U.S. Department of Health and Human Services

Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Home Visiting and Early Childhood Systems

Early Childhood Developmental Health Systems: Evidence to Impact

Funding Opportunity Number: HRSA-22-091

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: May 10, 2022

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 may take up to 1 month to complete.

Issuance Date: February 9, 2022

MODIFIED on March 29, 2022: See next page for details

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in Section VII. Agency Contacts.

MARCH 29, 2022 MODIFICATION DETAILS

- Due to final FY 2022 appropriation: modified citations; funding amount and scope of additional TA activity;
- Clarified throughout that HRSA-22-141 Transforming Pediatrics for Early Childhood (TPEC) posted/released *(March 24, 2022)*;
- Updated heading and details in Section IV.3. Unique Entity Identifier (UEI) and System for Award Management (SAM).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact program. The purpose of this program is to advance statewide systems of comprehensive early childhood developmental promotion, screenings, and interventions that improve outcomes and reduce disparities in early developmental health and family well-being[1] for communities with high levels of childhood poverty. These systems will be referred to as early childhood development (ECD) systems[2] throughout this notice of funding opportunity (NOFO).

One award will be made, in the form of a cooperative agreement, to establish an Early Childhood Evidence to Impact Center, hereby referred to as the Center. The goals of the Center are to: 1) increase the implementation and evaluation of evidence-informed, equity-focused strategies among states by providing national technical assistance (TA) and supporting the implementation and evaluation of ECD systems-building efforts; and 2) strengthen the evidence base in support of ECD systems-building.

This NOFO also describes an activity that will be supported with additional funding to advance the delivery of high-quality ECD promotion and support services in pediatric settings. Through this additional activity, the Center will provide national leadership, TA, and coordination in support of the anticipated Transforming Pediatrics for Early Childhood (TPEC) program, as further described in Appendix D of this NOFO and HRSA-22-141. The application's overall score will be based on the response to **all**

[1] A definition for "early developmental health and family well-being" can be found in Appendix A.
[2] See Background section of this funding opportunity for more information.

information requested in this NOFO, including the additional TPEC TA Activity; therefore, all applicants are expected to respond to this opportunity for additional funding, as well as the core program elements.

Funding Opportunity Title:	Early Childhood Developmental Health Systems: Evidence to Impact
Funding Opportunity Number:	**HRSA-22-091**
Due Date for Applications:	May 10, 2022
Anticipated Total Annual Available FY 2022 Funding:	**Total Annual Funding:** Up to $4,300,000 • **ECDHS: Evidence to Impact:** Up to $3,500,000 • **Additional TPEC TA Activity:** Up to $800,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Annual Award Amount:	**Total Annual Funding:** Up to $4,300,000 • **ECDHS: Evidence to Impact:** Up to $3,500,000 • **Additional TPEC TA Activity:** Up to $800,000
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2026 (4 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 450b)) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. See Section III.1 of this NOFO for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, March 1, 2022
Time: 3– 4:30 p.m. ET
Call-In Number: 1-833-568-8864
Webinar ID: 161 316 5869
Passcode: 26406139
Weblink: https://hrsa-gov.zoomgov.com/s/1613165869?pwd=UWRGZklTZFNQK3NYSUFIekUyeTJnZz09
Passcode: 034AsDAe

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact program. The purpose of this program is to advance statewide[3] systems of comprehensive early childhood developmental promotion, screenings,[4] and interventions that improve outcomes and reduce disparities in early developmental health and family well-being for communities with high levels of childhood poverty.[5] These statewide systems will be referred to as early childhood development (ECD) systems throughout this notice of funding opportunity (NOFO).

One award will be made, in the form of a cooperative agreement, to establish an Early Childhood Evidence to Impact Center, hereby referred to as the Center. The goals of the Center are to: 1) increase the implementation and evaluation of evidence-informed, equity-focused strategies among states by providing national technical assistance (TA) and supporting the implementation and evaluation of ECD systems-building efforts; and 2) strengthen the evidence base in support of ECD systems-building.

In pursuit of these goals, the Center will advance the following objectives:

1. Build, compile, and disseminate the ECD systems evidence base through the development and advancement of a learning agenda.[6]
2. Advance statewide reach and impact of ECD systems through support of implementation and evaluation of evidence-informed, equity-focused strategies in at least three states with Early Childhood Comprehensive Systems (ECCS) initiatives.
3. Increase the number of early childhood and health system leaders[7] in at least 25 states receiving targeted or universal TA, to build capacity to implement and evaluate statewide ECD systems.
4. Improve the adaptability and ease of use of at least 10 resources and/or tools to accelerate ECD systems development.
5. Generate at least one comprehensive model for ECD systems-building for testing and use.

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[3] Inclusive of each state of the United States, the District of Columbia, each territory or possession of theUnited States, and each Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).

[4] Refers to screenings starting prenatally for general developmental milestones; early social-emotional and relational health; social determinants of health and other family, caregiver, and/or community risks and needs.

[5] Refers to shared conditions (geographic or otherwise) in which a significant portion of children underage 18 live in families with incomes below the federal poverty level. Please note that this may be observed at the state level or in specific locales with disproportionate poverty rates.

[6] More information regarding the learning agenda can be found in the Program Requirements and Expectations section of this NOFO.

[7] A definition for “early childhood and health system leader” can be found in Appendix A.

This NOFO also describes an opportunity for additional funding to advance the specific strategy of improving delivery of high-quality ECD promotion and support services in pediatric settings. With this funding, the recipient will expand activities under the core ECDHS: Evidence to Impact program to provide national leadership, TA, and coordination in support of the anticipated Transforming Pediatrics for Early Childhood (TPEC) program (see Appendix D and HRSA-22-141 for details). Through this additional TPEC TA Activity, the Center will:

1. Provide TA and build the capacity of TPEC-funded state-level resource hubs, early childhood and health systems leaders, and other related efforts that will sustainably integrate ECD experts into pediatric practices that serve a population with a high percentage of Medicaid and Children's Health Insurance Program (CHIP) patients.
2. Accelerate and sustain the spread and impact of ECD integration in pediatric practices through evidence-building, coordination, and field leadership.

The TPEC program and associated TA will improve equitable access to a continuum of ECD services and improve the capacity of pediatric practices and workforce to deliver high-quality ECD services that address the holistic needs of children and families.

The application's overall score will be based on the response to **all** information requested in this NOFO, including the additional TPEC TA Activity; therefore,all applicants are expected to respond to this opportunity for additional funding, as well as the core program elements.

Please note that this NOFO uses several acronyms recurrently; further information can be found in Appendix A.

For more details, see Program Requirements and Expectations.

2. Background

About MCHB and Strategic Plan

The Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations*

Goal 2: *Achieve health equity for MCH populations*

Goal 3: *Strengthen public health capacity and workforce for MCH*

Goal 4: *Maximize impact through leadership, partnership, and stewardship*

The ECDHS Program specifically addresses MCHB's objectives to:

1. Strengthen state- and community-based comprehensive systems of care for MCH populations that equitably improve well-being *(Objective 1.2)* by developing coordinated, comprehensive state and local ECD systems;
2. Invest MCHB resources to improve the health of all populations and communities that experience inequities, including those affected by systemic and structural barriers including poverty, racism, ableism, gender discrimination, and other forms of contemporary and historical injustices *(Objective 2.3)* by promoting equity,[8] reducing disparities in early developmental health and family well-being, and addressing statewide structural and systemic barriers to care; and
3. Translate science to practice and policy to implement effective strategies and innovations that impact MCH population health outcomes *(Objective 3.4)* by translating and disseminating research to strengthen ECD systems practice, policy and system development.

To learn more about MCHB and the bureau's strategic plan, visit https://mchb.hrsa.gov/about.

ECDHS Program History and Rationale

ECDHS is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) under Special Projects of Regional and National Significance (SPRANS). Specific funding within SPRANS has been designated to improve early developmental health and family well-being for those living in poverty through the study and implementation of statewide systems of developmental screening and intervention. Previously, this program was named *ECDHS: Implementation in a High-Need State*,[9] and focused on studying and improving ECD health promotion, screening, and service referral in Mississippi.

The ECDHS program is based on the research that childhood poverty has significant deleterious effects on lifelong health and well-being, and disproportionately affects development from the prenatal period through age 3 (P–3).[10] Positive birth and early developmental health outcomes require supportive families, communities, and systems, as well as early access to systems of ECD promotion, screenings, and interventions during the P–3 period. However, experiencing poverty often increases family stress, limits access to these supports and services, and has a negative, long-term impact on the health, learning, and social-emotional development of children.[11] Further, it is known that the cumulative effects of poverty, and the adverse impacts of social and structural determinants of health, perpetuate disparities in child and family outcomes.

[8] Definitions for "equity," "health equity," and "underserved communities" can be found in Appendix A.

[9] More information about the ECDHS: Implementation in a High-Need State Program can be found at https://mississippithrive.com/.

[10] Center for the Study of Social Policy (2016). Poverty in Early Childhood. https://cssp.org/resource/poverty-in-early-childhood-fact-sheet/.

[11] Ibid.

Early investment in positive child development reaps large and lasting gains,[12] and the P–3 period offers a window of opportunity to lay the foundation for life-long health and well-being.[13] When policies and practices promote early relational health, strengthen caregiver and child core life skills, reduce sources of family stress, and adequately address the social and structural determinants of health,[14] early developmental health and family well-being can be improved. Systems change (including further development of statewide systems of ECD promotion, screenings, and interventions) driven by these policies and practices can also improve equity in early developmental health and family well-being outcomes.

ECDHS: Implementation in a High Need State has studied and implemented statewide systems change, resulting in a deeper understanding and advancement of the necessary conditions, infrastructure, and strategies for ECD systems-building.[15] Strategies advanced by ECDHS to-date include:

- Engaging health providers and systems to implement ECD promotion, screenings, service coordination, and interventions;
- Developing equitable coordinated intake and referral systems into services that support healthy development and meet whole family needs;
- Advancing family and community engagement and leadership;
- Collecting and analyzing data to identify and address social and structural determinants of health,[16] including structural racism; and
- Supporting diverse, cross-sector workforce development, including the availability of ECD experts in primary care and other settings.

Use of these strategies is associated with several desired outcomes of ECD systems, including:

1) Reduced disparities in and increased rates of timely, comprehensive developmental screening and successful service referrals;
2) Increased and equitable availability of and engagement in ECD promotion practices for communities with high levels of childhood poverty;
3) Improved knowledge and capacity of the early childhood workforce, families, and other early childhood and health system leaders to promote early developmental health and family well-being;
4) Identification and implementation of solutions to address structural barriers to early developmental health and family well-being; and

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[12] ChildTrends (2017). Flourishing From the Start: What Is It and How Can It Be Measured? https://www.childtrends.org/publications/flourishing-start-can-measured.

[13] Ascend at the Aspen Institute (2015). Two Open Windows: Infant and Parent Neurobiologic Change. https://ascend.aspeninstitute.org/resources/two-open-windows-infant-and-parent-neurobiologic-change-2/

[14] Center on the Developing Child at Harvard University (2017). Three Principles to Improve Outcomes for Children and Families. https://developingchild.harvard.edu/resources/three-early-childhood-development- principles-improve-child-family-outcomes/.

[15] A report synthesizing lessons learned and implementation strategies will be available at the conclusion of the current period of performance (Anticipated September 30, 2022).

[16] Definitions for “social determinants of health” and “structural determinants of health” can be found inAppendix A.

5) Reduced disparities in early developmental health and well-being, as prioritized by local/state needs.

Building upon this past work, the new program described in this NOFO will further study and support the implementation of ECD systems in additional states, and address implementation barriers identified in the previous iteration. The current program iteration also builds upon the infrastructure of the ECCS Program, given the importance of robust and committed state-level leadership and infrastructure, along with intentional leadership of and partnership with communities, providers, and families, to meet the needs of populations with high levels of childhood poverty and achieve sustainable statewide change. By focusing intensive work in states with ECCS initiatives, program resources can support community capacity and other critical components to achieve collective program goals. In addition, the Center will offer access to resources and TA to all states in order to build capacity for ECD systems.

While many successful initiatives exist, nationwide improvements in ECD systems-building require the spread of practices across states with adaptations made for specific populations as appropriate. An understanding of how to adapt, scale, sustain, and determine the effectiveness of systems change for specific populations and settings impacted by high childhood poverty is limited, yet essential to effectively meet all families' needs. The Center will provide TA, implementation and evaluation support, and funding to strengthen critical systems capacity, spread existing resources and evidence, and promote more equitable early childhood systems.

One specific strategy for ECD systems improvement is the integration of ECD promotion, prevention, and intervention services in pediatric settings.[17,18] Despite long-standing recommendations[19] regarding the ways in which pediatric providers can advance ECD, less than 37% of young children received a recommended developmental screening from a health provider in the past year.[20] Pediatricians cite lack of time, staff, and knowledge of or ability to connect with community resources as barriers to ECD promotion, screening, and other preventative practices.[21] The integration of ECD experts in pediatric practices to support practice-wide change, while

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[17] Garner AS, Shonkoff JP, Committee on Psychosocial Aspects of Child and Family Health; Committeeon Early Childhood, Adoption, and Dependent Care & Section on Developmental and Behavioral Pediatrics (2012). Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics,* 129(1). Available at:. https://publications.aap.org/pediatrics.

[18] Garner AS, Yogman M; Committee on Psychosocial Aspects of Child and Family Health, Section on Developmental and Behavioral Pediatrics, Council on Early Childhood. (2021). Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. *Pediatrics,* 148 (2) e2021052582; DOI: https://doi.org/10.1542/peds.2021-052582.

[19] American Academy of Pediatrics (2017). Bright Futures Guidelines for Health Supervision of Infants,Children, and Adolescents, 4th Edition. Doi: https://doi.org/10.1542/9781610020237.

[20] Data Resource Center for Child & Adolescent Health (2019). National Survey of Children's Health. https://www.childhealthdata.org/browse/survey.

[21] Morr, M. (2020). Clinicians Not Adhering to AAP Guidelines for Developmental Disorder Screening. https://www.clinicaladvisor.com/home/topics/neurology-information-center/clinicians-not-adhering-to-aap-guidelines-for-developmental-disorder-screening/.

delivering services to children and families as part of the care team, has been well-studied and demonstrated positive outcomes for children and families.[22]

At present, ECD experts are not universally available to families with young children, including those with high levels of need. Systemic change that builds implementation infrastructure and addresses financing, regulatory, and workforce barriers is needed to spread and scale availability and access to ECD expertise in pediatric settings. The additional TPEC TA Activity in this NOFO will build on core activities of the Center to provide TA to state-level initiatives in support of the TPEC program (see Appendix D and NOFO HRSA-22-141 for details) and advance systemic pediatric practice transformation efforts nationwide.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA program involvement will include:

- Ongoing monitoring, oversight, and review of the planning and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination;
- Participating, as appropriate, in conference calls, meetings and technical assistance/team sessions that are conducted during the period of performance;
- Reviewing and providing substantive input into the recipient's learning agenda, monitoring and evaluation plans and data, and other products, and assisting the recipient in addressing any identified challenges;
- Establishing and facilitating partnerships, collaboration, and cooperation betweenthe recipient and national, state, and local partners that may be necessary to conduct the project (including the Early Childhood Systems Technical AssistanceCoordinating Center (ECS-TACC), current ECCS recipients; and resources from the program to date (ECDHS: Implementation in a High Need State); and
- Participating with the recipient in the dissemination of project findings, best practices, and lessons learned from the project.

[22] See Peacock-Chambers E, Ivy K & Bair-Merritt M. (2017). Primary Care Interventions for EarlyChildhood Development: A Systematic Review. *Pediatrics*, 140(6): e20171661. https://doi.org/10.1542/peds.2017-1661.

The cooperative agreement recipient's responsibilities will include:

- Completing all activities proposed in response to the Program Requirements and Expectations section of this NOFO;
- Participating in routine and ad-hoc meetings, conference calls, and site visits with HRSA during the period of performance;
- Providing ongoing, timely communication and collaboration with the federal project officer, including responding to inquiries about progress, budget, and activities;
- Providing the federal project officer with the opportunity to review and discuss any product (i.e., publications, audiovisuals, other materials, etc.) produced under the auspices of this cooperative agreement, including consultation at the time of conceptual development of materials through the review of drafts and final products;
- Including a funding acknowledgment on all products, as designated in the Notice of Award (NOA);
- Collaborating with HRSA on ongoing review of activities and opportunities for program improvement, and identification and resolution of any barriers or challenges (including emerging issues);
- Retaining personnel in key positions with a sufficient time commitment to successfully perform the full functions of their position;
- Recruiting and retaining Implementation Site Teams with sufficient capacity to achieve program goals;
- Ongoing maintenance and implementation of project monitoring, research and evaluation, and Continuous Quality Improvement (CQI) plans for the purposes of achieving program goals and completing HRSA performance measurement requirements, including any necessary revisions determined in collaboration with HRSA;
- Collaborating with HRSA on scientific briefings, peer-reviewed articles, and/or conference presentations in an effort to disseminate findings widely; and
- Convening and leading in-person and online meetings of relevant collaborators and organizations to advance program goals.

2. Summary of Funding

HRSA estimates approximately $3,500,000 to be available annually to fund one recipient. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for thispurpose, HRSA can process applications and award funds appropriately.

The recipient may be awarded up to an additional $800,000 to implement the additional TPEC TA Activity as described in Section IV, Narrative, and ***Attachment 6: Project and Budget Narrative for Additional TPEC TA Activity***. Therefore, you may apply for a ceiling amount of up to $4,300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 30, 2022 through September 29, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the ECDHS Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 450b)). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. If funded, for-profit organizations are prohibited from earning profit from the federal award (see 45 CFR § 75.216(b)).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the criteria below that would deem an application non-responsive:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowable.

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

Eligible applicants may elect to collaborate with each other to jointly develop, implement, and evaluate the proposed program. HRSA supports such an approach when it appropriately increases efficiency and scale of proposed activities. In these cases, the application must be submitted by one eligible applicant that proposes to provide subawards to other eligible applicant(s) to jointly develop, implement, and evaluate this program.

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 Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-091 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

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

	Page Limit
ECDHS: Evidence to Impact Base Award	60 Pages
Additional TPEC TA Activity (Attachment 6)	20 Pages
Total	**80 Pages**

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-091, 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. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, andvalidated by Grants.gov under HRSA-22-091 before 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. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in ***Attachments 8–15: Other Relevant Documents*.**

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

Program Requirements and Expectations

Building upon the program to date, the Center will provide TA and support implementation and evaluation efforts of statewide ECD systems, and strengthen the evidence in support of this systems-building. To advance the goals and objectives outlined in the Purpose section, HRSA encourages the following:[23]

Synthesize and disseminate the evidence base for ECD systems-building.

The analysis and synthesis of the existing evidence base will lay the foundation for the rest of the ECDHS activities; therefore, HRSA strongly encourages completion of this activity early in the program. The resulting synthesis of the evidence base should identify: 1) strategies and best practices, resources, implementation guidance and/or tools for broad dissemination; 2) an assessment of the strength of evidence for identified strategies and best practices; 3) gaps in resources and/or tools available to support implementation of strategies; and 4) questions that may be answered by a learning agenda.

The Center is encouraged to focus the synthesis on the strategies and desired outcomes of ECD systems-building as referenced in the Background section, in addition to promising strategies and/or innovations that may be identified through the analysis of the evidence base. Evidence related to achieving statewide reach, spread, scale, and sustainability across communities with high levels of childhood poverty and addressing

[23] More information on the outlined activities can be found in Appendix B.

social and structural determinants of health, including structural racism, are of particular interest.

HRSA encourages an ongoing process of gathering, analyzing, and translating the evidence base throughout the period of performance. The gathering of evidence should incorporate published literature, relevant grey literature (e.g., technical reports, white-papers, government documents, conference proceedings), information gathered from progress reports and input from ECCS and other aligned initiatives, and direct feedback from collaborators, early childhood and health system leaders, and individuals with lived experience. HRSA encourages the Center to use the MCH Evidence Center continuum of evidence[24] in determining strength, which can be found in Appendix C. Adaptations may be suggested as needed.

Develop and advance a learning agenda.25

The learning agenda may consist of prioritized questions and research activities that, when completed, will fill gaps in current field knowledge and provide evidence to drive the design, innovation, and spread of ECD systems-building. The Center is encouraged to engage a diverse cadre of subject matter experts (SMEs), including Implementation Site leadership once selected, to develop the learning agenda by the end of Year 1.

It is encouraged that the learning agenda be updated throughout the period of performance. Activities should be conducted throughout the period of performance, and the Center may encourage and coordinate partners in the field of early childhood systems to conduct related activities. Implementation Site evaluation findings and related learnings from other TA activities and aligned initiatives should also be leveraged to update the evidence synthesis and learning agenda. Activities to translate emerging policy and financing opportunities to support and sustain systems-building are of particular interest and should be part of the ongoing learning agenda activities.

Recruit and provide intensive TA, direct resources, and evaluation support to Implementation Site Teams in at least three states.

The Center will provide intensive TA, direct resources (which may include funding), and collaborative evaluation support to Implementation Sites in at least three states[26] with high levels of childhood poverty. In order to build upon state infrastructure and align with existing systems initiatives, please note that HRSA expects Implementation Sites be in states with an active ECCS initiative.

The Center is expected to support Implementation Sites by providing intensive TA that advances the following:

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[24] Sosa S, Kogan MD, Garcia S, Strobino DM, Minkovitz CS. Strengthening the Evidence for Maternal and Child Health: Implementing the New Performance Measurement Framework for the Title V Maternal and Child Health Block Grant. Matern Child Health J. 2021 Feb;25(2):221-229. doi: 10.1007/s10995-020-03018-x. Epub 2021 Jan 4. PMID: 33392933.

[25] A "learning agenda" is defined as a strategic approach for building an evidence base to inform decision-making. See Appendix A for details.

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

- Demonstration and sustainability of statewide systems improvements that reduce disparities in early developmental health and family well-being outcomes in communities with the highest levels of childhood poverty;
- Implementation of evidence-informed, equity-driven strategies for ECD systems-building, as aligned with the evidence base;
- Evaluation of the effectiveness of program implementation activities and impact of evidence-informed, equity-driven strategies;
- Development and sustainability of state and local infrastructure to address policy, financing, and regulatory barriers in order to accelerate and sustain community progress and further statewide impact;
- Address structural racism, health disparities, and long-term impacts of systemic inequities, including those further precipitated by the COVID-19 pandemic;
- Coordination of partnership and alignment with ECCS program activities;
- Leveraging of funding and policy opportunities to accelerate progress; and
- Advancing of community-state communication and support community capacity-building efforts, including family and community leadership development.

Selection criteria, engagement strategies and ultimate recruitment and selection of the Implementation Sites should be completed within Year 1. Upon selection, the Center may allocate up to **60 percent of the total budget** to sufficiently support Implementation Site Teams to engage in the project, have the resources to complete associated activities, and be included in programmatic decisions made throughout the period of performance.

Upon selection, the Center is expected to develop an equity plan in collaboration with each Implementation Site Team that demonstrates: 1) how the Implementation Site Team will directly fund or otherwise support the involvement and leadership of diverse family, community, and health provider leaders; and 2) how the Implementation Site Team and Center will address the power dynamics, implicit and systemic biases, and structural racism within their partnership that may impede progress toward goals.[27] Please note that, if selecting and engaging Implementation Sites that involve American Indian and/or Alaskan Native communities, the Center must also address how they will support coordination and partnership between state and tribal entities, and consider direct coordination with tribal government(s).

[27] The Early Childhood Evidence to Impact Center may choose to include a Disparity Impact Statement (DIS) as part of their equity plan. It is expected that the DIS provide a framework for ongoing monitoring and determining the impact of the funding, implementation, and evaluation activities undergone. More information can be found here: CMS.gov (Quality Improvement & Interventions: Disparity Impact Statement); SAMHSA.gov (Disparity Impact Statement).

Provide targeted and universal TA to build capacity for ECD systems implementation.

The Center is encouraged to conduct active outreach to early childhood and health system leaders,[28] inclusive of family, community, tribal, and health provider leaders, across at least 25 states. The Center is encouraged to also develop and disseminate universal TA products and opportunities more broadly to early childhood and health system leaders and collaborators nationwide.

The Center is expected to provide a continuum of TA opportunities that build capacity in order to lead ECD systems-building and to adapt and/or spread, scale, and sustain evidence-informed, equity-driven strategies. The Center is encouraged to:

- Recruit early childhood and health system leaders in states and communities that demonstrate high levels of childhood poverty to participate in targeted TA opportunities, in addition to making TA available upon request;
- Develop a publicly available website of resources and/or tools to support TA opportunities;
- Tailor TA to family, community, and health provider leaders to support their unique roles in systems-building; and
- Monitor TA needs and respond to emerging opportunities and challenges, including new funding and policy opportunities that may accelerate systems-building.

TA may take the form of individualized guidance, connection to resources and collaborative problem solving, data analysis, relationship-based mentoring, provision or adaptation of tools, or other appropriate methods to meet the specific TA needs and goals. The Center should consider:

- Methods of offering training, product development, communication and networking opportunities, presentations at national and state conferences, communities of practice, and quality improvement and innovation;
- Principles of adult learning theory, best practices, and innovations in TA forsystems development when designing offerings;
- Social and structural determinants of health, unique cultural and contextual factors, and specific needs related to capacity-building to implement systemic change; and
- Innovative uses of the program website and other IT platforms to support engagement in TA.

Curate, adapt, and/or develop publicly available tools and materials for use within the ECDHS Program.

The Center is expected to curate and maintain a library of existing tools, platforms, training modules, and materials to support ECD systems-building efforts. These resources should be made available to the public via the program website, through TA, and through other dissemination mechanisms to ensure that **existing** resources and tools are leveraged. Resources/tools of particular interest are: 1) comprehensive early

[28] A definition for “early childhood and health system leader” can be found in Appendix A.

developmental screening tools; 2) training modules for the early childhood workforce, including for those working within pediatric primary care practices; 3) parent education and engagement materials and tools; and 4) data collection, sharing, resource referral, and network analysis platforms and tools for use in early childhood systems. Implementation guidance for resource/tool usage should also be made available, as needed.

Resources may also need to be adapted or developed for widespread use in systems-building. Examples of adaptions include language translation, literacy level adaptations, and those that would enhance the ability of a resource to be integrated with electronic health records or early childhood data systems. If resources exist but are not open-source, or new resources need to be developed, the Center should address this during the period of performance and should ensure that such resources meet the early and immediate needs of Implementation Sites. The Center is encouraged to develop a robust process for continually monitoring for new resources, and for identifying the need for adaptation or development of resources to accelerate systems-building. Additionally, field leadership to foster innovation while adapting existing or developing new tools is encouraged.

Generate and disseminate at least one model for ECD systems-building.

The Center is expected to develop at least one model for ECD systems-building by the end of Year 4. For the purposes of this NOFO, a model is defined as a package of proposed core components for ECD systems-building, and related implementation guidance, that may be empirically assessed across all levels of an early childhood system. If it is deemed that multiple models are necessary to capture important variations by context or stage of readiness, the Center will be expected to collaborate with HRSA to determine priorities and related products. The model should:

- Use information and knowledge generated across program activities to identify, classify, and describe core components that can be empirically assessed. HRSA expects that specific details will emerge from the synthesis of the existing evidence base and new evidence generated through the Implementation Site activities.
- Include equity-focused considerations for how systems-building strategies and recommendations may be replicated by other early childhood systems.
- Identify, describe, and determine which components of early childhood systems change are “active ingredients” that drive changes and improvements in desired outcomes. Some components may be essential across all states at all levels (e.g., state, community, family), while others may work only at specific levels and in specific contexts.

A report that synthesizes an ECD system’s core components, opportunities for further research, considerations for tailoring and adapting based on cultural and contextual factors, and existing supports (e.g., TA, user guides, templates) for implementing each approach, is expected by the end of Year 4. Further expectations for the model(s) can be found in Appendix B.

Engage a team of collaborators, and facilitate coordination and alignment in the field.

The Center will engage a team of collaborators to inform program implementation and development across the period of performance. The Center is expected to partner with other initiatives and entities focused on advancing equity in communities with high levels of childhood poverty, and those that are focused on explicitly addressing structural racism in early childhood systems. The team of collaborators could include:

- Racially and geographically diverse individuals with lived experience in high-poverty contexts, health providers (e.g., primary care providers, doulas, community health workers, infant and early childhood mental health specialists, etc.), state and local decision-makers and influencers of ECD systems-building, funders, and exemplar state-community or state-tribal early childhood systems initiatives.
- Individuals or entities with expertise working with communities experiencing high levels of childhood poverty, advancing equity through systems development, multi-generational approaches, health systems transformation, implementation science and evaluation, ECD systems financing, economic modeling, health policy, social and structural determinants of health, trauma-attuned care, and equity in measurement and data collection are recommended.
- Additional suggested collaborators can be found in Appendix B.

Additional TPEC TA Activity

The additional TPEC TA Activity will provide national leadership, training, TA, and coordination to state-level resource hubs supported under the TPEC program, and other related efforts across the country, to advance pediatric practice transformation.

HRSA expects the Center to establish a suite of supports in Year 1 to advance TPEC goals, and to maintain and deliver supports throughout the period of performance. All additional TPEC TA activities should be coordinated with and integrate strategies and lessons learned from core ECDHS activities, with a focus on improving health equity for uninsured and Medicaid and CHIP-eligible families. This activity will provide intensive TA to the four state-level resource hubs funded under the TPEC program (see Appendix D and HRSA-22-141 for details). HRSA expects the Center to also offer TA to 1) interested early childhood and health system leaders and implementation sites associated with core ECDHS activities, and 2) other state or local initiatives working to advance TPEC goals. Relevant activities include to:

- Gather, develop, and make publicly accessible training modules, resources and tools forimplementation of all aspects of ECD integration;
- Provide a continuum of TA, including intensive individualized TA, peer-to- peer learning opportunities, and universal TA, to advance TPEC goals;
- Collect examples of state and local policies and financing strategies in collaboration with state-level resource hubs and provide TA and tools to guide financing, spread, and sustainability of ECD integration;
- Map implementation of ECD service integration, pediatric practice transformation efforts, population reach, and policy opportunities by state;

- Identify and/or develop resources in collaboration with state-level resource hubs to address barriers to ECD integration at local, state, and/or national levels;
- Provide guidance and strategies for data collection and evaluation efforts for pediatric practice transformation initiatives, including providing tools for data reporting, visualization, and analysis;
- Promote CQI processes and innovative strategies for improving practice transformation initiatives in collaboration with state-level resource hubs;
- Support network development efforts across ECD systems improvement and pediatric practice transformation initiatives, to share subject matter expertise and coordinate efforts;
- Integrate research on ECD expert and service integration in pediatric practice into the ECDHS learning agenda and model for ECD systems-building; and
- Synthesize and disseminate effective TPEC activities for broader use.

NOTE: It is recommended that efforts to sustain the activities described throughout the Program Requirements and Expectations section be embedded into the planning and structure of the program from the beginning. HRSA expects the Early Childhood Evidence to Impact Center to submit a sustainability plan by the beginning of Year 3 that demonstrates how they and their partners will sustain key elements of the project.

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*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need and (4) Impact
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response

Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

Use the following section headers for the narrative:

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

  Briefly describe the purpose, goals, and objectives of the proposed project,[29] the methods to be used, and the projected outcomes. Introduce an understanding of the principles of implementation science, use of innovative evaluation methodologies, geographic and population-based distribution of childhood poverty within states, and the role of diversity and inclusion in advancing equity across program implementation and evaluation. Discuss how the purpose, goals, and objectives of this project will inform the larger field of early childhood systems, and explain how the proposed project will contribute to meaningful and impactful advances in both knowledge and practice.

- NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria (1) Need and (4) Impact

  This section will help reviewers understand the needs addressed by the proposed project, as well as the project's feasibility to achieve outcomes. Describe needs that will be addressed, including those related to:

  - The evidence base related to ECD systems-building;
  - State and local capacity and TA needs to implement systems-building;
  - Systems-level challenges for communities with high levels of childhood poverty;
  - Disparities specific to early developmental health and family well-being that the proposed project will address;
  - Relevant social and structural determinants of health, historic drivers of poverty, and structural racism in the context of ECD systems;
  - The availability and use of resources and/or tools that support ECD systems-building;

[29] Frame the goals and objectives as specific, measureable, ambitious, realistic, time-bound, inclusive,and equitable (SMARTIE) to the extent possible.

- The implementation infrastructure and policy, financing, care coordination, and workforce strategies needed to spread and scale availability and access to ECD expertise in pediatric settings; and
- Systems challenges and opportunities posed by the COVID-19 pandemic that will be addressed or leveraged by this project.

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

  This section will help reviewers understand how the proposed project activities will address the identified needs described in the Introduction and Needs Assessment sections, and meet the Program Requirements and Expectations.

  Include a description of the following activities:

  Synthesize and disseminate the evidence base for ECD systems-building.

  - Describe the overall approach to building evidence for systems-building, including:
    - How challenges with building evidence for systems-level work will be addressed;
    - How efforts to build evidence will address existing and historical structural barriers to involvement in research for communities of color; and
    - How evidence-building processes will prioritize cultural sensitivity and competence.
  - Describe the activities for the initial curation, analysis, and synthesis of the evidence base of ECD systems-building, including how opportunities and gaps will be identified.

  Develop and advance a learning agenda.

  - Describe the approach for the development of a learning agenda, including the partners that will be engaged (as described in the Program Requirements and Expectations section) and the methods by which they will be engaged. A particular focus should be placed on the inclusion of individuals with lived experience in navigating the early childhood system during the P–3 period in communities with high levels of childhood poverty.
  - Describe how the proposed approach to the learning agenda and evidence-building will meet the needs and advance the inclusion of historically and currently underrepresented communities in evidence for ECD systems-building.
  - Outline the ongoing process for updating and encouraging the use of the learning agenda, including adding evaluation findings from the Implementation Sites and emerging policy opportunities into the learning agenda.

Recruit and provide intensive TA, direct resources, and evaluation support to Implementation Site Teams in at least three states.

- Propose potential selection criteria for Implementation Sites within states with an active ECCS initiative, including the approach to finalizing selection criteria with collaborators and providing support to the sites.
- Describe the approach for engaging potential Implementation Sites and ensuring an effective process to foster state and community and/or state and tribal partnership, and outline the process for developing an equity plan.
- Propose an approach for the provision of intensive TA for implementation activities, data collection, and evaluation activities for Implementation Sites. In addition to the information requested in the Evaluation and Technical Support Capacity section, describe how learnings from Implementation Site activities will inform other TA activities.

Provide targeted and universal TA to build capacity for ECD systems implementation.

- Propose a process to provide targeted TA to early childhood and health system leaders, and universal TA nationwide.
- Propose a process for monitoring TA needs and responding to emerging opportunities and challenges.
- Propose a process for engaging early childhood and health system leaders in TA opportunities.
- Describe the type of content that is anticipated to be developed, and how TA offerings and products will be made readily accessible.
- Describe how anticipated TA activities will be coordinated with aligned initiatives.

Curate, adapt, and/or develop publicly available tools and materials for use within the ECDHS Program.

- Describe the types of tools, platforms, training modules, and/or materials to be curated, and how they will be disseminated.
- If applicable, describe tools that will be developed and/or adapted and disseminated for use in Year 1, including why and how they will be adapted.

Generate and disseminate at least one model for ECD systems-building.

- Describe how the program activities will inform the generation of at least one model for ECD systems-building. Include how you will ensure that the model(s) provide the functions described in the Program Requirements and Expectations section and Appendix B.
- Describe how the model may be useful for future evidence-building and implementation support beyond the period of performance for this funding opportunity.
- Describe how the model will be disseminated throughout the ECS field, including the channels by which it will be shared and specific partners that will be targeted, if applicable.

Engage a team of collaborators, and facilitate coordination and alignment in the field.

- Describe how shared learning and communication across aligned initiatives and collaborators will be coordinated, as well as how it will be ensured that proposed approaches will coordinate with, leverage, and enhance, but not duplicate, other HHS-funded and aligned TA initiatives in the field.
- Describe how project sustainability will be supported beyond the period of federal funding, including the development of the sustainability plan.

Additional TPEC TA Activity

NOTE: The additional TPEC TA Activity narrative must be no longer than 20 pages total, and should be included as ***Attachment 6: Project and Budget Narrative for Additional TPEC TA Activity***. **The budget narrative should also be included in this attachment and counts toward the page limit.**

<u>Include the following:</u>

- Provide a brief summary of the need for proposed TA, leadership, and coordination activities.
- Describe the approach and primary methods for meeting additional TPEC TA Activity goals and expectations.
- Provide a high-level work plan for the full period of performance. Provide a more detailed plan for Year 1 that will establish core resources and supports for four TPEC-funded state-level resource hubs, engage early childhood and health system leaders associated with ECDHS sites, and conduct outreach to leaders of similar efforts in other states who are working to place ECD experts in pediatric practices and advance practice transformation. Include how you will make the following available:
    - Implementation tools and supports for state-level resource hubs, including for hiring ECD experts, engaging pediatric practices, financing services for ECD integration, and conducting data collection, CQI, and evaluation;
    - Training modules and tools for ECD experts and broader practice teams; and
    - Tools that support systems planning, policy improvement, and financing for spreading and sustaining ECD integration efforts.
- Describe the continuum of TA that will be available, the main mechanisms for delivery, and how appropriate expertise and skills for TA will be ensured.
- Describe your organizational experience, SME, and capacity for supporting ECD expert and service integration in pediatric primary care and pediatric practice transformation at the state, local, and practice levels; include expertise and capacity of any project partners. Summarize additional staffing plans and any organizational partners.
- Discuss anticipated implementation barriers at the state, local, and practices levels and how they will be addressed.

- Describe the preliminary approach to monitoring and evaluating progress and outcomes of this activity.
- Discuss how this additional activity will be coordinated with the base ECDHS: Evidence to Impact program.

- WORK PLAN -- Corresponds to Section V's Review Criterion (2) Response
  This section will help reviewers understand the effectiveness of the proposed project in achieving intended outcomes, if funded. The work plan should clearly demonstrate that proposed activities are in alignment with the program purpose and expectations (as outlined in the Purpose and Program Requirements and Expectations sections). In a timeline format in the narrative, list the goals, objectives, and activities for the full period of performance. The timeline should illustrate the annual completion of goals and tasks, as well as responsible staff and key partners. Include the work plan in table format under ***Attachment 1: Work Plan,*** ensuring all information detailed in the narrative (and responsible staff) is included.

  Additionally, submit a logic model for designing and managing the project (also part of ***Attachment 1: Work Plan***). 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 personnel, 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 of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

  Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

  This section will help reviewers understand the feasibility of solutions to potential challenges. Discuss challenges that are likely to be encountered in designing and

implementing the activities described in the work plan, and approaches to resolving such challenges.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities

  This section will help reviewers understand the strength of the methods proposed to monitor and evaluate progress towards the proposed goals and objectives. This section will also help reviewers understand your ability to implement the proposed project.

  Program Monitoring and Evaluation

  - Describe the plan for continuously monitoring and evaluating project progress towards the proposed goals and objectives, as aligned with the Purpose and Program Requirements and Expectations sections. Provide details about key data sources, collection methods, and measurement instruments for key outcome measures.
    - **NOTE:** Required reporting data includes the HRSA Discretionary Grant Information System (DGIS) forms (as outlined in Section VI.3).
  - You must propose measures/indicators and processes for collecting data on the Center activities described in the Program Requirements and Expectations section. Measures should include those that track:
    - Use of a publicly available website;
    - Reach and impact of all TA activities;
    - Progress on learning agenda activities and number of learning agenda revisions;
    - Number of tools adapted and/or developed and disseminated for ECD systems-building use;
    - Implementation Site Team progress and statewide impact within each state; and
    - Engagement of collaborators and partnership development.
  - Detail any additional process and outcome measures, including relevant systems change indicators that align with the proposed goals and objectives, including plans for establishing appropriate baseline assessments.
  - Propose a plan for tracking and evaluating TA and support activities and their impact, including plans for ensuring CQI and long-term evaluation of TA activities.
  - Discuss planned strategies or approaches for understanding and addressing equity through data and measurement (e.g., collaboratively identifying appropriate measures and data sources, disaggregating data by key variables, contextualizing data through an equity lens, using data to

guide actions toward equity goals, supporting communities' measurement capacity).[30]

- Provide an overview of your assets and resources for implementing the monitoring and evaluation plan, and how they will be utilized to ensure effective tracking of outcomes and program improvement.

Implementation Site Monitoring and Evaluation

- Propose process and outcome measures, including ECD systems measures (i.e., components of the system such as partnerships, processes, and policies that drive outcomes) that may be used for assessing systems change and achievement of program outcomes within Implementation Sites, including a rationale for each measure selected and a process for finalizing measures.
    - **NOTE:** HRSA encourages alignment with performance measures for the ECCS and MIECHV Programs, and other resources for system and outcome measures (e.g., Nemours Project HOPE, Ascend 2Gen Outcomes Bank, CAHMI MCH Measurement Project, Help Me Grow, National Collaborative for Infants & Toddlers), where feasible and appropriate.
- Describe strategies for integrating emerging evidence from research and evaluation efforts into the evidence base to inform innovative development of systems-level measurement strategies and the model(s) for ECD systems.
- Describe the process for developing monitoring, research and evaluation, and CQI plans in partnership with each Implementation Site, including how the capacity and readiness of the Implementation Site will be taken into consideration for data collection.
    - **NOTE:** This process must include monitoring of progress related to the equity plan and associated (if included) Disparity Impact Statements.
- Discuss the plan for structuring and analyzing the research and evaluation efforts completed at Implementation Sites to understand best practices, policies, and innovations, and how this will align with the emergent learning agenda. Include how relevant outcome data from Implementation Site evaluation activities will be reported to HRSA.
- Describe how the implementation of research and evaluation efforts will be adapted based on input from Implementation Site partners, CQI processes, and emerging evidence.

Targeted and Universal TA Monitoring and Evaluation

- Describe the criteria for selecting and evaluating the quality and strength of existing open-source tools, resources, and platforms.

[30] The following guide may serve as a useful reference: Actionable Intelligence for Social Policy (AISP) – A Toolkit for Centering Racial Equity Throughout Data Integration.

- Describe the process for assessing the quality, reach and impact of targeted TA activities in 25 states, including how TA recipients and other users will be involved in this assessment process.
- Discuss how all TA activities (targeted and universal) will be informed and adapted based on emerging opportunities, challenges, and evidence from research and evaluation efforts completed at Implementation Sites.

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

This section will help reviewers understand the qualifications and capabilities of the organization and project staff to implement and carry out the proposed project.

- Outline the organization's mission, structure, and scope of current activities, including how these elements contribute to the organization's ability to meet Program Requirements and Expectations.
- Discuss previous experience in providing field-oriented, individualized expertise and training related to early childhood systems, equity for P–3 populations in communities with high levels of childhood poverty, associated performance measurement and evaluation efforts, and experience developing models of systems change, if applicable.
- Include a Project organizational chart in ***Attachment 5: Project Organizational Chart***. In addition, include (in table format) the individuals selected to participate as SMEs, and the expertise provided.
- Include a staffing plan and job descriptions in ***Attachment 2: Staffing Plan and Job Descriptions for Key Personnel***, as well as biographical sketches of key personnel in ***Attachment 3: Biographical Sketches of Key Personnel***. The plan should list key personnel titles (e.g., program director, implementation site lead, and evaluation lead, etc.), the number of full-time equivalent (FTE) employees fulfilling the roles, and their respective responsibilities.
- Describe how the proposed staffing plan and project organizational structure support program goals, objectives, and expectations including support and coordination processes with Implementation Sites. This should include a description of capacity to conduct high-quality research, evaluation, and TA activities and to provide intensive support to Implementation Sites.
- Describe the organization's capacity and processes to award, manage, and monitor subawards, and include past experience in the direct financial support of state and local implementation efforts.
- Describe existing and expected relationships with any organizations with which the organization intends to partner, collaborate, coordinate efforts, and/or receive assistance from while conducting these project activities. This should include those referenced in the Program Requirements and Expectations section. Include letters of agreement and/or descriptions of proposed/existing project-specific contracts as appropriate in ***Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts***.

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 your 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.

NOTE: A *separate* SF-424A budget form is required for the additional TPEC TA Activity, and should be submitted as ***Attachment 7: SF-424A for Additional TPEC TA Activity***. You may request up to $800,000 annually for this activity.

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.

As required by Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, §202, "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." Effective January 2022, the Executive Level II salary increased from $199,300 to **$203,700**. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. **Reminder:** Applications must include a budget narrative for all 4 years of the period of performance. The narrative for Years 2–4 should only include information that changes from the Year 1 budget narrative. In addition, the budget narrative should demonstrate the following:

- The proposed budget for each year of the period of performance be reasonable in relation to the objectives, the complexity of activities, and the anticipated results;
    - Please note that this includes support to achieve all responsibilities as outlined in the Award Information section.
- The proposed budget includes costs for website development and maintenance, SME engagement, travel, site visits, participation in conferences, and in-person convenings;
- The costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- Key personnel (e.g., program director, implementation site lead, and evaluation lead, etc.) have adequate time devoted to the project to achieve proposed goals and objectives.

Include within the budget narrative the level of support, which may be up to 60 percent of the total budget, for subawards to Implementation Sites. Ensure that the proposed budget:

- Clearly delineates the amount awarded to Implementation Sites, along with expected staff and activities that will be supported at the state, community and/or

tribal levels;
- Delineates how community, family, and health provider leaders will be supported; and
- Identifies how evaluation activities will be supported. (**NOTE:** If you plan to include evaluation and data collection expenses within the Implementation Site budgets, please indicate so).

NOTE: Include a separate budget narrative for the additional TPEC TA Activity as part of ***Attachment 6: Project and Budget Narrative for Additional TPEC TA Activity***, that follows Section 4.1.v. of HRSA's *SF-424 Application Guide.* Provide sufficient detail to demonstrate that the proposed budget for each year of the period of performance is reasonable in relation to the objectives, complexity of activities, and anticipated results.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will not be reviewed/opened by HRSA.

Attachment 1: Work Plan

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement, Memoranda of Understanding, 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 or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Project and Budget Narrative for Additional TPEC TA Activity

Provide a plan for the additional TPEC TA Activity as described in Section IV: Narrative, and a separate budget narrative for the additional TPEC TA Activity that follows Section 4.1.v. of HRSA's *SF-424 Application Guide.* The attachment must be no longer than 20 pages in length.

Attachment 7: SF-424A for Additional TPEC TA Activity

Provide a separate SF-424A budget form for the additional TPEC TA Activity.

Attachments 8–15: Other Relevant Documents

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

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI, a "new, non-proprietary identifier" assigned by the System for Award Management (SAM.gov), will replace the *Data Universal Numbering System (DUNS) number.

From now until April 3, 2022, if you are not already registered in SAM.gov and wish to do business with the Federal Government, you need to obtain and/or use a UEI (DUNS) to register your entity in SAM.gov. Continue to use your UEI (DUNS) for registration and reporting until April 3, 2022.

Effective April 4, 2022:

- You can register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. 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 HRSA may 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 (https://www.dnb.com/duns-number.html) *(through April 3, 2022)*
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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

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. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, 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.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 *May 10, 2022 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

The ECDHS Program is not 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 4 years, at no more than $4,300,000 per year, to include no more than $3,500,000 per year for ECDHS: Evidence to Impact (inclusive of direct **and** indirect costs) and no more than $800,000 per year for the additional TPEC TA Activity (inclusive of direct **and** indirect costs). Awards to support projects beyondthe first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued fundingwould be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal, including all attachments and the response to the additional TPEC TA Activity, will be considered during objective review.

Six review criteria are used to review and rank ECDHS Program applications. Below are descriptions of the review criteria and their scoring points.

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

Reviewers will consider the extent to which:

- The application demonstrates sufficient and comprehensive alignment between the purpose and vision of the proposed project and the Program Requirements and Expectations of the ECDHS Program;
- The application demonstrates an understanding of geographic and population-based distributions of childhood poverty within states;
- The application provides a compelling rationale for focusing project activities on specific outcomes and area(s) of need that drive the proposed approach;
- The application specifies needs related to the evidence base and TA that, if filled, will meaningfully advance knowledge and practice related to statewide ECD systems improvements that address disparities in early developmental health and family well-being; and
- The application demonstrates a comprehensive understanding of the current landscape of statewide systems of ECD promotion, screenings, and interventions.

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

Subcriterion 2a: Response to Expectations (10 points)

Reviewers will consider the extent to which:

- The application integrates the core activities outlined in the Program Requirements and Expectations section and Appendix B across the proposed goals, objectives, and activities;
- The proposed project offers complete, comprehensive responses to requirements outlined in the Project Narrative section; and
- The proposed plan for the additional TPEC TA Activity in ***Attachment 6: Project and Budget Narrative for Additional TPEC TA Activity*** describes a complete and effective approach to achieving activity goals and expectations.

Subcriterion 2b: Quality of Response (15 points)

Reviewers will consider the extent to which:

- The proposed project is feasible, impactful, and non-duplicative within the context of current needs and related efforts;
- The proposed tools to be adapted and/or developed and disseminated in Year 1 reflect an understanding of existing ECD systems implementation barriers;
- The application proposes a well-articulated and effective approach to programmatic and evaluation/research activities that are feasible and capable of achieving the goals and objectives of the ECDHS Program as outlined in the Purpose section, and respond to the needs highlighted by the applicant in the Needs Assessment section; and
- The technical supports proposed within the additional TPEC TA Activity are feasible, impactful, and available in a timely manner to support the immediate needs of state-level resource hubs.

Subcriterion 2c: Work Plan and Resolution of Challenges (10 points)
Reviewers will consider the extent to which:

- The goals and activities of the proposed project can feasibly and effectively be achieved during the period of performance;
- The logic model demonstrates the conceptual framework for the proposed project and explains the links between the proposed goals, objectives, and activities;
- The timeframes proposed for key deliverables and subawards to Implementation Sites maximize the impact of the project;
- The work plan provides for sufficient activities and time to establish an effective data collection, reporting, and evaluation system; and
- The approaches described for resolving challenges are feasible and effective.

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

- The completeness, feasibility, and strength of the applicant's plan to monitor, evaluate, and continuously improve project performance and outcomes, and meet the considerations outlined in the Evaluation and Technical Support Capacity section;
- The extent to which the proposed approach to analyzing the evidence base and to evaluating activities within Implementation Sites is appropriately rigorous, aligned with established and/or proposed measures, and appropriate to determine impact that can be attributed to the proposed project activities;
- The extent to which input from key collaborators and other key assets will be incorporated into measurement and evaluation efforts; and
- The extent to which the proposed strategies for data collection, analysis, cleaning, and tracking at the Implementation Site level are clear, feasible, and appropriate, and approaches for resolving challenges are likely to be effective.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Needs Assessment, Methodology, and Evaluation and Technical Support Capacity
Reviewers will consider the extent to which the proposal in its entirety, including for the additional TPEC TA Activity, will:

- Accomplish program goals and objectives, as outlined in the Purpose section;
- Result in acceleration of ECD systems implementation that has a public health impact of national scope;
- Achieve strong evaluation and broad dissemination of project results; and
- Be sustainable beyond the federal funding period.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information
Reviewers will consider the extent to which the organization (and core partners, if applicable) demonstrates:

- Organizational experience and capability to implement core program activities, meet Program Requirements and Expectations, and advance the Purpose of the

ECDHS Program;
- Qualified staff, with adequate time to support the advancement of the proposed project;
- The ability to intentionally and adequately engage the full range of SME;
- Expertise in financing and implementation of ECD integration into health systems including pediatric primary care (*note this expertise is expected within both the core ECDHS program and the additional TPEC TA activity);
- Strength of processes, capacity and experience in supporting Implementation Sites, and organizational experience with subawards and related monitoring processes to support the accomplishment of project goals;
- Organizational experience, structure, and capacity to provide high-quality implementation and oversight of all programmatic and management activities, including following the approved project plan, and conducting required performance measurement and reporting;
- Existing partnerships and demonstrated ability to develop partnerships with organizations referenced in the Program Requirements and Expectations, to coordinate efforts, engage additional collaborators, and/or conduct project activities; and
- Organizational experience, capacity, and SME to meet the goals and expectations of the additional TPEC TA Activity.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Narrative

Reviewers will consider the extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Key personnel have adequate time devoted to the proposed project to achieve anticipated outcomes;
- The level of support designated (e.g., up to 60 percent of the budget) is adequate for Implementation Site capacity, including necessary staff and leadership;
- Evaluation and data collection activities, engagement of collaborators, and resource development will be adequately supported and not detract from support for implementation activities;
- The proposed budget is reasonable to each year of the period of performance in relation to the objectives, the complexity of research and evaluation activities, and the anticipated results; and
- The budget and budget narrative for the additional TPEC TA Activity are feasible and reasonable given program goals, expectations, and the scope of work described in ***Attachment 6: Project and Budget Narrative for Additional TPEC TA Activity***.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also

consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and

accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

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

Human Subjects Protection

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

- Refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.

- Refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the Methodology portion of the Project Narrative section.

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 HRSA 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://ehbcmn.hrsa.gov/DocumentService/api/anonymousdocument/d3a065aa-9012-4374-ba63-b0e9e6e3ef02. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2022 to September 29, 2026 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date

Type of Report	Reporting Period	Available Date	Report Due Date
b) Non-Competing Performance Report	September 30, 2022 to September 29, 2023 September 30, 2023 to September 29, 2024 September 30, 2024 to September 29, 2025	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2025 to September 29, 2026	Period of performance end date	90 days from the available date

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

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

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

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

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

Natalie Surfus, MPH
Public Health Analyst, Division of Home Visiting and Early Childhood Systems
Attn: Early Childhood Developmental Health Systems Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (240) 381-8202
Email: NSurfus@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 dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through the EHBs. Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
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: Tuesday, March 1, 2022
Time: 3 – 4:30 p.m. ET
Call-In Number: 1-833-568-8864
Webinar ID: 161 316 5869
Passcode: 26406139

Weblink: https://hrsa-gov.zoomgov.com/s/1613165869?pwd=UWRGZklTZFNQK3NYSUFIekUyeTJnZz09
Passcode: 034AsDAe

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

Tips for Writing a Strong Application

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

Appendix A: Glossary

Frequently Used Acronyms

CQI: Continuous Quality Improvement

ECCS Program: Early Childhood Comprehensive Systems Program

ECD Expert: Early Childhood Developmental Expert

ECDHS Program: Early Childhood Developmental Health Systems Program

ECD Systems: Early Childhood Developmental Systems

ECS-TACC: Early Childhood Systems Technical Assistance and Coordination Center

SME: Subject Matter Expert

TA: Technical Assistance

TPEC Activity: Transforming Pediatrics for Early Childhood Activity

Important Terms

Disparities: Differences that exist among specific population groups in the United States in the attainment of full health potential that can be measured by differences in incidence, prevalence, mortality, burden of disease, and other adverse health conditions.[31]

Early childhood and health system leaders: Includes individuals within early childhood systems initiatives or health systems at the state, local, tribal, organizational/program, service provider, and/or family levels. For the purposes of this NOFO, early childhood and health system leaders may include ECCS recipients, State MCH Title V Leads, and their partners. These leaders serve as change agents to actively promote the interests and needs of young children and their families. Early childhood and health system leaders speak up about the importance of investments in early childhood for individual and community well-being, offer diverse perspectives and voices to inform and shape programs, services, and policies relevant to families with young children, and are often well-positioned to advance maternal and early childhood systems initiatives within their organizations and communities.

Early childhood developmental promotion: Refers to activities, resources, and/or services for both the child and caregivers that positively impact a child's healthy development in the early years. Healthy and positive child development emerges best in the context of nurturing, warm, and responsive early parent/caregiver child

[31] National Academies of Sciences, Engineering, and Medicine (2017). Communities in Action: Pathwaysto Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624.

relationships, when children are surrounded by safe communities with strong trust and social connectedness.[32]

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

Early developmental health and family well-being: For the purposes of this NOFO, this term includes a range of processes and outcomes associated with children's and caregivers' safety and well-being over time, including positive physical health and functioning; mental and emotional well-being; social behavior and development; cognitive, linguistic, and academic development; safe, stable and nurturing relationships between children and caregivers; a sense of meaning, engagement, positive relationships, competence, positive emotion, and self-esteem; and opportunities for educational advancement and economic mobility, including access to critical supports. Services and supports that foster early childhood developmental health and family well-being operate on a continuum including health and well-being promotion, universal prevention, screening for risks and adverse conditions, and referral to/delivery of focused interventions. This framing emphasizes the importance of an integrated, multigenerational, and holistic perspective to both services/supports and outcomes for P–3 populations.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise

[32] Center for the Study of Social Policy. Advancing Early Relational Health. https://cssp.org/our-work/project/advancing-early-relational-health/.

adversely affected by persistent poverty or inequality."[33] Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[34]

Family: For the purposes of this NOFO, the term "family" means custodial and non-custodial primary caregivers, inclusive of pregnant individuals and partners thereof; biological parents, adoptive, and kinship caregivers; and their children from birth through age 3.

Health equity: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.[35]

Learning agenda: A learning agenda is a strategic approach for building an evidence base to inform decision-making. It includes three components: learning questions that identify gaps in knowledge; learning activities, which may include research and evaluation activities, that are designed to answer the questions; and learning materials that are developed and disseminated to increase the utility of the findings. It should incorporate feedback loops in which new evidence is gathered and used to refine questions of interest, thus ensuring the learning process is continual and evolving.[36]

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

Root causes [of health inequities]: The intrapersonal, interpersonal, institutional, and systemic mechanisms that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other

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[33] Executive Order 13985 on Advancing Racial Equity and Support for Underserved CommunitiesThrough the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[34] Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

[35] Healthy People 2030. U.S. Department of Health and Human Services, Office of Disease Preventionand Health Promotion. https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers.

[36] Till, L., & Zaid, S. (2019). Developing a state learning agenda: The Maternal, Infant, and Early Childhood Home Visiting Program. OPRE Report #2019-14. Washington, DC: Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/developing-state-learning-agenda-maternal-infant-and-early-childhood-home-visiting.

dimensions of individual and group identity. Root causes of health inequity are also tied to the unequal allocation of power and resources—including goods, services, and societal attention—which manifest in unequal social, economic, and environmental conditions, also called the social determinants of health.[37]

Social (and structural) determinants of health (SDoH): Conditions in the environments, including social and political structures, in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030 organizes SDoH into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

State: Inclusive of each state of the United States, the District of Columbia, each territory or possession of the United States, and each federally recognized Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).

Structural determinants of health: Attributes that generate or strengthen a society's stratification and define people's socioeconomic position. These mechanisms shape the health of a social group based on its location within the hierarchies of power, prestige, and access to resources. Their designation as "structural" emphasizes the causal hierarchy of the social determinants in the production of social health inequities.[38]

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

Systems building: Involves the advancement of policies, practices, resource flows, data and infrastructure, relationships and connections while addressing power dynamics and mental models that are needed to result in transformative change. For statewide systems development, such change must occur at the state, community/tribal, program/practice and individual levels.[39]

Underserved communities: "[The] populations sharing a particular characteristic, as well as geographic communities, which have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'"[40]

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[37] National Academies of Sciences, Engineering, and Medicine (2017). Communities in Action: Pathwaysto Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624.

[38] Blas, E, Sivasankara Kurup, A & World Health Organization (2010). Equity, Social Determinants and Public Health Programmes. https://apps.who.int/iris/handle/10665/44289.

[39] FSG (2018). Water of Systems Change. https://www.fsg.org/publications/water_of_systems_change.

[40] Executive Order 13985, at § 2(b).

Appendix B: ECDHS: Evidence to Impact Core Activities

Please note that the details provided in this appendix are not exhaustive. The Center is encouraged to engage in ongoing collaboration with their federal project officer to identify other opportunities of interest.

Implementation Site Selection

- The Center will consider the capacity and readiness of Implementation Sites to carry out the programmatic expectations, as well as the existing levels, persistence, and distribution of childhood poverty.
- If the Center chooses to perform an analysis and/or scan of ECCS recipients when determining engagement strategies and selection criteria, coordination with the ECS-TACC is strongly encouraged.

Support of Implementation Sites

The Center may support Implementation Sites by:

- Engaging in and supporting frequent, regular, relationship-based coaching, training, including in-person site visits and cross-site gatherings, as feasible;
- Developing a TA plan, work plan, and monitoring plan for each Implementation Site (based on local context) for the full period of performance;
- Examining community- or tribe-level data and soliciting family, community, and health provider leader input to identify structural barriers, social determinants of health, inequities, and disparities relevant for P–3 populations;
- Providing communications materials, data-visualization tools, tools and guidance for implementation, as needed;
- Analyzing current statewide system reach and functioning, related to effective health promotion, preventive services, screening, and connection to interventions;
- Conducting policy and fiscal mapping, and supporting policy and financing development; and
- Assisting Implementation Sites with sustainability planning and the implementation of sustainability strategies.

The Center may support **evaluation** activities by:

- Collaboratively developing individualized plans that outline evaluation priorities and goals, progress monitoring, and CQI processes, and creating detailed process and outcome evaluation plans;
- Evaluating the effectiveness of program implementation activities and impact of evidence-informed, equity-driven strategies;
- Aligning and coordinating CQI and evaluation activities across Implementation Sites to strengthen resulting outcomes and evidence; and
- Assisting with the dissemination of evaluation findings to engage statewide leaders and aid sustainability efforts.

Model(s) for ECD Systems-Building

The model(s) generated under this award should be a package of proposed core components for ECD systems, and related implementation guidance that may be empirically assessed across all levels of an early childhood system. The model should provide core components for multiple levels of ECD systems, including state, community, tribal, and practice levels. Functions of the model(s) may include:

- Defining evidence-informed, equity-driven strategies and necessary infrastructure that, when implemented collectively and reliably, are expected to result in target outcomes;
- Informing early childhood and health system leaders of equity-based considerations when designing systems and delivering services for P–3 populations, including how users would implement the core components included in the model(s) and suggested adaptations;
- Identifying contextual facilitators and barriers that influence ECD systems-building and the ultimate impact of recommended actions;
- Providing frameworks to incorporate established guidelines or theories of change into practice using a standard approach; and
- Outlining how evidence-informed approaches might be used or replicated across diverse populations, considering the role of inter- and intra-cultural dynamics.

Team of Collaborators

The Center should be positioned to partner with, leverage, and enhance (but not duplicate) efforts of other existing initiatives, including but not limited to:

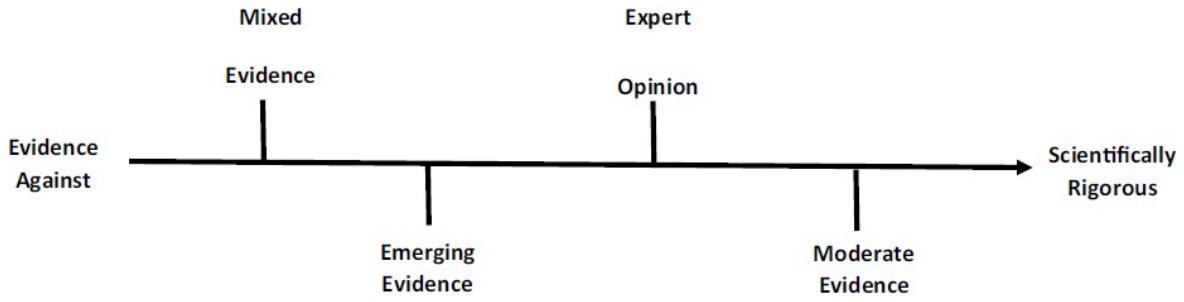
- Early Childhood System and Pediatric Practice Transformation Initiatives: National Collaborative for Infants & Toddlers, Healthy Steps, Pediatrics Supporting Parents, InCK Marks, Centering Parenting and Centering Pregnancy, Family Connects, Project Hope, Dulce, Help Me Grow and EC-LINC;
- National Research and Data Initiatives: MCH Evidence Center, Bridging the Word-Gap Research Network, Child and Adolescent Health Measurement Initiative, Home Visiting Applied Research Collaborative, Harvard Center of Child Development Frontiers of Innovation, Prenatal-3 Policy Impact Center, and National Survey of Children's Health;
- Federal Early Childhood/Health/Family Support Programs: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Early Childhood Comprehensive Systems (ECCS): Health Integration Prenatal-to-Three Program, Preschool Development Grant Birth through Five (PDG B-5), Title V Maternal and Child Health Services Block Grant Program, Infant-Toddler Court Program, Project LAUNCH, Medicaid and the Children's Health Insurance Program (CHIP), and Thriving Families, Safer Children; and
- Other HHS-funded/external TA providers, federal interagency efforts, and programs advancing early childhood systems initiatives.

Appendix C: Continuum of Evidence Resources

For the ongoing process of gathering, analyzing, and translating the evidence base throughout the period of performance, HRSA suggests that the Center utilize the MCH Evidence Center continuum of evidence[41] (below) in determining strength.

NOTE: HRSA recognizes the complexity of early childhood systems work as it relates to evaluation and evidence-building. The Center may suggest adaptations to the continuum of evidence for ECD systems, as needed and appropriate.

Figure 1: Continuum of Evidence



Strength of Evidence	*Definition*
Evidence Against	Strategies lack evidence of effectiveness across multiple studies or findings suggest harmful effects. Approaches may not be effective.
Mixed Evidence	Strategies have inconsistent or negative trending results. Need further research, often with stronger designs.
Emerging Evidence	Strategies with limited research documenting their effect, often needing stronger designs or additional studies.
Expert Opinion	Opinions of credible experts consistent with theoretical frameworks. Strategies have limited publications documenting their effects, and require further research with stronger designs.
Moderate Evidence	Strategies are likely to work, but further published research needed to confirm results.
Scientifically Rigorous	Favorable results in several studies across different settings; the most likely to make a difference.

[41] Sosa S, Kogan MD, Garcia S, Strobino DM, Minkovitz CS. Strengthening the Evidence for Maternal and Child Health: Implementing the New Performance Measurement Framework for the Title V Maternal and Child Health Block Grant. Matern Child Health J. 2021 Feb;25(2):221-229. doi: 10.1007/s10995-020-03018-x. Epub 2021 Jan 4. PMID: 33392933.

Appendix D: Background on Transforming Pediatrics for Early Childhood (TPEC)

Please note that the information below is for reference only in order to increase your understanding of the anticipated TPEC program to support your response to the additional TPEC TA Activity. A final description of the TPEC program is available in NOFO HRSA-22-141 *(released March 24, 2022).*

HRSA will fund state-level resource hubs for up to 4 years,as will be described in the TPEC NOFO (HRSA-22-141). These resource hubs will: 1) improve equitable access to a continuum of ECD services in pediatric patient-centered medical home (PCMH) and similar settings, and 2) improve the capacity of pediatric practices and workforce to deliver high-quality ECD services that address the holistic needs of children and families.

With the support of national TA and coordination from the Center (as described in the current NOFO), resource hubs funded under TPEC will be responsible for the placement of ECD experts in multiple pediatric primary care settings within a state, territory, jurisdiction, or tribal nation. Resource hubs will also identify and advance solutions to specific barriers to sustained and holistic ECD service delivery in primary care, such as policy and financing barriers, ECD workforce needs, care coordination, and service gaps.

The continuum of ECD services spans developmental health promotion and preventive services for all families, comprehensive screening and surveillance for child and family strengths and needs, linkage and care coordination for follow-up services, and issue-focused consultation or brief intervention. The latter may include early intervention for any identified developmental or family well-being concerns and infant/early childhood mental health (IECMH) services. All services should reflect and support the vital role of families in children's development and emphasize children's social and emotional development and relational health as foundational to long-term health and well-being.

Resource hubs under TPEC will support pediatric practices to include the following as part of the ECD Service Continuum:

Promotion and Prevention	• Age-appropriate early development promotion and preventive education, including:
	  ○ Anticipatory guidance on general development topics and milestones
	  ○ Social-emotional and behavioral development
	  ○ Early learning and literacy
	  ○ Positive parenting strategies, parent-child interactions, and healthy relationships
	  ○ Family strengths and protective factors (e.g., parental resilience, social connections, concrete supports)
	• Prenatal visits for pediatric care
	• Connection to universal ECD-promoting community resources (e.g. libraries, parent support groups, quality child care)
	• ECD expert participation in well-visits as feasible or requested

Surveillance andScreening	• ECD progress and concerns (including social-emotional, behavioral, developmental milestones, and autism) • Parental mental health and substance use • Family violence and trauma history (e.g., adverse childhood experiences) • Family strengths and early relational health • SDoH (see Appendix A) • Eligibility for ECD and family well-being programs
Care Coordination andLinkage	• Referral and linkage to indicated or requested services • Systems navigation support and care coordination • Participation in updated resource directories or coordinated intake and referral systems
Intervention	• ECD expert consultation or brief intervention with family • ECD expert consultation to care team

Additional ECD services that may be implemented, based on practice needs, include:

General:

- Support or educational groups, group visits, and/or peer-to-peer family connections
- Evidence-based parenting, early literacy, early relational health, mindfulness, well-being, and family strengthening programs
- Use of community or family advisory council to guide policies and practices
- Community outreach and innovative approaches to care coordination to build trust and engage new populations in care

For Specific Concerns or Needs:

- Child development/parent support “warm line” providing non-urgent support by phone, text, email and/or online portal
- Ongoing ECD expert engagement in well visits, focused follow up visits, and/or home visits
- Dyadic treatment, integrated mental or behavioral health services for caregivers or children, lactation consultation, other interventions
- Facilitation of on-site food and nutrition services (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children), legal services, early intervention for developmental and educational needs, family economic well-being, or other services
- Innovations and cultural adaptations to meet unique population needs

Considerations for ECD Experts in TPEC

HRSA defines ECD experts according to core competencies, rather than a specific educational background or credentials. At a minimum, the ECD expert should have training and expertise in early childhood development (including social-emotional development), positive parent-child relationships, P–5 family support needs and practices, trauma-informed care, and health and early childhood system navigation.

Other general skills (e.g., flexibility, ability to function in a high pressure or fast-paced environment, ability to function as an independent professional but also as part of an integrated team, communication skills) and contextual factors such as state or system billing regulations that affect expert service reimbursement, cultural and language needs of service populations, and lived experience in the community are also relevant.

Providers with the following training or credentials may be well-positioned to demonstrate these competencies: psychologists, social workers, infant mental health professionals and infant/early childhood mental health consultants, public health nurses, nurse practitioners, infant and early childhood home visitors, physicians and allied health professionals, community health workers, doulas, promotores, care coordinators, parent/peer educators, and early intervention and early learning professionals.

Resources

Accelerating Child Health Care Transformation: Key Opportunities for Improving Pediatric Care. Center for Health Care Strategies, August 2021. Available at https://www.chcs.org/project/accelerating-child-health-transformation/.

Selected Policy Statements and Guidelines from the American Academy of Pediatrics (AAP):

- The Prenatal Visit
- Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening
- Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health
- The Pediatrician's Role in Optimizing School Readiness
- Poverty and Child Health in the United States
- The Impact of Racism on Child and Adolescent Health