;
- the ECCS Expert Team members and CoIIN CC Faculty Team members will support the development of the common SMART goals and measures to reach the ECCS Impact program aim;
- the information system will be identified, selected, and managed.
  - Describe the capacity of the system to support data in accordance to the program requirements, including the functionality of a “dashboard” or data display platform. Data is displayed graphically on a “dashboard” utilizing primarily run charts but also other graphs useful for quality improvement purposes (e.g., scatter plots, frequency plots, Pareto charts, Shewhart charts).<sup>24</sup>
  - Describe the design of this data tool ensuring that it is compliant with rules that protect personally identifiable information.
- community CoIIN Teams will periodically report data for each of the measures Data will be analyzed at the team, state/territory, cluster or national aggregate level; and
- data will be utilized at the various grouping levels to study variation across sites and recipients and identify opportunities for improvement.

### *Dissemination and Spread*

Describe how:

- findings, documents, or other resources such as a “playbook” with recommendations for future sustainability of EC QI efforts around children’s developmental health and family well-being will be produced and disseminated, in coordination with HRSA, to non-participating states/territories and other place-based communities;
- the ECCS CoIIN training and methodology can be utilized to disseminate best practices and breakthrough learnings on children’s developmental health and

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<sup>24</sup>G Langley, R Moen et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. 2nd edition. Jossey Bass, 2009.

family well-being achieved through the ECCS CoIIN, in coordination with HRSA, to non-participating states/territories and other place-based communities (e.g. other Promise Zone communities);

- the successes and challenges of the CoIIN Community Teams, lessons learned of the ECCS CoIIN, and results of the ECCS CoIIN evaluation will be disseminated to non-participating states/territories and other place-based communities; and
- the recipient will explore new innovative approaches, in coordination with HRSA, including engaging future initiatives and partnerships, when feasible, to support improvements in the CoIIN activities and early childhood system outcomes and impact.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*

Describe the steps that will be used to achieve each of the activities proposed for the entire project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. Indicate the extent to which these contributors might reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served.

The work plan should closely correspond to the needs assessment and other activities described in the program narrative. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program. The work plan must include all five years and be broken out by year and must include goals, objectives and action steps proposed for the entire project period.

Describe plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the proposed project activities are replicable, and the sustainability of the program beyond the federal funding.

In addition to a narrative, applicants may display this information in a table format that includes objectives/sub-objectives listed in measurable terms, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes (Attachment 1).

A one-page logic model is *required* (Attachment 1). A logic model is a one-page 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 announcement the logic model should summarize the connections between the:

- goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.);
- inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- target population (e.g., the individuals to be served);
- activities (e.g., approach, listing key intervention, if applicable);

- outputs (i.e., the direct products or deliverables of program activities); and
- outcomes (i.e., the results of a program, typically describing a change in people or systems).

See [Section VIII. Other Information](#) of this FOA for more details on logic models.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria (2) Response*

Discuss barriers or challenges likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve them. In particular address the need to adapt the methodology selected for improvement and innovation to the field of community-based prevention and promotion services, particularly in areas for which evidence for effective interventions is limited.

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

Applicants must describe the plan for the performance evaluation of the ECCS CoIIN activities. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. The program performance evaluation should include the results of the CoIIN and its potential for spread and dissemination to other sites.

Applicants must propose an implementation evaluation that will contribute to continuous quality improvement (CQI). The implementation evaluation should include appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project, including a description of data collection, sampling strategies (if appropriate), timeline, and data analysis. The applicant should describe how evaluation data and findings will be used to support CQI activities, including how program weaknesses will be identified and processes will be modified to support continuous improvement. Applicants must describe any potential obstacles anticipated for planning and executing the implementation evaluation and how those obstacles will be addressed.

List the goals or questions to answer through this project and potential process and outcome measures to track its performance. Describe the methods and tools that will be used to collect data to track the progress of the project (this may be incorporated as an attachment).

Discuss the strength and effectiveness of the method proposed to monitor and evaluate the project's progress and results over time, for the project as a whole as well as for individual participating ECCS Impact recipients and CoIIN Communities.

The extent to which the process and outcome measures will demonstrate the achievement of program objectives as a result of the CoIIN project itself.

**Evaluation of awardee performance:**

- CoIIN establishment of Management Team, Faculty Team, Expert Team, and participating ECCS Impact Community CoIIN Teams.
- First version of technical content (charter, change package, shared measures completed). Refined charter, change package.
- Number of learning sessions and/or monthly calls.
- Collection of successful PDSA tests.
- Attainment of SMART Aims of collaborative as defined.
- Established core set of EC system indicators that measure system processes and outcome indicators to measure population impact around children's developmental health and family well-being.
- 75percent of Community CoIIN Teams reporting data and tests of change.
- Data analyzed & displayed as new data is reported.
- ECCS Impact recipients representing states/territories adopt the core set of process indicators for measuring state-level EC system success and a core set of outcome indicators for improvement of children's developmental health and family well-being at the population level for ECCS CoIIN activities.
- Core process and outcome indicators developed and adopted in the ECCS CoIIN (e.g., percent of children timely screened for delays) show improvement from baseline for the population of the community.
- Community-wide, county, and/or State/Territory-wide data systems provide population-wide information (at community, county, and/or state/territory level) for selected core EC system indicators for children's developmental health and family well-being.
- Number of states/territories that make policy changes based on CoIIN results to improve children's developmental health and family well-being.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. The applicant must describe current experience, skills, and knowledge to evaluation and performance measurement, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

*ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion  
(5) Resources/Capabilities*

*Organizational Resources*

Describe the applicant's:

- capability to carry out collaborative and learning activities involving large groups of Community CoIIN Teams' participants utilizing not only in-person approaches but also virtual technologies;
- history, current mission and structure, scope of current activities, and organizational chart, and describe how these all contribute to the ability of the organization to carry out the requirements and to meet project's expectations;
- partners/collaborators, if applicable, as it relates to this type of activity and how they will enhance the applicant's ability to accomplish proposed project;
- experience in developing and disseminating informational materials and providing training on the quality improvement process; and
- experience with any past performance managing federal awards at the national level.

*Personnel capabilities*

Describe the project personnel capabilities:

- expertise that is available within core staff and not through consultants on maternal and child health and early childhood systems;
- expertise of staff as it relates to the topics and scope of work proposed;
- discuss how the ECCS CoIIN CC Project Director or Co-Directors was/were identified and selected;
- discuss how the ECCS Expert Team members were identified and selected;
- discuss how the ECCS CoIIN CC Faculty Team member Subject Matter Experts (SME) were/will be identified and selected. The SMEs must be identified within 90 days of award;
- discuss how the ECCS CoIIN CC Faculty Team Chair were/will be identified and selected. The Faculty Chair shall be a noted authority in the field early childhood systems, children's developmental health and family well-being whose main role is to create a shared vision and to provide intellectual leadership to Community CoIIN Teams participants. The Chair is also outcome- focused: helps guide the faculty, assists the Quality Improvement Advisor (QIA) to develop and modify the technical content (measurement system, change package, etc.) and to review progress, presides over and teaches formal learning sessions, and coaches Community CoIIN Teams to achieve goals; and.
- discuss how the QIA was/will be identified and selected. The QIA shall be expert in improvement theory and methods and ultimately a key party to the outcome of the project. The QIA is expected to adjust and validate as needed the technical content for the project (including specific aims, measures, changes to be tested), address issues related to measurement, teach and coach the Faculty Team and Community CoIIN Teams on the application of the improvement methods, assess progress of the ECCS CoIIN, and generate the requisite strategies to achieve its goals.

The applicant should pay particular attention to the selection of a Faculty Chair and a QIA since these roles are critical to the success of the collaborative. The Faculty

Chair and QIA will work closely with the MCHB Project Officer throughout the project.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
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 Justification Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

In addition, the Early Childhood Comprehensive Systems Collaborative Improvement and Innovative Network Coordination Center cooperative agreement requires the following:

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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.” Please 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 FY 2016, as required by law.

**iv. Budget Justification Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).



v. ***Program-Specific Forms***

1) *Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the "Early Childhood Comprehensive Systems Collaborative Improvement and Innovative Network Coordination Center"*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3_1.HTML)

**NOTE:** The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information will be due to HRSA within 120 days after the Notice of Award.

**NOTE:** *In fiscal year 2016, upon approval from the Office of Management and Budget (OMB), the Maternal and Child Health Bureau (MCHB) will release new performance measures. Once the specific performance measures have been assigned to each MCHB discretionary award, performance measures and administrative forms for this discretionary award program will be assigned to the ECCS CoIIN CC.*

vi. ***Attachments***

Please 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. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan and Logic Model*

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Include the required logic model in this attachment.

*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.

*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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

*Attachment 5: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project.

*Attachment 6: For Multi-Year Budgets--Fifth Year Budget (NOT counted in page limit)*

After using columns (1) through (4) of the SF-424A Section B for a five-year project period, the applicant will need to submit the budget for year 5 as an attachment. The applicant should use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

*Attachments 7 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has 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)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has 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.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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](#).

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *April 29, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

### **5. Intergovernmental Review**

The Early Childhood Comprehensive Systems Collaborative Improvement and Innovative Network Coordination Center is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

## 6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$1,100,000 per year. 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.

Funds under this announcement may not be used for construction.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The *Early Childhood Comprehensive Systems Collaborative Improvement and Innovative Network Coordination Center* cooperative agreement has *six (6)* review criteria:

***Criterion 1: NEED (5 points) – Corresponds to Section IV's Introduction and Needs Assessment***

#### ***INTRODUCTION***

The extent to which the application demonstrates an understanding of:

- the extent to which the proposed project responds to the "Purpose" included in the program description;
- the need and contributing factors for successful QI activities and spread among early childhood service systems within a larger national agenda;
- the Breakthrough Series (BTS) Collaborative platform and the Model for Improvement or other proposed improvement and innovation model;

- principles and practices of collaborative learning for adults;
- the [HRSA funding opportunity HRSA 16-047 Early Childhood Comprehensive Systems Impact \(ECCS Impact\)](#) and
- status of and current activities of early childhood systems in states and territories.

### *NEEDS ASSESSMENT*

The extent to which the application demonstrates an understanding of:

- ways of assessing the needs and strengths with respect to QI and innovation capacity of state/territory early childhood systems; and
- how a needs assessment will be conducted of the specific place-based communities after the ECCS Impact recipients have been awarded and place-based communities are known.

***Criterion 2: RESPONSE (35 points)*** – *Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges*

### *METHODOLOGY*

*Overall (3 of the 35 RESPONSE points)*

The extent to which the application addresses:

- the achievable aims, proposed goals and objectives and their relationship to the identified project; and
- the activities and their ability to address the problem and attain the project objectives.

*Development and Coordination of Teams (3 of the 35 RESPONSE points)*

The extent to which the application addresses how:

- the ECCS Expert Team will be utilized and consulted for guidance during the course of the project and the plans convening the ECCS Expert Team members with the ECCS CoIIN CC Faculty Team and ECCS CoIIN CC Management Team members biannually;
- the ECCS Expert Team members will work with the Faculty Team and Management Team members;
- the initial Faculty Team meeting or meetings will be conducted to develop the technical content for
- describe the process for developing the CoIIN charter; and
- how EC policy assessments will be conducted on the alignment of state, county, and local place-based early childhood development initiatives with any relevant federal programs.

*Orientation to the ECCS CoIIN (4 of the 35 RESPONSE points)*

The extent to which the application addresses how:

- the ECCS Impact recipients and identified Community CoIIN Teams will be introduced and educated on the ECCS CoIIN structure and model for improvement;
- the applicant will facilitate three (3) successive 18-month long CoIIN projects for three (3) respective cohorts of ECCS Impact Community CoIIN Teams); and; and
- the applicant will engage all ECCS Impact recipients and the participating Community CoIIN Teams as partners and champions.

*Training and Facilitation (5 of the 35 RESPONSE points)*

The extent to which the application describes a plan for:

- developing effective tools and strategies for ECCS Impact recipient and place-based Community CoIIN Teams members on the following areas: training, outreach, testing and implementation of proposed change ideas, ongoing communication, and information sharing/dissemination;
- utilizing adult learning principles and distance learning best practices applied to structured virtual or in-person learning sessions and training activities;
- conducting monthly calls and/or webinars to facilitate communication across Community CoIIN Teams;
- annual onsite, in person meeting of ECCS Impact recipients;
- at least one, onsite; in person meeting of each cohort of Community CoIIN Teams and the representative from their ECCS Impact recipient level awardees;
- Ensuring continued and sustained participation (e.g., attendance to monthly calls, testing, and data submission) of ECCS Impact recipients and their participating place-based CoIIN Communities;
- supporting each cohort of Community CoIIN Teams to remain engaged in ECCS CoIIN activities in their own front-line organizations and communities;
- involving families of culturally, linguistically, socio-economically and geographically diverse backgrounds
- providing facilitated guidance on promoting health equity through quality improvement processes.
- ensuring the ECCS CoIIN CC Management Team and ECCS CoIIN CC Faculty Team guide and coach ECCS Impact recipients to expand ECCS CoIIN gains to other communities;
- identifying, selecting and managing the web-based platform to facilitate online collaboration and learning activities, including the extent to which the plan describes the platform’s specifications and functionality that enables audio-visual communication of ECCS CoIIN participants to share successes and lessons learned.; and
- providing ECCS Impact recipients guidance on collective impact strategies for state, country and community level efforts and across the three levels, including ways to facilitate:
  - a common agenda with a common aim;
  - development of data collection and reporting capacity;
  - development of mutually-reinforcing activities to "move the needle" on early childhood development;
  - continuous communication; and
  - development of a common convening organization at each of the three levels, including capacity for project management, data management.

*Quality Improvement Processes (5 of the 35 RESPONSE points)*

The extent to which the application addresses:

- how the Community CoIIN Teams will learn to customize the “change package”, apply QI techniques, develop their own innovative change ideas, share information through the collection and submission of data and PDSA cycle reports, and participate in conference calls and e-mail list discussions during the action periods;
- how the formal learning component will highlight any gap that exists between current service provision and ideal service provision for the topic areas or goals for the

collaborative and provide the scientific basis for interventions or practices that have closed such gaps (i.e., the “change package”);

- the implementation of the Model for Improvement or other QI model (e.g., Six Sigma or Lean) as a means of testing and implementing rapid change;
- the delivery of facilitated guidance to Community CoIIN Teams and at the ECCS Impact recipient level awardees on defining their aim, tracking progress of selected measures, choosing actions to accelerate improvement, and testing the changes they make (e.g., citing examples of how the end of a PDSA cycle may lead into the next creating “ramps” of linked cycles);
- how assistance will be provided to Community CoIIN Teams and at the ECCS Impact recipient level awardees on identifying and specifying measures (numerator and denominator); identifying available data sources; facilitating the resolution of confidentiality issues among participants, developing and implementing necessary data use and sharing agreements, and processing, analyzing and displaying data;
- how the ECCS Impact award recipients and their Community CoIIN Teams will come together to learn about the selected topics and CQI methods and later on to share results and solutions to challenging issues; and
- how the ECCS CoIIN CC Faculty Team will engage in peer-to-peer mentoring and sharing of ideas and insights..

#### *Development of Indicators (4 of the 35 RESPONSE points)*

The extent to which the application addresses how:

- the ECCS Expert Team members and CoIIN CC Faculty Team members will help develop the core sets of EC system indicators that measure system processes and outcome indicators to measure population impact around children’s developmental health and family well-being;
- the ECCS Expert Team members and CoIIN CC Faculty Team members will support the development of the common SMART goals and measures to reach the ECCS Impact program aim;
- the information system will be identified, selected, and managed including a description of:
  - the capacity of the system to support data in accordance to the program requirements, including the functionality of a “dashboard” or data display platform.
  - the design of this data tool ensuring that it is compliant with rules that protect personally identifiable information;
- Community CoIIN Teams will periodically report data for each of the measures.; and
- data will be utilized at the various grouping levels to study variation across sites and recipients and identify opportunities for improvement.

#### *Dissemination and Spread (3 of the 35 RESPONSE points)*

The extent to which the application addresses how the following will be produced and disseminated to non-participating states/territories and other place-based communities:

- findings, documents, or other resources such as a “playbook” with recommendations for future sustainability of EC QI efforts around children’s developmental health and family well-being;

- ECCS CoIIN training and methodology to disseminate best practices and breakthrough learnings on children’s developmental health and family well-being achieved through the ECCS CoIIN; and
- challenges of the CoIIN Community Teams, lessons learned of the ECCS CoIIN, and results of the ECCS CoIIN evaluation.

The extent to which the application describes how the recipient will explore new innovative approaches including engaging future initiatives and partnerships, when feasible, to support improvement in the CoIIN activities and early childhood system outcomes and impact.

***WORK PLAN (5 of the 35 RESPONSE POINTS)***

The extent to which the application includes:

- the steps that will be used to achieve each of the activities proposed for the entire project period;
- a timeline that includes each activity and identifies responsible staff;
- identified meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities; including the extent to which these contributors might reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served;
- a Work Plan which closely corresponds to the needs assessment and other activities described in the program narrative, is broken out by year and includes goals, objectives/sub-objectives listed in measurable terms, action steps, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes; and
- a one-page logic model.

***RESOLUTION OF CHALLENGES (3 of the 35 RESPONSE POINTS)***

The extent to which the application addresses and demonstrates an understanding of:

- the barriers or challenges likely to be encountered in designing and implementing the activities described in the Work Plan;
- the approaches that will be used to resolve identified barriers or challenges; and
- the need to adapt the methodology selected for improvement and innovation to the field of community-based prevention and promotion services, particularly in areas for which evidence for effective interventions is limited.

***Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity***

***EVALUATION (15 of the 20 EVALUATIVE MEASURES points)***

The extent to which the application addresses:

- the plan for the performance evaluation of the ECCS CoIIN activities to monitor ongoing processes, the progress towards the goals and objectives of the project; the plan for the performance evaluation includes descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities;
- the plan for the performance evaluation measures the results of the CoIIN and its potential for spread and dissemination to other sites;
- an implementation evaluation that includes appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project,



including a description of data collection, sampling strategies (if appropriate), timeline, and data analysis;

- how evaluation data and findings will be used to support CQI activities, including how program weaknesses will be identified and processes will be modified to support continuous improvement;
- any potential obstacles anticipated for planning and executing the implementation evaluation and how those obstacles will be addressed;
- the goals or questions to answer through this project and potential process and outcome measures to track its performance;
- the methods and tools that will be used to collect data to track the progress of the project (this may be incorporated as an attachment);
- the plan for the performance evaluation measures the results of the CoIIN and its potential for spread and dissemination to other sites;
- the strength and effectiveness of the method proposed to monitor and evaluate the project's progress and results over time, for the project as a whole as well as for individual participating recipients and CoIIN Communities; and
- the extent to which the process and outcome measures will demonstrate the achievement of program objectives as a result of the CoIIN project itself.

*TECHNICAL SUPPORT CAPACITY (5 of the 20 EVALUATIVE MEASURES points)*

The extent to which the application describes:

- the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes;
- how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes;
- current experience, skills, and knowledge of evaluation and performance measurement, including individuals on staff, materials published, and previous work of a similar nature.
- a defined data collection strategy including the collection, analysis, and tracking of data to measure process and impact/outcomes; and
- how data will inform program development and service delivery.

**Criterion 4: IMPACT (5 points)** – *Corresponds to Section IV's Work Plan*

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

**Criterion 5: RESOURCES/CAPABILITIES (25 points)** – *Corresponds to Section IV's Organizational Information*

The extent to which the applicant describes (7 of the 25 RESOURCES/CAPABILITIES points):

- its organizational history, current mission and structure, scope of current activities, and organizational chart, and how these all contribute to the ability of the organization to carry out the requirements of this funding announcement and to meet project's expectations;
- the history and mission of the applicant's partners/collaborators, if applicable, as it relates to this type of activity;
- experience in developing and disseminating informational materials and providing training on the quality improvement process;

- experience with any past performance managing federal awards at the national level;
- collaborative efforts with other pertinent agencies that enhance the applicant's ability to accomplish proposed project; and
- ability to identify field experts to constitute the ECCS Expert Team and subject matter experts that would constitute the ECCS CoIIN CC Faculty Team for the ECCS CoIIN.

The extent to which the applicant describes its project personnel capabilities (*8 of the 25 RESOURCES/CAPABILITIES points*):

- expertise that is available within core staff on maternal and child health and early childhood systems.
- expertise of staff and team members as it relates to the topics and scope of work proposed.

The extent to which the applicant describes how the following positions were/will be identified selected and evidence of appropriate expertise and experience (*10 of the 25 RESOURCES/CAPABILITIES points*):

- the ECCS CoIIN CC Project Director or Co-Directors.
- the ECCS Expert Team members were/will be identified and selected.
- the ECCS CoIIN CC Faculty Team member SMEs
- the ECCS CoIIN CC Faculty Team Chair.
- the Quality Improvement Advisor (QIA).

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

## **2. Review and Selection Process**

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

## **3. Assessment of Risk**

The Health Resources and Services Administration 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](#)).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in

addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR [§ 75.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

#### **4. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of August 1, 2016.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of August 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2 of HRSA's [SF-424 Application Guide](#).

### **3. Reporting**

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (<https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf>), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB award programs and the services each funded program provides. The performance data will serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered award programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at: <http://mchb.hrsa.gov/dgis.pdf>. In addition to the reporting on the new performance measures, recipients will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary recipients. New and existing awards funded on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes

available for recipient reporting. For award activities funded with 2015 dollars, recipients will continue to report on their currently assigned measures in DGIS.

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Performance Reports**. HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other award programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded award programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

**a) Performance Measures and Program Data**

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3_1.HTML).

*Please Note In fiscal year 2016, upon approval from the Office of Management and Budget (OMB), the Maternal and Child Health Bureau (MCHB) will release new performance measures. Once the specific performance measures have been assigned to each MCHB discretionary award, performance measures and administrative forms for this discretionary award program will be assigned to the ECCS Impact award program.*

**b) Performance Reporting**

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3_1.HTML).

-This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the project period. Recipients will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

**c) Project Period End Performance Reporting**

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH3_1.HTML).

–The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

3) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in [45 CFR 75 Appendix XII](#).

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

LaToya Ferguson  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10-42  
Rockville, MD 20857  
Telephone: (301) 443-1440  
Fax: (301) 443-6343  
E-mail: [lferguson@hrsa.gov](mailto:lferguson@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Barbara U. Hamilton  
Public Health Analyst  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18N162  
Rockville, MD 20857  
Telephone: (301) 443-8939  
Fax: (301) 443-8919  
E-mail: [bhamilton@hrsa.gov](mailto:bhamilton@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: [support@grants.gov](mailto: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 HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## VIII. Other Information

### Logic Models:

Additional information on developing logic models can be found at the following website: [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

### Technical Assistance:

A technical assistance webinar on the **ECCS CoIIN CC FOA** will be held:

Tuesday, March 10, 2016 from 3:30 pm - 5:00 pm ET.

Please log into <https://hrsa.connectsolutions.com/eccs-cfta/> to view and use the following phone number and passcode:

Toll-free call-in number: 800-369-1764 | Passcode: 5380166.

## IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [\*SF-424 Application Guide\*](#).

## Appendix A – Glossary of Terms

**Breakthrough Strategy (BTS)** - an improvement approach that relies on the spread and adaptation of existing knowledge to multiple settings to accomplish a common aim. “Institute for Healthcare Improvement”. 2003.

<http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx>.

**Children’s developmental health** – for the purposes of this FOA, children’s developmental health includes developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry.

**Cohort** – a group of local communities, selected by the state/territory recipients, that participate in CoIIN improvement cycles.

**Collaborative Innovation and Improvement Network (CoIIN)** – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.<sup>25</sup> The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, identification of common benchmarks, implementation of coordinated strategies, and rapid tests of change, and the use of real-time data to drive real-time improvement.

**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.

<http://www.fsg.org/approach-areas/collective-impact>.

**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. Source: HRSA

<http://www.hrsa.gov/quality/toolbox/methodology/developingandimplementingaqipplan/part4.html>).

**Data dashboard** – A visual representation of data that helps people identify correlations, trends, outliers (anomalies), patterns, and business conditions. A dashboard is a visual display of the most important information needed to achieve one or more objectives, consolidated and arranged on a single screen so the information can be monitored at a glance. (Source: Derived from

<http://www.dashboardinsight.com/articles/digital-dashboards/fundamentals/what-is-a-dashboard.aspx> )

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<sup>25</sup> Gloor P. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York, NY: Oxford University Press, 2005.

**Early Childhood Comprehensive Systems (ECCS)** – An organized, purposeful group that consists of interrelated and interdependent partners representing health, mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children birth to kindergarten entry. 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.

**Early Childhood Integrated Data System (ECIDS)** - a data system that collects, integrates, maintains, stores, and reports information from early childhood programs across multiple agencies within a state that serve children and families from birth to age eight. An ECIDS brings together data from multiple early childhood programs and agencies.  
(<https://nces.ed.gov/programs/slids/pdf/WhatisanECIDS.pdf>)

**Family well-being** – For the purposes of this FOA, family well-being includes the prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care.

**Health equity** - the attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires “valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” (MCHB proposed definition)

**Health Indicator (breakdown core, community, population)** – quantifiable characteristics of a population which researchers use as supporting evidence for describing the health of a population. (Wikipedia)

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) state/tribal communities** – MIECHV supports pregnant women and families and helps at-risk parents of children, from birth to kindergarten-entry, tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. HRSA, in close partnership with the Administration for Children and Families (ACF), funds states, territories and tribal entities to develop and implement voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective. These programs improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. ACF administers the Tribal Home Visiting Program, which funds 25 American Indian and Alaska Native organizations to develop, implement and evaluate home visiting programs that serve Native children and their families. All HRSA-supported home visiting programs are locally managed; each state chooses the home visiting models that best meet the needs of its own at-risk communities, then supports local agencies in providing the home visiting services to families in their own communities. For MIECHV communities by state see <http://mchb.hrsa.gov/programs/homevisiting/states/index.html>. For MIECHV communities by tribe, see <http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting/grantees>.

**Pay for Success** – funding model that drives government resources toward social programs that prove effective at providing results to the people who need them most.



**PDSA Cycle** – Plan, Do, Study, Act Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.

**Performance Indicator** – evaluate the success of an organization or of a particular activity in which it engages. (Wikipedia)

**Place-based community** – social unit of any size that shares common values and bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time. Work around place-based communities in this funding opportunity centers around intentional efforts to build, sustain and operationalize community capacity in improving systems around children’s developmental health and family well-being.

**Promise Zones** – The Promise Zone initiative designates a number of high-poverty urban, rural and tribal communities where the federal government will partner with and invest in communities to accomplish the following goals: create jobs, leverage private investment, increase economic activity, expand educational opportunities, and reduce violent crime. A community must compete in a transparent application process and demonstrate the strength and effectiveness of their local partners’ commitment in order to become a Promise Zone. The first five Zones were announced in 2014, and in 2015, eight additional Zones were designated. For Promise Zone communities, see <https://www.hudexchange.info/programs/promise-zones/promise-zones-overview/>.

**Rural Integration Models for Parents and Children to Thrive (Rural IMPACT)** – HHS demonstration project to help communities adopt a two-generation approach that address the needs of both vulnerable children and their parents with the goal of increasing parents’ employment and education and while simultaneously improving the health and well-being of their children and families. The Rural IMPACT Demonstration will help communities adopt comprehensive, whole-family frameworks for addressing child poverty, such as through facilitating activities such as physical colocation of services, universal “no wrong door” intake, referral networks, shared measurement systems, and use of technology to deliver services. Ten rural communities have been selected, and will receive intensive technical assistance from HHS and expert consultants in a collaborative learning structure for one year. For Rural Impact communities, see <http://www.usda.gov/wps/portal/usda/usdahome?contentid=2015/09/0267.xml>.

**SMART aim** – one that is specific, measurable, achievable, results-focused, and time- bound.

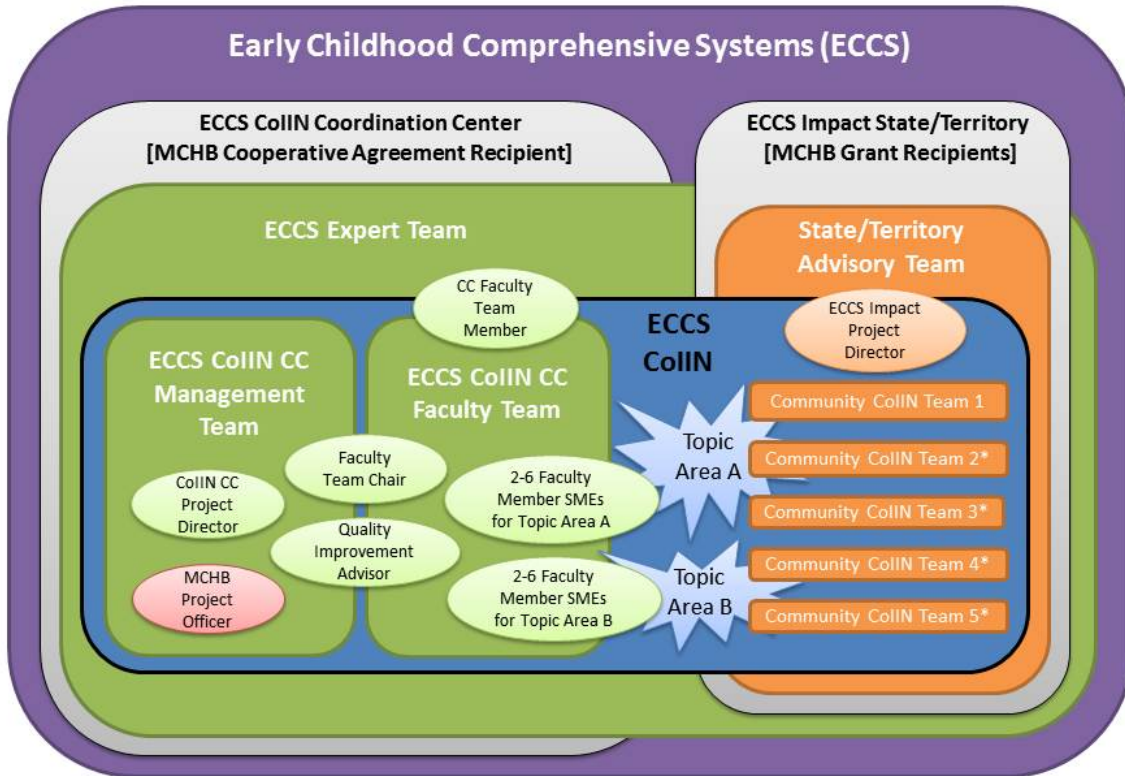
**Systems Indicator** – quantifiable characteristics of a system that researchers use as supporting evidence for describing the success or improvement of an activity and/or process attributed to the presence of the system.

**Trauma informed care** – an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. (Source: <http://www.traumainformedcareproject.org/>).

**Two-Generation approaches** – Approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together. See more at: <http://ascend.aspeninstitute.org/pages/the-two-generation-approach>.

# APPENDIX B – ECCS COIIN STRUCTURE

## ECCS CoIIN CC and ECCS Impact



\*More than 1 Community CoIIN team per ECCS Impact State/Territory is strictly optional.