

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Maternal and Child Health Bureau  
Division of Maternal and Child Health Workforce Development

***Healthy Tomorrows Partnership for Children Program (HTPCP)***

**Funding Opportunity Number: HRSA-21-031**  
**Funding Opportunity Type(s): New**  
**Assistance Listings (CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: October 6, 2020**

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

**Issuance Date: July 1, 2020**

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Authority: 42 U.S.C. § 701(a)(2)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this program is to support innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and services.

The FY 2021 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Healthy Tomorrows Partnership for Children Program (HTPCP)
Funding Opportunity Number:	HRSA-21-031
Due Date for Applications:	October 6, 2020
Anticipated Total Annual Available FY 2021 Funding:	\$500,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Award Amount:	Up to \$50,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	Yes; HTPCP award recipients <b>must contribute non-federal matching funds in years 2 through 5 of the 5-year period of performance equal to two times the amount of the federal grant award</b> (i.e., if the federal grant award is for \$50,000, then the matching requirement is \$100,000) or such lesser amount determined by the Secretary for good cause shown.
Period of Performance:	March 1, 2021 through February 28, 2026 (5 years)

Eligible Applicants:	<p>Any domestic public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. § 450b), is eligible to apply for federal funding under this announcement. See 42 CFR § 51a.3(a). Domestic community-based organizations, including faith-based organizations, are eligible to apply.</p> <p>See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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### **Application Guide**

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

### **Technical Assistance**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Friday, July 17, 2020

Time: 2–3 p.m. ET

Call-In Number: 1-800-779-9977

Participant Code: 5444062

Weblink: [https://hrsa.connectsolutions.com/healthy\\_tomorrows/](https://hrsa.connectsolutions.com/healthy_tomorrows/)

Archive will be available July 24, 2020 at <https://mchb.hrsa.gov/training/healthy-tomorrows.asp>

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this program is to support innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and services. This program supports the Health Resources and Services Administration's (HRSA) goals to improve access to quality health services, achieve health equity, and enhance population health. Recipients will implement community-based programs and evidence-based models of care that build on existing community resources and evaluate to demonstrate program impact. The HTPCP builds on past program success facilitating the development of partnerships between pediatric providers and community partners that bring important health care services to rural and other underserved populations in a coordinated way. HTPCP will support projects related to a range of topical areas including, but not limited to, medical home or care coordination, mental and behavioral health services, child development and school readiness services, and promotion of healthy weight and physical activity. Definitions of some of these topical areas are included in [Appendix B](#). HTPCP funding supports projects that provide **clinical or public health services**, and does not support research projects. Successful HTPCP applications are expected to represent either a new initiative (i.e., project that was not previously in existence) within the community, or an innovative new component that builds upon an existing community-based program or initiative.

HTPCP recipients are strongly encouraged to accomplish the following activities during the 5-year period of performance:

- Identify and develop innovative community-based programs/interventions based on a review of state and community maternal and child health (MCH) priorities and needs assessment data.
  - Programs/interventions are strongly encouraged to have family, youth, and community involvement and to be culturally and linguistically competent.
- Implement clinical and public health interventions in community-based settings primarily in the following topical areas (Definitions of some of these topical areas are included in [Appendix B](#)):
  - Behavioral health (including the integration of substance use services for children and youth at-risk for or have substance use disorders (SUD), or assessing for substance use and SUD during pre-natal and well-child visits),
  - Care coordination and case management,
  - Developmental/behavioral pediatrics,
  - Early child development/school readiness,
  - Medical home (including enhanced family and youth engagement),

- Mental health,
- Nutrition and physical activities to promote healthy weight.
- Oral health, and
- School-based health
- Form collaborative partnerships between pediatric providers, community organizations, families, community members, State Title V Maternal and Child Health (MCH) agencies and other MCH-related programs, and businesses to create self-sustaining programs.
- Develop and periodically reassess the program logic model and evaluation plan in order to:
  - Monitor ongoing processes and progress toward achieving goals and objectives,
  - Utilize evaluation data to document impacts on child health and health care access in communities,
  - Leverage evaluation data to support the on-going need for the program in the community, and
  - Assess whether the dissemination of program innovations has facilitated changes in practice, service delivery, program development, and/or policy-making in ways that affect the target population.
- Develop tools, trainings, and resources for pediatric professionals, community members, families, state Title V agencies, and other MCH-related programs.
- Disseminate program results and findings to the target population, partners, and other stakeholders who might be interested in using program results.

## 2. Background

This program is authorized by 42 U.S.C. § 701(a)(2).

HRSA is the primary federal agency for improving access to health care services for people who are underserved or medically needy. The HTPCP supports HRSA's interest in improving access to quality health services, and achieving health equity and enhancing population health.

HTPCP is an initiative to support innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and services. For example, rural Americans make up 15–20 percent of the U.S. population. However, compared with urban areas, rural populations have lower median household incomes, a higher percentage of children living in poverty, fewer adults with postsecondary educations, more uninsured residents under age 65, and higher rates of mortality, according to a [2017 report](#) by the North Carolina Rural Health Research Program (NC RHRP) at The University of North Carolina at Chapel Hill. A recent CDC study finds that children in rural areas with mental, behavioral, and developmental disorders face more community and family challenges than children in urban areas with the same disorders.<sup>1</sup>

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<sup>1</sup> Centers for Disease Control and Prevention. About Rural Health. Retrieved 4/2020. <https://www.cdc.gov/ruralhealth/about.html>.

HTPCP accomplishes its purpose to increase access to preventive care and services through a community-based partnership of pediatric providers and community leadership. Over 30 years, the HTPCP has reached over 1.3 million children and families in rural and other underserved communities through 305 projects in 48 states, with 75 percent of those served comprising racially and ethnically diverse groups. Follow-up survey data from former HTPCP recipients indicate that 83 percent of recipients reported improved access to children's health care.<sup>2</sup> Former HTPCP award recipients document that they were able to sustain most partnerships (62 percent) and form new partnerships (61 percent) after HRSA's funding ended.<sup>3</sup>

Sustainability of HTPCP grants after HRSA grant completion is a key measure of impact. Data indicate that 95 percent of activities supported by HTPCP grants are partially or fully sustained 5 years or more after federal funding has ended.<sup>4</sup> Award recipients cited having strong institutional commitment (71 percent) and strong community partnerships (70 percent) as top factors in achieving long-term sustainability.<sup>5</sup> Under 42 CFR § 51a.8(c), HTPCP programs **must contribute non-federal matching funds in years 2 through 5 of the 5-year period of performance equal to two times the amount of the federal grant award** (i.e., if the federal grant award is for \$50,000, then the matching requirement is \$100,000) or such lesser amount determined by the Secretary for good cause shown. This requirement encourages award recipients to plan for sustainability early in their period of performance.

Factors that have contributed to improve access to care in past HTPCP projects have included: 1) increase in insurance coverage; 2) better access to Federally Qualified Health Centers and Community Health Centers services; 3) improved access to pediatric behavioral health and oral health services; and 4) enhanced care coordination for vulnerable and underserved populations. HTPCP award recipients are strongly encouraged to incorporate these contributing factors to improved access to care into their projects.

HTPCP recipients have demonstrated success in serving populations in rural and other underserved areas. In FY 2016, HTPCP programs provided health care and preventive health services to over 327,000 pregnant women, infants, children, children with special health care needs, and other groups across 22 states.<sup>6</sup> Recipients have used evaluation findings to improve services (75 percent), secure additional funding for their projects (49 percent), and replicate effective models of care in other settings (40 percent).

Find additional information about HTPCP [here](#).

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<sup>2</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2020). Retrieved 3/2020. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

<sup>3</sup> 2019 Follow-up survey data from HTPCP award recipients (surveys administered by the American Academy of Pediatrics)

<sup>4</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2020). Retrieved 3/2020. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

<sup>5</sup> 2019 Follow-up survey data from HTPCP award recipients (surveys administered by the American Academy of Pediatrics)

<sup>6</sup> The Discretionary Grant Information System. Individuals Served (2016). Retrieved 3/2020. <https://grants6.hrsa.gov/MCHB/DGISReports/ProgramData/IndvServedReportViewer.aspx>

HTPCP collaborates with the American Academy of Pediatrics' (AAP) network of pediatricians and other pediatric health professionals to provide technical assistance to HTPCP projects. In keeping with its commitment to attaining optimal physical, mental, social, and emotional health for all children and their families, the AAP has joined with the HRSA Maternal and Child Health Bureau (MCHB) to strengthen efforts to prevent disease, promote health, and assure access to health care for the nation's children and their families. Partnership with the AAP's National Resource Center for Patient/Family-Centered Medical Home (NRC-PFCMH) provides an additional opportunity for the dissemination of HTPCP products and resources. More information on medical home tools, resources, state-specific information, and promising practices can be found on the [NRC's website](#). Many HTPCP recipients (73 percent) are committed to establishing a medical home or improving access to a medical home for the children, youth, and families they serve.<sup>7</sup>

Current products and resources disseminated through the [HTPCP web page](#) and related listservs include [evaluation guides](#); [logic model tutorial](#); [proposal development guide](#) and related materials; program [infographic](#); tip sheets for community-based programs on [improving long-term sustainability](#); [supporting diversity and reducing health disparities](#); [conducting economic analyses](#); and program impact case studies.

## **II. Award Information**

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

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

### **2. Summary of Funding**

HRSA estimates approximately \$500,000 to be available annually to fund up to 10 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to \$50,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2021 President's Budget does not request funding for this program. . This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is March 1, 2021 through February 28, 2026 (5 years).

Funding beyond the first year is subject to the availability of appropriated funds for HTPCP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may

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<sup>7</sup> 2019 Follow-up survey data from HTPCP award recipients (surveys administered by the American Academy of Pediatrics).

reduce recipient funding levels beyond the first year if the recipient is unable to succeed fully in achieving the goals listed in the application.

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

### III. Eligibility Information

#### 1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. § 450b), is eligible to apply for federal funding under this notice. See 42 CFR § 51a.3(a). Domestic community-based organizations, including faith-based organizations, are eligible to apply.

#### 2. Cost Sharing/Matching

Cost sharing/matching is required for this program, per the following details:

Under 42 CFR § 51a.8(c), award recipients of Healthy Tomorrows Partnership for Children Program **must contribute non-federal matching funds in years 2 through 5 of the 5-year period of performance equal to two times the amount of the federal grant award** (i.e., if the federal grant award is for \$50,000, then the matching requirement is \$100,000) or such lesser amount determined by the Secretary for good cause shown. The non-federal matching funds **must** come from non-federal funds, including, but not limited to, individuals, corporations, foundations, in-kind resources, and/or state and local agencies.

Documentation of matching funds is required (i.e., specific sources, funding level, in-kind contributions). Reimbursement for services provided to an individual under a state plan under Title XIX will not be deemed “non-federal matching funds” for this purpose. Further information regarding the cost sharing match requirement is found in [Federal Register, Vol. 72, No. 15, pp. 3079-80](#) (January 24, 2007).

#### 3. Other

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

HRSA expects that HTPCP funds will be used to provide clinical or public health services; applications that propose to conduct research will be returned and will not be considered for further review or funding.

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

NOTE: Multiple applications from an organization with the same DUNS number or [Unique Entity Identifier](#) (UEI) are allowable if the applications propose separate and distinct projects.

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.

If you propose subcontracting administrative or fiduciary responsibilities for the project, you **will not** be approved for funding. All successful recipients **must** perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

### 2. Content and Form of Application Submission

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

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

### **Application Page Limit**

The total size of all uploaded files included in the page limit may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-031, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.

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

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

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachments 10–15: Other Relevant Documents**.

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

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

The body of the abstract should adhere to the following format:

Problem:

Goals and Objectives:

Methodology:

Coordination:

Evaluation:

**ii. Project Narrative**

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

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](#)  
Briefly describe the purpose of the proposed project.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion [#1](#)  
Provide a clear description of the status, capacity and needs of the disparate population(s) living in the proposed project area. Please include and/or describe the following in this section:
  - A. Problem and associated factors that contribute to the identified problem.
  - B. Clear and succinct description of the unmet health need(s) and health and health care disparities of the community and target population to be served in the proposed project. Include socio-cultural determinants of health that impact the population or communities served.
  - C. An adequate description of cultural and linguistic needs of the proposed target population for the project. You should also document how your project will address disparities and inequalities in your service settings (e.g., staff recruitment, training, and professional development), and through recruitment of diverse families and community members to participate in the project Advisory Board(s). A description of the project Advisory Board can be found in section IV.2.ii. [Methodology. F.](#)
  - D. Other relevant data that justifies a strong need for the interventions/activities proposed in your application. Provide a reference for all data sources. Use demographic data and cite data sources whenever possible to support the information provided.

You are expected to review the [State Title V MCH Block Grant Program Needs Assessment](#) findings for your state to document need for proposed projects in the communities you intend to serve. In these Needs Assessments, states describe the need for preventive and primary care services for pregnant women, mothers, and infants up to age 1; preventive and primary care services for children; and family-centered, community-based coordinated systems of care for children and youth with special health care needs and their families. The Title V MCH Services Block Grant statute requires each state and jurisdiction to conduct a statewide, comprehensive Needs Assessment every 5 years.

You also are expected to review the [Title V State Action Plans](#) for your state to document the need for proposed projects. States develop 5-year State Action Plans that document priority needs. In these plans, states take a further step and identify objectives, strategies, and relevant national performance measures to address needs in six population health domains: Women/Maternal Health; Perinatal/Infant Health; Child Health; Children with Special Health Care Needs; Adolescent Health; and Life Course. HTPCP projects and their public and private partners are well positioned to assist states in accomplishing identified strategies in these domains. For example, a state may cite reducing adult and childhood obesity as a priority need under Child Health. The Title V program proposes to increase the number of after-school and community-based physical activity and health promotion programs; assist the state Department of Education in the facilitation of evidence-based professional development opportunities for schools and administrators; and work with school personnel to provide technical assistance to increase physical activity throughout the day. Hypothetically, HTPCP applicants from the state who propose projects related to childhood obesity could suggest partnering with the state to implement these strategies within their target populations; thus, assisting the state in achieving its objectives on childhood obesity at the county-level.

You are strongly encouraged to propose projects in the topical areas outlined on [Page 1](#) of this NOFO.

These focus areas will advance key HRSA and MCHB priorities, including Bright Futures.

You are encouraged to review community health needs assessment data from your state when conceptualizing your projects. This data is available to assist hospitals, non-profit organizations, state and local health departments, financial institutions, and other organizations to understand the needs and assets of their communities, and to collaborate with those organizations to make measurable improvements in community health and well-being. You will be able to access data on health indicators in areas such as demographics, social and economic factors, physical environment, clinical care, and health behaviors. Visit the

[Community Health Needs Assessment Toolkit](#) for more information on the community health needs assessment.

- **METHODOLOGY** -- Corresponds to Section V's Review Criteria [#2](#) and [#4](#)
  - A. **Description of the Proposed Project.** Describe how the proposed project represents either a new initiative, or a new component that will build upon, expand, and enhance an existing initiative, to address the identified need(s) of the target population. Your application is expected to clearly explain that the proposed intervention is new (i.e., program that has never existed) or a new component of an existing activity (i.e., expanding services by adding a new component, for example, the addition of a registered dietician who will implement a healthy weight promotion intervention at a school-based health clinic). The following examples show how HTPCP projects have expanded on the types of services provided in one location, or expanded services across an area: adding mental health services to school-based health centers within a school district; opening new clinical sites in racially/ethnically diverse urban neighborhoods where services were previously limited or difficult to access; and expanding integration of literacy promotion activities into pediatric care statewide.

**Reminder:** HRSA expects that HTPCP funds will be used to provide clinical or public health services; applications that propose to conduct research will be returned and will not be considered for further review or funding.

Examples of innovations include: new protocols or service delivery models; new partnerships or collaborations; continuing education for pediatric providers through the use of health information technology; and the integration of care, i.e., the integration of behavioral health into pediatric primary care, the integration of oral health into pediatric primary care. HTPCP encourages you to propose projects that incorporate preventive health, communication, education, coordination, and integration of care, and access to psychosocial supports into their models of care. You should plan to develop, implement, and distribute new tools and products from your proposed intervention. Discuss opportunities to use social media for outreach and marketing of preventive services and education to pediatric providers and families.<sup>8</sup> You also should discuss opportunities to provide direct services and education to infants, children, adolescents, and families through telehealth.

- B. **Project Goals and Objectives.** Clearly identify project goals and objectives that are responsive to the identified needs of the target

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<sup>8</sup> HTPCP encourages the use of health information technology, such as telehealth and tele-consultation, to provide direct services in rural and other underserved populations and to expand the reach of continuing education to practicing pediatric providers. For the purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

population, and consistent with the purpose and requirements of the HTPCP. Objectives should be **specific, measurable, attainable/achievable, relevant, and time-framed (SMART)**.

- C. Description of Project Activities. Provide a clear description of the proposed service intervention and other proposed project activities. Proposed project activities should be clearly linked to project goals and objectives and should be feasible and reasonably expected to lead to achievement of those goals and objectives within the period of performance. Discuss development of effective tools and strategies for ongoing staff training, continuing education for community-based MCH health professionals, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds.

You are strongly encouraged to involve families in your proposed projects through activities such as Advisory Board participation, reviewing materials and resources produced by the project for cultural/linguistic competence and health literacy levels, leading family support groups, and participating in the development of staff trainings.

You are encouraged to engage community health workers to promote health education, behavioral health education, and preventive health, with the communities they propose to serve. If you are interested in utilizing community health workers in your project, you should review [evidence-based practice models](#) that are most appropriate for the unique needs of your communities. Over the years, HTPCP projects have utilized community health workers to: a) conduct home visits using an evidence-based curriculum; b) test and launch plain language education materials and techniques on medication adherence and understanding provider instructions; c) perform case management and provide asthma education and home assessment that is culturally/linguistically competent; and d) work as doulas during pregnancy, labor, and delivery, and assist with infant care and breastfeeding in a culturally/linguistically competent manner.

You will be strongly encouraged to accomplish the following activities during the 5-year period of performance:

- Identify and develop innovative community-based programs/interventions;
- Implement clinical and public health interventions in community-based settings primarily in the topical areas outlined on [Page 1](#) of this NOFO;
- Form collaborative partnerships;
- Develop and periodically reassess the program logic model and evaluation plan;
- Develop tools, trainings, and resources; and

- Disseminate program results and findings.

You also are encouraged to implement the following activities in your projects:

- Review health and safety trends among the target population;
- Identify links between health concerns and community conditions;
- Collect and analyze data from patient intake forms, patient/family interviews, and family/community focus groups on social, economic, and community conditions;
- Share data with community partners to decide upon mutually critical health and community conditions;
- Advocate for improvements to community conditions impacting patients' health;
- Work with the target population to improve community conditions; build and strengthen community partnerships; and
- Establish organizational practices that support community involvement.

With this community-based approach to health and health care, projects are better able to recognize the impact that social determinants of health (SDOH) (i.e., Adverse Childhood Experiences, childhood trauma/stress, inadequate/unsafe housing, food insecurity) have on the health and well-being of rural and other underserved populations, and to improve the lives of infants, children, youth, and families served. Social determinants of health encompass conditions in which people are born, grow, live, work, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care.

In terms of information sharing/dissemination, address the following:

- The feasibility and effectiveness of plans for dissemination of project results;
- The extent to which project results may be regional or national in scope; and/or
- The degree to which the project activities are replicable.

Provide a detailed plan describing how you will measure the effectiveness of the project, including penetration of the project within and beyond the identified target population, with respect to both dissemination of project results, and engagement with the communities served. Describe the method you plan to use to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target population, public at large, and other stakeholders who might be interested in using the results of the project. You should propose other innovative approaches to inform partners and the public about project results that may facilitate changes in practice, service delivery, program development, and/or policy-making,

especially to those stakeholders with interest in replicating the project. Successful recipients will provide information to MCHB in annual progress and performance reports about program activities, products, and lessons learned to facilitate knowledge dissemination.

Collaboration with other current HTPCP projects is expected. The HRSA/MCHB Project Officer for HTPCP will ensure that current award recipients are aware of each other through participation in webinars and project information posted on the HTPCP web site. Award recipients will be strongly encouraged to participate in focus groups, workgroups, technical assistance sessions, meetings, and webinars to share technical assistance needs, best practices, and lessons learned.

- D. Development and Maintenance of Collaborative Relationships. Discuss how you will develop and/or maintain collaborative relationships between the proposed project, the state Title V MCH Program, other MCH-related agencies, and the state AAP Chapter. HRSA is interested in increasing access to health care and improving health outcomes for vulnerable and underserved populations by enhancing community partnerships with entities from diverse sectors. These partnerships can provide linkages to services and resources for your project's target population(s), support actions that address SDOH, support the integration and coordination of health services, and drive initiatives aimed at reducing health disparities in your communities.

In your application, you are strongly encouraged to include letters of support from the state Title V MCH Program, other MCH-related agencies, and the state AAP Chapter in **Attachments 10–15**. To further the goals and objectives of the project, HTPCP recipients are strongly encouraged to partner with state Title V agencies to serve as innovation or pilot sites in communities for projects to advance the key priorities of HRSA and MCHB, test models, and help build the evidence base for community-based MCH programs. State Title V Directors have a strong understanding of children's health needs because they conduct statewide, comprehensive needs assessments. Collaboration with the state Title V MCH Program can include technical assistance with the grant application and, subsequently, with program implementation, membership on a project's Advisory Board and participation in technical assistance visits.

State Title V programs also can serve as a resource to projects and families in areas such as preventive health services, screening, care coordination, and the transition from pediatric to adult services for youth with special health needs. You should be aware that most state programs pay for support services such as translation, transportation, respite care, family support, case management and care coordination. Often, leveraging partnerships with state Title V programs have enabled HTPCP award recipients to sustain their projects after federal funding ends. Improved coordination of services at the

state and community levels drives change in the organization and financing of services and enhances preventive services delivery. You can locate information on how to contact your state Title V MCH Program by visiting the [MCHB](#) website.

The AAP has 59 state AAP chapters in the United States. Through a HRSA cooperative agreement, staff members at the AAP provide pediatric resources to current HTPCP projects and link projects with their state AAP chapters. Chapter staff have worked with HTPCP recipients in the past, during the planning process, because chapters may already be engaged in activities related to a health topic, or they may want to initiate a new program and are looking for partners. You can locate information on how to contact your state Chapter by visiting the [AAP](#) website.

Over the years, HTPCP has awarded projects to a wide range of organizations including not-for-profit agencies, hospitals, universities, Federally Qualified Health Centers, and health departments. In many instances, award recipients have concurrent funding with other HRSA Bureaus/Offices, such as the Bureau of Primary Health Care, and/or other HHS agencies. If you currently receive federal funding that will support aspects of your proposed HTPCP project that will not be funded by MCHB or foresee the opportunity for collaborative partnerships with existing federal award recipients, indicate how you will leverage those resources. If applicable, include letters of support from prospective HRSA and/or HHS collaborative partners in **Attachments 10–15**.

HTPCP promotes development and advancement of healthy communities through partnerships with human service organizations (including faith-based and tribal organizations) that work to change conditions in the community and environment to improve health. These efforts may include a focus on housing, education, the labor workforce, socioeconomic conditions, neighborhood safety, transportation, food quality and availability, and physical fitness and recreational activities available for children and families.

You are strongly encouraged to document strategic alliances with human service organizations (including faith-based and tribal organizations) in your application and discuss how these alliances will help to advance your proposed HTPCP project during the course of a 5-year period of performance. Indicate how alliances will build upon aligned missions and common values, how each partner in the alliance will leverage its areas of expertise, whether patient/client referrals across alliances will follow a formal, established process, and whether there are mechanisms in place for partners to communicate key patient/client and programmatic information to each other on a regular basis. Please include letters of support from human service organizations (including faith-based and tribal organizations) in **Attachments 10–15**.

Discuss how you will address challenges that may result from these strategic alliances because of an increase in staff training, an increase in operational costs, the need for shared data measures, or the need for non-federal funding to ensure long-term sustainability of project activities.<sup>9</sup>

- E. Plan for Pediatrician/Pediatric Primary Care Provider Involvement. Discuss how pediatricians/pediatric primary care providers will be substantively involved in the proposed project. An important objective of HTPCP is to involve pediatricians and other pediatric primary care providers (family physicians, nurse practitioners, physician assistants) in community-based service programs. Pediatricians and pediatric primary care providers are involved in projects in many capacities encompassing the planning, implementation and evaluation of the project. Some projects have pediatricians and pediatric primary care providers as project directors, while others have them serve as advisors, members of the Advisory Board, or providers of services.
- F. Project Advisory Board. Discuss your plans for an Advisory Board to oversee the HTPCP project. The HTPCP recipient is expected to establish and maintain an Advisory Board specific to the HTPCP award; alternatively, the recipient may utilize an existing board as the project Advisory Board, if it will provide HTPCP project-specific direction and oversight during project implementation. HTPCP projects are expected to have a community-based advisory board for the life of the project.

Delineate the anticipated role(s) the Advisory Board will play in implementation of this HTPCP project. Discuss activities they will implement specifically related to the proposed project, including frequency of meetings, public forums, and training conferences.

In **Attachment 9** of the application, describe the anticipated membership of the Advisory Board, providing a complete list of proposed members and the agencies/organizations they will represent.

The Advisory Board is expected to: contribute to development of the application; provide advice and oversight regarding program direction; participate in discussions related to allocation and management of project resources; establish conflict of interest policies governing all activities; and share responsibility for the identification and maximization of resources and community ownership to sustain project services after federal funding ends. For more resources on establishing and maintaining a sound Advisory Board, visit the [Proposal Development Guide](#).

The Advisory Board should include key individuals and representatives of organizations and institutions relevant to the success of the project and the

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<sup>10</sup> The Centers for Medicare and Medicaid Services. EPSDT: A Guide for States (2014). Retrieved 6/2018. [https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf).

community served by the project. You are strongly encouraged to ensure Advisory Board representation that reflects a partnership with families (or youth, if appropriate for the proposed project), community members, the local pediatric provider community, and community organizations and groups, both public and private, with a working interest, skills, or resources that can be brought to bear on the problem outlined by the proposed project. Individual members should be sensitive to and understand the needs in the project area. Members should have a significant advisory role and commitment to the project implementation plan. Members selected to represent an agency or group should have the authority to make decisions for the entity they represent.

- G. Cost Sharing/Matching. Discuss plans for securing resources to fulfill the 2:1 non-federal program-matching requirement in years 2 through 5 of the 5-year period of performance that was discussed on [Page 5](#) of the NOFO. The match requirement has encouraged recipients to form effective partnerships with state Title V programs, and other MCH-related agencies, foundations, school systems, universities, and local businesses. The match requirement also allows recipients to extend the reach of limited federal funds as they develop interventions, deliver services, and conduct evaluations to test program success. As mentioned previously, former HTPCP award recipients were able to sustain most partnerships (62 percent) and form new partnerships (61 percent) after MCHB funding ended.<sup>11</sup> These award recipients cited having strong community partnerships (70 percent) and working continuously to ensure funding (53 percent) as top factors in achieving long-term sustainability. Describe in your plans to secure matching funds how these efforts will support long-term sustainability of the proposed project after federal funding ends.<sup>10</sup>
- H. Bright Futures. MCHB requires HTPCP award recipients to develop proposals that incorporate and build upon the goals, objectives, guidelines, and materials of the [Bright Futures for Infants, Children, and Adolescents](#) initiative to improve the quality of health promotion and preventive services in the context of family and community. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, and school-based health clinics. Materials developed especially for families are also available. Complete information about the Bright Futures initiative and downloadable versions of the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition* and other Bright Futures materials, can be found [here](#). The current edition presents guidelines in the context of SDOH and lifelong physical and mental health.

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<sup>10</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2018). Retrieved 4/2018. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeps/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeps/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

Discuss how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children, and Adolescents** initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Fourth Edition* and other Bright Futures materials in project activities, i.e., providing age- specific anticipatory guidance during well-child, well-adolescent, and preventive health visits. Bright Futures has been particularly useful to HTPCP recipients in the following ways:

- Increasing access to innovative models of care centered on health promotion and prevention;
- Partnering with stakeholders at the state and local levels to share lessons learned from the provision of anticipatory guidance on well-child care from ages 0–21 years; and
- Fostering improvements in clinical and public health practice in rural and other underserved communities.

In 2019, approximately 90 percent of HTPCP award recipients promoted evidence-based [Bright Futures](#) recommended services in their projects.<sup>11</sup>

You also should discuss how the project will utilize the Bright Futures materials and/or guidelines on health promotion and prevention efforts in the target populations served by the project. The new health promotion theme in Bright Futures, [Promoting Lifelong Health for Families and Communities](#), specifically addresses SDOH and it identifies family strengths, like having supportive relationships and the ability to manage stress. The majority of well-child visits modeled on Bright Futures prioritize the need to identify and address SDOH. Anticipatory guidance addressing SDOH is shared with families if questions or concerns arise during well-child visits. Materials can be accessed at the [Bright Futures](#) website.

- **WORK PLAN** -- *Corresponds to Section V's Review Criteria #2 and #4*

Describe the activities or steps that you will use to achieve each of the activities proposed during the entire period of performance in the Methodology section. Provide a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application, and the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Include the work plan in **Attachment 1**.

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<sup>11</sup> Review of Non-Competing Continuation progress reports

## **Logic Model**

Submit a logic model 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., 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).

You can find additional information on developing logic models [here](#).

Include the proposed project's logic model in **Attachment 2**. Ensure your project's logic model reflects the purpose of HTPCP and what HTPCP intends to produce and achieve overall. [Appendix A](#) of this NOFO includes the HTPCP logic model.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion [#2](#)*

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria [#3](#) and [#5](#)*

Describe and submit a preliminary project evaluation plan that will contribute to continuous quality improvement. Include the evaluation plan in **Attachments 10–15**. The plan should link the goals and objectives of the project to data collection activities. You are strongly encouraged to review the evaluation plan resources on the [HTPCP](#) web page. The evaluation plan should monitor ongoing processes and the progress towards achieving the goals and objectives of the project. Successful recipients will be required to schedule an introductory technical assistance meeting with the HTPCP Evaluation Consultant during Year 1 of the 5-year period of performance and participate in a mandatory "Evaluation 101" webinar.

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.

Evaluation plans and logic models often evolve as a project progresses through a 5-year period of performance. You will provide updates to your evaluation plans and logic models in the annual progress report.

The measurement of progress toward goals should include both process and outcome measures. Measures that identify and address factors that contribute to poor health outcomes in vulnerable and underserved populations should be included in project evaluation plans. Process evaluation is a type of evaluation that examines what goes on while a program is in progress. It assesses what the program is doing and how the program is being implemented or carried out. Outcome evaluation is a type of evaluation that attempts to determine a program's results. Outcome evaluation is often used to determine the extent to which a program achieves its outcome-oriented objectives.

**HTPCP projects are expected to have at least one (1) measurable outcome by the end of the 5-year period of performance.** Outcomes from previous HTPCP projects have clustered primarily in the following areas: knowledge increase, behavior change, physiological change, health care utilization, program enhancement or expansion, community impacts, partnerships, and cost savings.

Previous HTPCP projects have achieved significant outcomes for their program participants and have been able to document impacts on child health and health care access in their communities. Recipients have documented that they were able to enhance or improve their relationships/partnerships with public officials, the community's ability and capacity to identify child health problems, access to a medical home and other health care services for children, and the recognition of child health issues. Recipients also have documented that they have used information gathered from their evaluation plans to improve services, replicate models of care, and secure additional funding for their projects. Additional information on HTPCP project outcomes can be found in the recently updated HTPCP [infographic](#).

Describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity,

language) and explain how the data will be used to inform program development and service delivery. Also, please explain how you will use data to make changes to a project based on evaluation findings. Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Your organization will be required to participate in a HRSA-supported national evaluation of HTPCP 1 and 5 years after the end of your 5-year period of performance. Additional information regarding the HTPCP outcome evaluation will be provided to recipients after award.

**Recipients will be expected to establish baseline, track annually, and collect and report the following data to HRSA in their annual progress reports:**

1. Number of partnerships established or maintained in the past year.
2. In the past year, have you increased your capability to leverage community partnerships? Response anchors: A great deal, Somewhat, Seldom, Not at all
3. Number of innovative evidence-based strategies implemented in the past year.
4. In the past year, has your project intervention(s) increased access to care among your target population? Response anchors: A great deal, Somewhat, Seldom, Not at all

A glossary of terms used in these performance measures is in [Appendix B](#).

HRSA MCHB performance measures related to promoting/facilitating well-child visits, sustainability, product development, grant impact, quality improvement, health equity, family member/youth/community member participation, cultural/linguistic competence, and state Title V and MCH-related agency collaboration are part of the HTPCP Discretionary Grant Information System (DGIS) performance measure package. Successful recipients will submit data on these performance measures annually in DGIS Non-Competing Continuation performance reports. More information about HTPCP performance measures can be found [here](#).

- **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review Criterion #5*

Provide information on your organization's current mission and structure, history, past experiences, and scope of current activities. Describe how the organizational structure and experience is appropriate to implement the program requirements and meet program expectations. Provide an organizational chart in **Attachment 6** that shows the structure for the administrative and fiscal management team and reporting line for staff. Provide information that demonstrates the organization's

experiences are appropriate to support provision of culturally and linguistically competent services and services that improve the health literacy level of the target populations. Discuss whether project staff are culturally representative of the target populations and how they uniquely contribute to the provision of culturally and linguistically competent services. Describe how your organization will assess and improve upon the unique needs of the target populations in the communities you serve.

Your organization must demonstrate capacity to manage federal awards, equipment, and personnel supported by the award. Describe your history of having necessary policies, procedures, and financial controls in place to manage federal awards. If deficiencies have been noted in the most recent internal/external audit, review or reports on your organization's financial management system and management capacity or its implementation of these systems, policies and procedures, identify the corrective action taken to remedy the deficiencies.

Describe the staffing plan (excluding contractor's staff) which identifies key positions essential for programmatic, fiscal and evaluation activities. Key personnel should have adequate skills, training qualifications, and experience appropriate to execute the role. Show the time allocation (%/percent FTE) for each position. Include position descriptions for key personnel in **Attachment 3**. Include biographical sketches and curriculum vitae of key personnel in **Attachment 4**.

### **iii. Budget**

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

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

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

**iv. Budget Narrative**

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

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response, (3) Evaluative Measures, and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

**Budget Considerations**

Awards are subject to adjustment after program and peer review. If this occurs, project components and/or activities will be negotiated to reflect the final award. Reviewers will deduct points from applications for which budgets are not thoroughly justified. The budget and budget narrative correspond to Section V's Review [Criterion 6](#).

Fully justify your requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the project during the period of performance. Clearly document meeting the cost matching requirement in years 2 through 5 of the project in the budget form SF-424A and the budget narrative.

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

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

**Attachment 1: Work Plan**

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

**Attachment 2: Logic Model**

Attach the logic model for the project that includes all information detailed in Section IV. ii. Project Narrative.

**Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))**

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

**Attachment 4: Biographical Sketches of Key Personnel**

Include biographical sketches for persons occupying the key positions described in Attachment 3, 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 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)**

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

**Attachment 6: Organizational Chart**

Provide a one-page figure that depicts the organizational structure of the organization or agency and where the proposed project will reside.

**Attachment 7: Tables, Charts, etc.**

Include further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.), as needed.

**Attachment 8: For Multi-Year Budgets--Fifth Year Budget**

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budgets for the fifth year as an attachment. Use the SF-424A Section B.

**Attachment 9: Advisory Board Membership Roster**

### **Attachments 10–15: Other Relevant Documents**

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

You are **strongly encouraged** to include letters of support from your state Title V MCH program, and other MCH-related agencies, from your state AAP Chapter, and from human service organizations (including faith-based and tribal organizations). If applicable, please include letters of support from prospective collaborative partners on other HRSA and/or HHS projects.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in December 2020, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#) page.

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

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

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

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

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

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *October 6, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

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

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

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 5 years, at no more than \$50,000 per year (inclusive of direct **and** indirect costs). The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's

objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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 the following fiscal years, as required by law.

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

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.

## V. Application Review Information

### 1. Review Criteria

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

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

Review criteria are used to review and rank applications. HRSA-21-031 has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

- A. The strength and effectiveness of the application in clearly describing the purpose of the proposed project.
- B. The strength and effectiveness of the applicant's description of a project that aligns with the purpose of HTPCP, which is to increase access to health care and preventive health services for children, youth, and families in rural and other underserved communities, and improve their health status.

- C. The strength and effectiveness of the application in demonstrating a comprehensive understanding of the problem and associated contributing factors to the problem.
- D. The strength and quality of the needs assessment in describing the targeted population's needs.
- E. Sufficient demonstration of the cultural and linguistic needs of the proposed target population. (Or: The strength of the proposal in describing the cultural and linguistic needs of the proposed target population.)
- F. The strength and effectiveness of relevant data, with appropriate references, to document and justify need for the proposed intervention, and incorporation of data from needs assessments such as the state Title V MCH Block Grant Program Needs Assessment and Action Plan for a state, or a Community Health Needs Assessment.
- G. The strength and effectiveness of the proposed intervention in addressing one of the priority topical areas referenced on [Page 1](#) of this NOFO.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's [Methodology](#) and [Work Plan](#)

#### **Methodology and Work Plan (18 points)**

- A. The application adequately describes an innovative and new community-based initiative, or a new component that will build upon, expand, and enhance an existing initiative, that employs prevention strategies and promotes access to health care for infants, children, adolescents, and their families.
- B. The strength and effectiveness of the applicant's description of partnerships with diverse public and private sector stakeholders to test out evidence-based practice at the community level and transform health care for the population(s) served by the project.
- C. The strength of the proposed goals and objectives and their relationship to the identified need.
- D. The quality and reasonableness of the overall goals and objectives of the proposed project.
- E. The proposed service intervention(s) and other proposed project activities are clearly described, capable of addressing the problem, clearly linked to project goals and objectives, feasible, and appropriate to achieve the goals and objectives within the period of performance.

#### **Family/Community/Professional Partnerships (12 points)**

- A. The strength and reasonableness of the applicant's proposal to involve families in project activities, i.e., Advisory Board participation, reviewing materials and resources produced by the project for cultural/linguistic competence and health literacy levels, and participating in the development of staff trainings.

- B. The strength and feasibility of the applicant’s proposal to take an active role in strengthening surrounding communities and requiring community involvement in project activities.
- C. The strength and effectiveness of the applicant’s ability to collaborate with the state Title V MCH Program, other MCH-related agencies, and the state AAP Chapter to achieve the goals and objectives of the project (e.g., the inclusion of letters of support).
- D. The strength of the plan to leverage partnerships with other HRSA and/or HHS-funded projects (e.g., the inclusion of letters of support), if funding outside of MCHB will support aspects of the proposed project.
- E. The strength and feasibility of the applicant’s ability to collaborate with human service organizations (including faith-based and tribal organizations) in strategic alliances to achieve the goals and objectives of the project (e.g., the inclusion of letters of support).
- F. The strength and reasonableness of proposed project’s plan to have pediatricians and other pediatric primary care providers substantively involved.
- G. The strength and effectiveness with which the applicant describes the makeup of the Advisory Board and its role in the implementation of the proposed project, including extent to which the Advisory Board includes, or plans to include, appropriate representation of individuals served by the project, families, representatives from the local pediatric provider community, and other key stakeholders.

**Health Promotion (5 points)**

- A. The strength and effectiveness of the application in discussing how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children, and Adolescents** initiative and incorporate the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition and other Bright Futures materials in project activities.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s [Work Plan](#) and [Evaluation and Technical Support Capacity](#)

- A. The strength, feasibility, and effectiveness of the evaluation plan to measure project objectives and proposed performance measures.
- B. The strength and effectiveness of the project’s logic model in demonstrating the relationship among resources, target population, activities, outputs, short and long-term outcomes, impact, and possible measures of success for the project, and identifies at least one measurable outcome. The project’s logic model should reflect the purpose of HTPCP and what HTPCP intends to produce and achieve overall.

- C. The strength of the measures of success that are documented in the project's logic model, whether they reflect the measures of success for HTPCP, and whether they are included in the project's data collection and evaluation plans.
- D. The strength and effectiveness of the evaluative measures in assessing whether:  
1) progress on project objectives will be accomplished; and 2) extent these accomplishments can be attributed to the project.
- E. The capability of the project's data collection and evaluation plan to inform changes to the project based on evaluation findings.

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

- A. The feasibility and effectiveness of plans for dissemination of project results.
- B. The feasibility of project results being regional and/or national in scope.
- C. The feasibility of project activities being replicable.
- D. The effectiveness of plans for dissemination, including penetration within and possibly beyond the identified target population with respect to both dissemination of project results, and engagement with the communities served.
- E. The strength, feasibility, and effectiveness of plans to meet the budget matching requirement in years 2 through 5 of the project, and a description of how matching funds will support long-term sustainability of the proposed project after federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Organizational Information](#)

- A. The strength and capability of qualified project personnel (by training and/or experience) to implement and carry out the project. The capability of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- B. The strength and effectiveness of the project's description of collaboration with key stakeholders in all activities.
- C. The strength and capability of project personnel to provide culturally and linguistically competent services and services that consider the health literacy level of the target populations.

- D. The strength of the applicant's ability to hire project personnel who reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served
- E. The strength of the applicant's ability to collaborate with project contributors who reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
- F. The quality of approaches proposed to resolve challenges that are likely to be encountered during the project.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's [Budget](#), and [Budget Narrative](#)

- A. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- B. The reasonableness of costs, as outlined in the budget and required resources sections, given the scope of work.
- C. The reasonableness of the proposed budget in ensuring key personnel have adequate time devoted to the project to achieve project objectives.
- D. The strength, feasibility, and effectiveness of the applicant's ability to meet the cost matching requirement in years 2 through 5 of the project in the budget form SF-424A and the budget narrative.

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

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

## **3. Assessment of Risk**

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those

requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award (NOA) prior to the start date of March 1, 2021. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

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

See Section 2.1 of HRSA’s [SF-424 Application Guide](#).

#### **Requirements of Subawards**

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

#### **Data Rights**

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

subrecipient also are subject to the Federal Government’s copyright license and data rights.

### 3. Reporting

Award recipients must comply with Section 6 of HRSA’s [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants6.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/H17.html>. The type of report required is determined by the project year of the award’s period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
<b>a) New Competing Performance Report</b>	March 1, 2021 to February 28, 2026  <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
<b>b) Non-Competing Performance Report</b>	March 1, 2022 to February 28, 2023  March 1, 2023 to February 29, 2024  March 1, 2024 to February 28, 2025	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
<b>c) Project Period End Performance Report</b>	March 1, 2025 to February 28, 2026	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible [here](#) (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the Project Narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

## VII. Agency Contacts

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

Djuana Gibson  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-3243  
Email: [DGibson@hrsa.gov](mailto:DGibson@hrsa.gov)

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

Madhavi M. Reddy, MSPH | Kelly Dawson, MPH  
Program Director | Project Officer  
Attn: HTPCP  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0754 | (301) 945-3331  
Email: [MReddy@hrsa.gov](mailto:MReddy@hrsa.gov) | [KDawson@hrsa.gov](mailto:KDawson@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](mailto:support@grants.gov)

Self-Service Knowledge Base:

<https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's 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**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: Friday, July 17, 2020

Time: 2–3 p.m. ET

Call-In Number: 1-800-779-9977

Participant Code: 5444062

Weblink: [https://hrsa.connectsolutions.com/healthy\\_tomorrows/](https://hrsa.connectsolutions.com/healthy_tomorrows/)

Archive will be available July 24, 2020 at <https://mchb.hrsa.gov/training/healthy-tomorrows.asp>

## Appendix A: HTPCP Logic Model

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
<p>Identify/develop innovative community-based programs/interventions based on a review of state and community MCH priorities and needs assessment data.</p> <ul style="list-style-type: none"> <li>• Programs/interventions must have family/youth/community involvement and be culturally- and linguistically-competent.</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental scan</li> <li>• Needs assessment data</li> <li>• Identified gaps in services and other support/resources</li> <li>• Evidence-based strategies to meet the child health and developmental needs of vulnerable children and families (including racially and ethnically diverse groups) in rural and other underserved populations.</li> <li>• Program/intervention identified/developed</li> </ul>	<p>Increase use of innovative evidence-based strategies/interventions</p>	<p>Increase access to care</p>
<p>Implement clinical and public health interventions in community-based settings, primarily in the following areas:</p> <ul style="list-style-type: none"> <li>• Early childhood development/school readiness</li> <li>• Developmental/behavioral pediatrics</li> <li>• Medical home (including enhanced family and youth engagement)</li> <li>• Care coordination and case management</li> </ul>	<p>Community-based programs providing targeted clinical services or public health messages for rural and other underserved populations.</p>	<p>Increase use of innovative evidence-based strategies/interventions</p>	<p>Increase access to care</p>

<b>PROGRAM PROCESS</b> What is the planned work for the program?		<b>PROGRAM OUTCOMES</b> What are the program's intended results?	
<b>ACTIVITIES</b> (What will program inputs do?)	<b>OUTPUTS / PRODUCTS</b> (What will be created as a result of the activity?)	<b>SHORT-TERM / INTERMEDIATE</b> (What will change as a result of the product/system implemented?)	<b>LONG-TERM / IMPACT</b> (What will change if short-term / intermediate outcomes are achieved?)
<ul style="list-style-type: none"> <li>• Oral health</li> <li>• Behavioral health (including integration of substance use services for children and youth at-risk for or who have substance use disorders)</li> <li>• Mental health</li> <li>• School-based health</li> <li>• Nutrition and physical activities to promote healthy weight</li> </ul>			
Form collaborative partnerships between pediatric providers, community organizations, families, community members, State Title V agencies and other MCH-related programs, and businesses to create self-sustaining programs.	<ul style="list-style-type: none"> <li>• Formal partnerships in place as evidenced by letters of agreement and/or descriptions of proposed and existing program-specific contracts</li> <li>• Informal partnerships with local, state, regional and/or national stakeholders</li> <li>• Program Advisory Board</li> <li>• Family/Community Advisory Board</li> </ul>	<p>Increase capacity of pediatric providers to effectively serve the target population.</p> <p>Increase collaborative partnerships in order to enhance the capacity to serve target populations effectively.</p>	<p>Increase sustainability of implemented community-based programs.</p> <p>Increase capacity of community and systems to effectively serve the needs of vulnerable and/or disadvantaged populations.</p>
<p>Develop and periodically reassess the program logic model and evaluation plan for the following reasons:</p> <ul style="list-style-type: none"> <li>• Monitor ongoing processes and progress toward achieving goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Logic model developed and updated</li> <li>• Evaluation plan developed <ul style="list-style-type: none"> <li>○ Standardized data elements</li> </ul> </li> </ul>	Increase capacity of recipients to use evaluation data to demonstrate the progress and effectiveness of interventions	<p>Increase access to care.</p> <p>Increase sustainability of implemented</p>

<b>PROGRAM PROCESS</b> What is the planned work for the program?		<b>PROGRAM OUTCOMES</b> What are the program's intended results?	
<b>ACTIVITIES</b> (What will program inputs do?)	<b>OUTPUTS / PRODUCTS</b> (What will be created as a result of the activity?)	<b>SHORT-TERM / INTERMEDIATE</b> (What will change as a result of the product/system implemented?)	<b>LONG-TERM / IMPACT</b> (What will change if short-term / intermediate outcomes are achieved?)
<ul style="list-style-type: none"> <li>Utilize evaluation data to document impacts on child health and health care access in communities</li> <li>Leverage evaluation data to support the ongoing need for the program in the community</li> </ul>	<ul style="list-style-type: none"> <li>identified and defined <ul style="list-style-type: none"> <li>Creation and maintenance of approvals and protocols for data collection</li> </ul> </li> <li>Baseline data collected and reported by end of Year 1 for program goals</li> </ul>		<p>community-based programs.</p> <p>Increase capacity of community and systems to effectively serve the needs of vulnerable and/or disadvantaged populations.</p>
Develop tools, trainings, and resources for pediatric professionals, community members, families, State Title V agencies, and other MCH-related programs.	<ul style="list-style-type: none"> <li>Training for: State Title V agencies, Other MCH-related programs, Families, Community members</li> <li>Health education materials for communities</li> <li>Publications that facilitate the transfer of research findings into practice</li> </ul>	<p>Increase capacity of pediatric providers to effectively serve the target population</p> <p>Increase use of innovative evidence-based strategies/interventions among community providers and service entities while serving vulnerable and disadvantaged populations.</p>	<p>Increase access to care.</p> <p>Increase capacity of community and systems to effectively serve the needs of vulnerable and/or disadvantaged populations.</p>
Disseminate program results and findings to the target population, partners, and other stakeholders who might be interested in using program results.	<ul style="list-style-type: none"> <li>Fact sheets on program implementation to local MCH partners</li> <li>Program web sites</li> <li>Social media</li> <li>Infographics</li> <li>PowerPoint presentations</li> </ul>	Increase use of innovative evidence-based strategies/interventions among community providers and service entities while serving vulnerable and	Increase sustainability of implemented community-based programs.

<b>PROGRAM PROCESS</b> What is the planned work for the program?		<b>PROGRAM OUTCOMES</b> What are the program's intended results?	
<b>ACTIVITIES</b> (What will program inputs do?)	<b>OUTPUTS / PRODUCTS</b> (What will be created as a result of the activity?)	<b>SHORT-TERM / INTERMEDIATE</b> (What will change as a result of the product/system implemented?)	<b>LONG-TERM / IMPACT</b> (What will change if short-term / intermediate outcomes are achieved?)
	<ul style="list-style-type: none"> <li>• Data collected and analyzed on an annual basis, and shared with potential funders, community partners, and other stakeholders</li> <li>• Leveraged evaluation data with the parent organization, community partners, and other stakeholders to ensure long-term sustainability of the program</li> </ul>	disadvantaged populations.	
Assess whether the dissemination of program innovations has facilitated changes in practice, service delivery, program development, and/or policy-making in ways that affect the target population.	<p># and types of program innovations such as:</p> <ul style="list-style-type: none"> <li>• New protocols or new service delivery models</li> <li>• New partnerships or collaborations</li> <li>• Technology (e.g., Electronic Health Record, data dashboard, social media)</li> <li>• Integration of care (e.g., primary care and behavioral health)</li> </ul>	<p>Increase capacity of pediatric providers to effectively serve the target population.</p> <p>Increase use of innovative evidence-based strategies/interventions among community providers and service entities while serving vulnerable and disadvantaged populations.</p>	<p>Increase access to care.</p> <p>Increase sustainability of implemented community-based programs.</p>

## **Appendix B: Glossary of Terms**

### Access to Care

Access to health care means having "the timely use of personal health services to achieve the best health outcomes" ([IOM, 1993](#)).

### Care Coordination

Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient. ([Agency for Healthcare Research and Quality](#), retrieved, 4/2020)

### Cultural and Linguistic Competence

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. ([Centers for Disease Control and Prevention](#), retrieved, 4/2020)

### Early Childhood Development

Early childhood development (ECD) encompasses physical, socio emotional, cognitive and motor development between 0–8 years of age. ([World Health Organization](#), retrieved, 4/2020)

### Evidence-based Public Health Practice

Evidence-based public health practice is the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models.

Just as evidence-based medicine seeks to combine individual clinical expertise with the best available scientific evidence, evidence-based public health draws on principles of good practice, integrating sound professional judgments with a body of appropriate, systematic research. There has been strong recognition in public health of the need to

identify the evidence of effectiveness for different policies and programs, translate that evidence into recommendations, and increase the extent to which that evidence is used in public health practice (The HHS Office of Disease Prevention and Health Promotion, [HealthyPeople.gov](https://www.healthypeople.gov), retrieved 5/2020).

### Leveraging Partnerships

Successful partnerships strengthen the capacity of projects and services to broaden their reach, engage more stakeholders, and achieve shared objectives.

Partnerships achieve increased benefits because they share expertise, skills and resources. These benefits can include:

- more effective service delivery
- more efficient resourcing
- policy development at organizational or community levels
- systems development as a result of changed relations between organizations
- social and community development aimed at strengthening community action. ([Tasmanian Government Department of Health](https://www.health.gov.au), retrieved 3/2020)

### Medical Home

The Medical Home (also known as Patient or Family-Centered Medical Home) is an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. It is a medical practice organized to produce higher quality care and improved cost efficiency. ([American Academy of Pediatrics](https://www.pediatrics.org), retrieved, 4/2020)

### Partnerships

A group of organizations with a common interest who agree to work together toward a common goal.

That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve the overall quality of life for pregnant and parenting mothers in the community. ([John Snow, Inc.](https://www.johnsnowinc.com), retrieved, 3/2020)

### School Readiness

School readiness is foundational across early childhood systems and programs. It means children, ages 0–5, are ready for school, families are ready to support their children's learning, and schools are ready for children. Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. Physical, cognitive, social, and emotional development are all essential ingredients of school readiness. ([Head Start, Early Childhood Learning & Knowledge Center](https://www.headstart.gov), 4/2020)

## The Maternal and Child Health Services Block Grant, Title V of the Social Security Act

Title V remains the only federal program that focuses solely on improving the health of all mothers and children.

Title V is a partnership with State MCH and Children with Special Health Care Needs (CSHCN) programs, reaching across economic lines to support such core public health functions as resource development, capacity and systems building, population-based functions such as public information and education, knowledge development, outreach and program linkage, technical assistance to communities, and provider training.

Title V makes a special effort to build community capacity to deliver such enabling services as care coordination, transportation, home visiting, and nutrition counseling, which complement and help ensure the success of State Medicaid and SCHIP medical assistance programs.

Title V funds support programs for children with special health needs to facilitate the development of family-centered, community-based, coordinated systems of care.

Title V-supported programs provide gap-filling prenatal health services 2 million women and primary and preventive health care to more than 17 million children, including almost 1 million children with special health needs.

Special projects target underserved urban and rural areas with efforts at the community level that promote collaboration between public and private sectors, leaders, and health care providers.

A new cadre of trained pediatric emergency specialists, more emergency equipment suited to the special needs of children are available, and protocols to ensure that more young lives can be saved in emergency situations are in place.

Today many historical legacies of Title V survive as key components of local and state systems of care. \* ([Association of Maternal and Child Health Programs](#), retrieved, 4/2020).

Access to health care consists of four components ([Healthy People 2020](#)):

- [Coverage](#): facilitates entry into the health care system. Uninsured individuals are less likely to receive clinical care and more likely to have poor health status.
- [Services](#): Having a usual source of care is associated with individuals receiving recommended screening and prevention services.
- [Timeliness](#): ability to provide health care when the need is recognized.
- [Workforce](#): capable, qualified, culturally competent providers.