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

**Early Childhood Developmental Health System: Implementation in a High Need State**

**Funding Opportunity Number:** HRSA-17-125  
**Funding Opportunity Type(s):** New  
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.110

---

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2017

**Application Due Date:** August 18, 2017

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

**Issuance Date:** July 19, 2017

Program Contact: Dina Joy Lieser, MD, FAAP  
Senior Advisor, Division of Home Visiting and Early Childhood Systems  
Telephone: (240) 463-7266  
Fax: (301) 443-8919  
Email: dlieser@hrsa.gov

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2017 Early Childhood Developmental Health System: Implementation in a High Need State.

The purpose of this program, which is consistent with language contained in the Joint Explanatory Statement to the Consolidated Appropriations Act of FY 2017, is to fund a study focused on improving child health through a statewide system of early childhood developmental screenings and interventions. This includes improving population level early childhood developmental health outcomes in a state with significant risk factors for poor child health status such as high rates of poverty among children under age 5, high rates of low birthweight infants, and low rates of early childhood developmental screenings. This goal will be achieved through the implementation of a high quality statewide early childhood developmental health system, an evaluative study on best practices, polices and innovations that can serve as a model for other states with high needs, and the development and utilization of an early childhood cross-systems workforce program.

Goals:

- By 2020, 60 percent of the state’s children and families will experience all elements of the quality developmental promotion system, including developmental screening as measured by the National Survey of Children’s Health (NSCH).
- By 2020, 50 percent of the state’s early childhood providers demonstrate improved practices around developmental health promotion.
- By 2020, there will be a 30 percent increase in the number of families in the state engaged in daily talking/reading/singing to their birth to 3-year-old children as measured by the NSCH.
- By 2020, 80 percent of all children in the state between the ages of birth to 5 years (up to 71 months) who received a developmental screen and were found to have some level of developmental delay receive the recommended follow-up interventions/treatment.

The expected program activities are:

1) Study the developmental health challenges of children in a state with high rates of key indicators, i.e., child poverty and low birthweight, which have been associated with poor developmental outcomes among children.
2) Identify, implement, and evaluate evidence-based interventions at both the community and family levels based on the identified needs and gaps of the state’s children.
3) Develop a statewide partnership among academia, medicine, public health, education, Medicaid, health care, health policy, and communities to improve children’s developmental health.
4) Develop a vision, common aims, shared metrics and measurement
systems, in alignment and coordination across systems utilizing a collective impact approach, to drive improvement of early childhood developmental health promotion systems at the state and community levels.

5) Establish an early childhood development cross-systems workforce program, including the establishment of core child developmental health competencies, improved provider practices, and the development of leadership to support a quality child developmental health system.

6) Identify best practices, and intensive technical assistance from national, state and local early childhood systems experts, develop infrastructure at the state and community levels to serve as a model for achieving optimal developmental health outcomes in high need states through research.

7) Develop a statewide early childhood developmental health promotion system (elements of system defined in section 1) committed to:
   a. Ensuring that all children in the state experience developmental promotion starting prenatally.
   b. Improving parent/child interactions.
   c. Ensuring all children receive age appropriate developmental screens and appropriate interventions.
   d. Improving health outcomes for all children in the state.
   e. Ensuring that all children and families thrive and realize their potential.

Any public or private entity, including an Indian tribe or tribal organization, is eligible to apply (42 CFR § 51a.3(a)).

Consistent with language contained in the Joint Explanatory Statement to the Consolidated Appropriations Act of FY 2017, HRSA expects to fund this project in a state with high need as defined by a high percentage of children under 5 years of age living in poverty, a high rate of infants born low birthweight, and a low rate of developmental screening among children ages 10 months to 5 years (up to 71 months) based on federal data sources. Accordingly, in order to be considered for funding, you must submit documentation of need with the application by including a High Need Status statement in Attachment 1 of the application. Instructions for completing this attachment are provided in the Program Narrative Needs Assessment instructions provided below and in Appendix B to this NOFO. If you do not provide the High Need Status statement in Attachment 1, the application will be deemed incomplete and will not be sent to objective review.

See Appendix A: Glossary of Terms for key definitions.
<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Early Childhood Developmental Health System: Implementation in a High Need State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-17-125</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>August 18, 2017</td>
</tr>
<tr>
<td>Anticipated Total Annual Available FY 2017 Funding:</td>
<td>Up to $3,500,000</td>
</tr>
<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to 1 cooperative agreement</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $3,500,000 per year (pending availability of funding)</td>
</tr>
<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
</tr>
<tr>
<td>Project Period/Period of Performance:</td>
<td>September 30, 2017 through September 29, 2020 (3 years)</td>
</tr>
<tr>
<td>Eligible Applicants:</td>
<td>Any public or private entity, including an Indian tribe or tribal organization, is eligible to apply (42 CFR § 51a.3(a)). MCHB plans to award a single, competitive cooperative agreement: Up to $3,500,000 per year for 3 years (pending availability of funding) to support this work. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</td>
</tr>
</tbody>
</table>

**Application Guide**

**Technical Assistance**

The following technical assistance webinar has been scheduled:

*Webinar*

Day and Date: Wednesday, July 26, 2017  
Time: 4-5 p.m. ET  
Conference Number: 1-888-455-3618  
Participant Passcode: 3403232  
Weblink: [https://hrsa.connectsolutions.com/high_need_state/](https://hrsa.connectsolutions.com/high_need_state/)  
Playback Number: 1-866-396-7645  
Passcode: 9457
# Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION ........................................... 1  
   1. PURPOSE ........................................................................................................ 1  
   1. BACKGROUND .................................................................................................. 4  

II. AWARD INFORMATION ...................................................................................... 6  
   1. TYPE OF APPLICATION AND AWARD ............................................................. 6  
   2. SUMMARY OF FUNDING .................................................................................. 7  

III. ELIGIBILITY INFORMATION .............................................................................. 7  
   1. ELIGIBLE APPLICANTS ................................................................................... 7  
   2. COST SHARING/MATCHING ............................................................................ 7  
   3. OTHER ............................................................................................................. 7  

IV. APPLICATION AND SUBMISSION INFORMATION ............................................. 8  
   1. ADDRESS TO REQUEST APPLICATION PACKAGE ....................................... 8  
   2. CONTENT AND FORM OF APPLICATION SUBMISSION ............................... 8  
      i. Project Abstract ............................................................................................ 9  
      ii. Project Narrative ......................................................................................... 9  
      iii. Budget ....................................................................................................... 17  
      iv. Budget Narrative ......................................................................................... 18  
      v. Program-Specific Forms ............................................................................. 18  
      vi. Attachments ............................................................................................... 18  
   3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT ............................................. 19  
   4. SUBMISSION DATES AND TIMES ................................................................. 20  
   5. INTERGOVERNMENTAL REVIEW .................................................................... 20  
   6. FUNDING RESTRICTIONS ............................................................................... 20  

V. APPLICATION REVIEW INFORMATION ............................................................. 21  
   1. REVIEW CRITERIA .......................................................................................... 21  
   2. REVIEW AND SELECTION PROCESS ............................................................ 28  
   3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES .................... 28  
   4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES ............................... 29  

VI. AWARD ADMINISTRATION INFORMATION .................................................... 29  
   1. AWARD NOTICES .......................................................................................... 29  
   2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS ...................... 29  
   3. REPORTING .................................................................................................... 30  

VII. AGENCY CONTACTS ....................................................................................... 32  

VIII. OTHER INFORMATION ................................................................................... 33  

IX. TIPS FOR WRITING A STRONG APPLICATION .............................................. 34  

APPENDIX A: GLOSSARY OF TERMS .................................................................. 35  

APPENDIX B: HIGH NEED STATUS STATEMENT ................................................. 40
I. Program Funding Opportunity Description

1. Purpose

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2017 Early Childhood Developmental Health System: Implementation in a High Need State.

The purpose of this program, which is consistent with language contained in the Joint Explanatory Statement to the Consolidated Appropriations Act of FY 2017, is to fund a study focused on improving child health through a statewide system of early childhood developmental screenings and interventions. This includes improving population level early childhood developmental health outcomes in a state with significant risk factors for poor child health status such as high rates of poverty among children under age 5, high rates of low birthweight infants, and low rates of early childhood developmental screenings. This goal will be achieved through the implementation of a high quality statewide early childhood developmental health system, an evaluative study on best practices, polices and innovations that can serve as a model for other states with high needs, and the development and utilization of an early childhood cross-systems workforce program.

Goals:

- By 2020, 60 percent of the state’s children and families will experience all elements of the quality developmental promotion system, including developmental screening as measured by the National Survey of Children’s Health (NSCH).
- By 2020, 50 percent of early childhood providers demonstrate improved practices around developmental health promotion.
- By 2020, there will be a 30 percent increase in the number of families engaged in daily talking/reading singing to their birth to 3-year-old children as measured by the NSCH.
- By 2020, 80 percent of all children in the state between the ages of birth to 5 years (up to 71 months) who received a developmental screen and were found to have some level of developmental delay receive the recommended follow-up interventions/treatment.

Expected Program Activities:

**Study the Developmental Health Challenges of the State’s Children**

In order to create a statewide early childhood comprehensive system, the recipient will need to study the:

- Developmental health challenges of the state’s children, including behavioral, economic, social factors and health disparities.
- Characteristics of the children and their families most at risk for negative developmental outcomes (e.g., high poverty, particular regions, ethnicities, prevalent adverse childhood experiences).
- Potential gaps in child health, developmental and educational practices and systems, and family supports across early childhood systems.
• Current strengths, initiatives and opportunities in the state to address children’s developmental health at state and local levels.
• Children’s access to and continuity of care across health care, public health, social support, behavioral health, and educational systems.
• Disparities and risk factors (i.e., poverty, low birth weight, low rates of developmental screening) that exist that compromise children’s developmental health in the state and in communities.

Identify Evidence-based Interventions to Optimize Child Development
Based on the identified needs, opportunities and gaps of the state’s children, and the status of the early childhood system, the recipient will identify, implement, and evaluate evidence-based interventions for developmental health promotion at both the community and family levels. In addition, the recipient will:
• Develop improvement models for developmental health promotion for states with persistent child poverty, low birth weight, and low developmental screening.
• Link academic medicine, public health practitioners, epidemiologists, social and behavioral scientists and health economists to implement evidence-based practices and tools, and disseminate cost estimates of improving developmental health outcomes.
• Compile, distill and disseminate best practices, policies, innovations, resources and tools in early childhood developmental health system building and practices.
• Identify and engage national experts in children’s health and early childhood development to support and facilitate change within the state.

Develop Statewide Collaboration through Collective Impact
• Develop a statewide cross-sector partnership to improve children’s health and development among organizations/institutions representing academia, medicine, public health, education, Medicaid, health care, health policy and communities.
• Through the development or collaboration with a State Early Childhood Advisory Team, build on existing early childhood infrastructure and strengths, and provide leadership in implementing the policies and practices necessary to carry out systems work throughout the state.
• Develop a vision, common aims, shared metrics and measurement systems, utilizing a collective impact approach, to drive improvement of early childhood health promotion systems at the state and community levels.
• Engage communities in collective impact activities to implement best practices in child developmental health promotion.

Develop a Workforce Development Program
The recipient will be required to establish an early childhood development cross-systems workforce program, including the establishment of core child developmental health competencies, improved provider practices, and the development of leadership to support a quality child developmental health system. This will include:
• Recruiting, training and coordinating multidisciplinary teams in communities consisting of a variety of health, social service and early childhood education, and childcare professionals.
• Embedding early Developmental Health Promotion competencies, training and practice incentives across early childhood systems.
• Engaging in workforce training of medical and allied health professionals to target service gaps.

**Develop State and Community Level Infrastructure, Priorities and Policies**

Through research, identification of best practices, and intensive technical assistance from national, state and local early childhood systems resources, learnings, best practices and experts, the recipient will develop an infrastructure at the state and community levels to implement a quality developmental promotion system and serve as a model for achieving developmental outcomes in high need states. In order to do so, the recipient is required to:

• Assess the current landscape of child health and development policies within the state, and conduct additional child health- and development-related policy analysis and recommendations based on best practices to support a developmental promotion system.
• Adopt new early childhood developmental health promotion priorities and policies at the state and community levels to sustain the systems developed that improve children’s developmental health and family well-being.

**Enhance Quality Statewide Early Childhood Developmental Health System**

A statewide early childhood developmental health system is committed to ensuring that families thrive and realize their potential. A successful early childhood system optimally serves the individual needs of all families and communities. The recipient will develop the following elements of a system at the state and community levels:

• Coordinated developmental health promotion activities,
• Relational health promotion activities,
• Social determinant and family risk assessments and interventions,
• Promotion of strengthening and protective factors for families and young children that will improve well-being,
• Developmental surveillance and ongoing monitoring,
• Age appropriate standardized developmental screening, with successful connections to interventions,
• Accessible early childhood interventions and family support services,
• Coordinated referral, follow up, and communications across systems,
• Effective system of linkage and care coordination to community resources with a centralized access point,
• Alignment among all early childhood sectors that touch children and families, and
• Develop a plan and make clear progress towards implementing an integrated early childhood data system.

The recipient will implement an early childhood developmental health promotion system that:

• Assures and incentivizes alignment, collaboration and coordination across every system that interacts with children and their families.
• Engages and supports the early childhood workforce at all levels and embeds a two generational/multi-generational approach throughout.
• Is supported by policies and investments and employs a data driven continuous quality improvement approach to optimize outcomes and efficiencies.
• Has ongoing mechanisms to monitor and address cultural, historic and community barriers to implementation.

2. Background

In the Joint Explanatory Statement accompanying the Consolidated Appropriations Act of FY 2017, Congress specified that $3,500,000 in SPRANS funding (CFDA 93.110) should be spent for a study “focused on improving child health through a statewide system of early childhood developmental screenings and interventions. Priority shall be given to States with high rates of poverty among children under age 5, low rates of early childhood developmental screenings, and high rates of low birthweight infants with resultant complications of prematurity, developmental delays, and other health problems in early childhood. A successful program shall involve leaders in early childhood wellbeing, including State officials in health and education, as well as medical specialists in pediatrics. The end goal of the program should be to yield a model for other States to utilize in improving child health and development outcomes among diverse populations.”

The early years of a child’s life are critical for building the foundation of learning, health, and wellness needed for success and productivity in school and later in life. There are a myriad of best practices and knowledge available to promote optimal early learning, health and development.\(^1\) Poverty has negative effects on the health and well-being of all individuals, but for a young child, its consequences can shape their entire life trajectory. Early childhood is a critical period for physical, cognitive and social-emotional growth and development, and creates the foundation for healthy development, academic success and well-being well into adolescence and adulthood.\(^2\) Research shows that during the first 3 years of life, a poor child hears roughly 30 million fewer total words than his or her more affluent peers do. This is known as the “word gap,” and it can lead to disparities not just in vocabulary size, but also in school readiness, long-term educational and health outcomes, earnings, and family stability.\(^3\)

According to data from the 2011/2012 National Survey of Children's Health, only 30.8 percent 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.\(^4\) Common challenges that contribute to low state developmental screening rates are lack of coordination among 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 policy changes in these areas, and lack of meaningful cross agency partnerships and intentional

---


\(^3\) Bridging the Word Gap National Research Network, [http://www.bwgresnet.res.ku.edu/](http://www.bwgresnet.res.ku.edu/)

\(^4\) [https://childhealthdata.org/learn/NSCH](https://childhealthdata.org/learn/NSCH)
collaboration. At the practice level frequent barriers reported for developmental screening, include a lack of time to administer screens during health visits and other access points with families; inadequate compensation; lack of training in the use of specific tools; and lack of, or perceived lack of resources and interventions to address identified risks and delays. Barriers can be addressed systematically through workforce training and support, policy change and enhanced care coordination mechanisms. A wide array of evidence-based interventions that promote early literacy, social emotional development, school readiness and life course health exist and yield long-term economic and health benefits. There is a need to scale these existing interventions to meet the needs of high-risk states and communities.

Over the last 15 years, the Health Resources and Services Administration (HRSA)’s Maternal and Child Health Bureau (MCHB) has been committed to the Early Childhood Comprehensive Systems (ECCS) 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. MCHB has learned that prenatally and throughout the early childhood years, multiple services touch children and families, therefore, the development and maintenance of a coordinated early developmental health system is critical to achieve success. Building a quality early developmental health promotion system requires partnership with families, and the development of policies and investments that support and incentivize collaboration, coordination and alignment. A quality statewide developmental health promotion system engages all families, optimizes child development, increases family protective factors, increases rates of early detection and intervention, promotes successful linkages to early childhood interventions and services, and improves parent/caregiver capabilities, which in turn lead to school readiness and lifelong positive health outcomes. Building such a system in a state with high needs, defined for the purposes of this funding opportunity, as a state with significant risk factors for poor child health status, such as high poverty, low birthweight, and low developmental screening rates.

Specific approaches that might be best suited for other high need states will be studied and additional best practices might need to be tailored to meet the unique challenges within a high need state. Significant cross-sector workforce development and community engagement supported by policies and investments that support and sustain best practices is required.

---

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA Program involvement will include:

- Make available the services of experienced MCHB personnel as participants in the planning and development of the project.
- Participate in all major areas of the cooperative agreement activities – advise on study contents and dissemination, workforce and leadership development; child developmental health promotion system development including developmental screening and early intervention activities.
- Participate in reviewing topic areas for targeted improvement.
- 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.
- Participate with the recipient in the dissemination of project findings, best practices and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this NOFO.

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).
- Completion of activities proposed in program narrative.
- Acknowledgment that HRSA reserves a royalty-free nonexclusive and irrevocable license for the Federal Government to reproduce, publish, or otherwise use any copyright-protected material developed under this cooperative agreement for Federal purposes and to authorize others to do so, for example, to make it available in government-sponsored databases.
- Participation in face-to-face meetings and conference calls with the HRSA program and grants management staff conducted during the period of the cooperative agreement.
- 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

Approximately $3,500,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $3,500,000 total cost (includes both direct and indirect/facilities and administrative costs) per year. The project period is September 30, 2017 through September 29, 2020 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for this program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any public or private entity, including an Indian tribe or tribal organization, is eligible to apply (42 CFR § 51a.3(a)).

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 notice.

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 notice.

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 your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.
IV. Application and Submission Information

1. Address to Request Application Package

HRSA requires you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You must use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 80 when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.
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) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: Other Relevant Documents.

See Section 4.1 viii of HRSA’s SF-424 Application Guide for additional information on all 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 narrative, 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.

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

- INTRODUCTION -- Corresponds to Section V’s Review Criterion (1) NEED

  Briefly describe the purpose of the proposed project. Highlight the overarching problem to be addressed and the contributing factors.

  The purpose and overarching problem should relate to the overall purpose of the program: To fund a new program focused on improving child health through a statewide system of early childhood developmental screenings and interventions. This includes improving population level early childhood developmental health outcomes in a state with significant risk factors for poor child health status such as high poverty, low birthweight, and low developmental screening rates. This goal will be achieved through the implementation of a high quality statewide early childhood developmental health promotion system, an evaluative study on best practices, polices and innovations that can serve as a model for other states with high needs, and the development and utilization of an early childhood cross-systems workforce program.


*NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion (1)*

**NEED**

The Needs Assessment is divided into two sections: High Need Status of the State, and Other Gaps and Health Challenges.

**HIGH NEED STATUS OF THE STATE**

In Attachment 1 of your application, you must provide a High Needs Status statement. If you do not provide the High Need Status statement in Attachment 1, the application will be deemed incomplete and will not be sent to objective review. Appendix B to this NOFO provides instructions for completing this statement.

**OTHER GAPS AND HEALTH CHALLENGES IN THE STATE**

You must describe the following in this section:

- Current state and community level early childhood systems capacity (including initiatives, policies, and leadership and advisory councils) and the gaps that may exist. Be sure to children’s access to and continuity of care across child serving systems (e.g., health care, public health, social and family support, behavioral health and education), as well as the developmental health challenges facing the state’s children and families, including behavioral, economic, and social factors that have a meaningful impact.
- Existing state and community data infrastructure available to assess integrated early childhood development and current gaps in data infrastructure.
- Level of commitment to which the state and communities have agreed to be part of implementing the developmental health promotion system, the study, workforce development and intervention system development proposed.

*METHODOLOGY -- Corresponds to Section V’s Review Criterion (2) RESPONSE*

Propose methods that you will use to address the stated needs and meet each of the previously described expected program activities in this NOFO.

An early childhood developmental health promotion system assures and incentivizes alignment, collaboration and coordination across every system that interacts with children and their families. The system engages and supports the early childhood workforce at all levels and embeds a second generational/multi-generational approach throughout. The system is supported by policies and investments and employs a data driven continuous quality improvement approach to optimize outcomes and efficiencies. The system has ongoing mechanisms to monitor and address cultural, historic and community barriers to implementation.

**Study the developmental health challenges of the state’s children**

Describe the plan to study the developmental health needs and challenges of the state’s children, including:

- Characteristics of the children and their families most at risk for negative developmental outcomes (e.g., high poverty, regional differences, ethnicities, adverse childhood experiences).
- Potential gaps in child health, developmental and educational practices and family supports across early childhood systems.
• Children’s access to and continuity of care across health care, public health, social and family support, behavioral health, and educational systems.
• Current strengths, initiatives and opportunities to address children’s developmental health at the state and local levels.

Identify evidence-based interventions to optimize child development
Describe the plan to identify, implement, and evaluate evidence-based interventions for developmental health promotion at state, community and family levels. This description should include:
• The structure and process for conducting the study of best practices, innovations and resources to optimize early child development.
• How findings will be used to generate improvement models for developmental health promotion in states with persistent child poverty, low birth weight, and low developmental screening.
• Plans to compile and disseminate best practices, policies, innovations, resources and tools in early childhood developmental health system building and practices.
• Plans for linking academic medicine, public health practitioners, epidemiologists, social and behavioral scientists, epidemiologists, and health economists to implement evidence-based practices and tools, and disseminate cost estimates of improving developmental health outcomes.
• The plan to identify and engage national experts in children’s health and early childhood development to support and facilitate change within the state.
• A plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

Develop statewide collaboration through collective impact
Describe the plan to develop and enhance statewide cross-sector partnerships to improve children’s health and development among academia, medicine, public health, education, Medicaid, health care, health policy, and communities. The description should include:
• The extent and level of commitment to which the state, communities and other stakeholders have agreed to be part of implementing the requirements of the program.
• How the existing infrastructure, advisory groups, efforts at the state and community levels can be built upon and leveraged to support the developmental health promotion system.

Describe the plan to develop or enhance a State Early Childhood Advisory Team.
• Include the key members of this team, and other partners to be added.
• Provide information on how this team will be utilized to build on existing early childhood infrastructure and strengths. Also, include how this team will provide leadership in implementing the policies and practices necessary to carry out systems work throughout the state.
Describe how you plan to utilize a collective impact approach to develop a vision, common aims, shared metrics and measurement systems, to drive improvement of early childhood systems at the state and community levels.

- As part of this process, the state will need to engage communities in collective impact activities to test and implement best practices in child developmental health promotion. Discuss how the communities will be chosen to participate, and the process they will undergo.
- Describe how you will measure and assure that there is capacity at the community level to implement an early development system.

Establish an early childhood cross-systems workforce development program

Describe the plan to develop or enhance an early childhood cross-systems workforce development program with core child developmental health competencies, improved provider practices and the leadership development to support a high quality child developmental health system. The plan should include how you will:

- Recruit, train, and coordinate multidisciplinary teams in communities consisting of a variety of health, social service and early childhood education and childcare professionals.
- Embed early developmental health promotion competencies, training and practice incentives across early childhood systems.
- Engage in workforce training of medical and allied health professionals to target service gaps.
- Ensure provider and family partnership in the development of the workforce development program.

Develop community level infrastructure, priorities and policy

Describe how you will develop an infrastructure at the state and community levels to implement a quality developmental promotion system and serve as a model for achieving developmental outcomes in high need states. In this plan, you should describe how they will utilize research, resources, best practices, learnings, and intensive technical assistance from national, state and local early childhood system experts to do so. In this description, they also need to include how they will:

- Assess the current landscape of child health and development policies in the state, and conduct additional child health- and development-related policy analysis, best practices and recommendations, informed by national, state and local resources, TA, learnings and experts to support and sustain elements of the developmental promotion system.
- Adopt new early childhood developmental health promotion priorities and policies at the state and community levels to sustain the systems developed that improve children’s developmental health and family well-being.
- Leverage national expertise, existing resources, and networks and secure technical assistance for the development and dissemination of a model.
**Develop a statewide early childhood developmental health promotion system**

The ultimate goal of this initiative is to develop a quality statewide early childhood developmental health system committed to ensuring that children and families thrive and realize their potential. Describe the plan for this system to include:

- Coordinated developmental health promotion activities,
- Relational health promotion activities,
- Social determinant and family risk assessments and interventions,
- Promotion of strengthening and protective factors for families and young children that will improve well-being,
- Developmental surveillance and ongoing monitoring,
- Age appropriate standardized developmental screening, with successful connections to interventions,
- Accessible early childhood interventions and family support services,
- Coordinated referral, follow up, and communications across systems,
- Effective system of linkage and care coordination to community resources with a centralized access point,
- Alignment among all early childhood sectors that touch children and families, and
- Develop a plan and make clear progress towards implementing an integrated early childhood data system.

You must:

- Propose the methods through which each specific element of the system will be developed, operated and sustained in partnership with families.
- Demonstrate appropriate partner engagement to implement system components as well as plans for aligned workforce development, infrastructure, resources and policies to support system.
- Demonstrate identified data sources, partner commitment and plan for investing in resources to make progress towards the integrated data system.
- Propose a sustainability plan. HRSA expects the recipient to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- **WORK PLAN -- Corresponds to Section V’s Review Criteria (2) RESPONSE and (4) IMPACT**

Describe the activities or steps that will be used to achieve each of the program expectations included within the methodology. Use a time line 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, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served.
In addition to a narrative, you 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 2).

You must submit a logic model (Attachment 2) for designing and managing the project. 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 notice, 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 support resources. Base assumptions 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).

**RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion (2) RESPONSE**

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

**EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criterion (3) EVALUATIVE MEASURES**

Describe:

- The plan for the program performance evaluation that will contribute to continuous quality improvement (CQI), using an established CQI methodology. 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 evaluation plan should speak to specific elements of the developmental promotion system and how improvements will be measured and demonstrated.
- A theory of change that describes the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
- How improvements in child and family level developmental health will be demonstrated throughout the project as well as how coordination and alignment between health and early learning systems will be demonstrated.
• How the methods of evaluating provider practice with regard to all aspects of a developmental promotion system will demonstrate improved developmental health of children and communities.
• How the overall impact of a statewide developmental promotion system will be evaluated.
• 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.
• A plan that will support the recipient organization’s performance management requirements through effective tracking of performance outcomes.
• How the organization will collect and manage data (e.g., assign skilled staff, data management software, and other infrastructure or consultation around data collection) in a way that allows for accurate and timely reporting of performance outcomes.
• A plan to engage partners in contributing data towards a shared vision, resources, and processes necessary to plan for addressing issues around data privacy, and potential administrative barriers.
• Current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
• The data collection strategy and frequency 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.
• Potential obstacles for implementing the performance management plan and how those obstacles will be addressed.

**ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion (5): RESOURCES/CAPABILITIES**

Provide information on your current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. The organization must be able to represent the early childhood system within the state, identify and address the early childhood needs within the state, and influence the state early childhood early policies and practices.

Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health literate services.

**Organizational Knowledge and Expertise**

Demonstrate the knowledge and expertise of the organization/s involved in this initiative including:

- A history of representing the early childhood system within the state and ability to impact child health outcomes.
- Experience with continuous quality improvement activities;
- Experience, qualifications, and skills related to early childhood systems development leadership, family engagement, children’s developmental
health, family well-being, and community involvement.

- Relationships of the organization with key decision makers in early childhood health and education policy, and early childhood professional development.
- Awareness of and relationships with national organizations, networks and initiatives around early childhood systems and successful state initiatives demonstrating impact in early childhood developmental system areas.
- Experience and expertise with conducting child health and development research and/ or early childhood systems research.
- Experience and expertise developing child developmental health workforce programs.

Include a Project Organizational Chart (Attachment 3)

Qualified Staff:
Demonstrate that there are qualified staff within the organization or proposed to work on this project who have:

- A history of early childhood health promotion and systems development leadership in the state.
- Experience in early childhood health and systems research and pediatric developmental health workforce development and training.
- Knowledge of the high risk factors that the state’s children and families experience and what has worked and not worked when trying to improve children’s health and development.

Include a Staffing Plan and Job Descriptions for Key Personnel (Attachment 4).

Include Biographical Sketches of Key Personnel (Attachment 5)

Clearly describe the leadership and commitment of the State Early Childhood Advisory Team members. Proposed members may include representatives from:

- The Governor’s Office
- Maternal, Infant and Early Childhood Home Visiting Program awardees
- Early Childhood Advisory Council/System
- Title V leadership
- Family engagement leadership (examples might be Family Voices; Strengthening Families, etc.)
- Public and private primary health care (examples might include the state/territory’s Medicaid/Children’s Health Insurance program or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment Program; the state/territory ‘s primary health care, medical home, and safety net provider organizations such as American Academy of Pediatrics; American Academy of Family Physicians, Pediatric nurse practitioners; HRSA-funded health centers (including Section 330 Heath Centers and Rural Health Centers), Part C, state/territory Children with Special Health Needs Division)
• Mental health service providers (examples might be the state/territory’s Division of Mental Health; Project Launch grantees)
• Early childhood education representatives (examples might include state/territory Department of Early Learning; Child Care Administrator; state/territory early childhood educator association (Head Start/Association for the Education of Young Children; Family Child Care Association); School Pre-K organization
• Trauma informed care networks
• The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
• Housing
• Public-private early childhood partnerships
• Businesses that support children’s developmental health and family well-being

Describe the plan to involve other key partners in their work. Include letters of support from each of the State Early Childhood Advisory Team members (Attachment 6).

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology</td>
<td>(2) Response and (4) Impact</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2) Response and (4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Budget and Budget Narrative (below)</td>
<td>(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.</td>
</tr>
</tbody>
</table>

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 may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized
plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) 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.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” 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 2017 or beyond, as required by law.

**iv. Budget Narrative**

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

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**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: High Need Status Statement - required

Attach a document that: 1) identifies the state in which the proposed project will be implemented, and 2) provides the total number of points allocated to the state in the last column of the High Need Status Scoring table in Appendix B to this NOFO.

You must use the data in Appendix B in completing Attachment 1 of the application. Attachment 1 of the application is part of the Needs Section and will be validated by HRSA staff prior to the objective review, and in the event of any inconsistency, the HRSA High Need Scoring Table data will be applied. The highest score allowable is 30 points. Reminder: If you do not provide the High Need Status statement in Attachment 1, the application will be deemed incomplete and will not be sent to objective review.

**Attachment 2: 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. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

**Attachment 3: Project Organizational Chart**
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 5: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 4, not to exceed two pages in length per person. 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 6: Letters of Support from State Early Childhood Advisory Team Members and Core Stakeholders
Include letters of support from the State Early Childhood Advisory Team members that indicate their commitment and the roles/responsibilities they plan to play in the program.

Attachments 7-10: Other Relevant Documents
Provide any other documents that support your application.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

The Grants.gov registration process requires information in three separate systems:
• Dun and Bradstreet (http://www.dnb.com/duns-number.html)
• System for Award Management (SAM) (https://www.sam.gov)
• Grants.gov (http://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is August 18, 2017 at 11:59 p.m. Eastern Time.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

5. Intergovernmental Review

The Early Childhood Developmental Health System: Implementation in a High Need State program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a with a project period of up to 3 years, at no more than $3,500,000 per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding will be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.
All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

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 you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Early Childhood Developmental Health System: Implementation in a High Need State has six review criteria:

Criterion 1: NEED (30 points) – Corresponds to Section IV’s INTRODUCTION and NEEDS ASSESSMENT

1a: HIGH NEED STATUS OF THE STATE (25 points)
Of the 30 available points in this section, 25 will be awarded solely based on the High Need Status of the State where the proposed project will be implemented (Attachment 1). The High Need Status score will be validated by HRSA staff prior to the objective review. If Attachment 1 is not completed, then the application will be deemed incomplete and will not be sent to objective review.

1b: OTHER GAPS AND HEALTH CHALLENGES IN THE STATE (5 Points)
The remaining 5 points in this section will be awarded based on the following:

- The extent to which the application demonstrates the problem and associated contributing factors to the problem, and the purpose of the proposed project.
- The extent to which the applicant describes the current state and community level early childhood systems capacity (including initiatives, policies, and leadership and advisory councils) and the gaps that may exist.
- The extent to which the applicant describes children’s access to and continuity of care across child serving systems (e.g., health care, public health, social and family support, behavioral health and education), as well as the developmental health challenges facing the state’s children and families, including behavioral, economic, and social factors that have a meaningful impact.
- The extent to which the applicant describes the existing state and community data infrastructure available to assess integrated early childhood development and current gaps in data infrastructure.
• The extent to which the application describes level of commitment to which the state and communities have agreed to be part of implementing the developmental health promotion system, the study, workforce development and intervention system development proposed.

**Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s METHODOLOGY, WORK PLAN and RESOLUTION OF CHALLENGES**

• The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

• The extent to which the applicant describes the proposed methods that they will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

**Study the developmental health challenges of the state’s children (2 points)**

The extent to which the applicant describes a plan to study the developmental health needs and challenges of the state’s children, including:

• Characteristics of the children and their families most at risk for negative developmental health outcomes (e.g., high poverty, regional differences, ethnicities, adverse childhood experiences).

• Potential gaps in child health, developmental and educational practices and family supports across early childhood systems.

• Children’s access to and continuity of care across health care, public health, social support, behavioral health, and educational systems.

• Current strengths, initiatives and opportunities to address children’s developmental health at the state and local levels.

• The disparities and risk factors (poverty, low birth weight, low rates of developmental screening) that exist that compromise children’s developmental health in the state and in communities.

**Identify evidence-based interventions to optimize child development (2 points)**

The extent to which the applicant describes a plan to identify, implement, and evaluate evidence-based interventions for developmental health promotion at the state, community and family levels, and includes the following components:

• The structure and process for conducting the study of best practices, innovations and resources to optimize early child development.

• How findings will be used to generate improvement models for developmental health promotion in states with persistent child poverty, low birth weight, and low developmental screening.

• Plans to compile and disseminate best practices, policies, innovations, resources and tools in early childhood developmental health system building and practices.

• Plans for linking academic medicine, public health practitioners, epidemiologists, social and behavioral scientists, and health economists to implement evidence-based practices and tools, and disseminate cost estimates of improving developmental health outcomes.
• The plan to identify national expertise in children’s health and early childhood development to support and facilitate change within the state.

• A plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

**Develop statewide collaboration through collective impact (4 points)**

• The extent to which the applicant describes a plan to develop and enhance a cross-sector statewide partnership to improve children’s health and development among academia, medicine, public health, education, Medicaid, health care, health policy, and communities. This is to include the extent and level of commitment to which the state, communities and other stakeholders have agreed to be part of implementing the requirements of the program and how the existing infrastructure, advisory groups, efforts at the state and community levels can be built upon and leveraged to support the developmental promotion system.

• The extent to which the applicant describes a plan to develop or enhance a State Early Childhood Advisory Team, and describes the key members of this team, and other partners to be added. The description also addresses how this team will be utilized to build on existing early childhood infrastructure and strengths, and how this team will provide leadership in implementing the policies and practices necessary to carry out systems work throughout the state.

• The extent to which the applicant describes the plans to utilize a collective impact approach to develop a vision, common aims, shared metrics and measurement systems in alignment and coordination across systems, to drive improvement of early childhood health promotion systems at the state and community levels.

• The extent to which the applicant describes how the state will engage communities in collective impact activities to implement best practices in child developmental health promotion. The plan addresses how the communities will be chosen to participate, and the process they will undergo.

**Establish an early childhood cross-systems workforce development program (4 points)**

• The extent to which the applicant describes a plan to develop or enhance an early childhood cross-systems workforce development program with core child developmental health competencies, improved provider practices and development of leadership to support a quality child developmental health system. The plan includes how the applicant will recruit, train, and coordinate multidisciplinary teams in communities consisting of a variety of health, social service, and early childhood education and childcare professionals, and engages in workforce training of medical and allied health professionals to target service gaps.
• The extent to which the applicant describes the plan for how to embed early childhood developmental health promotion competencies, training and practice incentives across early childhood systems, and ensures provider and family partnership in the development of the workforce development program.

• The extent to which the applicant describes the existing professional development and workforce training programs including gaps in current state child development and health workforce supply and knowledge status.

**Develop community level infrastructure, priorities and policy (4 points)**

• The extent to which the applicant describes how they will develop an infrastructure at the state and community levels to implement a quality developmental promotion system and serve as a model for achieving developmental outcomes in high need states. This should include how they will utilize research, resources, learnings, best practices, and intensive technical assistance from national, state and local early childhood systems experts to do so.

• The extent to which the applicant describes how they will assess the current landscape of child health and development policies, and conduct additional child health- and development-related policy analysis and recommendations based on best practices to support a developmental promotion system.

• The extent to which the applicant describes how they will leverage national expertise, existing resources, and networks and secure technical assistance for the development and dissemination of a model.

• The extent to which the applicant describes how they will adopt new early childhood developmental health promotion priorities and policies at the state and community levels to sustain the systems developed that improve children’s developmental health and family well-being.

**Develop a statewide early childhood developmental health promotion system (4 points)**

The extent to which the applicant describes the plan to develop a quality statewide early childhood developmental health promotion system committed to ensuring that children and families thrive and realize their potential. The plan should include the availability, accessibility, capacity and quality of existing early childhood interventions and systems within the state including any existing efforts to implement and/or improve the system and the mechanisms to engage the different components of the early childhood system.

The extent to which this plan describes an effective implementation strategy for each of the following components (including adequate partnership with families and partner engagement to implement system components as well as plans for aligned workforce development, infrastructure, resources and policies to support system). The extent to which the applicant demonstrates identified data sources, partner commitment and plan for investing in resources to make progress towards the integrated data system.

• Coordinated developmental health promotion activities,
• Relational health promotion activities,
• Social determinant and family risk assessments and interventions,
• Promotion of strengthening and protective factors for families and young children that will improve well-being,
• Developmental surveillance and ongoing monitoring,
• Age appropriate standardized developmental screening, with successful connections to interventions,
• Accessible early childhood interventions and family support services,
• Coordinated referral, follow up, and communications across systems,
• Effective system of linkage and care coordination to community resources with a centralized access point,
• Alignment among all early childhood sectors that touch children and families, and
• Develop a plan and make clear progress towards implementing an integrated early childhood data system.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s EVALUATION AND TECHNICAL SUPPORT CAPACITY

• The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

• The strength of the proposed theory of change that describes the inputs, key processes, and expected outcomes of the project and is based on strong theory or empirical knowledge about improving early childhood developmental promotion.

• The extent to which the plan for identifying and addressing the implementation evaluation and performance management obstacles is clearly articulated and represents realistic and feasible solutions.

• The extent to which the applicant has successfully described the use of performance data for program improvement purposes, using an established CQI methodology that reflects best practice in the field.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’S METHODOLOGY and WORK PLAN

• The extent to which the applicant addresses the feasibility and effectiveness of plans to implement each element of a developmental promotion system.

• The extent to which key stakeholders are engaged in the implementation.

• The extent to which the application clearly describes a plan for project sustainability after the period of federal funding ends; including but not limited to key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
- The extent to which the application includes a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

- The extent to which the application describes the activities or steps that will be used to achieve the program activities included within the methodology. This information should be in a time line that includes each activity and identifies responsible staff.

- The extent to which the application identifies meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served.

- The extent to which the application 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 2).

- The extent to which the logic model presents the conceptual framework for a proposed project and explains the links among program elements.

**Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s ORGANIZATIONAL INFORMATION**

**Organizational Capability (8 points)**

- The extent to which the application describes the organization’s current mission and structure, scope of current activities, and an organizational chart, and describes how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

- The extent to which the application describes the organization’s ability to represent the early childhood system within the state, identify and address the early childhood needs within the state, and impact the state early childhood early policies and practices.

- The extent to which the application provides information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health literate services.

- The extent to which the application provides information on the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
• The extent to which the application describes how the applicant is able to represent the early childhood system within the state, identify and address the early childhood needs within the state, and influence the state early childhood early policies and practices.

• The extent to which you demonstrate the knowledge and expertise of the organizations involved in this initiative including a history of representing the early childhood system within the state and influencing child health outcomes.

• The extent to which the applicant demonstrates experience with continuous quality improvement activities.

• The extent to which the applicant demonstrates experience, qualifications, and skills related to early childhood systems development leadership, family engagement, children’s developmental health, family well-being, and community involvement.

• The extent to which the application demonstrates relationships of the organization with key decision makers in early childhood health and education policy, and early childhood professional development.

• The extent to which the applicant demonstrates awareness of and relationships with national organizations, networks and initiatives around early childhood systems and successful state initiatives demonstrating impact in early childhood developmental system areas.

• The extent to which the applicant demonstrates experience and expertise with conducting child health and development research and/or early childhood systems research.

• The extent to which the applicant demonstrates experience and expertise developing child developmental health workforce programs.

• The extent that the project organizational chart describes the organizational structure.

Personnel (4 points)
The extent to which the applicant demonstrates that they have qualified staff within the organization or proposed to work on the project who have:

• A history of early childhood health promotion and systems development leadership in the state.

• Experience in early childhood health and systems research and pediatric developmental health workforce development and training.

• Knowledge of the high risk factors that the state’s children and families experience and what has worked and not worked when trying to improve children’s health and development.
Partnerships (3 points)

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.

- The extent to which the application clearly describes the leadership and commitment of the State Early Childhood Advisory Team members.

- The extent to which the application describes the plan to involve other key partners in the State Early Childhood Advisory Team.

- The extent to which the application includes letters of support from key partners listed.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s BUDGET and BUDGET NARRATIVE

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research 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.

- The extent to which resources are allocated to support community level work.

- The extent to which resources support the infrastructure of the developmental promotion system.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA’s SF-424 Application Guide for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).
Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA’s approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS, in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2017. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA’s SF-424 Application Guide.
3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHB)s. HRSA is enhancing the DGIS and will have these improvements available for recipient reporting on October 1, 2017. Once the new DGIS has been developed, tested, and deployed, MCHB will communicate with recipients and provide instructions on how to access the system for reporting. MCHB will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

Recipients with active awards should be able to access the new DGIS between October 1, 2017 and February 28, 2018 to report their performance objectives for the remaining years of the grant/cooperative agreement. Once all recipients have reported their performance objectives, they will then return to the normal reporting schedule for reporting final 2017 performance data.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:


Award recipients 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) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional or National Significance (SPRANS) projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement 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). GPRA 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.
a) Performance Measures and Program Data

After the notice of award (NOA) is released, the MCHB project officer will inform the recipient of the administrative forms and performances measures they must report.

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the NOA, to register in HRSA’s EHBs and electronically complete the program-specific data forms that are required for this award. 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. 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.

4) Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.
VII. Agency Contacts

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

Tya Renwick  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 594-0227  
Fax: (301) 443-6343  
Email: TRenwick@hrsa.gov

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

Dina Joy Lieser, MD., FAAP  
Senior Advisor, Division of Home Visiting and Early Childhood Systems  
Attn: Developmental Health Promotion: High Needs States Implementation and Study  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18N156  
Rockville, MD 20857  
Telephone: (240) 463-7266  
Fax: (301) 443-8919  
Email: dlieser@hrsa.gov
You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov

Successful applicants/recipient 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 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line 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/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Wednesday, July 26, 2017
Time: 4-5 p.m. ET
Conference Number: 1-888-455-3618
Participant Passcode: 3403232
Weblink: https://hrsa.connectsolutions.com/high_need_state/
Playback Number: 1-866-396-7645
Passcode: 9457
IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 Application Guide.
Appendix A: Glossary of Terms

These definitions are for purposes of this funding opportunity.

Collective impact approach:
Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

1. All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and measuring results consistently across all the participants ensures shared measurement for alignment and accountability.
3. A plan of action that outlines and coordinates mutually reinforcing activities for each participant.
4. Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5. A backbone organization(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.⁶

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.⁷

Coordinated developmental health promotion activities:
Structured activities, infrastructure, initiatives or services aimed at promoting any domain of development, including language, cognitive, social and emotional, executive function, motor or supporting early learning or literacy. Activities can include enhancements of practices within sectors, other initiatives, civic and public health approaches and community messaging strategies.

Coordinated referral and follow up, and linkages to services and supports:
Processes, infrastructure and trained workforce that partners with parents to ensure that recommended services are accessed in a timely manner and that information is shared in meaningful ways with the family and between services and systems to optimize child development.

Developmental surveillance:
The process of keeping track of and monitoring a child’s growth and development. The components of developmental surveillance include eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informative

observations of children, and sharing opinions and concerns with other relevant professionals. Celebration of milestones, building capacities to promote milestones and further evaluation when indicated should be embedded in a system of developmental surveillance.⁸

Early Childhood Comprehensive Systems:
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 from 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:
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. Typically, the data included are related to the individual child, the child’s family, the program/providers, and other services that provide comprehensive care and education for young children. As states and localities work to ensure that all children are supported in their early childhood years and ready for school, integrated data can be used to inform policy and have honest conversations about: 1) the availability and quality of services currently available to young children and their families; 2) how to improve the quality of and access to those services; and 3) how to track progress over time. These conversations can help policymakers and administrators make better decisions about targeting resources, improving services, streamlining processes for eligibility, screening, making referrals, and coordinating services for children and families.⁹

Effective system of linkage and care coordination to community resources and a centralized access point:
A go-to, open-source platform (phone, web, community hub, other) for family members, child health care providers, communities and other professionals seeking information, supports, and referrals across community resources. This system should have the capacity to continually update the information and resources, provide current contact and eligibility requirements, facilitate families to navigate and successfully link to services and track data of the linkage to resources. These resources should be accessible to all families.

Promotion of protective factors:
Protective factors, include parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support that when these Protective Factors

---


are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.  

**Relational health promotion activities:**
Structured activities, infrastructure, initiatives or services aimed at promoting relational health. Activities can include enhancements of practices within sectors, other initiatives, civic and public health approaches and community messaging strategies.

Relational health is a multidimensional and dyadic construct that includes:
- The observable patterns of behaviors and the interactions of a relationship
- The affect within a relationship and
- The thoughts and opinions that individuals describe about their relationships

The foundations of relational health are established by the dyadic, parent-child interactions during the First 1000 Days of life and embodied in the neurodevelopmental structures and functions of autonomic, limbic, right brain and executive systems. It builds from the rich interdisciplinary research fields of child development, social-emotional development, infant mental health, parent-infant observation, neurodevelopment, interpersonal neurobiology, and trauma. Relational health is observable in positive parenting, maternal attunement, caregiver nurturance and stimulation, secure attachments, serve-and-return, parent child play, peer interactions, and self-regulation.

**Social determinant and family risk assessments and interventions:**
Integration of upstream approaches towards improving social determinants of health as well as assessing family risk with regard to a range of social determinants of health such as housing, food insecurity, poverty and parental education and including adverse childhood experiences (e.g., physical, emotional, or sexual abuse, parental divorce, parental death or the incarceration of a parent or guardian, etc.) and a system to address identified needs.

The social determinants of health (SDH) are the conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily that affect a wide range of health, functioning, and quality-of-life outcomes and risks.  

**Standardized developmental screening:**
A brief, objective and validated tool aiding in the identification of children who are “probably ok” developing milestones normally versus those at risk of a developmental delay or disorder, “needing further investigation”. Developmental screens are performed not only at set points in time but also when a specific concern arises or is expressed by a

---


parent or provider. Other standardized screening including maternal depression screening and autism screening is recommended during early childhood as well. Standardized developmental screening within a statewide developmental promotion system should be coordinated, reinforced with strong communication and linkages between sectors and non-duplicative.\textsuperscript{12}

**Accessible early childhood interventions and family support services:**
High quality prenatal to 5 programs and services that optimize child development, offer promotion of development and address risks and are available and accessible to meet the needs of communities and families in the state.

**State Early Childhood Advisory Team:**
A state-level, cross-agency and multidisciplinary collaborative team with a shared agenda of optimizing early development in a state. Multiple stakeholders across health, early learning, education, child welfare, community, economic development, parents, providers and others should be represented on advisory teams.

In most states, early childhood coordinating entities have been created to advise governors, legislators, and/or agency administrators on how to best meet the needs of young children and their families. While these entities vary in size, scope, and authority, they all have a similar mission to improve the coordination of programs and services for young children and their families. They exist as Early Learning Councils, Task Forces, Children's Cabinets, and Interagency Cabinets, and they are collectively referred to as early childhood advisory councils (ECACs) by the National Governors Association Center for Best Practices (NGA Center).

For Further information on aligning and coordinating Health and Early Learning visit [https://www2.ed.gov/about/inits/ed/earlylearning/files/health-early-learning-statement.pdf](https://www2.ed.gov/about/inits/ed/earlylearning/files/health-early-learning-statement.pdf)


**Statewide developmental promotion system:**
A statewide developmental health promotion system is committed to partnering with families to ensure that children and families thrive and realize their potential and is aimed at improving early childhood developmental outcomes of children. The system includes, but is not limited to the following elements at the state and community levels: Coordinated Developmental Health Promotion activities, Relational Health Promotion Activities, Promotion of Protective Factors, Developmental surveillance and ongoing monitoring, Standardized Developmental Screening and successful connections to interventions, Social Determinant and Family Risk assessment and interventions, coordinated system of referral and follow up, Effective system of linkage and care coordination to community resources with a centralized access point and an integrated data system. This system assures family partnership and a supported and engaged workforce at all levels. It embeds a two-generation approach throughout. The system is supported by policies, incentives, investments and data driven continuous quality improvement.

\textsuperscript{12} Current American Academy of Pediatrics Recommendations for general developmental screening are 9, 18 and 30 months. [http://pediatrics.aappublications.org/content/118/1/405](http://pediatrics.aappublications.org/content/118/1/405)
improvement efforts a collective impact approach with sector specific contributions. The system facilitates and incentivizes, coordination, alignment and collaboration across services. When existing evidence-based approaches and best and innovative practices exist, they should be leveraged for integration into the system.

**Two-generation approaches:**
Approaches that focus on creating opportunities for addressing needs of both vulnerable children and their parents together\(^\text{13}\).

\(^{13}\)http://ascend.aspeninstitute.org/pages/the-two-generation-approach#sthash.4p7oM9SJ.dpuf
Appendix B: High Need Status Statement

Consistent with language contained in the Joint Explanatory Statement to the Consolidated Appropriations Act of FY 2017, HRSA expects to fund a study in a state with high need as defined by a high percentage of children under 5 years of age living in poverty, a high rate of infants born low birthweight, and a low rate of developmental screening among children ages 10 months to 5 years (up to 71 months) based on federal data sources. Accordingly, in order to be considered for funding, you must submit documentation of need with the application by including a High Need Status statement in Attachment 1 of the application. The High Need Status score will be validated by HRSA staff prior to the objective review, and in the event of any inconsistency, the HRSA High Need Status Data Table will be applied. If Attachment 1 is not completed, then the application will be deemed incomplete and will not be sent to objective review.

To complete the High Needs Statement:
• Identify the state in which you propose to implement the project described in the application.
• Provide the total number of points allocated to the state in the last column of the High Need Status Data table below.

<table>
<thead>
<tr>
<th>State</th>
<th>Poverty (Age 0-4) Percent</th>
<th>Points</th>
<th>Low Birthweight Percent</th>
<th>Points</th>
<th>Developmental Screening Percent</th>
<th>Points</th>
<th>TOTAL POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>15.80</td>
<td>0</td>
<td>5.79</td>
<td>0</td>
<td>32.59</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AL</td>
<td>29.40</td>
<td>5</td>
<td>10.43</td>
<td>5</td>
<td>24.65</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>AR</td>
<td>30.50</td>
<td>5</td>
<td>9.17</td>
<td>1</td>
<td>26.25</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>AZ</td>
<td>27.00</td>
<td>1</td>
<td>7.19</td>
<td>0</td>
<td>21.75</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>CA</td>
<td>22.30</td>
<td>1</td>
<td>6.85</td>
<td>0</td>
<td>28.47</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CO</td>
<td>16.70</td>
<td>0</td>
<td>9.02</td>
<td>1</td>
<td>47.03</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CT</td>
<td>16.40</td>
<td>0</td>
<td>7.94</td>
<td>0</td>
<td>26.60</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>DC</td>
<td>25.60</td>
<td>1</td>
<td>10.02</td>
<td>5</td>
<td>21.38</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>DE</td>
<td>20.70</td>
<td>0</td>
<td>9.28</td>
<td>1</td>
<td>30.77</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FL</td>
<td>26.00</td>
<td>1</td>
<td>8.61</td>
<td>1</td>
<td>24.01</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>GA</td>
<td>26.90</td>
<td>1</td>
<td>9.49</td>
<td>5</td>
<td>40.77</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>HI</td>
<td>15.40</td>
<td>0</td>
<td>8.32</td>
<td>1</td>
<td>38.86</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>IA</td>
<td>16.30</td>
<td>0</td>
<td>6.75</td>
<td>0</td>
<td>34.30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ID</td>
<td>20.90</td>
<td>0</td>
<td>6.58</td>
<td>0</td>
<td>25.00</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>IL</td>
<td>21.30</td>
<td>0</td>
<td>8.27</td>
<td>1</td>
<td>34.40</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>IN</td>
<td>23.20</td>
<td>1</td>
<td>8.01</td>
<td>0</td>
<td>23.85</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>KS</td>
<td>19.80</td>
<td>0</td>
<td>6.83</td>
<td>0</td>
<td>37.03</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>KY</td>
<td>27.90</td>
<td>5</td>
<td>8.66</td>
<td>1</td>
<td>26.27</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>LA</td>
<td>30.90</td>
<td>5</td>
<td>10.58</td>
<td>10</td>
<td>37.33</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>-------</td>
<td>------------------</td>
<td>-----------------</td>
<td>-------------</td>
<td>---------------</td>
<td>--------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>MA</td>
<td>16.40</td>
<td>0</td>
<td>7.45</td>
<td>0</td>
<td>55.13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MD</td>
<td>15.50</td>
<td>0</td>
<td>8.56</td>
<td>1</td>
<td>31.78</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ME</td>
<td>19.50</td>
<td>0</td>
<td>6.91</td>
<td>0</td>
<td>27.27</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MI</td>
<td>24.90</td>
<td>1</td>
<td>8.49</td>
<td>1</td>
<td>25.31</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MN</td>
<td>14.20</td>
<td>0</td>
<td>6.44</td>
<td>0</td>
<td>43.79</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MO</td>
<td>23.00</td>
<td>1</td>
<td>8.33</td>
<td>0</td>
<td>28.19</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MS</td>
<td>34.60</td>
<td>10</td>
<td>11.43</td>
<td>10</td>
<td>17.53</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>MT</td>
<td>22.30</td>
<td>1</td>
<td>7.05</td>
<td>0</td>
<td>22.93</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>NC</td>
<td>26.40</td>
<td>1</td>
<td>9.13</td>
<td>1</td>
<td>57.99</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>ND</td>
<td>14.30</td>
<td>0</td>
<td>6.19</td>
<td>0</td>
<td>20.71</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>NE</td>
<td>17.80</td>
<td>0</td>
<td>7.10</td>
<td>0</td>
<td>32.30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NH</td>
<td>12.90</td>
<td>0</td>
<td>6.88</td>
<td>0</td>
<td>30.60</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>NJ</td>
<td>17.30</td>
<td>0</td>
<td>8.09</td>
<td>1</td>
<td>25.02</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>NM</td>
<td>30.30</td>
<td>5</td>
<td>8.71</td>
<td>1</td>
<td>38.29</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>NV</td>
<td>24.40</td>
<td>1</td>
<td>8.52</td>
<td>1</td>
<td>21.92</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>NY</td>
<td>23.90</td>
<td>1</td>
<td>7.81</td>
<td>0</td>
<td>21.26</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>OH</td>
<td>25.10</td>
<td>1</td>
<td>8.49</td>
<td>1</td>
<td>27.84</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>OK</td>
<td>24.70</td>
<td>1</td>
<td>7.86</td>
<td>0</td>
<td>29.50</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>OR</td>
<td>22.40</td>
<td>1</td>
<td>6.40</td>
<td>0</td>
<td>34.36</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PA</td>
<td>21.00</td>
<td>0</td>
<td>8.17</td>
<td>1</td>
<td>29.84</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>RI</td>
<td>23.10</td>
<td>1</td>
<td>7.58</td>
<td>0</td>
<td>31.49</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SC</td>
<td>26.10</td>
<td>1</td>
<td>9.52</td>
<td>5</td>
<td>30.11</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SD</td>
<td>20.50</td>
<td>0</td>
<td>6.12</td>
<td>0</td>
<td>23.47</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TN</td>
<td>27.70</td>
<td>5</td>
<td>9.17</td>
<td>1</td>
<td>38.32</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>TX</td>
<td>24.80</td>
<td>1</td>
<td>8.25</td>
<td>1</td>
<td>30.42</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>UT</td>
<td>14.90</td>
<td>0</td>
<td>7.01</td>
<td>0</td>
<td>26.79</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>VA</td>
<td>16.40</td>
<td>0</td>
<td>7.85</td>
<td>0</td>
<td>29.14</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>VT</td>
<td>15.60</td>
<td>0</td>
<td>6.61</td>
<td>0</td>
<td>32.12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WA</td>
<td>16.80</td>
<td>0</td>
<td>6.44</td>
<td>0</td>
<td>29.93</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>WI</td>
<td>19.10</td>
<td>0</td>
<td>7.27</td>
<td>0</td>
<td>33.67</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WV</td>
<td>28.20</td>
<td>5</td>
<td>9.55</td>
<td>5</td>
<td>37.66</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>WY</td>
<td>15.80</td>
<td>0</td>
<td>8.58</td>
<td>1</td>
<td>28.82</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Methodology:**

The High Need Status table provides data on the three need criteria. The following metrics are used to measure each of the criteria:

1. **2015 Percentage of Children Under 5 Living in Poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program):**
   - Average of state estimates: 21.82
   - 1 Standard Deviation: 27.07
   - 2 Standard Deviations: 32.31
2. 2015 Percent of Low Birthweight Deliveries (<2,500 grams) (Source: National Vital Statistics System (NVSS)):
   - Average of state estimates: 8.03
   - 1 Standard Deviation: 9.28
   - 2 Standard Deviations: 10.53

3. 2011-2012 Percent of children, ages 10 to 71 months, receiving a developmental screening using a parent-completed screening tool Source: National Survey of Children’s Health (NSCH)):
   - Average of state estimates: 30.88
   - 1 Standard Deviation: 22.83
   - 2 Standard Deviations: 14.78

Point Allocation: Applicants are asked to calculate their points as follows:
- States with estimates that are 2 or more standard deviations above (for low birthweight and child poverty) or below (for developmental screening) the average of all state estimates for a given criterion will receive 10 points for that criterion.
- States with estimates that are more than 1 but less than 2 standard deviations above (for low birthweight and child poverty) or below (for developmental screening) the average of all state estimates for a given criterion will receive 5 points for that criterion.
- States with estimates that are above (for low birthweight and child poverty) or below (for developmental screening) the average of all state estimates but not more than 1 standard deviation above/below the average of state estimates for a given criterion will receive 1 point for that criterion.
- All other states will receive 0 points for the criterion.