U.S. Department of Health and Human Services

Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Home Visiting and Early Childhood Systems

Infant-Toddler Court Program – State Awards
Funding Opportunity Number: HRSA-22-073
Funding Opportunity Type(s): New

And

Infant-Toddler Court Program – National Resource Center
Funding Opportunity Number: HRSA-22-074
Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: May 4, 2022

Modified March 25, 2022 to increase the Anticipated Available FY 2022 Funding for HRSA-22-073 Infant Toddler Court Program – State Awards, and the Estimated Number and Type of Award(s); and update the Appropriations Act in sections IV.iii and IV.6.

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

Issuance Date: February 3, 2022

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See Section VII for a complete list of agency contacts.

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

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Infant-Toddler Court Program (ITCP). The purpose of this program is to continue and expand research-based infant-toddler court (ITC) teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

This announcement includes instructions for two (2) distinct award opportunities:

HRSA-22-073: Infant-Toddler Court Program – State Awards will support eligible entities in states, territories, or tribal nations to 1) initiate or expand implementation of the ITC approach, and 2) provide leadership, coordination, and quality improvement and assurance for local ITC sites.

HRSA-22-074: Infant-Toddler Court Program – National Resource Center will support a central entity to lead and coordinate improvements nationwide to policy and practice in child welfare and early childhood systems that advance early developmental health and well-being, using the ITC approach.

Applicants may only receive an award under one funding announcement, but not both.

Funding Opportunity Titles:	Infant-Toddler Court Program – State Awards Infant-Toddler Court Program – National Resource Center
Funding Opportunity Numbers:	**HRSA-22-073** **HRSA-22-074**
Due Date for Applications:	May 4, 2022
Anticipated Total Annual Available FY 2022 Funding:	HRSA-22-073: Infant-Toddler Court Program – State Awards: up to **$7,500,000** HRSA-22-074: Infant-Toddler Court Program – National Resource Center: up to **$5,000,000**

Estimated Number and Type of Award(s):	HRSA-22-073: Infant-Toddler Court Program – State Awards: Up to 12 cooperative agreements HRSA-22-074: Infant-Toddler Court Program – National Resource Center: Up to one cooperative agreement
Estimated Annual Award Amount:	HRSA-22-073: Infant-Toddler Court Program – State Awards: Up to $625,000 per award HRSA-22-074: Infant-Toddler Court Program – National Resource Center: Up to $5,000,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2027 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304) (formerly cited as 25 U.S.C. 450b)) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. See Section III.1 of this 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.

Technical Assistance

HRSA has scheduled the following technical assistance for anyone applying to either HRSA-22-073: Infant-Toddler Court Program – State Awards or HRSA-22-074: Infant-Toddler Court Program – National Resource Center.

Webinar

Day and Date: Tuesday, February 22, 2022
Time: 3--4:30 p.m. ET
Web link: https://hrsa-gov.zoomgov.com/s/1608716750?pwd=S3RKZTZrZ20wMnE1U2l5K1ZqclJTQT09
Passcode: 72zz7f0R

Call-In Number: 1-833-568-8864
Webinar ID: 160 871 6750
Passcode: 84426079

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

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I. Program Funding Opportunity Description

1. Purpose

The purpose of the Infant-Toddler Court Program (ITCP) is to continue and expand research-based infant-toddler court (ITC) teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families. The program will do this by making awards under **two distinct award opportunities** detailed below: **HRSA-22-073: Infant-Toddler Court Program–State Awards** and **HRSA-22-074: Infant-Toddler Court Program–National Resource Center**. Applicants may only receive an award under one funding opportunity, but not both. Information provided applies to both award opportunities unless explicitly identified under a separate header.

Awards under both opportunities will advance the following objectives during the project period:

1. Increase the spread, scale, and coordination of local ITC sites[1] across states, territories, jurisdictions, and tribal nations[2]
2. Increase the knowledge and use of policies and practices that: a) support the unique developmental health and well-being needs of very young children (under 3 years old) and their families who are involved, or are at risk for involvement, in the child welfare system (referred to as the "*priority population*" in this document), and b) prevent child maltreatment more broadly during the prenatal-to-3 (P–3) period;
3. Increase timely access to prevention, early intervention, and therapeutic health and family support services for the priority population; and
4. Increase the use of evidence-driven strategies and data in ITC sites to reduce disparities associated with poverty, race/ethnicity, and rurality in early developmental health and well-being outcomes for the priority population.

HRSA-22-073: State Awards

ITCP State Awards will support eligible entities in states, territories, or tribal nations to: 1) build capacity for or expand implementation of the ITC approach,[3] and 2) to provide

[1] For the purposes of this NOFO, the term 'sites' refers to all ITC-related activities within a local or state/territorial/tribal jurisdiction. ITC 'teams' refer to the organizations or individuals responsible for implementing or overseeing core ITC-related activities.
[2] This NOFO uses the terms 'state' and 'state-level' for brevity but is inclusive of each state of the United States, the District of Columbia, each territory or possession of the United States, and each Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).
[3] See Appendix A for a description of the ITC approach and early developmental health and well-being.

leadership, coordination, and quality improvement and assurance for local ITC sites. Primary goals are to:

1. Improve local and state/territorial/tribal policies and practices for advancing developmental health and well-being outcomes and health equity in the priority population, and
2. Promote a community-driven and equitable approach to strengthening families, preventing child maltreatment, and advancing long-term health and development.

Recipients under this award (referred to as "state award recipients" in this document) will accomplish these goals with support and collaboration from HRSA and the ITCP National Resource Center (see HRSA-22-074).

For more details, see Program Requirements and Expectations.

HRSA-22-074: National Resource Center

The ITCP National Resource Center will help lead and coordinate improvements nationwide to policy and practice in child welfare and early childhood systems[4] that advance early developmental health and well-being and health equity, using the ITC approach. Primary goals are to:

1. Build the capacity, through training and technical assistance (T/TA), of state/territorial/tribal and local teams to implement the ITC approach and lead aligned community-driven efforts to prevent and respond to child maltreatment, and
2. Advance the evidence and national reach, impact, and sustainability of the ITC approach.

For more details, see Program Requirements and Expectations.

2. Background

About MCHB and Strategic Plan

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

[4] See Appendix A for a definition of early childhood systems.

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

Goal 2: *Achieve health equity for MCH populations*

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

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

The ITCP addresses MCHB's goals to *assure access to high quality and equitable health services to optimize health and well-being for all MCH populations* and to *achieve health equity for MCH populations*. Specifically, the program aims to ensure that all young children and their families can access a continuum of high-quality prevention, early intervention, and treatment services that improve early developmental health and well-being and address medical and social determinants of health. The ITCP aims to strengthen state- and community-based systems of care for the P-3 population, and represents a targeted investment to address the unique needs of populations that have been historically marginalized or underserved in the child welfare system and excluded from high-quality systems of care.

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

MCHB is committed to promoting equity in health programs for mothers, children, and families. This includes addressing social determinants of health (SDoH), such as poverty and intimate partner violence, that affect a wide range of health, functioning, and quality-of-life outcomes and risks and can disproportionately affect underserved communities. MCHB offers definitions of equity, health equity, SDoH, and underserved communities in Appendix A as a foundation for the development of programs that intend to improve access and equity among all communities.

Program Rationale and History

Early childhood is a critical period for physical, cognitive, and social-emotional growth and development, and creates the foundation for health, academic success, and well-being into adolescence and adulthood. As part of MCHB's early childhood systems (ECS) portfolio, the ITCP aims to support states, tribes, and communities to build and sustain coordinated systems of care for families with young children, in order to ensure that all families have the full range of services and supports they need—especially during the P–3 period—to build a strong foundation for lifelong health.

Exposure to harsh parenting practices or maltreatment during the earliest years can

hinder the healthy development and lifelong well-being of children.[5] The youngest children are the most vulnerable to maltreatment. In federal fiscal year 2019, over one-quarter (28.1 percent) of child maltreatment victims in the U.S. were younger than two years old. The maltreatment rate was highest for children under one year old (25.7 per 1,000 children), and neglect was by far the most common type of maltreatment, affecting 75 percent of victims.[6] Parental substance use drives a significant proportion of foster care placements and child welfare involvement for infants.[7]

Rates of maltreatment also vary by race and ethnicity. For fiscal year 2019, American-Indian or Alaska Native children had the highest rate of victimization (14.8 per 1,000 children),[8] and African-American children had the second highest rate (13.8 per 1,000 children), compared to an overall population rate of 8.9 victims per 1,000 children.[7] Behind these disparities are clear associations between poverty and risk of maltreatment or child welfare involvement, as well as bias and race-related discrimination in reporting and investigation.[9,10,11] Families in rural areas also face particular challenges that affect child maltreatment risk and child welfare involvement, including high rates of poverty, trauma, and substance use and limited treatment and enabling services.[12]

Supports to families that reduce stress, strengthen life skills, and promote strong caregiver-child relationships[13] lead to positive health and well-being outcomes, reduce risks of toxic stress, and help lessen the impacts of adversity.[14] Child welfare and court systems can partner with birth and foster parents, extended family members, service providers, and leaders across multiple sectors to offer these supports. These

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[5] Wiggins, Fenichel, & Mann. (2007). Developmental Problems of Maltreated Children and Early Intervention Options for Maltreated Children. Available at https://aspe.hhs.gov/report/developmental-problems-maltreated-children-and-early-intervention-options-maltreated-children.

[6] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). *Child Maltreatment 2019*. Available from https://www.acf.hhs.gov/cb/report/child-maltreatment-2019

[7] Patrick, Frank, McNeer & Stein. (2019). Improving the Child Welfare System to Respond to the Needs of Substance-Exposed Infants. *Hospital Pediatrics*, *9*(8), 651–654. https://doi.org/10.1542/hpeds.2019-0106.

[8] See Section V.2 for funding special considerations related to these disparities.

[9] Drake & Jonson-Reid. (2014). Poverty and child maltreatment. In J. Korbin & R. Krugman (Eds.). *Handbook of Child Maltreatment* (pp. 131–148). Springer.

[10] Marcal, K. (2017). The impact of housing instability on child maltreatment: A causal investigation. *Journal of Family Social Work, 21*(4-5), 331–347. https://doi.org/10.1080/10522158.2018.1469563

[11] Child Welfare Information Gateway. (2021). *Child Welfare Practice to Address Racial Disproportionality and Disparity.* U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Available at https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/.

[12] Child Welfare Information Gateway. (2018). *Rural child welfare practice*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Available at https://www.childwelfare.gov/pubs/issue-briefs/rural/.

[13] Center on the Developing Child at Harvard University (2016). Applying the Science of Child Development in Child Welfare Systems. Available at http://www.ddcf.org/globalassets/child-well-being/16-1013-center-on-developing-child_childwelfaresystems.pdf.

[14] Garner & Yogman. (2021). Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. *Pediatrics,* 148 (2) e2021052582; DOI: https://doi.org/10.1542/peds.2021-052582.

partnerships can bridge the gap between health and human services, support families before maltreatment occurs, and advance health equity.[15] The ITC approach is a collaborative practice that works at family, community, and broader systems levels to bring together these partners and address the unique needs of young children and families in the child welfare system. The approach can also help address the increased health, financial, and well-being challenges and inequities faced by families with young children during the COVID-19 pandemic.[16]

Starting in 2014, the Administration for Children and Families' (ACF) Children's Bureau supported the Quality Improvement Center for Research-Based Infant-Toddler Court Teams to provide TA and implement projects in local jurisdictions to develop and expand ITC teams.[17] Other jurisdictions also implemented a variety of approaches towards meeting the unique needs of infants and toddlers in the child welfare system. Beginning in the Fiscal Year 2018 appropriation, Congress provided $3,000,000 annually to HRSA for the ITCP, which HRSA awarded to a national resource center to support the further implementation, expansion, and improvement of ITC teams. These efforts helped jurisdictions to expand and build capacity across courts, child welfare agencies, behavioral health, and other early childhood systems to ensure that infants and toddlers and their caregivers have access to comprehensive, high-quality, and evidence-driven health, child development, and parenting services. With an annual funding increase to $10,000,000 in 2020, the program expanded, with increased attention to: 1) providing more preventive, "upstream" services that reduce the need for out-of-home placements for young children, and 2) developing state-level capacity to coordinate implementation of a comprehensive ITC approach across multiple communities. The ITCP network currently includes 103 ITC sites in 29 states, with seven state-level teams.

Cross-site evaluations[18,19,20] have identified numerous benefits of the ITC approach, including timely receipt of screenings and referrals to needed services for both children

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[15] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). Information Memorandum-21-03: Lessons from the COVID-19 Pandemic: Supporting Families through More Just, Equitable, Proactive, and Integrated Approaches. Available at https://www.acf.hhs.gov/cb/policy-guidance/im-21-03.

[16] See https://www.uorapidresponse.com/latest-data-and-trends and https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use for relevant data and trends.

[17] See http://www.centerforchildwelfare.org/kb/cls/Full Report - Final Evaluation Report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.pdf

[18] Casanueva, C., Harris, S., Carr, C., Burfeind, C., and Smith, K. (2017). *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.* Research Triangle Park, NC: RTI International. Available at https://www.zerotothree.org/document/1813.

[19] Casanueva, C., Harris, Carr, C., Burfeind, C., and Smith, K. (2019). Evaluation in multiple sites of the Safe Babies Court Team™ approach. *Child Welfare*, 97(1), 85-107.

[20] Faria, A., et al. (2020). *The Safe Babies Court Team Evaluation: Changing the Trajectories of Children in Foster Care*. American Institutes of Research. Available at https://www.air.org/sites/default/files/Safe-Babies-Court-Team-Evaluation-FINAL-092520.pdf.

and parents; limited out-of-home placements for children and timely placement permanency; and minimal recurrence of maltreatment among families served. Notably, racial and ethnic differences were not observed for these outcomes, despite disparities in the broader population. Systems improvements were also evident, such as increased availability and engagement in evidence-driven services, frequency of hearings and judicial engagement in family team meetings, and use of best practices, such as valuing birth parents, concurrent planning[4] and frequent family time (i.e., visitation). Current program data indicate that enrolled families have continued to receive timely health and screening services in 2020-2021, despite national downward trends during the COVID-19 pandemic.[21]

Legislative Authority

These awards are authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), which supports Special Projects of Regional and National Significance (SPRANS) relating to maternal and child health. Historically, Congress has directed HRSA to use appropriated funds to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families under this authority.

II. Award Information

1. Type of Application and Award

Both Award Opportunities

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.

In addition to the usual monitoring and technical assistance provided to award recipients, HRSA program involvement will include:

- Ongoing review and monitoring of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the purposes of the cooperative agreement, as further described in the approved project work plan;

[21] Ateev Mehrotra et al. (Commonwealth Fund, Feb. 2021). *The Impact of COVID-19 on Outpatient Visits in 2020: Visits Remained Stable, Despite a Late Surge in Cases*. https://doi.org/10.26099/bvhf-e411.

- Reviewing and approving the recipient's implementation plans, state action plans and performance measurement plans and HRSA-required reports, and assisting the recipient in addressing any identified challenges;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination;
- Establishing federal interagency partnerships, collaboration, and cooperation that may be necessary to conduct the project;
- Providing assistance with establishing effective collaborative relationships across recipient sites with HRSA-funded grant recipients and other entities that may be relevant for the successful completion of tasks and activities identified in the approved project work plan; and
- Supporting the recipient's access to quality technical assistance.

The cooperative agreement recipient's responsibilities will include:

- Completing activities that advance the goals of the cooperative agreement, consistent with the Notice of Funding Opportunity (NOFO), approved application, and subsequent approved revisions or refinement;
- Providing ongoing, timely communication and collaboration with the federal project officer, including responding to inquiries about progress, budget, and activities, and holding regular conference calls with the federal project officer;
- Informing the federal project officer of any publications and other materials produced; allowing the opportunity for project officer review prior to distribution under the auspices of the cooperative agreement; and including a funding acknowledgment on all products, as designated in the Notice of Award (NoA);
- Participating in face-to-face meetings, conference calls, and site visits with HRSA conducted during the period of the cooperative agreement;
- Developing and submitting to HRSA updated performance measurement and evaluation plans, revised from the plans contained in the funding application and incorporating interim evaluation findings, within 60 days of each subsequent project year; and
- Assuring that all performance and progress reports or other administrative information, as designated by HRSA in the NoA or subsequent Requests for Information (RFI), will be completed and submitted in a timely manner.

HRSA-22-073: State Awards

Type(s) of applications sought: New

In addition to the above, the cooperative agreement recipient's responsibilities will include:

- Providing state-level leadership and coordination for implementing the ITC approach, in collaboration with cross-sector partners;
- Participating in annual virtual or in-person meetings convened by the National Resource Center;
- Providing data to the National Resource Center and/or HRSA as requested for the purpose of program evaluation; and
- Participating in regular calls, peer networking platforms, in-person and virtual meetings, and other T/TA opportunities from HRSA or the National Resource Center in support of the program purpose.

HRSA-22-074: National Resource Center

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

In addition to the above, the cooperative agreement recipient's responsibilities will include:

- Modifying and/or developing T/TA activities in support of existing and potential ITC sites, as described in Program Requirements and Expectations;
- Maintaining a public web-based clearinghouse with access to all program-generated tools and resources, and other relevant resources;
- Providing leadership in data collection, analysis, and evaluation to ITC implementation sites;
- Creating and disseminating products, publications, and presentations on the ITC approach and evidence of its outcomes;
- Convening and leading annual virtual or in-person meetings of ITC teams and other interested stakeholders and jurisdictions; and
- Providing a copy of all documents and products created under the cooperative agreement, including program materials associated with the current functioning, publicly available website(s) and site evaluations, transferred in their entirety without corruption to coding, files, or other technological aspects of the products, in accordance with disposition instructions given by HRSA, in the event there is a new recipient for this cooperative agreement.

2. Summary of Funding

Both Award Opportunities

The period of performance is September 30, 2022 through September 29, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the ITCP in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. In the event of additional appropriations for this program, HRSA may fund additional applicants and/or invite proposals for additional funding from award recipients.

HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to make adequate progress toward achieving the goals listed in application.

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

See HRSA Grants Policy Bulletin 2017-03 *Indirect Cost Rate Agreements in the NOFO*.

HRSA-22-073: State Awards

HRSA estimates approximately $7,500,000 to be available annually to fund up to 12 recipients. You may apply for a ceiling amount of up to $625,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

HRSA-22-074: National Resource Center

HRSA estimates approximately $5,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $5,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4
- Does not include all required application elements, including a project abstract, a complete project narrative, SF-424A budget form, a budget narrative, and required attachments.

NOTE: Multiple applications from an organization are not allowable. Applicants may only receive an award under one funding announcement (HRSA-22-073 or HRSA-22-074) but not both.

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

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-073 or HRSA-22-074 in order to receive

notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-073 or HRSA-22-074, respectively, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 7-15: 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

Both Award Opportunities

HRSA expects that all recipients under the ITCP propose activities and target outcomes that advance early developmental health and well-being for the P–3 population within an integrated and comprehensive early childhood system of care. This system of care brings together health (holistically defined), child welfare, early care and education, and other human services and family support program partners—as well as community leaders, families, and other partners—to achieve agreed-upon goals for thriving children and families.[22] HRSA expects that the guiding framework used and associated activities be consistent with or build upon previously-funded ITCP efforts.

Priorities of the ITCP include:

- Improving efforts at family, community, and systems levels to strengthen families and prevent child maltreatment and/or child welfare involvement for children under age 3;
- Building diverse and multi-sector partnerships (see Appendix D) that promote equity, holistic family support, well-being, and protective factors with a public health lens (e.g., for cross-sector strategic planning, workforce development and training);
- Integrating the voices of those with lived experiences with child welfare and associated systems in all aspects of the program, and other strategies for advancing equity in P–3 families' access to quality services and health and well-being outcomes; and
- Developing and supporting the early childhood and family-serving workforce, especially within child welfare, judicial, and health systems, to more effectively serve the priority population.

[22] See Appendix A for additional information.

HRSA further expects that all activities are informed by, and responsive to, the specific needs of the P–3 population who have experienced, or are likely to experience, maltreatment. This includes:

- Ensuring that activities are driven by a firm grounding in the current science of the brain, early development, and the importance of safe, stable, nurturing and responsive environments and relationships;
- Helping families to access supports for basic needs of food, housing, transportation, and other daily living activities that promote health, safety, and well-being;
- Ensuring that activities help prevent and mitigate the impacts of trauma and toxic stress experienced by both parents and children, including trauma associated with involvement in the child welfare system;
- Comprehensively assessing both the strengths and needs of families and connecting them to tailored, evidence-driven services and supports (e.g., via patient navigation or centralized intake and referral processes);
- Ensuring that families are connected to supports that range from informal to formal and are informed by and grounded in families' cultural contexts; and
- Actively identifying and addressing systemic practices and structures that serve as barriers to equity in health and well-being for families living in poverty or rural areas or experiencing racism or other marginalization.

Applicants under this program are expected to propose specific goals and activities that respond to the specific health equity needs and address root causes of inequity for the priority population in their jurisdiction(s). HRSA requires recipients under both awards to develop a Disparity Impact Statement (DIS) within the first 6 months of the project. The DIS will use state and local data (e.g., CDC Social Vulnerability Index; State of Babies Yearbook) to identify populations at highest risk for health disparities.[23] The DIS will provide the framework for ongoing monitoring of activities aimed at reducing these disparities and determining the effectiveness of strategies outlined in the DIS. State award recipients will collaborate with the National Resource Center when developing their DIS and monitoring impact. Below are available HHS resources:

- CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement

[23] The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, sexual and gender minorities, socioeconomically disadvantaged populations, and underserved rural populations. *See* National Institute on Minority Health and Health Disparities, *Health Disparity Populations* (April 1, 2021, https://www.nimhd.nih.gov/about/overview/).

- SAMHSA.gov: Disparity Impact Statement

HRSA-22-073: State Awards

State awards will support eligible entities to: 1) build capacity for or expand implementation of the ITC approach, and 2) provide state-level[2] leadership, coordination, and quality improvement and assurance for local ITC sites. This includes both: 1) support to specific P–3 families served within the child welfare and/or dependency court systems, and 2) broader systems efforts at state and local levels to prevent and respond to the maltreatment of young children, strengthen and stabilize families, and advance the long-term health and development of the P–3 population.[24] HRSA expects applicants to be situated within or to demonstrate strong relationships with state public agencies overseeing child welfare, court, early childhood, health, or other human services.

Core areas of activity for state award recipients include:

1. State-Level Leadership and Program Oversight

To oversee and coordinate state-level activities, HRSA encourages recipients to convene a leadership team, including a full-time state coordinator. The leadership team can coordinate with the ITCP National Resource Center (see HRSA-22-074), and support local ITC sites through shared learning opportunities and localized and state-specific T/TA. State level activities should include the engagement of individuals with lived experiences with child welfare and associated systems in program design, decision making, and performance assessment and processes that center the voices of community members. The leadership team can also provide coordination and support of local site data collection and continuous quality improvement (CQI) efforts; collaboratively analyze, report, and develop action plans based on local site data; and contribute to evaluation activities of the National Resource Center.

To avoid duplication and leverage existing initiatives, HRSA strongly encourages recipients to engage in a post-award process to identify and assess the outcomes of existing aligned efforts across the state that drive best practices and policy changes to support health and protective factors for the priority population. This assessment can lay the foundation for a state action plan, developed in collaboration with the National Resource Center, local and state partners, and family advisors or leaders. This action plan can help guide:

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[24] See Capacity Building Center for States. (2021). *Working across the prevention continuum to strengthen families.* Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Available at https://capacity.childwelfare.gov/states/resources/prevention-continuum-to-strengthen-families.

- Development of a shared state-level vision for the ITCP and its implementation at the local level;
- Strategies to build capacity of local sites and support the implementation of the ITC approach;
- Setting state-level goals to reduce disparities and inequities in service access and outcomes among the priority population;
- Methods and mechanisms for strengthening parent and community leadership in policy and practice improvement efforts;
- Priorities and methods for coordination and alignment with other state or community early childhood efforts [e.g., Early Childhood Comprehensive Systems (ECCS) program, Community-Based Child Abuse Prevention (CBCAP) program, Preschool Development Grants Birth through Five]; and
- A strategy for statewide scaling of the ITC approach, as feasible.

2. Advancing Partnerships and Systems Alignment

HRSA expects project activities to connect with state-level systems partners and key efforts and initiatives (including those associated with dependency and family treatment courts, Indian Child Welfare Act (ICWA)[25] courts, public health, early care and education, home visiting, early intervention, mental health, and substance use prevention and treatment) that support children and families in the child welfare system or at-risk of child welfare involvement. This includes Maternal Infant and Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS), and other HRSA Maternal and Child Health Bureau programs (see https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs).

HRSA recommends that recipients work closely with state, tribal, and local partners to improve the quality, impact, and reach of their activities. This includes creating mechanisms to solicit input and guidance from their partners, inclusive of family or community representatives, and leveraging existing early childhood advisory bodies (e.g., Early Childhood Advisory Councils, ECCS advisory groups, Children's Cabinets). HRSA also encourages recipients to develop linkages and partnerships with initiatives and entities focused on achieving equity for populations who are over-represented in the child welfare system and underserved by early childhood systems, including

[25] The Indian Child Welfare Act, or ICWA, is a federal law passed in 1978. ICWA was passed in response to the alarmingly high number of American Indian and Alaska Native children being removed from their homes by both public and private agencies. See https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/icwa/.

racial/ethnic minorities and rural populations. Partnerships and coordination with ICWA-focused efforts at the tribal, state, or community level are also encouraged.

For a comprehensive list of recommended state, tribal, and community partnerships, see Appendix D.

3. Supporting Implementation of the ITC Approach and Data Collection/Evaluation within Local Sites

HRSA expects recipients to implement and sustain the ITC approach in at least three local sites by the end of the performance period. Sites may be selected prior to or after award, and be new or existing sites. As needed, awardees may use funds and develop mechanisms to build capacity and readiness within potential or new sites with limited existing resources to support implementation. In states where ITC sites are already established and active, HRSA strongly encourages expansion to new sites (e.g., on a state or regional basis) and/or substantial enhancement and sustainability of current implementation efforts. HRSA encourages state award recipients to develop and apply specific criteria when selecting local ITC sites.

State award recipients will receive direct T/TA from the National Resource Center (see HRSA-22-074) and will partner with the National Resource Center to provide T/TA to their local implementing sites; recipients may also partner with local sites as subawardees under 45 CFR part 75. Recipients are strongly encouraged to support their local implementing sites in securing additional funding (e.g., other federal, state, or local funds) and other necessary operational resources.

Local ITC sites are typically anchored within a public entity or community organization, which serves as a "backbone" to provide infrastructure, support, and coordination. Central to the approach is a core implementation team, led by an ITC specialist (or coordinator) who has knowledge of early childhood development and an understanding of early childhood and child welfare systems, and who works in partnership with a community team made up of legal and child welfare professionals, community service providers, and family leaders. Engagement of families, community leaders, and others with lived experience in the planning and implementation of ITC activities is a hallmark of the ITC approach.

Local ITC site activities may include:

- Provision of trauma-informed interventions to individual families under court jurisdiction (see Appendix B), as well as services to families outside of the child welfare system to prevent child welfare involvement and maltreatment;
- Partnering with health care providers (including medical homes) to improve access to health promotion, medical services, developmental screening and appropriate referrals for the priority population; and

- Strengthening community capacity to provide a continuum of services, such as health (including mental health) and well-being promotion, early intervention, quality early care and education, social supports, therapeutic interventions for young children and families, and behavioral health prevention and treatment.

HRSA strongly encourages recipients to consider the specific contextual and cultural needs of local ITC sites and the needs of families who have experienced inequitable access to services and child welfare involvement, as well as marginalization and structural barriers to early developmental health and well-being. This includes, but is not limited to, examining any disparities in access to or use of services for the priority population, exploring potential bias and disparities in child maltreatment reports and response, and developing strategies to advance health equity and social justice. As feasible, recipients are expected to rely on community-level data, disaggregated by race/ethnicity or other relevant factors, when developing their approach towards site engagement, selection, and support.

For further examples of ITC activities and approaches, see https://www.zerotothree.org/document/1512.

HRSA also expects state award recipients to identify, gather, analyze, and use data at state and local levels to drive process and outcome improvements and respond to HRSA reporting requirements (see Evaluation & Technical Capacity and Reporting sections), with support from the National Resource Center. This includes support for local sites to participate in planning and implementing data- and evaluation-related activities and to ensure high-quality data collection and reporting. Recipients will also coordinate and provide local site and state-level data to the National Resource Center as needed to support program-wide evaluation and improvement. State awards recipients are encouraged to evaluate the processes, outcomes, and/or impact of their state and local ITC efforts, in alignment with the National Resource Center's evaluation activities.

HRSA-22-074: National Resource Center

The primary functions of the National Resource Center are to: 1) provide a range of tailored supports to states and local sites that implement the ITC approach to achieve programmatic goals, 2) expand the reach and impact of the ITC approach nationally, and 3) strengthen the evidence base for the approach through direct evaluation of ITC site activities and building the capacity of sites to generate and use evidence. HRSA expects that the guiding framework(s) used and associated activities align with the current ITCP (as described in this document and HRSA-18-123).

Core areas of activity include:

1. Capacity-Building through T/TA

The National Resource Center must offer T/TA and implementation guidance to state award recipients, and to local ITC sites within these states, territories, or tribes as requested by and in collaboration with state-level teams. The National Resource Center is also strongly encouraged to provide T/TA to other state or local teams who are considering or already implementing the ITC approach (or similar approaches).

The purpose of this T/TA is to build the capacity of state and local sites, including their affiliated partners, and support their ability to achieve program goals. Target areas of T/TA include, but are not limited to:

- Providing high-quality, evidence-driven, equitable, and supportive care to the priority population, in alignment with the ITC approach;
- Developing and strengthening local and statewide partnerships and collaboration platforms (e.g., working committees, advisory groups) that improve policies and practices for the priority population and other infants, toddlers, and families who are at increased risk of child maltreatment and child welfare involvement;
- Improving statewide policies, strategic planning, and fiscal support for strengthening and improving P–3 access to child welfare, health, and related service systems; and
- Building state teams' capacity to coordinate, improve, expand, and sustain the work of local ITC sites throughout the state.

HRSA expects the recipient to develop and offer a comprehensive suite of T/TA support to meet the specific needs and goals of state and local ITC teams. Offerings should cover a range of intensity, format, audience (e.g., state coordinators, community coordinators, family-serving professionals, data/evaluation staff, family leaders), and topic areas. The approach to T/TA should reflect adult learning principles and methods and ensure accessibility across a range of learning styles and preferences.

Successful T/TA will enable robust peer-to-peer learning and network building across implementation sites. One key element includes hosting an annual conference for ITC teams, their collaborators, and other interested parties. This event can showcase the latest evidence regarding ITC implementation and effective interventions for promoting early developmental health and well-being, build the expertise of a cross-sector workforce to effectively serve the priority population, and promote cross-site information sharing and innovation.

T/TA activities should build from and enhance, but not duplicate, products and T/TA offered under earlier iterations of the ITCP, as well as from other HHS-funded T/TA entities (see Appendix D). Priority topics include:

- The unique developmental and environmental needs of very young children and their families, related to risk for and consequences of child maltreatment;
- Providing trauma-informed care throughout child welfare and early childhood systems, and building trauma-responsive organizations and systems;
- Assessing and improving practices and policies toward more preventive and family-centered approaches;
- Addressing current and historic inequities in child welfare and early childhood systems and their impact on families, and tailoring approaches to meet specific subgroup needs; and
- Strengthening partnerships and using data, continuous quality improvement (CQI), and other evidence to strengthen service provision and systems of care.

HRSA encourages the National Resource Center to conduct outreach and partner with existing ITC teams that are not funded under HRSA-22-073 to facilitate their awareness of and effective engagement in T/TA activities.

HRSA also expects the National Resource Center to proactively identify and conduct outreach to states or local sites who may benefit from the ITC approach, and to respond to T/TA inquiries from interested jurisdictions, by providing initial information, guidance, and recommendations regarding best practices and considerations for building necessary partnerships and initiating state or local sites.

2. National-level Activities & Partnerships

HRSA expects that the National Resource Center will serve as a nationwide leader for developing, enhancing, and communicating broadly about the ITC approach and supportive policies and practices. These efforts are intended to increase the quality, awareness, reach and sustainability of the ITC approach across the country.

Example activities include:

- Education, outreach, and communications efforts to share the work and impact of current ITC sites;
- Supporting the development and engagement of parents and others with lived experience in the child welfare system to guide family-serving policies and practices;

- Developing resources for a national audience that promote aligned and evidence-driven standards, policies, and practices for advancing health equity and improving the health and well-being of infants, toddlers, and families; and
- Partnering with aligned organizations (e.g., T/TA providers, professional organizations, educational institutions, advocacy organizations) to share experiences and expertise, collaborate on joint initiatives, and advance common goals.

3. Evaluation and Evidence-Building

The National Resource Center will lead development of the evidence base regarding what processes, structures, and conditions associated with implementing the ITC approach contribute to improvements in early developmental health and well-being for the priority population. HRSA strongly encourages that evidence-building activities be planned and implemented in partnership with affected families and communities. Activities should also contribute to a shared understanding of how and to what extent the approach advances health equity.

Key activities in this area include:

- Conducting internal CQI and evaluation activities to understand and maximize the impact of T/TA activities on key program outcomes (e.g., providers' knowledge and skills, ITC reach or operational processes) in state award recipients and affiliated local sites;
- Providing guidance and T/TA to state award recipients that support their capacity to identify, gather, analyze, and use data to evaluate program processes and outcomes and drive improvements;
- Coordinating state-level data and evaluation efforts to facilitate alignment across sites and program-wide evaluation; and
- Partnering with an external organization to evaluate processes, outcomes, and impacts associated with the ITC approach at state and local levels.

HRSA is particularly interested in building the evidence related to understanding effective and efficient implementation processes and critical resources, including those needed for spread to new sites; identifying essential and active ingredients of the ITC approach, as well as variations or differential impact for specific subgroups; and documenting causal pathways for change.

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.* Clearly state which award opportunity you are applying for.

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less. Include the following:

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application
- If requesting a funding special consideration as outlined in Section V.2., indicate here.

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.

ii. *Project Narrative*

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 will be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need and (2) Response

Narrative Section	Review Criteria
Needs Assessment	(1) Need and (4) Impact
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

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.

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

- INTRODUCTION -- Corresponds to Section V's Review Criteria (1) Need and (2) Response

  Both Award Opportunities

  Confirm which award type you are seeking, and succinctly describe the following:

  1. The specific goals and objectives of your proposed project, how they align with the ITCP purpose and objectives, and your projected outcomes. Frame your goals and objectives to be as specific, measureable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE) as possible.
  2. The guiding framework or general methods you will use to advance your goals and objectives.
  3. Specific communities or subgroups of the priority population, if any, that you will prioritize in your project, or clearly state if you do not propose to prioritize specific subgroups.

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

Both Award Opportunities

This section will help reviewers understand the needs of priority population(s) and organizations that you will serve with the proposed project. Whenever possible, use and cite the most recent demographic and disaggregated data to support the information provided. Consider pre-existing needs and opportunities, as well as those presented by the COVID-19 pandemic.

HRSA-22-073: State Awards

1. Describe the priority population in your state[2] (as defined in the Purpose section) and its unmet health, safety, and well-being needs. Include a data-based overview of relevant social determinants of health and health disparities (e.g. number of children under age 3 in foster care in proportion to the total foster care population; proportion of children of color and children at highest risk for health disparities in foster care compared with state population; rates of infants with prenatal substance exposure). If you intend to focus on any specific communities or subgroups of the priority population in this project, provide an overview of their particular needs.
2. Describe the key barriers to health and well-being facing the priority population (and any priority subgroups). Focus on systemic issues (e.g., policies, practices, funding and financing approaches, data systems and information sharing, partnerships and communication, etc.) at state and local levels that interfere with achieving health, safety, well-being, and equity goals. Identify specific opportunities and leverage points for improvement, including community and family strengths. Consider opportunities to address structural barriers and inequities.
3. Clearly describe the need for and benefits of collaborative service delivery across the courts, child welfare agencies, and other relevant child and family serving agencies in your jurisdiction as a means of improving early developmental health and well-being outcomes. Provide an overview of cross-sector efforts across the state (e.g. existing initiatives, partnerships, policies, and practices) that are positioned to support program activities and outcomes.

HRSA-22-074: National Resource Center

1. Respond to the HRSA-22-073 Needs Assessment instructions from a national perspective, and provide an overview of important variations by state or region.

2. Describe the need for T/TA and other capacity-building among states and communities to help them achieve improvements in early developmental health and family well-being for the priority population. Specifically address resources and supports needed to begin, continue, or expand implementation of the ITC approach, as well as established strategies and methods for meeting those needs. Discuss the common and unique needs of state- vs. local-level teams.

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

  Both Award Opportunities

  Propose methods that you will use to address the stated needs of the priority population and meet each of the previously described program requirements and expectations in this NOFO. Address all elements requested for your desired award type below. Make clear how your proposed methods align with the core elements and priority areas of the ITC approach. As appropriate, identify meaningful support and collaboration with key collaborators in planning, designing, and implementing all activities, including developing the application.

  In addition, propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the priority population beyond the end of federal funding.

  HRSA-22-073: State Awards

  As part of your proposal, respond to the following:

  State-Level Leadership and Program Oversight

  1. Describe your plan for assembling a state-level leadership team that can fulfill the major functions outlined in the Program Requirements and Expectations. Include an overview of how you will engage individuals with lived experience as part of program planning and operations.
  2. Explain how your state-level work will help resolve systemic issues that interfere with achieving developmental health, safety, well-being, and equity goals. Discuss how you will support family protective factors, improve the availability of preventive services, and prevent risk for child maltreatment.

  Advancing Partnerships and Alignment

1. Describe how you will work together with partners across systems, programs, and state or tribal entities to implement the project and achieve common goals and vision. In your response, include how you will conduct a thorough assessment of aligned efforts and work with partners, family leaders, and the National Resource Center to develop a state action plan that responds to identified needs.
2. Describe existing advisory and cross system structures and partnerships that will be leveraged, particularly connections to health and public health programs and systems and to efforts focused on achieving health equity.
3. Include letters of support or agreement with key partners (see Appendix D) in Attachment 5, as well as descriptions of proposed/existing project-specific contracts (as applicable), in Attachment 6.

Supporting Implementation of the ITC Approach and Data Collection/Evaluation within Local Sites

1. Describe your actual or proposed selection criteria for local ITC sites that you will support, and how many sites you plan to support across the period of performance. Include any available community-specific data that was or will be used for site selection (e.g., existing gaps in evidence-driven programs, disparities in access to services for the priority population), and discuss how the proposed sites will connect to the information presented in the Needs Assessment section. Explain how the selection of sites aligns with your broader equity and system improvement goals, including meeting the needs of populations who have been historically underserved or marginalized. As feasible, include demographic information for the priority population and/or the anticipated number of families to be served.
2. Describe your process for engaging and initiating support of existing or potential local ITC sites in Year 1, toward the goal of supporting at least three sites during the period of performance. Include a summary of site capacity and readiness (e.g., judicial commitment, partnerships and partner buy in, prior or current experience with ITC implementation or comparable efforts, availability of relevant expertise and of a strong backbone organization to lead the work). If you intend to work with selected or anticipated sites to build their capacity for implementing the ITC approach, describe those plans (or clearly state that you will not engage in those activities).
3. If proposing to support well-established ITC sites, describe how these will be enhanced, expanded, and/or sustained, and include any existing challenges that will be addressed during the current project.
4. Discuss your planned partnership with the National Resource Center on T/TA activities. In your narrative, include an overview of how you will promote

medical home, court, child welfare, and other partnerships for all implementation sites and support the local community team in their outreach efforts, including building of judicial leadership and commitment.

5. Describe the extent and ways in which you will provide fiscal support to local sites (e.g., subawards, in-kind resources, assistance with securing other federal, state, or local resources) as appropriate to carry out the expected local level activities.
6. Provide a plan for ongoing quality improvement and assurance of the local ITC sites' progress, including activities that support high-quality and data-driven implementation and learning. Describe mechanisms of oversight, cross-site coordination, and information sharing and how you will ensure that the local sites are meeting their specific goals and objectives.

Refer to the Evaluation and Technical Support Capacity section for additional instructions related to monitoring and evaluation of your project performance.

HRSA-22-074: National Resource Center

As part of your proposal, respond to the following:

Capacity-Building through T/TA

1. Describe your plan to provide a range of T/TA offerings to state award recipients, local ITC sites, and others implementing the ITC approach, and how the T/TA will assist them in achieving core program objectives. Include the following:
    a. How you will work with state award recipients to identify and respond to their T/TA needs, including how you will collaborate with states to support local ITC teams;
    b. How you will identify and engage with other sites implementing the ITC approach (or similar) who may benefit from T/TA;
    c. Your general approach to T/TA delivery, including any guiding framework(s) and primary methods or formats for engaging and communicating with T/TA recipients (e.g., web-based platforms, product development, spectrum of offerings);
    d. The audiences you expect to reach via T/TA activities, by ITC team role(s) and/or profession; and
    e. Your T/TA staffing plan and how you will ensure the required subject matter expertise is available to T/TA recipients across the key topic areas described in Program Requirements and Expectations, including the

expertise of lived experience in child welfare/judicial systems, health systems, other early childhood systems, and the communities served. Include your full project staffing plan in Attachment 2.

2. Describe how you will engage and support ITC local implementation sites who are not affiliated with a state award recipient to participate in and benefit from T/TA activities and the broader network of ITC sites.
3. Describe how you will support T/TA recipients to partner with health care providers and systems to promote the holistic development, health, safety, and well-being of the priority population, including improving access to health promotion and prevention services that address social determinants of health.
4. Describe how you will support T/TA recipients to measure and improve equity in the health, safety, and well-being outcomes of the priority population, as well as within the broader early childhood system.
5. Describe how you will identify new states or local jurisdictions who may benefit from the ITC approach, and provide initial outreach, information, guidance, and recommendations regarding implementation.
6. Describe how you plan to facilitate information sharing, network building, and/or collaboration across implementation sites, including plans for hosting an annual conference.

National-level Activities & Partnerships

1. Describe how you will identify and engage national organizations and other partners, including individuals and organizations representing those with relevant lived experience, to improve the quality, awareness, reach, and sustainability of the program. Include details regarding current partners, plans for partnership development, and expected joint activities. Provide letters of support or agreement from key partners (see Appendix D) in Attachment 5, as well as details of any proposed or existing contracts to support the project in Attachment 6.
2. Describe your plans to raise national awareness, knowledge, and uptake of the ITC approach specifically, as well as aligned strategies, policies, and practices that advance the health and well-being of the priority population and other infants, toddlers, and families who are at increased risk of maltreatment.
3. Describe your plans to engage families and community members with lived experience in the child welfare and early childhood systems, and how you will support their leadership in policy, practice, and systems change efforts.
4. Describe how you will develop or strengthen partnerships with other HHS-funded T/TA providers for the purposes of sharing information and subject

matter expertise, aligning or creating shared products, and ensuring efficient and effective use of resources to support state-level teams and local implementation sites.

Evaluation and Evidence-Building

1. Describe how you will support evaluation and CQI within ITC sites to build their capacity and optimize their early developmental health and well-being impact. Specifically address how you will:
    a. Build internal capacity of state-level teams to collect, analyze, and develop action plans using local-level data;
    b. Support and collaborate with state award recipients to meet evaluation-related program expectations under HRSA-22-073;
    c. Support sites to align their data collection & reporting to enable program-wide analysis; and
    d. Facilitate data reporting and related processes (e.g., development of data use agreements, Institutional Review Board approvals) required for evaluation activities.
2. Provide a plan for building the evidence base for the ITC approach, including evaluating the extent to which the ITC approach facilitates early developmental health and well-being outcomes for the priority population and identifying key drivers of and barriers to achieving such outcomes. Include:
    a. Plans for partnering with an experienced external organization to conduct the evaluation;
    b. Key questions to be answered through evaluation; and
    c. A description of how families and communities participating in ITC site activities, or otherwise affected by the child welfare and associated systems, will be integrated into planning, execution, interpretation and dissemination of the evaluation and its findings.

Refer to the Evaluation and Technical Support Capacity section for additional instructions related to monitoring and evaluation of your project performance.

- WORK PLAN -- Corresponds to Section V's Review Criterion (2) Response

Both Award Opportunities

In narrative form, describe the major activities or steps that you will use to achieve each of the objectives proposed in the Methodology section for the entire period of performance. Provide a timeline in Attachment 1 that includes each

activity, organized by project goal or objective, and identifies responsible staff and/or partners.

Additionally, submit a logic model for designing and managing the project as part of Attachment 1. A logic model is a one-page diagram or table 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 logic model outlines the "what" and "why" of a project, to show how it is intended to work. 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

Both Award Opportunities

Discuss challenges that you are likely to encounter in designing and implementing project activities, and approaches that you will use to resolve such challenges. Specifically consider how you will address possible challenges associated with cross-sector collaboration, partnering with families and community members, and the context of the COVID-19 pandemic, if any.

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

Both Award Opportunities

1. Describe your plan for program monitoring and performance evaluation. Include how you will monitor ongoing processes of your project, determine your progress towards the goals and objectives of the project, and integrate a CQI approach. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources) and key processes for evaluation (e.g., data sources, methods, and frequency of collection), and expected outcomes of the proposed activities.

2. Provide a preliminary list of the key measures that you will use to assess performance and progress toward the objectives outlined in the Purpose section. Include the measurement areas specified below, as well as any additional measures needed for monitoring and evaluation purposes. Discuss how you will connect program data to other publicly available data sources (e.g., Title V Information System, National Survey of Children's Health, National Survey of Child and Adolescent Well-being, National Child Abuse and Neglect Data System; see the National MCH Measures Compendium) for program management, performance measurement, and/or evaluation purposes.

3. Provide a list of key evaluation questions you hope to answer with your project data and primary evaluation methods. Explain how the results will be used to inform program development and service delivery, or for other purposes. *Note that HRSA expects monitoring and evaluation processes to be closely linked. Your measurement and evaluation plans may be updated after award, in consultation with HRSA.* Discuss your plans to seek Institutional Review Board (IRB) approval or exemption for proposed activities, as appropriate, and provide an assurance that you will follow federal regulations regarding **Human Subjects Protection**.

4. Describe the systems and processes that will support performance management and effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials developed, and previous work of a similar nature.

5. Describe how you will partner with communities and other representatives with lived experience on monitoring and evaluation activities.

6. Describe how you will infuse equity considerations (including race/ethnicity, socio-economic status, and rurality) throughout data planning, collection, analysis, and usage/dissemination (e.g., collaboratively identifying appropriate measures and data sources, disaggregating data by key variables, contextualizing data through an equity lens, using data to guide actions toward equity goals, supporting communities' measurement capacity).[26] As a reminder, the DIS will include plans for ongoing monitoring and measurement of stated outcomes and impact, which should align with your overall project performance measurement and evaluation plans.
7. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Refer to the Reporting section for additional information about required forms for annual performance reports to HRSA.

HRSA-22-073: State Awards

Within the proposed plan, identify specific measures of progress toward core objectives that you will collect and track for reporting to HRSA in annual progress or performance reports. Include plans for establishing baseline data and targets and for measuring ongoing progress. *Note: you will work with HRSA and the National Resource Center to refine your core performance metrics after award and align them with those of other recipients, as well as share data with the National Resource Center as needed for reporting and evaluation purposes.* Example measures include:

- Objective 1: Communities and families served by an active ITC site; use of coordination and communications methods or platforms (including data systems)
- Objective 2: Training and professional development of child- and family-serving professionals; engagement of state and community leaders (including family leaders) in outreach, education, or joint planning and implementation activities; changes in target policies and practices
- Objective 3: Family receipt of relevant screening and support services; timeliness of service linkage; connection to preventive health and support services (e.g., medical home, home visiting); agency participation in developing and maintaining a continuum of P–3 family-strengthening services

[26] See https://cssp.org/resource/our-identities-ourselves-a-guide-to-anti-racist-data-collection-for-system-leaders-and-data-administrators/ and https://www.aisp.upenn.edu/centering-equity/ for relevant considerations.

- Objective 4: Development of equity goals and action plans; use of data to identify and reduce disparities in target P–3 outcomes; partnerships with family leaders and support for their leadership capacity

HRSA-22-074: National Resource Center

Within your plan, describe how you will monitor and improve the quality of both site-specific T/TA and national-level activities, including outreach and support to new potential jurisdictions. Include plans for evaluating the outcomes and impact of these activities and for conducting CQI. Propose measures and indicators that align with Program Requirements and Expectations for both state award recipients and the National Resource Center, as well as core program objectives.

Also describe how you will measure progress and collect, track, and compile relevant data on the progress of state award recipients, local sites within awarded states, and other implementation sites you support, for composite reporting to HRSA in annual progress or performance reports.

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

Both Award Opportunities

1. Succinctly describe your organization's current mission, structure, and scope of activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Discuss how your organization will follow the approved project plan, properly account for and document the use of federal funds, and oversee the activities of any partners and subrecipients. If you will make subawards or expend funds on contracts, describe the systems and procedures your organization has in place to ensure proper documentation of funds and costs incurred by subrecipients.
2. Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Include a staffing plan and job descriptions for key personnel in Attachment 2, biographical sketches of key staff in Attachment 3, and a project organizational chart in Attachment 4. Describe your capacity for ongoing staff support, retention and professional development. Include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

3. Describe your organizational experience and expertise in leading and participating in child welfare, court and/or health system improvements, including any participation in advisory councils and coordination structures or other relevant experience addressing the needs of the priority population. Describe any experience and expertise in organizing or facilitating cross-sector efforts, including advancing strategic agendas or policy change. Include how you will leverage existing partnerships, information-gathering or -sharing platforms, and other organizational resources to routinely assess and improve the unique needs of the priority population, communities served, and the broader population of families and very young children.
4. Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts, or receive assistance from, while conducting these project activities. Include letters of agreement or support in Attachment 5 and/or descriptions of proposed/existing project-specific contracts in Attachment 6, as applicable.

HRSA-22-073: State Awards

In addition, provide an overview of the current staffing for early childhood and child welfare systems in your state, and indicate how positions and organizational capacities supported by this award will be additive. Also demonstrate how your project and/or organizational partnerships will advance practice and policy changes at the state level.

Note: HRSA considers the project director, the state coordinator, and the data and evaluation lead key personnel for this project.

HRSA-22-074: National Resource Center

In addition, include the below elements:

1. Demonstrate how your organization has adequate experience, expertise, infrastructure, and staffing in place to provide coaching and T/TA to states and local jurisdictions to implement strategies outlined in the work plan. Discuss experience in providing both widespread and individual T/TA on priority ITCP topic areas and using adult-learning theory and instructional design in TA development and monitoring.
2. Demonstrate how your project and/or organizational partnerships will advance practice and policy changes at the national level, and increase the nationwide reach, impact, and sustainability of the ITC approach.

3. Describe your organization's relevant experience and expertise with both conducting and providing T/TA related to:

   - Developing and using data systems to track family- and systems-level progress and outcomes;
   - Implementing a CQI approach; and
   - Evaluating processes and outcomes associated with project activities.

   Provide details regarding any partnerships or external expertise you will engage for these purposes.

Note: HRSA considers the project director, the T/TA lead, and the data and evaluation lead key personnel for this project.

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.

After using columns 1 through 4 of the SF-424A budget form, a separate SF-424A budget form must be submitted for the 5th-year budget. Include this form in Attachment 7.

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

As required by the Consolidated Appropriations Act, 2022 (P.L.117-103), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2022, the Executive Level II salary increased from $199,300 to **$203,700**. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

Provide a narrative that explains the amounts requested under each line in the budget. Specifically describe how each item will support the achievement of proposed

objectives. You must submit a budget narrative for the entire period of performance (Years 1 – 5). For subsequent budget years, highlight the changes from year 1 or clearly indicate that there are no substantive budget changes during the period of performance.

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 narrative must be concise. Do NOT use the budget narrative to expand the project narrative.

In addition to requirements in HRSA's *SF-424 Application Guide,* include the following:

- *Personnel Costs*: List each staff member who will be supported from award funds or in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. See Organizational Information for required "key personnel." Note: final personnel charges must be based on actual, not budgeted labor.
- *Travel*: List anticipated travel expenses associated with participating in state, regional, or national meetings that address the objectives of this project, including travel for an annual meeting of ITC sites. 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.
- *Contractual/Subawards/Consortium/Consultant*: Provide a clear explanation as to the purpose of each subaward, how the costs were estimated, and the specific outcomes or deliverables of associated activities. Identify amounts to be provided to implementation sites, if any. Provide additional details in Attachment 6.

Be sure to include details and justification for the following in the appropriate category(ies):

- Costs associated with supporting the time commitment and other contributions of key partners, including family leaders and community representatives; and
- Costs associated with performance monitoring and evaluation activities, including any subawards to external organizations.

v. *Program-Specific Forms*

Program-specific forms are not required for this application.

vi. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-

profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide*)
Include the role, responsibilities, and qualifications of proposed project staff. Provide job descriptions for key personnel. (Note: HRSA considers the following key personnel for this project: project director and data and evaluation lead (**both award opportunities**); state coordinator (**HRSA-22-073—State Awards only**); T/TA lead (**HRSA-22-074—National Resource Center only**). Keep each job description to one page in length, or less, as much as is possible.

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 Support, Memoranda of Understanding, and/or Other Agreements
Provide any documents that describe working relationships with or support from other entities and programs cited in the proposal for the purposes of this project. Make sure any letters or agreements are signed and dated. Letters of support should specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). HRSA recommends submitting a maximum of five letters or agreements, with a focus on critical partners.

If you are eligible for the funding special consideration, include a letter(s) of verification from your organization in this section. This verification is required in order to be considered for the funding special consideration.

Attachment 6: Description(s) of Proposed/Existing Contracts (project-specific)

Provide a description of each proposed contractual or other subaward relationship, if any. Documents that confirm actual or pending contractual or other agreements should clearly describe the subrecipient organization, roles of the contractors, and any deliverable(s) or outcome(s) of the work.

Attachment 7: 5th Year Budget
After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the 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*.

Attachments 8–15: Other Relevant Documents (optional)
Include here any other documents that are relevant to the application, including any charts, tables, or other supporting material.

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*.

REMINDER: You must also notify potential sub-recipients that entities receiving subawards must be registered in SAM and provide your organization with their DUNS/UEI number.

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 4, 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 Infant-Toddler Court Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $625,000 per year (for **HRSA-22-073—State Awards**) or $5,000,000 (for **HRSA-22-074—National Resource Center**), 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law. Effective January 2022, the Executive Level II salary increased from $199,300 to **$203,700**.

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

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

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

V. Application Review Information

1. Review Criteria

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

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

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

Criterion 1: NEED (15 points) – Corresponds to Section IV's *Introduction* and *Needs Assessment*

Both Award Opportunities

Reviewers will consider the extent to which the application provides a clear and convincing description of the problem, associated contributing factors, the level of need in the applicant's state[2] (**for HRSA-22-073—State Awards**) or national context (**for HRSA-22-074—National Resource Center**), and opportunities for improvement. This includes the extent to which the application:

- Defines specific goals and objectives that align with the purpose, goals, and objectives of the ITCP and with the provided needs assessment;
- Provides a clear and well-supported assessment of early developmental health, safety, and well-being needs of the priority population, including relevant SDoH and health disparities, and an effective justification for any proposed focus on specific subgroups;
- Identifies specific and important systems barriers to early developmental health and well-being, and opportunities for improvement, to be addressed in the proposed project, including those affecting populations who have been underserved or marginalized in the child welfare system and those associated with the COVID-19 pandemic;
- Describes specific and important gaps and opportunities in cross-system collaboration; and
- **For HRSA-22-074—National Resource Center** only: Provides a sound assessment of national, state, and local needs for T/TA in the ITC approach and related capacity-building.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's *Introduction, Methodology*, *Work Plan*, and *Resolution of Challenges*

HRSA-22-073: State Awards

Reviewers will assess the extent to which the proposed project responds to the Program Requirements and Expectations, is capable of meeting goals and objectives

outlined in the Purpose section of the NOFO and the application's Introduction, and responds effectively to the needs identified in the Needs Assessment (including identified disparities and inequities). This includes the degree to which the application:

- Proposes to use a framework or approach that is aligned with the ITC approach and will address disparities and advance health equity;
- Proposes a robust and realistic approach towards the leadership and oversight of the proposed state-level and local ITC site activities (e.g. engagement, capacity building, ongoing quality improvement and assurance, possible expansion);
- Proposes effective methods to resolve systemic barriers that interfere with achieving developmental health, safety, well-being, and equity goals both at the state and local ITC site levels;
- Describes a sound and inclusive approach for developing common goals and a state action plan;
- Demonstrates the capacity to establish or enhance cross-system partnerships and advisory structures and increase collaboration to implement the proposed activities at the state and local levels, including partnership with family leaders and others with lived experience; and
- Includes a detailed, feasible, and effective plan for how they will support and sustain at least three local ITC implementation sites, including a thoughtful and comprehensive approach for site selection, engagement, capacity building (where needed), implementation and data/evaluation support (including T/TA in partnership with the National Resource Center and financial support), enhancement, and/or expansion.

HRSA-22-074: National Resource Center

Reviewers will assess the extent to which the proposed project responds to the Program Requirements and Expectations, is capable of meeting goals and objectives outlined in the Purpose section of the NOFO and the application's Introduction, and responds effectively to the needs identified in the Needs Assessment (including identified disparities and inequities). This includes the degree to which the application:

- Describes a comprehensive, effective, and feasible plan to meet the T/TA and capacity-building needs of state award recipients, local sites, and other jurisdictions to implement the ITC approach and achieve program goals, using adult learning principles and reaching multiple audience types;

- Provides a clear and effective plan for identifying, engaging, and supporting local implementation sites who are not affiliated with a state award recipient and new jurisdictions who may benefit from initiating implementation of the ITC approach;
- Details a robust plan for engaging with partners, including family leaders and others with lived experience, to strengthen national awareness, uptake, and impact of the ITC approach and to facilitate associated policy, practice, and systems change efforts;
- Proposes effective methods for partnering with other HHS-funded T/TA providers to improve quality, alignment, and efficiency of resources; and
- Describes detailed and scientifically sound plans for supporting and strengthening the data and evaluation capacity of state award recipients and building the evidence base for the ITC approach.

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

Both Award Opportunities

Reviewers will assess the strength and effectiveness of the proposed plan to monitor and evaluate the project's progress and results throughout the performance period. This includes:

- The quality of proposed measures and the applicant or partners organizations' capacity to track and report them over time;
- The extent to which the applicant organization will effectively use data for CQI and advancing program goals;
- The extent to which proposed evaluation questions and methods will improve knowledge of the project's processes, outcomes, and impact; and
- The extent to which key stakeholders (including family and community representatives) will be integrated in the planning, implementation, and response to monitoring and evaluation efforts.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's *Needs Assessment*, *Methodology*, *and Evaluation and Technical Support Capacity*

Both Award Opportunities

Reviewers will assess the extent to which the proposed project will be effective and have a public health impact, if funded. This includes:

- The likelihood of expanding the reach of the ITC approach and achieving substantive improvements in the policies and practices affecting the priority population, toward improved health equity and health, safety, and well-being outcomes;
- The extent to which project impact on early developmental health and well-being may be statewide (**for HRSA-22-073—State Awards**) or national (**for HRSA-22-074—National Resource Center**) in scope;
- The effectiveness of plans for dissemination and use of project results for future efforts; and
- The degree to which the project activities and outcomes are replicable and sustainable beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's *Evaluation and Technical Support Capacity* and *Organizational Information*

Both Award Opportunities

Reviewers will assess the extent to which the applicant organization demonstrates the resources and capacity to successfully implement the requirements of the program and achieve program goals and objectives, including familiarity and experience with the ITC and aligned approaches. This includes:

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project;
- The extent to which adequate project personnel time, expertise, and organizational resources are available to carry out the requirements and goals of the project, including subrecipient monitoring and proposed data, measurement, and evaluation activities;
- The strength of key partnerships (including those listed in Appendix D) and associated resources; and
- The applicant organization's capacity to engage key stakeholders and effect changes toward program goals at the state (**for HRSA-22-073—State Awards**) or national (**for HRSA-22-074—National Resource Center**) level.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's *Budget and Budget Narrative*

Both Award Opportunities

Reviewers will assess the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of proposed activities, and the anticipated results. This includes:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and efficiently allocated given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which sufficient resources are allocated to support implementation sites, family leaders, and other partners (e.g., national or community organizations, expert consultants, evaluation partners) 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.

HRSA-22-073: State Awards

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

For this award type, HRSA will use special consideration and geographical distribution.

Funding Special Considerations and Other Factors
This program includes special consideration, which is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process. HRSA will take into special consideration applications that are submitted by, or propose to work closely with, Indian tribes or tribal organizations (as defined in 25 U.S.C. 5304) and demonstrate an emphasis on integration of the ITC approach in ICWA courts.

A letter or other document to verify the applicant organization's affiliation with these entities is required and should be included with other letters of support in Attachment 5.

American Indian and Alaska Native children have historically been overrepresented in the child welfare system and enter into foster care nationally at a rate of 2.6% times

higher than non-Natives. For some individual states, this rate is drastically higher.[27] Through collaboration with Indian tribes or tribal organizations and ICWA courts, state award recipients will have the opportunity to address the overrepresentation of American Indian and Alaska Native children in child welfare as well as health and well-being disparities. This funding special consideration will also support equitable access to family services for a historically marginalized and underserved population.

HRSA will also consider geographical representation of funded applications across multiple HHS regions.

PLEASE NOTE: HRSA will consider all applicants who are eligible to apply for this NOFO. Applications will be funded based on their strengths and scientific merits and depending on the availability of funding. In order to achieve the special considerations described above, HRSA may need to fund applications out of the rank order.

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

[27] https://www.ncjfcj.org/publications/disproportionality-rates-for-children-of-color-in-foster-care-fiscal-year-2015/ and https://www.nicwa.org/wp-content/uploads/2017/09/Disproportionality-Table.pdf

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) prior to the start date of September 30, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

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

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

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights
All publications and resources 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:

   HRSA-22-073: State Awards:
   https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-073&ActivityCode=U2Z

   HRSA-22-074: National Resource Center:
   https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-074&ActivityCode=U2D

   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	9/30/2022 to 9/29/2027 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	9/30/2022 to 9/29/2023 9/30/2023 to 9/29/2024 9/30/2024 to 9/29/2025 9/30/2025 to 9/29/2026	Beginning of each budget period (Years 2–5)	120 days from the available date
c) Project Period End Performance Report	9/30/2026 to 9/29/2027	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, and measures of progress as identified in Evaluation and Technical Support Capacity). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

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

In addition to DGIS reporting specified above, recipients will be expected to collect and report to HRSA in their annual performance, progress reports, or requests for

information, the following data (as well as other performance measures aligned with core program objectives):

- Number of active ITC sites supported with project funds
- Number of P–3 families served in supported ITC sites
- Proportion of P–3 families served in ITC sites whose children remain in family custody during services (i.e., do not enter foster care)
- Number of P–3-serving professionals reached through outreach, training, or TA activities, disaggregated by role (e.g., judge, attorney, child welfare worker, health provider)
- Number of family or community representatives engaged in program advisory or leadership activities

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:

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301)443-7858,
Email: DColwander@hrsa.gov

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

Lynlee Tanner Stapleton and Ekaterina Zoubak
Public Health Analyst, Division of Home Visiting and Early Childhood Systems
Attn: Infant-Toddler Court Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18th Floor

Rockville, MD 20857
Email: Lynlee lstapleton@hrsa.gov, Ekaterina ezoubak@hrsa.gov
Telephone: Lynlee (301) 443-5764, Ekaterina (240) 475-8014

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

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

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance for both award opportunities:

Webinar

Day and Date: Tuesday, February 22, 2022
Time: 3--4:30 p.m. ET
Web link: https://hrsa-gov.zoomgov.com/s/1608716750?pwd=S3RKZTZrZ20wMnE1U2I5K1ZqclJTQT09
Passcode: 72zz7f0R

Call-In Number: 1-833-568-8864
Webinar ID: 160 871 6750
Passcode: 84426079

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

Tips for Writing a Strong Application

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

Appendix A: Glossary

Concurrent planning: Per the Child Welfare Information Gateway, concurrent planning, required by the Adoption and Safe Families Act of 1997, is an approach that seeks to eliminate delays in attaining permanent families for children and youth in foster care. Effective implementation requires comprehensive and early assessment. It involves identifying and working toward a child's primary permanency goal (such as reunification with the birth family) while simultaneously identifying and working on a secondary goal (such as guardianship with a relative). This practice can shorten the time to achieve permanency if efforts toward the primary goal prove unsuccessful because progress has already been made toward the secondary goal.

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

Early childhood system: An organized, purposeful group that consists of interrelated and interdependent partners and subsystems working together to develop seamless systems of care for pregnant individuals, children, and their families from the prenatal period to kindergarten entry. An early childhood system brings together health (holistically defined), child welfare, early care and education, and other human services and family support program partners—as well as community leaders, families, and other stakeholders—to achieve agreed-upon goals for thriving children and families. These systems help children grow up healthy and ready to learn by addressing their physical, emotional, and social health, and that of their families, in a broad-based and coordinated way.

Strong early childhood systems aim to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and

foster innovation. For more information, see: https://childcareta.acf.hhs.gov/systemsbuilding/understanding-systems-build).

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. See 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).

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services. See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at §1 (Jan. 20, 2021).

Family engagement: Authentic partnership between professionals and family leaders who reflect the diversity of the communities they represent, working together at the systems level. This also includes systematic inclusion of families in activities and programs that promote children's development, learning, and wellness, including in the planning, development, and evaluation of such activities, programs, and systems. (For more information: https://eclkc.ohs.acf.hhs.gov/family-engagement; https://www.lpfch.org/publication/framework-assessing-family-engagement-systems-change; https://cssp.org/wp-content/uploads/2018/11/Parent-Manifesto-FINAL.pdf).

Family leadership: Occurs when families are engaged as valued partners and their input is heard, understood, and influential in decision-making. The involvement and leadership of families in early childhood systems efforts acknowledges that lived experiences fill knowledge gaps and increase the accountability of systems to the families and communities they serve. (For more information: https://cssp.org/wp-content/uploads/2019/04/Parent-Engagement-and-Leadership-Assessment-Guide-and-Toolkit-FINAL.pdf).

Health disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. (For more information:

https://www.cdc.gov/healthyyouth/disparities/index.htm; https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities).

Health equity: 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. See https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers.

Health system: Encompasses the full continuum between public health (population-based services) and health care (delivered to individual patients), including medical, behavioral health, and oral health.

Infant-Toddler Court (ITC) approach: The ITC approach is a collaborative practice that integrates multidisciplinary family-, community-, and systems-level interventions designed to meet the unique needs of infants, toddlers, and their families who become involved, or are at high-risk for involvement, in the child welfare judicial system. It is anchored by a team that collaborates with a specialty or problem-solving court to directly serve families under court supervision, but also takes a preventive, public health approach to strengthen the protective capacities of families with young children, address families' health and related service needs, and strengthen community and state systems to address social determinants of health and improve the health, safety, stability, and well-being of all families. See https://www.amchpinnovation.org/database-entry/infant-toddler-court-teams-based-on-the-zero-to-three-safe-babies-court-team-approach/ for more details.

Populations at higher risk of health disparities: The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, sexual and gender minorities, socioeconomically disadvantaged populations, and underserved rural populations. *See* National Institute on Minority Health and Health Disparities, *Health Disparity Populations* April 1, 2021, https://www.nimhd.nih.gov/about/overview/.

Protective factors: Per the Child Welfare Information Gateway, protective factors are conditions or attributes in individuals, families, communities, or the larger society that promote the health and well-being of children and families, today and in the future. By using a protective factors approach, child welfare professionals and others can help parents find resources and supports that emphasize their strengths while also identifying areas where they need assistance, thereby reducing the chances of child abuse and neglect. See also: https://cssp.org/our-work/projects/protective-factors-framework/.

Social determinants of health (SDoH): HHS defines SDoH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDoH

can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context. Explore evidence-driven resources at the following links:

- Healthy People 2030: Evidence-Based Resources
- Centers for Disease Control and Prevention: Social Determinants of Health: Know What Affects Health; Social Vulnerability Index (SVI): County Maps
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities: https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf

State award recipients: For the purposes of this NOFO, this term refers to state-level teams funded under announcement number HRSA-22-073: Infant-Toddler Court Program–State Awards.

Underserved communities: Per Executive Order 13985 § 2(b), "[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.'" (Definition provided in the Executive Order and this Appendix.)

Trauma-informed care: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive. See https://nicic.gov/samhsas-concept-trauma-and-guidance-trauma-informed-approach and https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems for additional details.

Appendix B: Early Childhood and Child Welfare Best Practices and Resources

A number of effective and evidence-driven interventions exist that aim to strengthen families, address the impact of traumatic experiences, and support early developmental health and well-being. A few select registries and reviews listing these practices and interventions are presented below, although this list is not exhaustive. Please note HRSA is not affiliated with most of the resources provided below and does not endorse any given best practice or intervention.

- Title IV-E Prevention Services Clearinghouse
- Home Visiting Evidence of Effectiveness
- California Evidence-based Clearinghouse for Child Welfare
- MCH Innovations Database
- MCHbest: Bank of Evidence-linked Strategies and Tools
- Blueprints for Healthy Youth Development
- Department of Education's Early Childhood Technical Assistance Center: Evidence Based Practice
- Tribal Information Exchange
- Bright Futures guidelines for clinical practice and recommendations for health promotion and prevention in states and communities
- Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity (2019)
- Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda (2019)
- Primary Care Interventions for Early Childhood Development: a Systematic Review (2017)
- Review of Evidence-Based Interventions for Families Served by Infant-Toddler Court Teams (2016)
- Parenting Matters: Evidence Based Parenting Interventions for children 0-8 (2016)
- Evidence Based Parenting Interventions To Promote Secure Attachment (2016)

Similarly, resources focused on the prevention of child maltreatment include:

- Centers for Disease Control and Prevention (CDC): Toolkit for Preventing Child Abuse and Neglect
- CDC: Essentials for Childhood
- The U.S. Department of Health and Human Services' Children's Bureau: 2021/2022 Prevention Resource Guide
- Capacity Building Center for States: Working Across the Prevention Continuum to Strengthen Families

Appendix C: Selected Child Welfare Programs, Data, and Initiatives for Alignment

Title II of the Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1996 to establish Community-Based Child Abuse Prevention (CBCAP) programs, which aim to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

The Keeping Children and Families Safe Act of 2003, June 25, 2003, (Public Law 108-36), which reauthorized CAPTA, encourages federal support of child protective services (CPS) linkages with developmental, mental health, early intervention, and health services related to the evaluation and treatment of maltreated children.

Specifically, CAPTA requires CPS to refer all cases involving substantiated victims of child maltreatment under the age of 3 to services funded under Part C of the Federal Individuals with Disabilities Education Act (IDEA) to be evaluated for the receipt of early intervention services such as speech, language, and physical therapy; family counseling and home visits; medical care; nursing; and nutrition services.

The Child Abuse Prevention and Treatment Act (CAPTA) was further amended by the Comprehensive Addiction and Recovery Act (CARA) in 2016. This revision expanded the use of Plans of Safe Care (POSC) to all infants who are affected by substance withdrawal symptoms or a fetal alcohol spectrum disorder and required that services be identified for their family/caregivers. Multi-system collaboration has been identified as a best practice to support affected infants and their families. Additional CAPTA reauthorization and amendments are currently under consideration in Congress.

The Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act of 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.

The Indian Child Welfare Act (ICWA) of 1978 is Federal law that governs the removal and out-of-home placement of American Indian children. The law was enacted after recognition by the Federal Government that American Indian children were being removed from their homes and communities at a much higher rate than non-Native children. ICWA established standards for the placement of Indian children in foster and adoptive homes and enabled Tribes and families to be involved in child welfare cases.

The Regional Partnership Grant program awards competitive, targeted grants to regional partnerships that provide integrated activities and services that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance abuse.

The Children's Justice Act provides grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. State and local examples are available at https://www.childwelfare.gov/topics/systemwide/courts/reform/cja/.

State Fact Sheets on Child Welfare Financing are available at: https://www.childtrends.org/research/research-by-topic/child-welfare-financing-survey-sfy-2014.

The 2019 *Survey of Child Welfare Agency Policies and Practices for Infants and Toddlers in, or who are Candidates for, Foster Care* identified current state-level policies and practices, as well as several areas for improvement in supports, for infants and toddlers and their families.

The Administration for Children and Families' (ACF) Children's Bureau releases annual child maltreatment reports, which detail reports of child abuse and neglect to child protective service agencies. ACF also sponsors the National Survey of Child and Adolescent Well-Being (NSCAW), a nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services.

The Thriving Families, Safer Children initiative is a public-private partnership designed to support jurisdictions to refocus the child welfare system on strengthening families, creating more equitable systems, and breaking intergenerational cycles of poverty and trauma.

Appendix D: Recommended Partnerships

Both Award Opportunities

- Family leadership organization(s) or coalitions
- Professional associations and policy/advocacy organizations
- Primary Care Associations, Managed Care Associations, and other health provider or systems representatives

HRSA-22-073: State Awards

- State agencies & program leads overseeing:
  - Programs and activities authorized under CAPTA and FFPSA (e.g., state grants, CBCAP)
  - Maternal and child public health (e.g., Title V MCH Block Grant, MIECHV, PMHCA & Maternal Depression & Related Behavioral Disorders programs)
  - Substance use and mental health treatment
  - Children's mental health programs (e.g. Systems of Care, Infant and Early Childhood Mental Health Consultation)
  - Early Childhood Comprehensive Systems (ECCS) program
  - Court Improvement Programs, family-serving specialty courts, and other state legal/judicial systems
  - Medicaid and CHIP programs
  - Family-serving human service programs (e.g., WIC, SNAP, HUD)
  - State Preschool Development Grant (PDG) Birth through Five Initiative
  - Early care and learning, including Head Start
  - Early intervention under IDEA Part C
  - Drug control and law enforcement
- Early Childhood Advisory Council(s), Children's Cabinets, and similar committees or advisory groups
- Indian tribes or tribal organizations, tribal early childhood programs, ICWA courts and Indian Health Services programs

HRSA-22-074: National Resource Center

- Experts in measurement and evaluation of health and well-being for the priority population
- Workforce development and training organizations
- HHS-funded technical assistance and resource providers, such as:
  - FRIENDS National Center for Community-Based Child Abuse Prevention
  - National Center on Substance Abuse and Child Welfare
  - Child Welfare Capacity Building Collaborative: Capacity Building Center for Courts, Capacity Building Center for Tribes and Capacity Building Center for States
  - Association of Maternal and Child Health Programs
  - MIECHV Technical Assistance Resource Center
  - Early Childhood Systems Technical Assistance and Coordination Center (ECS-TACC)
  - Center of Excellence for Infant and Early Childhood Mental Health Consultation