U.S. Department of Health and Human Services

Maternal and Child Health Bureau

Division of Home Visiting and Early Childhood Systems

Home Visiting Collaborative Improvement and Innovation Network 3.0

(HV CoIIN 3.0)

Funding Opportunity Number: HRSA-22-081

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.870

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: April 6, 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: January 6, 2022

Monique Fountain Hanna, MD, MPH, MBA
Chief Medical Officer
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
Telephone: (215) 861-4393
Email: mfountain@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 711(h)(3) (Title V, § 511(h)(3) 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.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Home Visiting Collaborative Improvement and Innovation Network 3.0 (HV CoIIN 3.0) through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The goal of this program is to disseminate and scale up[1] the most effective practices and interventions identified under the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) 2.0 and to research the development of specific tools and resources to advance quality improvement practices within the MIECHV Program.

The objectives of the program are to:

1) Identify, manage, and execute the **scaling up of interventions** to at least 30 state recipients and 300 local implementing agencies (LIAs);
2) Refine and **test a new set of evidence-informed change strategies** using accepted evaluation methodologies and the MIECHV Program performance measures;
3) Further refine the **health equity framework**[1] and parent leadership toolkit developed in HV CoIIN 2.0 and support the integration of the health equity and parent leadership principles across all activities; and
4) Assist MIECHV recipients and LIAs in **building their capacity** to use continuous quality improvement (CQI) as a tool for ongoing program monitoring and improvement.

Funding Opportunity Title:	Home Visiting Collaborative Improvement and Innovation Network 3.0 (HV CoIIN 3.0)
Funding Opportunity Number:	**HRSA-22-081**
Due Date for Applications:	April 6, 2022
Anticipated Total Annual Available FY 2022 Funding:	$1,300,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Annual Award Amount:	Up to $1,300,000 per year

[1] https://hv-coiin.edc.org/content/health-equity-new-topic-workstream

Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2027 (5 years)
Eligible Applicants:	Eligible applicants include domestic public and private entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (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. Visit HRSA's How to Prepare Your Application page at https://www.hrsa.gov/grants/apply-for-a-grant/prepare-your-application for more information.

Technical Assistance

A technical assistance webinar for this funding opportunity will be provided. You are encouraged to participate. The webinar will: (1) help prepare you to submit an application; (2) highlight key requirements; and (3) offer you an opportunity to ask questions.

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, January 26, 2022
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 24887386
Weblink: HVCOIIN TA Webinar

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 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Home Visiting Collaborative Improvement and Innovation Network 3.0 (HV CoIIN 3.0).

The goal of this program is to disseminate and scale up[2] the most effective practices and interventions identified under the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) 2.0 and to research the development of specific tools and resources to advance quality improvement practices within the MIECHV Program.[3]

The objectives of this program are to:

1) Plan, manage, and execute the **scale up of interventions** tested and found to be effective in HV CoIIN 2.0 to at least 30 state recipients and 300 local implementing agencies (LIAs).[4] These interventions include strategies to alleviate maternal depression, support families impacted by Intimate Partner Violence (IPV), promote developmental screening and linkage to services, increase breastfeeding initiation and duration, complete age-appropriate well child care visits, improve the recruitment and retention of home visiting staff, and develop parent leadership within continuous quality improvement (CQI) efforts;
2) Refine and **test a new set of evidence-informed change strategies** using accepted evaluation methodologies, such as rapid Plan-Do-Study-Act[5] cycles, in alignment with best practices in home visiting implementation, emerging innovations, and the MIECHV Program performance measures[6];
3) Further **refine the health equity framework**[7] **and parent leadership toolkit**[8] developed in HV CoIIN 2.0 and support the integration of the health equity and parent leadership in CQI principles across all HV CoIIN 3.0 scale up and new topic CQI activities; and
4) Assist MIECHV recipients and LIAs in **building their capacity to use CQI** as a tool for ongoing program monitoring and improvement, utilizing coaching and peer-to-peer learning networks to ensure sustainability.

For more details, see Program Requirements and Expectations.

---

[2] Barker et al: A Framework for Scaling up Health Interventions. 2016.
[3] Definitions of key terms can be found in the APPENDIX
[4] https://hv-coiin.edc.org/
[5] http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx
[6] https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/performance-reporting-and-evaluation-resources
[7] https://hv-coiin.edc.org/content/health-equity-new-topic-workstream. Note: Framework will be posted when developed.
[8] https://hv-coiin.edc.org/content/parent-leadership-toolkit

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*

This program addresses all goals within MCHB's strategic plan.

- The program aims to assure high quality and equitable health services (Goal 1) by accelerating the improvement of home visiting through the dissemination and scale up of proven CQI practices.
- The program aims to achieve health equity for MCH populations (Goal 2) through the integration and scaling of a health equity framework developed and tested in HV CoIIN 2.0, designed specifically to address social determinants of health in home visiting and advance equity utilizing a CQI lens.
- The program intends to strengthen public health capacity and workforce (Goal 3) by supporting capacity building, leadership, and technical mastery of CQI methods across both state recipient and LIA staff.
- The program aims to maximize impact through leadership, collaborative partnership, and stewardship (Goal 4) by continuously tracking and monitoring program outcomes over the course of program implementation to inform program improvement and future allocation of resources.

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

About this Program

This program is authorized by 42 U.S.C. § 711(h)(3) (Title V, § 511(h)(3) of the Social Security Act), as added by the Patient Protection and Affordable Care Act, § 2951.)

The overall purpose of the HV CoIIN has been to more quickly and consistently produce positive health and development outcomes for families served by home visiting and other early childhood service agencies in underserved communities across the country utilizing proven CQI methodologies.[9]

This announcement supports an effort to advance effective scaling of proven practices, build the knowledge base around new topic areas, and strengthen MIECHV recipient

[9] Additional information about activities completed as part of HV CoIIN 1.0 and HV CoIIN 2.0 can be found by visiting https://hv-coiin.edc.org/

and LIA capacity to sustain gains achieved through increased CQI knowledge and skills.

The MIECHV Program responds to the diverse needs of children and families in underserved communities and provides an opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for young children and their families through evidence-based home visiting programs. The MIECHV Program offers a useful platform to expand collaborative quality improvement projects.

All MIECHV recipients collect data on six statutorily mandated benchmark areas:

1) improved maternal and newborn health;
2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
3) improvement in school readiness and achievement;
4) reduction in crime or domestic violence;
5) improvements in family economic self-sufficiency; and
6) improvements in the coordination and referrals for other community resources and supports.

Recipients have established performance measurement plans that include standardized measures associated with the benchmark areas and each of 19 applicable constructs (such as breastfeeding, screening for depression, screening for developmental delays, primary caregiver educational attainment, etc.) to be monitored for improvement. Recipients are required to submit service utilization and socio-demographic data as well as program performance data annually, in accordance with their performance measurement plans. MIECHV demographic and benchmark performance measures can be found here.

The capacity to collect valid data across a wide range of program areas has created an opportunity for recipients and LIAs to have timely data available for the purposes of improvement. In addition to defining performance accountability requirements, MIECHV Program statute encourages the use of data-driven quality improvement methods that may result in better care and outcomes for families served. Recipients are required to submit CQI plans on an annual basis.

HRSA/MCHB has funded CQI activities in support of MIECHV recipients and their LIAs through HV CoIIN since 2012. The HV CoIIN provides MIECHV recipients and LIAs the assistance needed to build their internal capacity to use CQI as a mechanism to improve MCH outcomes. Through the HV CoIIN, teams learn and use the Breakthrough Series (BTS) collaborative model. The BTS collaborative model involves topic selection, faculty recruitment, enrollment of participating organizations and teams, learning sessions, and action periods. The participating teams use the Model for Improvement, including rapid testing, to carry out the improvement work. Teams also build their capacity to collect and use data as a key part of the measurement system that includes process and outcome measures by topic area.

The HV CoIIN 1.0 brought together 12 MIECHV recipients and 35 LIA teams to seek collaborative learning, perform rapid testing for improvement, and share best practices to close the gap between what we know works and what we do on the ground to

improve outcomes for families of young children. The HV CoIIN 1.0 targeted four MIECHV Program outcomes: (1) improved rates of initiation and duration of breast feeding; (2) improved screening and surveillance of developmental delays as well as the referral of clients to appropriate services; (3) improved screening, referral, and service provision for maternal depression; and (4) improved family engagement (a topic for innovation which covered enrollment, frequency of visits and length of program participation). The HV CoIIN 1.0 established an aim for each of the four HV CoIIN topics, and used the Model for Improvement,[10] which includes small tests of change (known as Plan-Do-Study-Act or PDSA cycles) to assist LIAs with testing and implementation of evidence-based or informed practices recommended by expert faculty. For each of the four topic areas, the HV CoIIN tracked individual agency and overall progress using standardized outcomes and process measures for each target area.

The most recent 5-year cooperative agreement for HV CoIIN 2.0 (September 1, 2017 – August 31, 2022), used the BTS model for the development of change packages on new topics based on additional MIECHV performance measures, emerging issues, and best practices in home visiting implementation. The new topics included: 1) completion of age-appropriate well child care services; 2) support for women impacted by IPV; 3) improvements in the recruitment and retention of home visiting staff; and 4) the development of a health equity framework utilizing CQI as the mechanism of improvement. A topic that was not new to the HV CoIIN, but received considerable new investments of time and effort, was the involvement of parents as leaders in CQI. In order to facilitate greater parent collaboration in CQI activities, a Parent Leadership Toolkit[11] was developed and all teams were encouraged to have family members on their CoIIN teams. HV CoIIN 2.0 also engaged with scale up experts to identify methods most appropriate to the home visiting environment and the interventions being scaled. The goal of scale up efforts were to build on the successes of HV CoIIN 1.0. MIECHV teams from 25 states across more than 250 LIAs were brought together in the previously tested topic areas of developmental screening, exclusive breastfeeding, maternal depression and a new topic area of IPV.

Notably, HV CoIIN 2.0 developed a framework to support MIECHV recipients to advance health equity. Recommendations in the HV CoIIN health equity framework are meant to be flexible, feasible, and actionable. The framework is being tested utilizing a 15-month (3/2021 – 7/2022) BTS collaborative model. In addition to the health equity framework, measures and refined tests of change will be published and disseminated across other MIECHV-funded home visiting programs.

This funding opportunity seeks to sustain and build upon the learning and developments of the HV CoIIN 1.0 and HV CoIIN 2.0. Through continued scaling and peer learning, the capacity for data-driven performance improvement activities for additional MIECHV recipients and their LIAs will be strengthened. This opportunity also seeks to expand the health equity efforts spearheaded in HV CoIIN 2.0 to refine and scale quality

[10] http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
[11] https://hv-coiin.edc.org/content/parent-leadership-toolkit

improvement practices to address social determinants of health and advance health equity.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, 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 includes:

- Providing the expertise of MCHB personnel as participants in the planning and development of the project;
- Participating in all aspects of the HV CoIIN scale up and new topic activities, including but not limited to,
    - identifying additional topic areas for targeted improvement,
    - reviewing and planning for the project,
    - facilitating collaboration and peer learning among MIECHV recipients and LIAs, and
    - facilitating involvement of expert faculty and partner organizations (such as, for example, model developers);
- Reviewing aims, activities, and tools to be established and implemented to accomplish the goals of the project;
- Identifying HHS, HRSA, and MCHB priorities that relate to the ongoing efforts of the project;
- Participating, as appropriate, in regular conference calls, meetings and webinars to be conducted during the period of performance;
- Reviewing and editing, as appropriate, written documents developed by the recipient,including documentation of pre-work and learning sessions;
- Co-authoring articles and publications as appropriate; and
- Participating with the recipient in the dissemination of project findings, best practices, and lessons learned from the HV CoIIN scale up, and in producing and jointly reviewing reports, articles, and/or presentations developed under this funding opportunity announcement.

The cooperative agreement recipient's responsibilities include:

- Planning and implementing a successful scale up of HV CoIIN following the BTS model. Activities should include using the common measurements and change packages of interventions across the topics while adapting to and anticipating challenges to scale up;
- Planning and implementing peer learning networks;
- Responding to HRSA priorities and initiatives that correspond to project

activities;
- Refining and testing of new change packages integrated and linked to the MIECHV performance measures, emerging innovations, as well as evidence-based home visiting implementation best practices;
- Refining and implementing the health equity framework;
- Integrating parent leaders at all levels of program oversight and implementation;
- Completing all activities proposed in the workplan;
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement;
- Ensuring that lessons learned and promising approaches are distributed regularly to home visiting and early childhood partners; and
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements.

2. Summary of Funding

HRSA estimates approximately $1,300,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $1,300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the MIECHV 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 public and private entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

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 non-responsive criteria below:

- Exceeds the ceiling amount of $1,300,000 per year
- 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.

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-22-081 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 Limit

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-22-081, 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, and validated by Grants.gov under HRSA-22-081 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

The recipient is expected to achieve aims in four areas: new topic COIIN, scale up, training and technical assistance, and health equity framework. Specific aims to be achieved in each of these areas are discussed below.

New Topic CoIIN
The recipient is expected to help achieve the following activities of the new topic CoIIN beginning in Year 1 through Year 5:

a) Follow the Institute for Health Care Improvement Breakthrough Series[12] methodology similar to that used by HV CoIIN 2.0[13] to develop, refine, and test three to five new evidence-informed change packages over the course of the cooperative agreement. Detailed information on these processes are available on the HV CoIIN's website at http://hv-coiin.edc.org/.
b) Use accepted evaluation methodologies, such as the Model for Improvement[14] and rapid Plan-Do-Study-Act (PDSA)[15] Cycles to improve program outcomes.
c) Continue to strengthen leadership and expertise in CQI efforts and support innovation among cohorts of MIECHV recipients and LIA teams.

---

[12] The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003.
[13] https://hv-coiin.edc.org/content/hv-coiin-20-fact-sheets https://hv-coiin.edc.org/content/hv-coiin-20-fact-sheets
[14] Associates in Process Improvement, The Improvement Guide, Jossey-Bass, 1996.
[15] http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

d) Spread the efforts of the new topic CoIINs to other LIAs within the participating states.
e) Integrate parent leadership and health equity principles across new topic areas.

The following outcomes are expected in Years 4–5:

a) MIECHV recipients and LIAs participating in HV CoIIN 3.0 adopt and sustain the new collaborative improvement and innovation interventions and practices shown to be effective, such that their findings can be spread to additional LIAs within the participating states.
b) A new set of playbooks for the topics tested is available.
c) Publications highlighting key lessons learned are produced.

Scale Up Activities

The recipient is expected to help achieve the following activities of the scale up program[16], based on the lessons learned from prior HV CoIIN efforts**.** These activities are to begin in Year 1 and continue through Year 5.

a) Take the lessons learned from the two cohorts of MIECHV recipients and LIAs funded under scale up activities in HV CoIIN 2.0 and replicate the cohorts' performance among additional MIECHV recipients and LIAs.
b) Demonstrate a general familiarity with content of the HV CoIIN 2.0 that will conclude August 31, 2022 (for up-to-date information on the HV CoIIN 2.0 activities and outcomes visit: https://hv-coiin.edc.org/). This content includes a basic understanding of scale up methods and the individual playbook/ toolkits for each of the following HV CoIIN 2.0 topics: 1) alleviating maternal depression, 2) promoting early child development as well as identifying related delays and linking families to services, 3) increasing initiation and duration of breastfeeding, 4) completion of age-appropriate well child care services, 5) improving staff recruitment and retention, 6) building parent leadership in CQI, and 7) integrating the health equity framework.
c) Select MIECHV Scale Up teams made up of MIECHV recipients and LIAs for participation in scale up activities including assessing readiness for implementation, and identifying the target of the scale up activities, the specific goals expected to be achieved and evaluated, and the timeframe for the effort.
d) Develop an initial scale up plan using appropriate "behavior change support models" (e.g., Campaign, Extension Agency, Collaboratives)[17] that take into account what infrastructure enhancements MIECHV recipients and LIAs will need to make in order to achieve the scale up aim.
e) Conduct at least three successive 12–18 month-long cohorts of participation. This includes a Scale Up Steering Committee of key advisors, coaches, and experts who provide coaching on quality improvement to participating teams.
f) Execute, evaluate, and refine the plan with CQI methods in place, to obtain information from those involved in the scale up, such that timely adjustments in the process are possible. This may include the development of a data dashboard

[16] https://ssir.org/articles/entry/unleashing_large_scale_change https://ssir.org/articles/entry/unleashing_large_scale_change

[17] McCannon J, Massoud MR, Alyesh AZ. *Many Ways to Many: A brief compendium of networked learning methods.* Stanford Social Innovation Review, 2016.

that allows for ongoing monitoring and sharing of regularly collected data.

The following outcomes are expected in years 3–5 of the scale up phase:

- By the end of Year 5, at least 30 MIECHV recipients and 300 LIAs have implemented ideas demonstrating improvement and are included in the scale up activities.
- Results from the initial scale up activities are available to inform the next cohort of HV CoIIN 3.0 teams. They will provide the foundation for the development of materials that can serve as a resource to support the scale up of proven strategies to additional LIA sites and MIECHV recipients.
- Publications highlighting lessons learned are produced.
- MIECHV recipients and LIAs have built the capacity to sustain and institutionalize CoIIN activities and associated home visiting innovations.

Training and Technical Assistance (TA)
During Years 1–5, the recipient is expected to assist MIECHV recipients and LIAs in building their capacity to use CQI as a tool for ongoing program monitoring and improvement.

The recipient is expected to provide training and TA to MIECHV recipients and LIAs on topics such as:

- The Breakthrough Series and Model for Improvement;
- The CoIIN model, processes and activities;
- Spread and scale up methods and best practices;
- Data collection and oversight;
- CQI leadership competencies and skills;
- Development of financial and programmatic plans for sustaining CQI activities and outcome results; and
- Using coaching and peer-to-peer learning networks to ensure sustainability.

The following outcomes are expected in years 4–5 of the scale up phase:

- CQI is used as a tool for ongoing program monitoring and improvement by the majority of MIECHV recipients and LIAs.
- MIECHV recipients are skilled and adept at supporting LIAs in scale up activities across funded communities.

Health Equity and Parent Leadership Principles
The recipient is to further refine the health equity framework and parent leadership toolkit developed in HV CoIIN 2.0 to support the integration of the health equity and parent leadership principles across all HV CoIIN 3.0 scale and new topic CQI activities.

The following outcomes are expected in years 3–5 of the scale up phase:

- Key components of the health equity framework are included in each new topic and scale up topic areas.
- Health equity and parent leadership are fully integrated across all team CQI activities for ongoing program improvement.

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 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's *SF-424 Application Guide.*

Provide a summary of the application in the Project Abstract box using 4,000 characters or less. Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Provide the information below in the Project Abstract field:

- Project Director Name
- Address
- Contact Phone Numbers (Voice, Fax)
- EMail Address
- Web Site Address, if applicable

Annotation: Provide a three-to-five-sentence description of your project that identifies the project's goal(s), a description of the needs that are addressed, and the activities used to attain the goals.

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
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact

Narrative Section	Review Criteria
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
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

  Describe the purpose of the proposed project and identify project goals and objectives.

  You are expected to exhibit a strong understanding of:
  - The MIECHV Program generally and early childhood systems linkages,
  - Home Visiting CoIIN 1.0/2.0 activities and outcomes,
  - MIECHV performance measurement and CQI requirements including CQI plan development and implementation among MIECHV recipients,
  - The Breakthrough Series (BTS) Collaborative[18] and frameworks for scale including but not limited to the Institute for Healthcare Improvement (IHI)'s Framework for Scale Up[19],
  - Principles and practices of adult learning and peer learning,
  - The application of CQI to public health settings, and
  - Parent leadership in CQI and the integral role of health equity in CQI.

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

  Outline ways of assessing the needs as well as the strengths with respect to quality improvement capacity of states and territories. Describe how you will assess MIECHV recipient and LIA readiness to participate in scale up activities

[18] http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx
[19] http://www.ihi.org/resources/Pages/IHIWhitePapers/PlanningforScaleWhitePaper.aspx

related to the seven topic areas of focus[20] and in new home visiting improvement and innovation topic areas.

Data should be used and cited whenever possible to support the information provided. Clear, concrete, and concise language is highly valued.

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

Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Primarily,a methodology for using the findings and technical content of the current HV CoIIN, i.e., the "playbooks or toolkits" of the seven HV CoIIN topics, to take the breakthrough performance of previously tested topics to scale with at least 30 MIECHV recipients and 300 LIAs by the end of Year 5.

New Topic CoIINs

With the understanding that these activities are to begin in Year 1 and continue through Year 5, develop plans and timelines for how you will fulfill all of the program requirements by addressing the items listed below.

Describe your plan for identifying New Topic CoIINs and developing teams, and how:

- Three to five new topics will be identified using MIECHV performance measures, emerging issues, and best practices in home visiting implementation.
- Cohorts of teams made up of MIECHV recipients and LIA teams will be identified. Each cohort will participate for 12–18 months.
- The BTS Model[21] and Model of Improvement[22] will be implemented.

Describe your plan for training and technical assistance which includes:

- Selecting the HV CoIIN 3.0 experts, advisors, coaches, and other roles to advise MIECHV and LIA teams in collaborative efforts to test and implement change ideas. These advisors will assist the HV CoIIN 3.0 Teams on defining their aim, choosing actions to accelerate improvement, testing the changes they make and tracking progress of selected measures.
- Facilitating HV CoIIN 3.0 Teams, and supporting and coaching each cohort of teams. This may include: Using adult learning principles and distance learning best practices in virtual or in-person learning sessions and

---

[20] Topics include: alleviating maternal depression, promoting early child development as well as identifying related delays and linking families to services, increasing initiation and duration of breastfeeding, completion of age-appropriate well child care services, improving staff recruitment and retention, building parent leadership in CQI, and health equity framework

[21] http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx

[22] http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

training activities for HV CoIIN 3.0 participants, and conducting monthly calls/or webinars to facilitate communication across HV CoIIN 3.0 Teams.
- Developing and maintaining a web-based platform and a data dashboard to facilitate online collaboration and learning activities for HV CoIIN 3.0 Teams' participants.

Describe your measurement strategies and how:
- The HV CoIIN 3.0 experts, advisors, and coaches will assess change ideas and key driver diagrams. The experts, advisors, and coaches will support the development of SMART[23] goals and measures to reach the HV CoIIN 3.0 program aims.
- An information system will regularly collect periodic progress reports, analyze and display data from HV CoIIN 3.0 Teams.

Describe how lessons learned will be spread to additional LIAs within the participating states, and documents, findings, and other resources will be disseminated to all MIECHV recipients and LIAs.

Scale Up
With the understanding that these activities are to begin in Year 1 and continue through Year 5, develop plans and timelines for how you will fulfill all of the program requirements by addressing the items listed below.

Describe your plan for scale up that includes:
- Identifying a Scale Up Steering Committee and key advisors, experts, and coaches.
- Selecting MIECHV Scale Up teams made up of MIECHV recipients and LIAs for participation in scale up activities including readiness for implementation. The team might include supervisors from LIAs, home visitor(s), data/CQI manager(s), parent(s), client(s), and model developers/TA leaders.
- Identifying the scale up methodology.[24]
- Conducting three to five successive 12–18 month-long cohorts of participation.
- Incorporating the parent leadership in CQI and health equity framework into team planning.

[23] **SMART Goals**—SMART goals are goals that are Specific, Measurable, Achievable, Relevant, and time-phased.

[24] https://ssir.org/articles/entry/unleashing_large_scale_change

Describe your measurement plan and how:

- A central information system will be developed to collect, monitor and display performance data, key indicators and graphs (e.g., data dashboard).
- The key specific and measureable aims of the scale up effort will be developed and monitored.

Describe your plan for TA which includes:

- Providing assistance and coaching on quality improvement to participating teams to build capacity to guide and mentor LIAs, provide feedback to new teams, and establish accountability.
- Provide peer-to-peer opportunities for learning and sharing of lessons learned.

Describe your communication plan and how the team will build awareness broadly and consistently about scale up activities across the MIECHV Program.

Training and TA
Describe a plan for providing training and guidance to the MIECHV recipients and LIAs, which includes:

- Developing an ongoing training program on running BTS Collaboratives, developing CQI skills, and understanding scale up methods. This includes providing an overview of the findings and technical content of the HV CoIIN 2.0 (for up-to-date information on the HV CoIIN 2.0 activities and outcomes visit: https://hv-coiin.edc.org/).
- Sponsoring a peer learning exchange system on home visitation and quality improvement.

Health Equity and Parent Leadership Principles
Describe the plan for supporting the refinement of the health equity framework and parent leadership in CQI toolkit, and integration of the health equity and parent leadership principles across all HV CoIIN 3.0 scale up and new topic CQI activities.

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

Describe the steps that will be used to achieve each of the activities proposed for the entire period of performance in the Methodology section. Scale up, new topic activities, training and capacity building, and incorporating health equity principles are expected to take place across Years 1–5 of the project. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities. Indicate the extent to which these contributors might reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities to be served.

The work plan should closely correspond to the needs assessment and other activities described in the program narrative. The action steps are those activities that you will undertake to implement the proposed project and provide a basis for evaluating the program. The work plan should include all 5 years, be broken out by year, and include goals, objectives, and action steps proposed for the entire period of performance.

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

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

Logic Models

Submit a logic model for designing and managing the project (Attachment 1). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this 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

  In this section, discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches to resolve such challenges. Also describe how the expertise of proposed staff and subrecipients will contribute to the resolution of such challenges.

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

  Describe the plan for the performance evaluation of the HV CoIIN 3.0 and scale up activities. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  As part of the performance evaluation plan, propose an implementation evaluation that will be consistent with CQI principles with regards to the management of the project. Describe how evaluation data and findings will be used to support activities in the field, including how program weaknesses will be identified and processes will be modified to support continuous improvement in project management.

  The program performance evaluation should discuss the method proposed to monitor and evaluate the project's progress and results over time, for the program as a whole as well as for participating MIECHV recipients and LIAs. Performance evaluation plan could include the following indicators:

  - Attainment of SMART Aims for scale up efforts.
  - Number of learning sessions and/or monthly calls.
  - Percent of participating recipients and LIA HV CoIIN 3.0 teams reporting data and tests of change.
  - Attainment of SMART Aims of collaborative as defined.
  - Numbers of trainings provided to recipient and new LIAs on collaborative learning practices.
  - Integration of parent leaders as key members of team activities.
  - Health equity intentionally incorporated into CQI activities.
  - Internal Organizational CQI Plan goals achieved.

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

measurement, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

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

  Provide information on your organization's current mission and structure, scope of current activities, including an organizational chart as Attachment 4, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Include information about your organization's:
  - Familiarity with maternal and child health, home visiting, and early childhood systems programs;
  - Partners/collaborators as it relates to this type of activity and how they will enhance your ability to accomplish proposed project;
  - Experience in developing and disseminating informational materials and providing training on the CQI process; and
  - Experience with any past performance managing federal awards at the national level.

  Describe your organization's capability to carry out:
  - The BTS model to engage the testing of new change packages;
  - Scale up activities with MIECHV recipients, LIAs and other partners utilizing appropriate technology and methods;
  - Collaborative and learning activities involving MIECHV recipient/LIA Teams' utilizing both in-person approaches and virtual technologies;
  - Multiple collaborative and CQI activities simultaneously;
  - Peer learning activities involving MIECHV recipient/LIA teams; and
  - Equity-focused CQI learning activities.

  Describe the project personnel capabilities and the expertise of:
  - The HV CoIIN 3.0 Project Director or Co-Directors, and other key positions that may include Data Managers, Quality Improvement Advisors, Equity lead, Evaluation lead and consultants on maternal and child health, early childhood systems, parent leadership, health equity, and the topics and scope of work proposed; and
  - The experts, advisors, and coaches to help with coaching and facilitation.

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.

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

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the HV COIIN 3.0 program requires the following:

Provide a narrative that explains the amounts requested under each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of performance (Years 1–5). Line item information must be provided to explain the costs entered in the SF-424A. Be careful about how each item in the "other" category is justified. The budget justification must be concise. Do NOT use the budget justification to expand the project narrative.

Include the following in the budget justification:

Personnel Costs: Personnel costs should be explained by listing each staff member who will 1) be supported from funds and 2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Required personnel include, at a minimum:

1) Program director responsible for the oversight and day-to-day management of the proposed program;
2) Project manager/coordinator and additional staff responsible for monitoring programmatic activities and use of funds;
3) Quality Improvement advisors and data managers;
4) Health equity lead to oversee implementation of the framework;
5) Parent advisors to support parent leadership; and
6) Staff responsible for the evaluation and reporting of programmatic activities.

NOTE: Final personnel charges must be based on actual, not budgeted labor.

Travel: The budget should reflect the travel expenses associated with participating in meetings that address the objectives of this project, including travel for stakeholder groups to participate in relevant in-person meetings organized by the recipient such

as site visits, collaborative in-person meetings, and HRSA directed meetings. In addition, plan for key personnel to attend one national in-person meeting of the Maternal, Infant, and Early Childhood Home Visiting grant program each budget year in the Washington, DC area.

In addition, you should budget for travel expenses associated with participating in meetings that address maternal and child health, early childhood systems and CQI with key stakeholders as directed. Note: if meetings are only held virtually or you decide to participate in meetings virtually with approval from HRSA, you may rebudget the travel funds accordingly.

Other: All other expenses should be explained and clearly justified in this section.

v. *Program-Specific Forms*

Program-specific forms are not required.

vi. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page 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 and Logic Model

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: Project Organizational Chart

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

Attachment 5: 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 6: For Multi-Year Budgets—5th Year Budget (NOT counted in page limit)

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 7: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (dates).
(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
(3) Results - Describe the program activities conducted for each objective. Includeboth positive and negative results or technical problems that may be important.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI),

and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following 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)
- 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 *April 6, 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 Home Visiting Collaborative Improvement and Innovation Network 3.0 is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,300,000 per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:
Use of MIECHV grant funding is subject to limitations on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.

Limit ("Cap") on Use of Funds for Administrative Expenditures for Grants Administration

Use of MIECHV grant funding is subject to a limit on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.[25] This limit applies to all MIECHV funds, including MIECHV funds budgeted for a PFO initiative (see APPENDIX for definition).

No more than 10 percent of the award amount may be spent on administrative expenditures related to grants administration.

For purposes of this NOFO, the term "administrative expenditures" refers to the costs of administering a MIECHV grant incurred by the applicant, and includes, but may not be limited to, the following:

- Reporting costs (MCHB Administrative Forms in HRSA's Electronic Handbooks, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;

[25] Social Security Act, Title V, § 511(i)(2)(C).

- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA grants management specialists and HRSA project officer;
- Subrecipient monitoring;
- Complying with FFATA subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV grants administration;
- Audit expenses; and
- Support of HHS Office of Inspector General (OIG) or Government Accountability Office (GAO) audits.

NOTE: The 10 percent cap on expenditures related to administering the grant does not flow down to subrecipients. This is not a cap on the negotiated indirect cost rate. Administrative costs related to programmatic activities are not subject to the 10 percent limitation. You must develop and implement a plan to determine and monitor these costs to ensure you do not exceed the 10 percent cap.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) do not apply to this program, as it does not use funds appropriated by these laws these statutes.

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 will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Six review criteria are used to review and rank the HV CoIIN 3.0 applications. Below are descriptions of the review criteria and their scoring points.

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

Criterion 1.A: INTRODUCTION (5 points)

The extent to which the application demonstrates a clear understanding of key MIECHV programmatic efforts that utilize CQI as the methodology to improve MCH outcomes including:

- MIECHV programmatic, performance measure and CQI requirements;
- CQI methodologies such as the BTS Collaborative platform, the IHI Model for Improvement and Frameworks for Scale Up; and
- Parent leadership and the integral role of health equity in CQI activities.

Criterion 1.B: NEEDS ASSESSMENT (5 points)

The extent to which the application demonstrates a thorough understanding of indicators of MIECHV recipient and LIA capacity to successively engage in CQI activities such as:

- Readiness of the recipients and LIAs to participate in scale up activities related to the seven topic areas, and collaborative efforts related to new topics.

Criterion 2: RESPONSE (45 points total) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Criterion 2.A: METHODOLOGY (31 points)

The extent to which the application proposes methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

New Topic CoIINs

The extent to which the proposed plan is comprehensive, shows a clear understanding of the CoIIN process, and outlines successful strategies to address

the following elements.

- The change topics will be identified with a focus on MIECHV performance measures, emerging innovations, and best practices in home visiting implementation.
- The Breakthrough Series Model and Model of Improvement will be implemented.
- Three to five topic-specific 12–18 month long CoIIN projects for corresponding cohorts of HV CoIIN 3.0 MIECHV recipient and LIA teams will be identified and facilitated.
- Support and coaching will be provided to each cohort of HV CoIIN 3.0 teams.
- A web-based platform will be developed to facilitate collaboration, data collection, and learning activities for HV CoIIN 3.0 Teams' participants.
- Peer-to-peer opportunities for learning and sharing lessons will be provided.
- Lessons learned are spread to additional LIAs within the state and findings, documents, and other resources are disseminated to all MIECHV recipients and LIAs.

Scale Up

The extent to which the proposed plan is comprehensive, shows a clear understanding of the scale up process, and outlines successful and innovative strategies to address the following elements.

- MIECHV recipient and LIA teams will be selected for scale up activities.
- Methodologies for scale up activities will be determined and operationalized.
- Three to five successive 12–18 month long cohorts of participation will be conducted.
- A central information system to collect, monitor, and display data will be developed.
- Specific and measurable aims of the scale up will be developed, and success will be measured and monitored.
- Peer-to-peer opportunities for learning will be provided and lessons learned will be shared.

Training and TA

The extent to which the application outlines innovative strategies to provide ongoing CQI training and guidance to MIECHV recipients and LIAs, including training on running BTS collaboratives and strengthening CQI skills.

Health Equity and Parent Leadership Principles

The extent to which the application describes a well-designed plan to include health equity and parent leadership as key aspects of the overall program. This should include a plan to successfully:

- Refine the health equity framework and parents as leaders in CQI toolkit; and

- Support the integration and spread of healthy equity and parent leadership principles across all HV CoIIN 3.0 topic areas.

Criterion 2.B: WORK PLAN (7 points)

The extent to which the application presents a clearly articulated plan to align program activities with proposed outcomes including:

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

Criterion 2.C: RESOLUTION OF CHALLENGES (7 points)

The extent to which the application demonstrates a thorough understanding of potential challenges likely to be encountered in designing and implementing the activities described in the work plan. The plan should also include a clear understanding of:

- The approaches that will be used to resolve identified barriers or challenges;
- The need to adapt the methodology selected for improvement and innovation tothe field particularly in areas for which evidence for effective interventions is limited; and
- The expertise that proposed staff and subrecipients will contribute to the resolution of such challenges.

Criterion 3: EVALUATIVE MEASURES (10 points total) – Corresponds to Section IV's Evaluation and Technical Support Capacity

Criterion 3.A: EVALUATION (5 points)

The extent to which the application outlines a well-designed plan for evaluation including the effectiveness of the methods proposed to monitor and evaluate the project's progress and results over time, for the project as a whole as well as for individual participating recipients and LIAs. The plan should include a clear understanding of:

- How the performance evaluation of the HV CoIIN 3.0 scale up and new topic collaborative activities will be used to monitor ongoing processes, assess the progress towards the goals and objectives of the project, and the plan for the performance evaluation including descriptions of the inputs (e.g.,

organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities; and
- An implementation evaluation that includes appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project.

Criterion 3.B: TECHNICAL SUPPORT CAPACITY (5 points)

The extent to which the application addresses appropriate technical supports for the proposed project:
- The systems and processes that will support effective management and tracking of performance outcomes;
- The current experience, skills, and knowledge of evaluation and performance measurement, including individuals on staff, materials published, and previous work of a similar nature; and
- A defined data collection strategy including the collection, analysis, and tracking data to measure process and impact/outcomes.

Criterion 4: IMPACT (10 points total) – Corresponds to Section IV's Work Plan

The extent to which the application demonstrates an understanding of the impact of the proposed activities including:
- The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable and sustainable; and
- For new applicants, a brief summary of how goals and objectives relating to new CoIIN activities would be achieved and maintained.

Criterion 5: RESOURCES/CAPABILITIES (20 points total) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information:

Criterion 5.A: Resources (10 points)

The extent to which the application clearly articulates how the allocation of resources appropriately align with program activities including:
- The capability to carry out scale up activities with MIECHV recipients, LIAs, and partners; capability to carry out collaborative and learning activities involving cohorts of teams utilizing both in-person approaches and virtual technologies;
- The organizational history, current mission and structure, scope of current activities, and organizational chart, and how these all contribute to the ability of the organization to carry out the requirements of this funding announcement and to meet project's expectations;
- Experience with managing federal awards at the national level; and
- Collaborative efforts with other pertinent partners that enhance the applicant's ability to accomplish proposed project.

Criterion 5.B: Personnel Capabilities: (10 points)

The extent to which the application describes a staffing plan that will successfully meet the project goals and activities including:

- Core staff with maternal and child health, home visiting and early childhood systems expertise;
- Staff and team members with the expertise for the scope of work proposed (including HV CoIIN 3.0 Project Director or Co-Directors, and other key positions that may include Data Managers, Quality Improvement Advisors, Parent Leaders, Equity lead, Evaluation lead); and
- Experts, advisors, and coaches to help with training, coaching, and facilitation.

Criterion 6: SUPPORT REQUESTED (5 points total) – Corresponds to Section IV's Budget Narrative

The extent to which the budget and required resources sections adequately justifies key personnel, type of expertise, and adequate time devoted to the project to achieve project objectives.

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 1, 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://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-081&ActivityCode=UF4. 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 1, 2022 - August 31, 2027 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2022 - August 31, 2023 September 1, 2023 - August 31, 2024 September 1, 2024 - August 31, 2025 September 1, 2025 - August 31, 2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 1, 2026 - August 31, 2027	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) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

4) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures thatwere developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can bereported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing statute.

   a. **Performance Measures and Program Data for the MIECHV Program and Submission of Administrative Data**
   For Programs without Assigned Measures
   After the NoA is released, the MCHB Project Officer will inform recipients of the administrative forms and performances measures they must report.

   b. **Performance Reporting Timeline**
   Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

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

   c. **Project Period End Performance Reporting**
   Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to

electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

5) **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:

Janene Dyson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N190A
Rockville, MD 20857
Telephone: (301) 443-8325
Email: jdyson@hrsa.gov

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

Monique Fountain Hanna, MD, MPH, MBA
Chief Medical Officer, DHVECS
Attn: HV CoIIN 3.0
Health Resources and Services Administration
801 Market Street, Suite 8200
Philadelphia, PA 19107
Telephone: (215) 861-4393
Email: mfountain@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

A technical assistance webinar for this funding opportunity will be provided. You are encouraged to participate. The webinar will: (1) help prepare you to submit an application; (2) highlight key requirements; and (3) offer you an opportunity to ask questions.

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, January 26, 2022
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 24887386
Weblink: HVCOIIN TA Webinar

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: Glossary of Selected Terms

Breakthrough Series (BTS) – an improvement approach that relies on the spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.[26] The BTS includes the following steps:

- Topic Selection: Identify a particular topic that is ready for improvement.
- Faculty Recruitment: Identify 7 to 10 subject matter experts including a chair who is responsible for establishing the vision, leadership, and coaching the teams. The chair and the expert faculty create the content for the Collaborative. An Improvement Advisor teaches and coaches teams on improvement methods and how to apply them in local settings.
- Enrollment of Participating Teams: Organizations elect to join a Collaborative through an application process and commit to learning from the Collaborative process, conducting small-scale tests of change, and helping successful changes become standard practices.
- Learning Sessions: Meetings to bring together teams and the expert faculty to exchange ideas.
- Action Periods: During Action Periods, teams test and implement changes in their local settings—and collect data to measure the impact of the changes. They connect during this time to share information and learn from experts.
- Model for Improvement: The Model for Improvement enables teams to test their change ideas locally, and then reflect, learn, and refine these tests with the Improvement Advisor as the lead.
- Measurement and Evaluation: All teams are required to maintain run charts tracking their system measures over time and faculty members review each team's reports to assess overall progress.

Campaign - Behavior-change campaigns aim to spread simple, turnkey practices through large distributed networks of local or regional field offices ("nodes"). Mobilizing national, regional, and local actors behind a bold, quantifiable goal, they seek to raise the floor on performance across large geographical areas, making sure that straightforward practices are introduced with high reliability. Nodes in these campaigns often apply other networked learning methods listed here (such as collaboratives and extension agent models, described below) to support local learning.[27]

Change Idea or Concept – is one for which there is an identified gap between scienceand practice, examples of best practices exist, and a good business case exists for the topic.

Change Packages – are defined as a gathering of concepts and ideas useful for

---

[26] *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003

[27] McCannon J, Massoud MR, Alyesh AZ. *Many Ways to Many: A brief compendium of networked learning methods.* Stanford Social Innovation Review, 2016.

improvement in a particular context. As knowledge is built, the changes in the package are supported by evidence that suggests adaption and implementation of the changes will lead to improved results. [28]

Collaborative Innovation and Improvement Network (CoIIN) – a group of self-motivated people (or organizations) with a collective vision, who collaborate in achieving a common goal by sharing ideas, information, and work.[29] The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, identification of common benchmarks, implementation of coordinated strategies, and rapid tests of change, and the use of real-time data to drive real-time improvement.

Continuous Quality Improvement (CQI) – an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.[30]

Data dashboard – A visual representation of data that helps people identify correlations, trends, outliers (anomalies), patterns, and business conditions. A dashboard is a visual display of the most important information needed to achieve oneor more objectives, consolidated and arranged on a single screen so the information can be monitored at a glance.[31]

Driver Diagram – Key driver diagram depicts the relationship between the aim, the primary drivers that contribute directly to achieving the aim, and the secondary drivers (also called factors or interventions) that are necessary to achieve the primary drivers.

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 adversely affected by persistent poverty or inequality.[32]

MCHB is committed to promoting equity in health programs for mothers, children, and

---

[28] Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009
[29] Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.
[30] http://www.hrsa.gov/quality/toolbox/methodology/developingandimplementingaqiplan/part4.html).
[31] Derived from http://www.dashboardinsight.com/articles/digital-dashboards/fundamentals/what-is-a-dashboard.aspx
[32] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities through 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.

families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities.

Extension Agency - Extension agent models, pioneered by the US Department of Agriculture, rely on itinerant individuals who travel from site to site (e.g., school to school, nonprofit to nonprofit, clinic to clinic) to share innovations, troubleshoot challenges, and harvest best practices for further redistribution. This method is highly effective when the extension agent acts as a connective tissue between far-flung actors, a cross-pollinator of learning. This model can improve the effectiveness of existing networks by contributing an important face-to-face connection that deepens relationships and supports local implementation of new ideas in a hands-on way.[33]

Health Equity- Healthy People 2030 defines health equity as the 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.[34]

The Home Visiting CoIIN (HV CoIIN) -- a national collaborative to improve home visiting services and outcomes among families from low-resourced communities with children 0–5 years old in key areas of maternal and child health.

Framework for Spread – The Framework for Spread identifies strategies and methods for planning and guiding the spread of new ideas or new operational systems, includingthe responsibilities of leadership, packaging the new ideas, communication, strengthening the social system, measurement and feedback, and knowledge management. [35]

Model for Improvement – The Model for Improvement, developed by Associates in Process Improvement, is a simple yet powerful tool for accelerating improvement. The model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement. This model has been used very successfully by hundreds of health care organizations in many countries to improve many different health care processes and outcomes.[36]

The model has two parts:

- Three fundamental questions, which can be addressed in any order.
    - What are we trying to accomplish?

---

[33] McCannon J, Massoud MR, Alyesh AZ. *Many Ways to Many: A brief compendium of networked learning methods.* Stanford Social Innovation Review, 2016.

[34] https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers

[35] http://www.ihi.org/resources/pages/ihiwhitepapers/aframeworkforspreadwhitepaper.aspx Massoud, M., Nielsen, G., Nolan, K., Schall, M., & Sevin, C. (2006). A Framework for Spread, FromLocal Improvements to System-wide Change. *Institute for Healthcare Improvement.*

[36] http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

    - How will we know that a change is an improvement?
    - What change can we make that will result in improvement?
- The Plan-Do-Study-Act (PDSA) cycle** to test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.

Plan-Do-Study-Act (PDSA) Cycle – Once a team has set an aim, established its membership, and developed measures to determine whether a change leads to an improvement, the next step is to test a change in the real work setting. The Plan-Do- Study-Act (PDSA) cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, usedfor action-oriented learning. [37]

Quality Improvement Advisor – The Quality Improvement Advisor (QIA) is devoted tohelping identify, plan, and execute improvement projects throughout an organization, deliver successful results, and spread changes across the entire system. [38]

Scale Up – "A rapid deployment phase in which a well-tested set of interventions, supported by a reliable data feedback system, is adopted by frontline staff on a larger scale. The focus is on rapid uptake of the intervention through replication. While some adaptation of the intervention to local environments will always be required, there is less emphasis on new learning. Significant will, knowledge, experience, and well-tested infrastructural support and capacity need to be in place before moving to this phase."[39]

Underserved Communities: [The] populations sharing a particular characteristic, as well as geographic communities, that 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]

[37] http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx
[38] http://www.ihi.org/education/InPersonTraining/ImprovementAdvisor/Pages/default.aspx
[39] Barker et al: A Framework for Scaling up Health Interventions. 2016.
[40] Executive Order 13985, at § 2(b).