U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau
Division of State and Community Health

State Systems Development Initiative Grant Program – *Tier 1 (Jurisdictions)*
Funding Opportunity Number: HRSA-18-061

State Systems Development Initiative Grant Program – *Tier 2 (States and DC)*
Funding Opportunity Number: HRSA-18-062

Funding Opportunity Type(s): Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: September 5, 2017

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

Issuance Date: July 7, 2017

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2018, the State Systems Development Initiative (SSDI) Grant Program, HRSA-18-061 and HRSA-18-062. The primary purpose of SSDI is to develop, enhance, and expand state and jurisdictional Title V Maternal and Child Health (MCH) data capacity for its needs assessment and performance measure reporting in the Title V MCH Block Grant program.

As with previous SSDI grant competitions, funding eligibility is limited to the 59 state and jurisdictional Title V MCH Block Grant awardees. This notice of funding opportunity (NOFO), formerly known as a funding opportunity announcement (FOA), includes instructions for two (2) separate funding tiers, which are based upon the tier's access to national data for their Title V MCH Block Grant Program's National Performance Measures (NPMs). You are allowed to submit only one (1) application for the funding tier specified in Section II. 2. Summary of Funding.

HRSA-18-061, Tier 1, includes the eight (8) jurisdictional Title V agencies of American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Puerto Rico, Palau, and the U.S. Virgin Islands; and HRSA-18-062, Tier 2, includes the 50 states and Washington, DC. Goals for each of the two tiers are below.

HRSA-18-061: Tier 1 applications for SSDI grant funding must address the following two goals:
1) Build and expand jurisdiction MCH data capacity to support the Title V MCH Block Grant program activities and contribute to data-driven decision making in MCH programs, including assessment, planning, implementation, and evaluation; and
2) Provide partnership and on-site support for the development and implementation of a data collection tool/process that will enable tracking of Title V MCH Block Grant NPM data.

HRSA-18-062: Tier 2 applications for SSDI grant funding must address the following three goals (two general and one state-specific):
1) (General) Build and expand state MCH data capacity to support the Title V MCH Block Grant program activities and contribute to data-driven decision making in MCH programs, including assessment, planning, implementation, and evaluation;
2) (General) Advance the development and utilization of linked information systems between key MCH datasets in the state; and
3) (State-specific) Select one of the following special projects for programmatic focus over the 5-year funding period:
    a. Support program evaluation activities around the NPMs that contribute to building the evidence base for the Title V MCH Block Grant;
    b. Provide data support to states participating in quality improvement activities (e.g., Collaborative Improvement and Innovation Networks); or

c. Support surveillance systems development to address data needs related to emerging MCH issues (e.g., the Zika virus, neonatal abstinence syndrome (NAS), or lead poisoning prevention).

Funding Opportunity Titles:	State Systems Development Initiative Grant Program – Tier 1 (Jurisdictions) State Systems Development Initiative Grant Program – Tier 2 (States and DC)
Funding Opportunity Numbers:	HRSA-18-061: Tier 1 (Jurisdictions) HRSA-18-062: Tier 2 (States and DC)
Due Date for Applications:	September 5, 2017
Anticipated Total Annual Available FY18 Funding:	Total = $5,500,000 HRSA-18-061: Tier 1 = $400,000 HRSA-18-062: Tier 2 = $5,100,000
Estimated Number and Type of Awards:	59 grants HRSA-18-061: Tier 1 = 8 grants HRSA-18-062: Tier 2 = 51 grants
Estimated Award Amounts:	HRSA-18-061: Tier 1: Up to $50,000 HRSA-18-062: Tier 2: Up to $100,000
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	December 1, 2017 – November 30, 2022 (5 years)
Eligible Applicants:	HRSA-18-061: Tier 1: Eligibility is limited to the 8 Jurisdictional Title V MCH Block Grant Agencies of American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Puerto Rico, Palau, and the U.S. Virgin Islands. HRSA-18-062: Tier 2: Eligibility is limited to the 50 States and Washington, DC Title V MCH Block Grant Agencies. [See Section III-1 of this NOFO for complete eligibility information.]

Application Guide

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

Technical Assistance

The following technical assistance conference call has been scheduled:

Conference Call

Day and Date: Thursday, July 13, 2017
Time: 2 p.m. – 3 p.m.
Conference Number: 1-866-861-5081
Participant Passcode: 5505426

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

The Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2018, the State Systems Development Initiative (SSDI) Grant Program, HRSA-18-061 and HRSA-18-062. The primary purpose of SSDI is to develop, enhance, and expand state and jurisdictional Title V Maternal and Child Health (MCH) data capacity for its needs assessment and performance measure reporting in the Title V MCH Block Grant program. Such enhanced MCH data capacity will also assist states and jurisdictional MCH programs to engage in informed decision-making and resource allocation that supports effective, efficient and quality programming for women, infants, children and youth, including children and youth with special health care needs. SSDI complements the Title V MCH Block Grant program by improving the availability, timeliness, and quality of MCH data in the 59 states and jurisdictions. Utilization of these data is central to state and jurisdictional reporting on their Title V MCH Block Grant program assessment, planning, implementation, and evaluation efforts, along with related investments, in the yearly Title V MCH Block Grant application/annual report.

As with previous SSDI grant competitions, funding eligibility is limited to the 59 state and jurisdictional Title V MCH Block Grant awardees. This notice of funding opportunity (NOFO) includes instructions for two (2) separate funding tiers, based on the availability of national data for state and jurisdictional reporting on the 15 National Performance Measures (NPMs) in the Title V MCH Block Grant Program. You are allowed to submit only one (1) application for the funding tier specified in). II. 2. Summary of Funding.

The Title V MCH Block Grant FY 2016 application included a new performance measure framework that incorporated standardized data reporting and the implementation of evidence-based or evidence-informed strategy measures (ESMs). Reviews of Title V MCH Block Grant applications/annual reports and SSDI applications and progress reports have demonstrated how the eight (8) jurisdictional Title V agencies have unique data needs and challenges around data capacity. In addition, unlike the 50 states and Washington, DC, many national datasets and surveys include only limited data collected from the jurisdictions. As a result, federally available data for the NPMs and National Outcome Measures (NOMs) are being pre-populated for the 50 states and Washington, DC in the Title V Information System (TVIS) but generally not for the 8 jurisdictions.

Consistent with the purpose of the SSDI grant program and in response to requests from the jurisdictions to access national MCH survey data relevant to the jurisdictions, MCHB plans to direct a portion of the SSDI funds toward a mechanism for collecting MCH survey data in the jurisdictions. This effort will be developed and administered in partnership with the jurisdictional Title V MCH Block Grant programs, with the purpose of building increased capacity in the jurisdictions for reporting on the NPMs in their Title V MCH Block Grant applications/annual reports.

In recognition of the differing data capacity needs, this SSDI NOFO has a two-tiered funding structure. HRSA-18-061, Tier 1, includes the 8 jurisdictions, and HRSA-18-062, Tier 2, includes the 50 states and Washington, DC. Goals and activities for each of the two tiers are below.

HRSA-18-061: Tier 1 Applications (8 jurisdictions)
You must address the following two goals:
1) Build and expand jurisdiction MCH data capacity to support the Title V MCH Block Grant program activities and contribute to data-driven decision making in MCH programs, including assessment, planning, implementation, and evaluation; and
2) Provide partnership and on-site support for the development and implementation of a data collection tool/process that will enable tracking of Title V MCH Block Grant NPM data.

Tier 1 activities can include but are not limited to:
- Supporting Title V MCH Block Grant program data needs associated with your Title V MCH Block Grant 5-year Needs Assessment process, including selection of the state's priorities, as well as ongoing interim needs assessment activities;
- Assisting Title V MCH Block Grant programs with development, selection, refinement, and tracking of data and performance measures that are associated with the Title V MCH Block Grant performance measure framework, including NOMs, NPMs, State Performance Measures (SPMs), and ESMs;
- Supporting data needs associated with annual preparation of the Title V MCH Block Grant application/annual report; and
- Collaborating and providing on-site support for an MCHB-initiated effort to develop and implement a data collection tool/process that will assist jurisdictional Title V MCH Block Grant programs in reporting and tracking data needed for the Title V MCH Block Grant NPMs.

HRSA-18-062: Tier 2 Applications (50 states and Washington, DC)
Tier 2 applicants must address the following three goals (two general and one state-specific):
1) (General) Build and expand state MCH data capacity to support the Title V MCH Block Grant program activities and contribute to data-driven decision making in MCH programs, including assessment, planning, implementation, and evaluation;
2) (General) Advance the development and utilization of linked information systems between key MCH datasets in the state; and
3) (State-specific) The state must select one of the following special projects for programmatic focus over the 5-year funding period:
   a. Support program evaluation activities around the NPMs that contribute to building the evidence base for the Title V MCH Block Grant program;
   b. Provide data support to states participating in quality improvement activities (e.g,, Collaborative Improvement and Innovation Networks); or
   c. Support surveillance systems development to address data needs related to emerging MCH issues (e.g., the Zika virus, NAS, or lead poisoning prevention).

Tier 2 activities, associated with the first two general goals, can include but are not limited to:

- Supporting Title V MCH Block Grant program data needs associated with your Title V MCH Block Grant 5-year Needs Assessment process, including selection of the state's priorities, as well as ongoing interim needs assessment activities;
- Assisting Title V MCH Block Grant programs with development, selection, refinement, and tracking of data and performance measures that are associated with the Title V MCH Block Grant performance measure framework, including NOMs, NPMs, SPMs, and ESMs;
- Supporting data needs associated with annual preparation of the Title V MCH Block Grant application/annual report; and
- Developing and implementing a plan for overcoming barriers to data linkage across the 5-year funding cycle, particularly focusing on indicators from the Minimum/Core (M/C) Dataset for Title V MCH Block Grant programs.

Tier 2 activities associated with the third state-specific goal are based upon the area selected for targeted emphasis. Activities identified will be unique to each SSDI grantee.

2. Background

This program is authorized by Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)), as amended.

Launched in 1993, SSDI provides support to the Title V MCH Block Grant program by combining the data efforts of state MCH and Children with Special Health Care Needs (CSHCN) agencies. For more than two decades, SSDI assisted state MCH and CSHCN programs in building their data capacity and infrastructure to support comprehensive, community-based systems of care for all children and their families. SSDI continues to play a critical role in supporting the Title V MCH Block Grant program.

Historically, SSDI has accepted applications under one NOFO with the purpose of providing essential data support to the 59 eligible Title V agencies funded through the Title V MCH Block Grant program. However, it has become increasingly apparent in recent years that the 8 jurisdictional MCH agencies have unique data needs that are significantly different from those of the 50 state and Washington, DC agencies. In particular, the jurisdictions are generally not part of the Federally Available Data systems that support the Title V MCH Block Grant NPMs, resulting in different data needs for carrying out the work of the Title V MCH Block Grant. This lack of data prevents the Tier 1 agencies from reporting on 8 (of 15) NPMs selected to align with their identified MCH priorities. The jurisdictional awardees have repeatedly asked for technical assistance and support in making available MCH survey data that reflects the needs of MCH populations across the jurisdictions and enables them to report meaningful NPM data.

In response to these requests, HRSA plans to direct funds to develop a mechanism to collect key MCH data in the jurisdictions. The remaining funds ($50,000 per grantee per year) will be available in each of the 8 jurisdictions to support ongoing Title V MCH

Block Grant program needs assessment and data reporting activities (Goal 1) as well as to provide on-site, infrastructure support and partnership related to the development and implementation of a data collection tool/process that MCHB will initiate and support (Goal 2). Tier 2 Title V agencies, who take part in the National Surveys can apply for the full level of SSDI funding ($100,000 per grantee per year). Given the higher level of funding, the Tier 2 applicants will have different goals (two general and one state-specific). The first two general goals support Tier 2 programs in building and expanding state MCH data capacity that supports the Title V MCH Block Grant program activities and contributes to data-driven decision making in Title V MCH Block Grant programs; and advance the development and utilization of linked information systems between key MCH datasets in the state. The third goal is state-specific and responds to the unique data needs of a grantee. For this goal, Tier 2 programs must choose to either support program evaluation activities around the NPMs that contribute to building the evidence base for the Title V MCH Block Grant program; provide data support to states participating in quality improvement activities; or support surveillance and data needs related to emerging MCH issues (e.g., the Zika virus, NAS, or lead poisoning prevention).

The state-specific goal will result in the development of specific product(s) (e.g., data books, data dashboards, fact sheets, infographics, journal articles, tool kits, websites, and white papers) that demonstrate the value of this funding opportunity in enhancing/expanding state MCH data capacity and facilitating informed decision-making that drives improved MCH outcomes.

SSDI Performance Measure
With recent advances in information technology, data, and statistical methods, there is tremendous promise in leveraging repositories of data to support MCH epidemiological study. While there are many advantages to using these secondary data sources, they are often limited in scope, which in turn limits their utility in addressing important questions in a comprehensive manner. Most state MCH data systems are not designed to readily address longitudinal research questions or track and follow children across multiple programs. These limitations can be overcome by linking data from multiple sources, such as vital records; child health surveys; newborn screening; Medicaid claims; immunization and birth defects registries; hospital discharges; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and other sources.

Given these advantages, a new SSDI Performance Measure will be utilized. The goal of this reporting is to track and ensure state capacity for accessing electronic health data on a timely basis that informs programming. Progress will be measured based upon the state's capacity to access MCH data for programming and/or reporting on a consistent, direct, and timely basis. Progress also will be measured based upon the percent of programs that are consistently accessing direct electronic MCH health data to support planning, monitoring, and evaluation on a frequent and timely basis. The new SSDI Performance Measure can be found at the end of this document in Section VIII, Other Information (page 26).

In identifying and overcoming barriers to data linkages, applicants must focus on data elements from the M/C Indicators (Section VIII, Other Information, page 25). Activities

will include developing and implementing a plan for overcoming barriers to data linkage across the 5-year funding cycle, particularly focusing on indicators from the M/C Indicators for State Title V MCH Programs.

Tier 2 grantees are required to report annually on the SSDI Performance Measure. In recognition of the differences in data capacity among the Tier 1 grantees, which may make it difficult for them to report on the SSDI Performance Measure, Tier 1 grantees are encouraged, but not required, to report on the SSDI Performance Measure.

The listing of administrative forms and performance measures for this program can be found at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

II. Award Information

1. Type of Application and Award

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Approximately $5,500,000 total is expected to be available annually to fund 59 recipients. HRSA-18-061 Tier 1 (8 grants) at $400,000 total and HRSA-18-062 Tier 2 (51 grants) at $5,100,000 total. If you are a HRSA-18-061, Tier 1 applicant, you may apply for a ceiling amount of up to $50,000 total cost (includes both direct and indirect/facilities and administrative costs) per year. If you are a HRSA-18-062, Tier 2 applicant, you may apply for a ceiling amount of up to $100,000 total cost (includes both direct and indirect/facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal budget. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is December 1, 2017 through November 30, 2022 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the SSDI Grant Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

HRSA-18-061: Tier 1: Eligibility is limited to the eight (8) Jurisdictional Title V MCH Block Grant agencies of American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Puerto Rico, Palau, and the U.S. Virgin Islands.

HRSA-18-062: Tier 2: Eligibility is limited to the 50 states and Washington, DC Title V MCH Block Grant agencies.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this notice.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

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

2. Content and Form of Application Submission

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

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 9: Other Relevant Documents.

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

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

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

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

Successful applications will contain the information below.

PLEASE USE THE FOLLOWING SECTION HEADERS FOR THE NARRATIVE:

- ***INTRODUCTION*** *-- Corresponds to Section V's Review Criterion (1) Need*
Briefly describe the purpose of the proposed project and the applicable funding tier. This discussion should exhibit a clear understanding of the SSDI program purpose and goals, as identified in this NOFO. You must convey a clear sense of the value and importance of an expanded/enhanced data system to your state or jurisdictional MCH program.

- ***NEEDS ASSESSMENT*** *-- Corresponds to Section V's Review Criterion (1) Need*
Outline your current data capacity with regard to each of the applicable Tier 1 or Tier 2 SSDI Program Goals stipulated in Section 1.1, Purpose. This discussion goes beyond a description of your need for SSDI grant funding and serves as the foundation from which the methodology and work plan are to be developed.

Tier 2 programs must provide baselines for both dataset linkages and M/C Indicators.
Tier 2 Programs – For each of the datasets identified as part of the SSDI Performance Measure (see Section VIII, Other Information), identify state dataset linkages that have been performed in the past 5 years and the need met through the establishment of this linkage. Based on this assessment, **set a baseline** by identifying state dataset linkages that are currently being performed. In addition, develop and implement a plan for overcoming barriers to data linkage across the project period, particularly focusing on indicators from the M/C Indicators for State Title V MCH Programs.

Tier 2 grantees are required to report annually on the SSDI Performance Measure. Because Tier 1 grantees have different data capacities, which may make it difficult for them to report on the SSDI Performance Measure, Tier 1 grantees are encouraged, but not required, to report on the SSDI Performance Measure.

- ***METHODOLOGY, WORK PLAN, AND RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criterion (2) Response, (4) Impact, (5) Resources/Capabilities, and (6) Support Requested*

Clearly describe your SSDI goals, objectives, activities and individuals responsible for each activity in a work plan that should be included as Attachment 1 and formatted as a table. The objectives should be time-framed and measurable. Separate goals and objectives are not required for each of the project period's 5 years, as long as the objectives are time-framed.

In summary, your work plan must include:
- Goals
- Time-framed and measureable objectives;
- Relevant activities; and
- Individuals responsible for each activity

Where appropriate, you should provide plans to support and collaborate with key stakeholders in planning, designing, and implementing activities. Also describe the "who, what, when, where, and how" of each method that is to be utilized. You must discuss challenges that you are likely to encounter in designing and implementing the identified activities and the approaches, which you will be use to resolve such challenges. You must graphically illustrate this with a work plan and timeline (Attachment 1). A separate work plan and timeline are not required for each of the 5 years, as long as the objectives are time-framed.

Regarding Goal 2, Tier 1, you must include a description of how the program will provide infrastructure support in partnering with MCHB to develop and implement a data collection tool/process. This involvement and collaboration is essential to bringing in-depth knowledge of the jurisdiction's public health and program needs, to this work.

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

You must provide a description of how and who will evaluate the project. As referenced in the previous section, "Methodology, Work Plan, and Resolution of Challenges," this description must include each of the 5 project years.

HRSA-18-061: Tier 1 Applications
Tier 1 program outcomes include:
- Maintaining timely submission of data-driven 5-Year Needs Assessment;
- Maintaining ongoing annual assessment updates through effective use of data;
- Increasing states' ability to select and track NPMs, SPMs, and ESMs that align with your Title V MCH Block Grant priorities;
- Maintaining timely submission of Title V MCH Block Grant application/annual reports; and
- Providing the necessary infrastructure support for the MCHB-initiated data collection tool/process effort to assist jurisdictional Title V MCH Block Grant programs in reporting on the NPMs selected for their Title V MCH Block Grant programs.

HRSA-18-062: Tier 2 Applications

Tier 2 program outcomes include:

- Maintaining timely submission of data-driven 5-Year Needs Assessment;
- Maintaining ongoing annual assessment updates through effective use of data;
- Increasing states' ability to select and track NPMs, SPMs, and ESMs that align with their Title V MCH Block Grant priorities;
- Maintaining timely submission of Title V MCH Block Grant application/annual reports;
- Developing and implementing a plan for overcoming barriers to data linkage across the 5-year funding cycle, particularly focusing on indicators from the M/C Dataset for Title V MCH Block Grant programs;
- Maintaining use of M/C Indicators to inform data-driven decision making;
- Increasing linkages of MCH datasets to inform MCH program planning, evaluation, and improvement;
- Increasing consistent, direct access to standard datasets that inform MCH program planning, evaluation, and improvement;
- Increasing the frequency or periodicity of standard dataset tracking and updates (e.g., quarterly, monthly) that inform MCH program planning, evaluation, and improvement;
- Increasing the timeliness (i.e., lag length for most timely data available) of standard datasets that inform MCH program planning, evaluation, and improvement;
- Conducting activities associated with the state-specific goal based upon the area for targeted emphasis; and
- Developing one or more products (e.g., data books, data dashboards, fact sheets, infographics, journal articles, tool kits, websites, and white papers) that demonstrate the use of data to inform decision making for improved MCH outcomes.

The evaluation protocol should be capable of demonstrating and documenting measurable progress toward reaching the stated goals through achievement of the project's measurable objectives. This protocol should be based on a clear rationale that relates to the identified data needs associated with the project goals, grant activities, and evaluation measures. Baselines are detailed in the previous section, "Needs Assessment."

Finally, you must detail who will be evaluating your project, along with their qualifications.

- *__ORGANIZATIONAL INFORMATION__ -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

Regarding Tier 1 and Tier 2, describe relevant experience, skills, and knowledge, including the individuals on staff, materials published, and previous work of a similar

nature. You should include job descriptions for key personnel as Attachment 2, and biographical sketches of key personnel as Attachment 3.

Provide information on your organization's current mission and structure, scope of its current activities, and an organizational chart. In addition, include in your discussion a description of how your organizational capacity will contribute to your ability to address SSDI program requirements and meet program expectations. Provide an organizational chart (Attachment 5), showing your SSDI program's location in the overall Title V hierarchy.

For each of the Tier 1 and Tier 2 SSDI Program Goals described in this NOFO, you must describe if you will use subcontractors. If so, identify their roles and expected project deliverables. Include letters of agreement and/or description(s) of proposed/existing contracts as Attachment 4.

Include letters of support only if they specifically indicate a commitment to the project/program (e.g. in-kind services, dollars, staff, space, equipment). Letters of agreements and support must be dated. You may list other support letters on one page, but do not include the actual letters in the application.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

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

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iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized

plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

Regarding multi-year budgets, after using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit the budget for the 5th year as Attachment 6, which will not be counted in the page limit. Use the SF-424A Section B. See Section 4.1.iv of HRSA's SF-424 Application Guide.

Conference registration and travel costs for the SSDI Coordinator are considered allowable provided they support activities that are relevant to the purpose of this grant funding and do not extend to other MCH program staff.

Initial budget information by Tier 1 applicants can be submitted with the understanding that costs associated with Goal 2, providing infrastructure support to the contractor coming on-site to conduct the survey, will be incurred sporadically throughout the 5-year project period.

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

v.   Program-Specific Forms
Program-specific forms are not required for application.

vi.   Attachments
Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan with Timeline
Attach the work plan and timeline for the project that includes all information detailed in Section IV. ii. Project Narrative. If you will expend funds on sub-awards or on contracts, describe how your organization will ensure the funds are properly documented.

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, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 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 who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 5: Project Organizational Chart

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

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 project period, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 7: Progress Report

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 are advised to 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 competing continuation applications are reviewed by the objective review committee.

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

(1) <u>The period covered (dates)</u>

(2) <u>Specific Objectives</u> - Briefly summarize the specific objectives of the project.

(3) <u>Results</u> - Describe the program activities conducted for each objective. Include both 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.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *September 5, 2017 at 11:59 p.m. Eastern Time.*

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

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a project period of up to 5 years. The level of funding requested by Tier 1 and Tier 2 applicants cannot exceed $50,000 and $100,000 per year, respectively (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 notice may not be used for the following purposes:
The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in
FY 2018, as required by law.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. SSDI includes six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
This criterion is related to the extent to which the applicant demonstrated a clear and comprehensive understanding of the conceptual issues important to the SSDI program. Specifically, this criterion assesses the manner in which the applicant described its understanding of the Tier-specific SSDI Goals.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
This criterion is related to the extent to which the applicant's proposed plan adequately addresses each of the identified Tier 1 and Tier 2 SSDI program goals. The criterion includes to what degree the applicant:
- presents a set of substantive and realistic project goals that comprehensively frame the intent of SSDI;
- identifies substantive, relevant, time-framed, and measurable objectives for each specified project goal; and
- details program activities and provides convincing evidence that achievement of the objectives is feasible within the stated time frames

Criterion 3: EVALUATIVE MEASURES (35 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
This criterion is related to the extent to which the applicant outlines its methods to monitor and evaluate the project results. Specifically, this criterion assesses to what extent the applicants describes the following:

Tier 1 applicant:
- identifies a comprehensive set of program objectives and related outcomes and outputs;
- details the existence of a method for tracking each objective;
- describes how progress in achieving objectives will be measured; and
- identifies a plan for providing ongoing collaboration and partnership in developing and implementing a data collection tool/process that will enable tracking of Title V NPM data

Tier 2 applicant:
- identifies a comprehensive set of program objectives and related outcomes and outputs;
- details the existence of a method for tracking each objective;
- describes how progress in achieving objectives will be measured;
- clearly describes the collecting of the appropriate information that is feasible, economical, and takes advantage of electronic technologies;

- includes a realistic and practical description of how the monitoring data would be analyzed, synthesized and used in managing the project;
- shows convincing evidence of the strength of the project's plans for evaluation;
- demonstrates that the plan is logical and technically sound;
- fully describes information and data analysis, is logical and practical, and is able to yield meaningful findings; and
- yields a program evaluation designed to produce annual qualitative and quantitative reports on progress throughout the duration of the project

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
This criterion is related to the feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (5 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information
This criterion is related to the extent to which both Tier 1 and Tier 2 applicants demonstrate their ability to perform the proposed scope of work. Specific examples include the degree to which:
- The biographical sketch of the proposed Project Director demonstrates a sufficiently strong background in managing/providing data services, a full understanding of the issues inherent to providing such services, and executive or leadership experience in leading efforts involving multiple stakeholders from a variety of backgrounds;
- The biographical sketches of the Project Director and other key personnel document appropriate education, expertise, skills, and experience that are relevant and necessary to this project, including but not limited to, licensure, training, specialty certifications; program evaluation and management; and information technology expertise;
- The applicant describes appropriate support staff to facilitate the functioning of the professional staff and a sufficiently large staff overall to carry out the work of the initiative;
- The applicant describes an appropriate and adequate organizational structure for governance and oversight, implementing and conducting project activities, administrative relationships with similar organizations, and maintaining constructive relationships with other organizations whose assistance is necessary to achieve project goals and outcome objectives and to implement project activities; and
- The applicant demonstrates that adequate physical space and resources, including information technologies, are available for conducting project activities.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges and Section IV, 2, iii and iv's Budget and Budget Narrative
The extent to which costs, as outlined in the budget and required resources sections, are reasonable and support the scope of work; and the extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.](#)

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of December 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA anticipates issuing the Notice of Award (NOA) prior to the start date of December 1, 2017. See Section 5.4 of HRSA's *[SF-424 Application Guide](#)* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *[SF-424 Application Guide](#)*.

3. Reporting

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

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

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

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

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

3) **Performance Reports.** Reporting requirements for Special Projects of Regional or National Significance (SPRANS) projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs include national performance measures developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, the program's authorizing legislation.

   a) **Performance Measures and Program Data**

   To prepare successful applicants for their reporting requirements, below is the program specific performance measure for this program.

Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)* OMB No. 0915-0298 | Expiration Date: 06/30/2019			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Capacity Building (CB)			
CB 7	New	N/A	State capacity for accessing electronic health data

   b) **Performance Reporting Timeline**

   Successful applicants receiving HRSA funds will be required, within 120 days of the NOA, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

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

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

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

Donna Giarth
Grants Management Specialist
OFAM/DGMO/MCHSB
Health Resources and Services Administration
5600 Fishers Lane, Room 10N23
Rockville, MD 20857
Telephone: (301) 443-9142
Fax: (301) 443-5461
Email: dgiarth@hrsa.gov

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

Scott A. Snyder, M.P.H.
Public Health Analyst
Attn: State Systems Development Initiative Grant Program
HRSA/MCHB/DSCH
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-37
Rockville, MD 20857
Telephone: (301) 443-0345
Fax: (301) 443-9354
Email: ssnyder@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Minimum/Core Indicators

Minimum/National Dataset (M/NDS)
1. Infant Mortality
2. Black/White Infant Mortality
3. Low Birth Weight
4. Very Low Birth Weight (VLBW)
5. Newborn Hearing Screening
6. Any Breastfeeding at 6 Months
7. Immunization of 19-35 Month Olds
8. CSHCN Medical Home Access
9. CSHCN Adequate Health Insurance
10. CSHCN Community-Based Services
11. CSHCN Transition to Adult Life
12. Child Mortality 1-9 Years
13. Adolescent Mortality 10-19 Years
14. Suicide 15-19 Years
15. Injury Mortality 15-19 Years
16. Motor Vehicle Mortality 0-14 Years
17. Motor Vehicle Mortality 15-19 Years
18. Teen Birth 15-19 Years
19. Adolescent Chlamydia 15-19 Years
20. Young Adult Chlamydia 20-24 Years
21. Access to Health Insurance
22. Medicaid Eligibility Standards
23. State-level Poverty
24. State-level Child Poverty

Core/National Dataset (C/NDS)
1. Total Preterm Birth
2. Very Preterm Birth
3. Tobacco Use During Pregnancy
4. Multivitamin/Folic Acid Use Before Pregnancy
5. Exclusive Breastfeeding at 3 Months
6. Access to Medical Home
7. C-Section Among Low Risk Women
8. WIC BMI 2-5 Years

Core/State Dataset (C/SDS)
1. Pregnancy Weight Gain
2. Newborn Bloodspot Screening
3. Infant Back Sleep Position
4. Immunization by 2 Years (Medicaid Only)
5. Immunization by 13 Years (Medicaid Only)
6. Emergency Department Visits 0-19 Years (Medicaid Only)
7. Asthma Hospitalizations Under 5 Years
8. Nonfatal Injury Hospitalizations 0-9 Years
9. Nonfatal Injury Hospitalizations 10-19 Years
10. Motor Vehicle Injury Hospitalizations 0-14 Years
11. Motor Vehicle Injury Hospitalizations 15-19 Years
12. VLBW Infants born at Level III+ Centers
13. Linked Access to Electronic Data

SSDI Performance Measure (OMB No. 0915-0298 | Expiration Date: 06/30/2019)

The listing of administrative forms and performance measures for this program can be found at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

Note: Tier 2 grantees are required to report annually on the SSDI Performance Measure. In recognition of the differences in data capacity among the Tier 1 grantees, which may make it difficult for them to report on the SSDI Performance Measure, Tier 1 grantees are encouraged, but not required, to report on the SSDI Performance Measure.

CB X Performance Measure	The percent of programs promoting and facilitating state capacity for direct annual access to MCH electronic health data
Goal: Direct Annual Access to MCH Data	
Level: Grantee	
Domain: Capacity Building	

Goal: To ensure state capacity for accessing electronic health data on a timely basis for programming and/or reporting

Measure: The percent of programs that are consistently accessing direct electronic MCH health data to support planning, monitoring, and evaluation on a timely basis

Definition:

I. STATE CAPACITY TO ACCESS MCH DATA FOR PROGRAMMING AND/OR REPORTING ON A CONSISTENT, DIRECT, AND TIMELY BASIS

Data Sources	A State Has Consistent Annual Access to Data Source[1]	B State Has Direct Access to an Electronic Database[2]	C State Has Consistent Annual and Direct Access to Data Source[3]	D Describe Periodicity[4] (if available more often than annually; does not need to be direct)	E Describe Lag Length (for the most timely data available, annual or otherwise if more frequent)	F Data Source Is Linked to Vital Records Birth
1. Vital Records Birth				__Quarterly __Monthly __More often than monthly	_____# Months[5] _____< 6mos[6]	

2. Vital Records Death				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
3. Medicaid				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
4. WIC				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
5. Newborn Bloodspot Screening				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
6. Newborn Hearing Screening				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
7. Hospital Discharge				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
8. PRAMS or PRAMS-like				__Quarterly __Monthly __More often than monthly	_____# Months _____< 6mos	
9. Other: _____						
Sum[7]/N	___ /8	___ /8	___ /8	___ /8	___/8	___/6
Percentage[8]						

II. RELATED OUTCOMES

    A. Percentage of unlinked data sources with consistent and direct annual access _____**(Column C Percentage)**

    B. Percentage of data sources available more frequently than annually _____**(Column D Percentage)**

    C. Percentage of data sources with a lag length of ≤6 months _____**(Column E Percentage)**

    D. Percentage of data sources linked to Vital Records Birth_____**(Column F Percentage)**

Grantee Data Sources: MCH State Databases

Significance: Timely and comprehensive data are required for needs assessments and program design.[1]

Technical Assistance

The following technical assistance conference call has been scheduled.

Conference Call

Day and Date: Thursday, July 13, 2017
Time: 2 p.m. – 3 p.m.
Conference Number: 1-866-861-5081
Participant Passcode: 5505426

IX. Tips for Writing a Strong Application

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

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[1] Consistent Annual Access   Yes = 1; No = 0
2 Direct Access to an Electronic Database for Analysis   Yes = 1; No = 0
3 Consistent Annual and Direct Access   Yes = 1; No = 0
4 If Available More Often Than Annually, Indicate <u>Most Frequent</u> Availability   Yes = 1; No = 0
5 Indicate Lag Length for <u>Most Timely</u> Data Available in Number of Months
6 Indicate Lag Lengths Less than 6 months   Yes = 1; No = 0
7 Only Sum 1's; Include only Unshaded Cells in Sums
8 Calculate Percentage = Sum/N