Applicant Technical Assistance Webinar
Early Childhood Comprehensive Systems:
Health Integration Prenatal-to-Three Program
(HRSA-21-078)

Division of Home Visiting and Early Childhood Systems

Maternal and Child Health Bureau

Vision: Healthy Communities, Healthy People

Technical Logistics

- Phone lines are muted during the presentations.

- Questions may be submitted through the Q and A function.

- After the presentation, phone lines will be open for verbal Q and A.

- Recorded webinar will be accessible on the MCHB website (https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems)

Agenda

- Welcome
- ECCS Program Overview
- Programmatic Expectations and Activities
- Budget and Grants Management
- Application Guidance and Review Process
- Application Submission Process and Key Dates
- Q and A

Introductions

Dina Lieser
Early Childhood Systems Program Director and Team Lead

Lynlee Tanner Stapleton
Early Childhood Policy and Technical Assistance Analyst

Sandy Sheehy and Ekaterina Zoubak
ECCS Project Officers

LaToya Ferguson
Grants Management Specialist

Welcome!

Maternal and Child Health Bureau

ECCS Program Purpose

The purpose of the ECCS Program is to build integrated maternal and early childhood systems of care that:

- Are equitable, sustainable, and comprehensive;
- Are inclusive of the health system;
- Promote early developmental health and family well-being; and
- Increase family-centered access to care and engagement of the P-3 population.

ECCS: Health Integration Prenatal to Three Program

- Accelerate
- Upstream
- Together
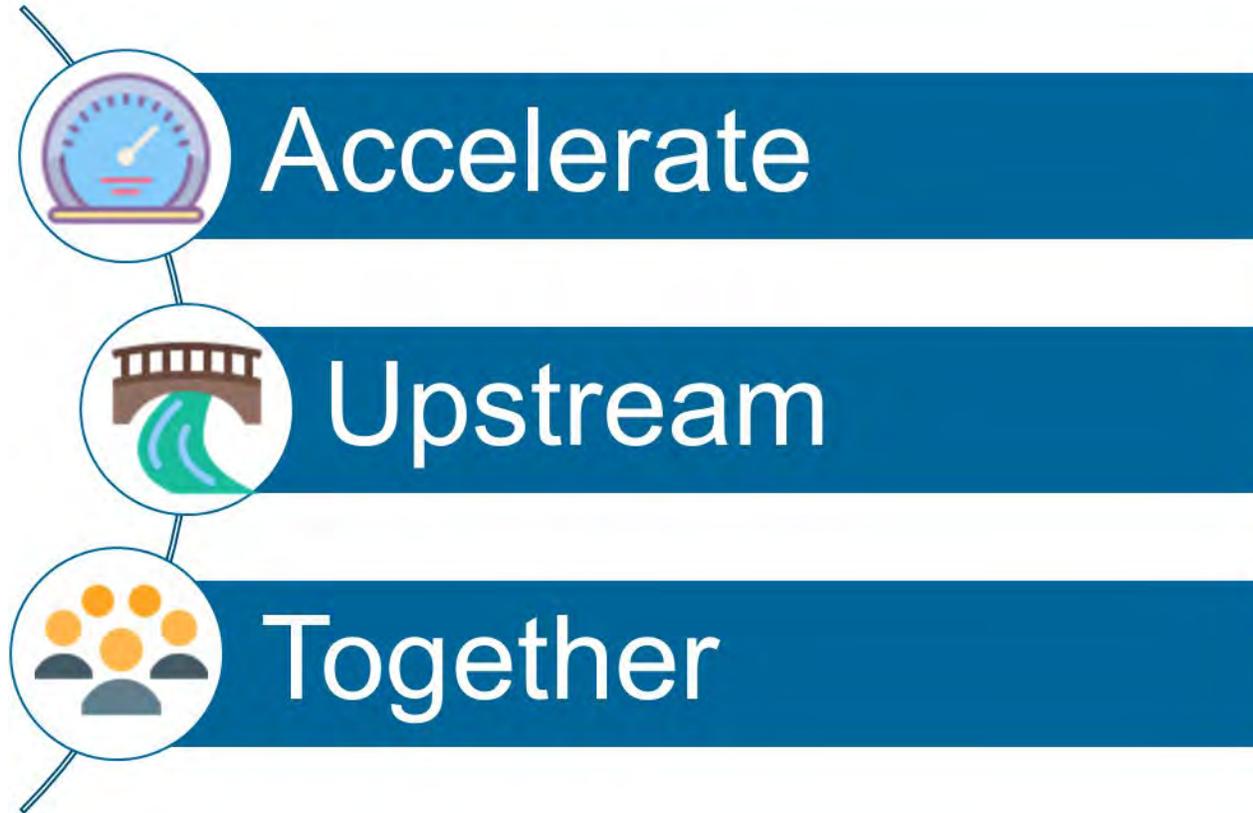
ECCS Program Overview

- **Eligibility:**

  - Domestic public or private entities

  - Indian tribe or tribal organization

  - Faith-based and community-based organizations

- **20 cooperative agreements of up to $255,600 per year**

Period of Performance: August 1, 2021 to July 31, 2026

ECCS Program Goals

1. Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care.

2. Increase coordination and alignment between maternal and child health and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being.

Goals, cont.

3. Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family well-being, beginning prenatally.

4. Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the P-3 population.

5. Increase state-level capacity to advance equitable and improved access to services for underserved P-3 populations.

Objectives

At the end of 5 years, recipients will:

1. Increase the number of family and professional leaders engaged in state-level maternal and early childhood initiatives.

2. Develop (or strengthen) and implement a cross-sector state-level maternal and early childhood strategic plan that integrates health with other P-3 systems and programs.
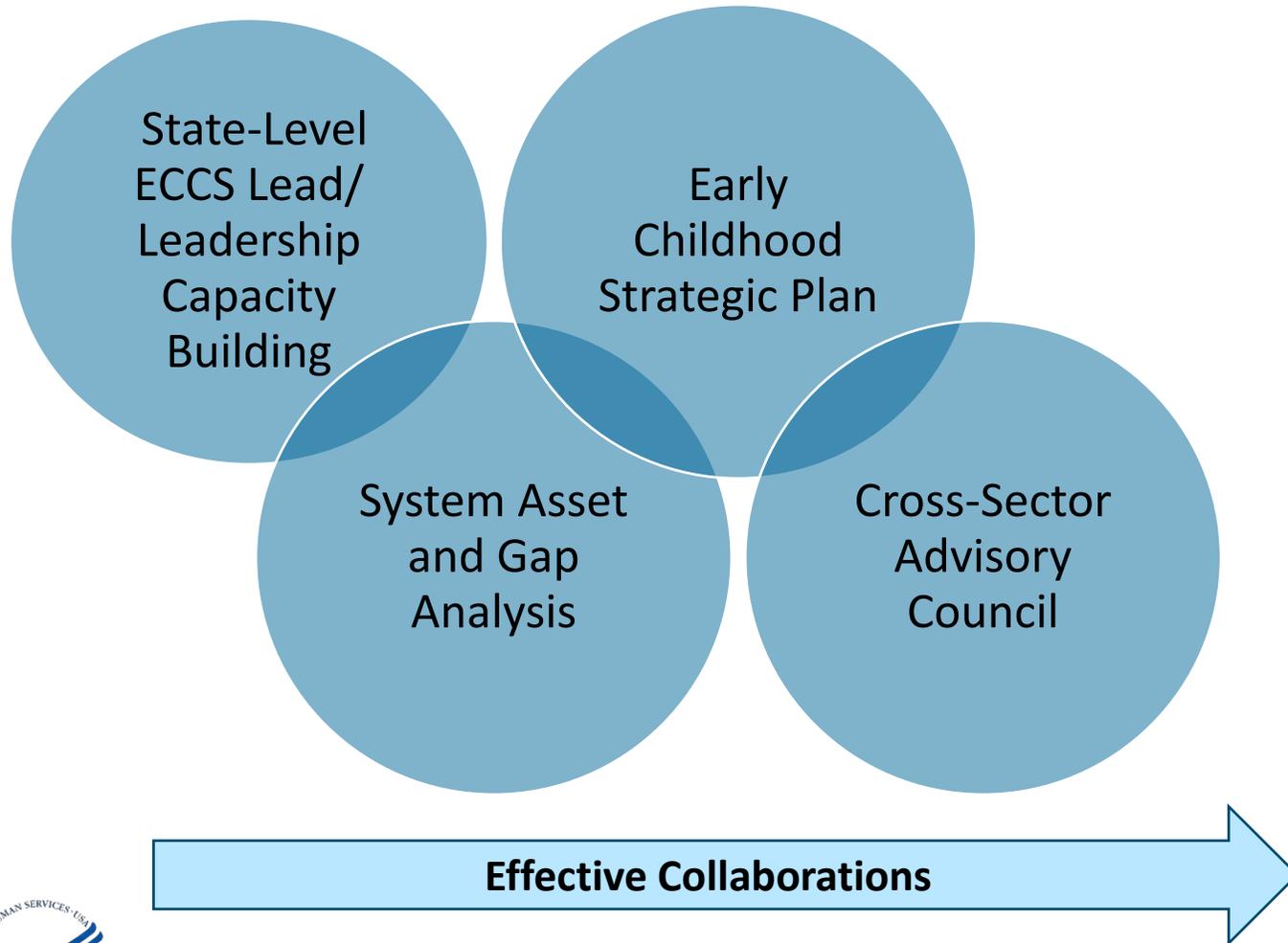
Objectives, cont.

3. Increase the participation of health providers in coordinated intake and referral systems or other centralized intake and data coordination efforts for the maternal and P-3 population.

4. Demonstrate progress toward critical policy and financing changes, as identified in state maternal and early childhood strategic plans.

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

Program Activities and Expectations

State-Level ECCS Lead/ Leadership Capacity Building

Early Childhood Strategic Plan

System Asset and Gap Analysis

Cross-Sector Advisory Council

Effective Collaborations

Program Specific Instructions: See pp. 8-12 of the NOFO for a summary of critical project activities and programmatic expectations.

HRSA
Maternal & Child Health

Program Activities and Expectations

Health System Innovation — Innovative Financing and Policy Strategies — Family Partnership and Leadership — Equity within Maternal and Early Childhood Systems

Effective Collaborations

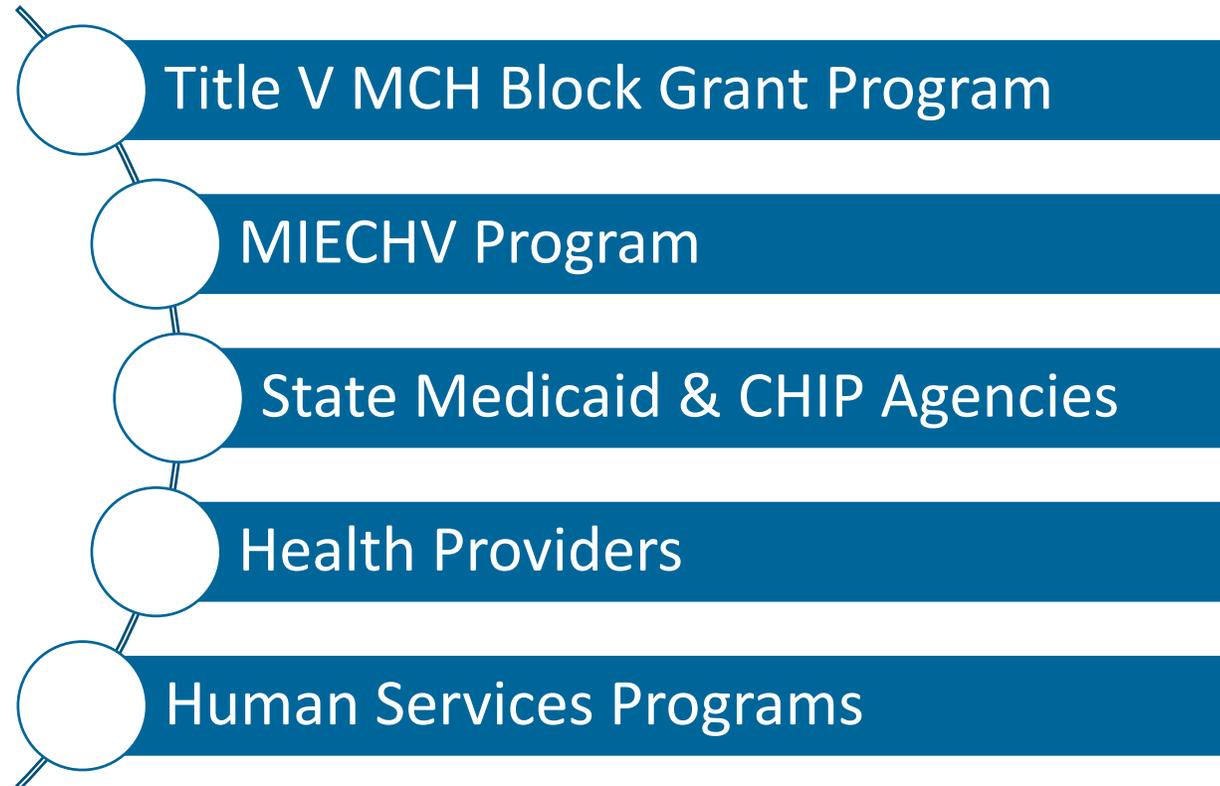**See Appendix B for the ECCS program logic model and core assumptions underlying the program.**

Required Partnerships

- Provide any existing written agreements, including Memoranda of Understanding or other letters of agreement, or Letters of Support with critical partners with your application.

- If you do not have a current agreement in place or cannot provide a Letter of Support for each critical partner identified in the Notice of Funding Opportunity, provide a plan for engaging these partners prior to or early on during the period of performance.

- See Appendix C in NOFO for additional information.

Required Partnerships

- Title V MCH Block Grant Program
- MIECHV Program
- State Medicaid & CHIP Agencies
- Health Providers
- Human Services Programs

If the state's Title V MCH services agency is not the lead applicant for your proposal, provide an MOU or similar written agreement with the lead Title V agency and describe how you will partner with the Title V MCH Block Grant.

HRSA
Maternal & Child Health

Strongly Recommended Partnerships

- Family Leadership Organizations
- Other Major Health Payer Systems
- State PDG Birth to Five Initiative
- Existing State Early Childhood Advisory Councils

HRSA
Maternal & Child Health

Recommended Staffing

- **ECCS Lead**
  - Leads and coordinates implementation of the ECCS Program
  - Recipients are encouraged to dedicate a 1.0 FTE to provide leadership, management, and oversight of the program
  - See *Program-Specific Instructions* and *Organizational Information* Sections for additional details.
- **Family Leader**
  - Works closely with ECCS Lead to contribute to planning and implementation
  - Provides family and caregiver leadership, expertise, and guidance
  - Supports family leadership and engagement
  - See *Program-Specific Instructions* and *Budget Narrative* Sections for additional details.

Monitoring and Evaluation

- Recipients must gather, track, and report data regarding project progress and outcomes as a routine part of monitoring and evaluating their ECCS project

- Alignment with state Title V MCH Block Grant, MIECHV grant, and/or other relevant agencies' systems encouraged, as feasible

- Required data elements include:
  - HRSA Discretionary Grant Information System (DGIS) forms
  - Measures of outcomes associated with core program objectives
  - Customized process and outcome measures, including relevant systems indicators, that align with the project goals and logic model (to be identified in the first year of the award)

- See ***Evaluation and Technical Support Capacity, Reporting,*** and ***Appendix F*** for additional details.

Budget and Grants Management

The Grants Management role is to advise and assist with the interpretation of grants management policies, oversee the business, fiscal, and other non-programmatic aspects of grants and/or cooperative agreements.

SF-424 Application Guide

- The purpose of the SF-424 Application Guide is to provide detailed instructions for the application preparation and submission process. The SF-424 Application Guide is specific to HRSA NOFOs.

- This document does not replace program-specific guidance provided in NOFOs. Applicants are responsible for reading and complying with the instructions included in HRSA's SF-424 Application Guide.

Salary Limitations

- The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202:
  - Provides a salary rate limitation on salary amounts that may be awarded and charged to HRSA grants and cooperative agreements.
  - 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, which is $197,300.
  - Please carefully review the additional information found in the funding opportunity page 13 and the SF-424 Application Guidance pages 19-20.

Budget Narrative

- The Budget Narrative must explain the amounts requested for each budget line-item/object class categories, including:

  - Personnel/salaries, fringe benefits, travel, supplies, contracts, equipment, other, indirect costs; and

  - Annual salaries, percentages of full-time equivalency (FTE), position title, and duties for all personnel.

- Contracts - Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.

Budget Narrative, cont.

- Submit a copy of the most recent indirect cost rate agreement.
- Provide a one-year budget for each year of the project period.
  - Each budget must specifically describe how each item will support the achievement of proposed objectives;
  - Must support and be consistent with all costs allocated on the SF-424A budget form;
  - Must clearly explain how costs were derived by delineating and providing cost calculations; and
  - Cannot be used to expand the project narrative.

Key Requirements and Information

- A valid DUNS number must be provided in the application

- System for Awards Management (SAM) registration

- Standards for Financial Management

- Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal funding are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

Application and Submission Information

- Only one electronic submission per eligible entity
- A complete submission must include:
  - Completed Standard OMB forms
  - Project Abstract
  - Project Narrative
  - Budget
  - Budget Narrative
  - Attachments 1-7

Application Guidance – Page Limit

- 80-page limit (inclusive of: abstract, project and budget narratives, attachments, letters of support)

- **Standard OMB-approved forms do not count towards the page limit**

- Please note: If you use an OMB-approved form that is **not** included in the workspace application package for HRSA-21-078, it may count against the page limit.

- HRSA encourages you to apply through Grants.gov to avoid exceeding the page limit.

Application Guidance
Project Narrative

Introduction

- *Purpose of the project, high level summary of challenges and priorities.*

Needs Assessment

- *Needs of the applicant's state P-3 population and the maternal and early childhood systems that serve them.*

- *Gaps in the state maternal and early childhood system that the project hopes to overcome, and assets from which the project plans to build.*

- *Feasibility of the proposed project.*

Application Guidance
Project Narrative

Methodology

- *Methods to achieve each of the ECCS Program goals and meet each of the ECCS Program expectations.*

- *Sustainability planning and strategies.*

- *Non duplication and leveraging existing early childhood system efforts.*

Work Plan

- *Include timeline and logic model in Attachment 1.*

- *How the project activities will achieve each of the proposed goals and objectives for the period of performance.*

Application Guidance
Project Narrative

Resolution of Challenges

- *Any likely challenges and how they may be addressed.*

Evaluation and Technical Support Capacity

- *A preliminary plan for monitoring and evaluating the project's progress and outcomes.*

- *Overall strategy to report on required data elements.*

- *Include selected custom process and outcome measures in Attachment 6*

Application Guidance
Project Narrative and Budget Narrative

Organizational Information

- *Organizational structure and capacity, advisory structure and partners, and staff capacity.*
- *Include organizational chart in Attachment 5.*
- *Include MOU or similar written agreement with the lead Title V agency (if the state's Title V MCH services agency is not the lead applicant) in Attachment 4.*

Budget Narrative

- *Note programmatic requirements on p.24 of NOFO*
- *Include:*
  - *Support for the Family Leader to participate in the planning and advising of the project.*
  - *Reasonable costs associated with facilitation of family and provider engagement and meaningful participation.*
- *Consideration of costs associated with supporting the time commitment of key partners and community representatives, as well as any additional technical assistance needs.*

Application Guidance
Attachments

Attachments 1-7 are required.

Attachment #	Attachment Title
1	Work Plan (includes Logic Model)
2	Staffing Plan and Job Descriptions for Key Personnel
3	Biographical Sketches of Key Personnel
4	Written Agreements and Letters of Support
5	Project Organizational Chart
6	Project Performance and Outcome Measures
7	For Multi-Year Budgets (5th Year Budget)

Appendices

The following appendices are available for reference:

Appendix	Appendix Topic
A	Glossary
B	ECCS Program Logic Model
C	Recommended Partners
D	Evidence-Based Approaches
E	Strategic Plan Guidance
F	Example Performance and Outcome Measures

Review Criteria

- HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed.

- HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

- The entire proposal will be considered during objective review.

Review Criteria - Competitiveness

Every point counts!

In FY20, 73% of successful applications for MCHB programs scored 95 points or higher.

Application Guidance
Review Criteria

The ECCS Program has six review criteria.

Narrative Section	Review Criteria
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 Narrative	(6) Support Requested

Application Guidance
Review Criteria

1. Need (10 points)

- Extent to which challenges and priorities relevant to the P–3 population and MCH systems, are outlined and aligned with goals and objectives of application.
- Extent to which the application shows clear understanding of the current system assets and the system's capacity and readiness for change.

2. Response (40 points)

- Extent to which the proposed project responds to the purpose and requirements of the program; aligns with identified needs; proposes activities that are feasible; and offers a well articulated approach and responses to requirements in the Project Narrative section.

Application Guidance
Review Criteria

3. Evaluative Measures (15 points)

- Application demonstrates completeness, feasibility, and strength of the plan to monitor, evaluate, and improve project performance and outcomes.

- Alignment with proposed goals and activities.

4. Impact (10 points)

- Extent to which the proposed project has a public health impact and will be effective and sustainable.

Application Guidance
Review Criteria

5. Resources/Capabilities (15 points)

- Extent to which applicant organization has the capability and capacity to support and implement the program.

- Strength of partnership with the state Title V MCH agency.

6. Support Requested (10 points)

- Extent to which outlined costs are reasonable.

- Extent to which key personnel and support is adequate.

- Extend to which adequate resources are devoted for Family Leader and partners to carry out goals.

Reporting Requirements

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

- Annual DGIS Performance Reports:
  - available through Electronic Handbooks (EHBs)
  - annual performance data
- Annual Progress Report narrative:
  - submitted via the Non-Competing Continuation Renewal in the EHBs
- Integrity and Performance Reporting, as outlined in the Notice of Award

Reporting requirements: see pp. 33-34 of NOFO

Key Dates

- **Check the MCHB webpage for FAQ's for applicants:** https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems

- **Application Due Date: March 15, 2021**

- Period of Performance Start Date: August 1, 2021

Please Note:

HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

Key Contacts

Ekaterina Zoubak

Social Science Analyst

Email: EZoubak@hrsa.gov

Sandy Sheehy, MBA, RN

Public Health Analyst

Email: SSheehy@hrsa.gov

LaToya Ferguson

Grants Management Specialist

Email: LFerguson@hrsa.gov

Questions & Answers

Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

✉ Sign up for the HRSA *eNews*

FOLLOW US: f 🐦 in ▶