

Pre-Application Webinar for:

**FY 2012 Affordable Care Act (ACA)
Tribal Maternal, Infant, and Early
Childhood Home Visiting (MIECHV)
Program Funding Opportunity**

Tuesday, June 12, 2012, 2:00 pm EDT

Archive: <http://www.acf.hhs.gov/programs/ccb/initiatives/hvgp/index.htm>



Cooperative Agreements for Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program under the Affordable Care Act (ACA)

- ▶ Funding Opportunity Number HHS-2012-ACF-OCC-TH-0302
- ▶ CFDA # 93.508
- ▶ www.grants.gov
- ▶ www.acf.hhs.gov/grants
- ▶ Full grant opportunity available at
<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2012-ACF-OCC-TH-0302>

**APPLICATIONS DUE MONDAY, JULY 16, 2012,
11:59 PM EDT**



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Send pre-application webinar questions to:

Email: tribal.homevisiting@hhs.gov

- Questions will be accepted as part of this pre-application webinar until **5:00pm EDT on Wednesday, June 13th**.
- Please include the words “Applicant Question 0302” in the subject heading of the email, and please include your name, the name of your organization, and your telephone number in the text of the message.
- A transcript of this webinar and a summary of listener questions received before 5:00pm EDT on June 13th, along with ACF responses, will be posted to <http://www.acf.hhs.gov/programs/ccb/initiatives/hvgp/index.htm>
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Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Legislative Authority (p. 2)

- Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), also known as the Affordable Care Act
- Authorizes the Secretary of HHS to award grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct an early childhood home visiting program
- 3 percent of the total Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program appropriation (authorized in Section 511(j)) is set aside for grants to tribal entities
- Tribal grants, to the greatest extent practicable, are to be consistent with the requirements of the Maternal, Infant, and Early Childhood Home Visiting Program grants to States and territories (authorized in Section 511(c)), and include conducting a needs assessment and establishing benchmarks



Cooperative agreement (pp. 13-14)

- A cooperative agreement is a specific method of awarding Federal assistance where substantial Federal involvement is anticipated.
- The Federal involvement and collaboration includes several activities described in the funding opportunity announcement under Section II, “Award Information”.
- Cooperative agreements defining the respective responsibilities of ACF and grantees will be negotiated.



Cooperative agreement (pp. 13-14)

- As part of the cooperative agreement, in accordance with the statutory requirements in Section 511 of Title V, as added by the ACA, ACF (in consultation with HRSA) anticipates providing training and technical assistance to grantees throughout the 5-year project period.



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Eligible Applicants (pp. 14-15)

- Federally recognized Indian Tribes (or consortia of Tribes)
- Tribal Organizations
- Urban Indian Organizations

As defined by Section 4 of the Indian Health Care Improvement Act, Pub.L. 94-437 at

http://www.ssa.gov/OP_Home/comp2/F094-437.html



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Award Amounts (p. 13)

- \$1.5 million in total funding available
- Eligible applicants may apply for a minimum of \$100,000 and a maximum of \$400,000 per budget period
- Applicants should provide a budget and budget justification only for the first 12-month budget period. Funds for Years 2-5 will be awarded on the basis of submission and approval of non-competing continuation applications. Given that Phase 2 activities could be more costly to conduct than Phase 1 activities, ACF anticipates that the amount of financial assistance in Years 2-5 could exceed the amount awarded in Year 1.
- There will be up to 7 cooperative agreements made under this funding opportunity
- The cooperative agreements awarded will be for a project period of 60 months with 5 12-month project periods
- No match requirement
- **Awards under this announcement are subject to the availability of Federal funds**



Program Goals (p. 2)

- The overall goals of the ACA Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program are to:
 - Strengthen and improve maternal and child health programs;
 - Improve service coordination for at-risk communities; and
 - Identify and provide comprehensive home visiting services to families who reside in at-risk communities.



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Program Goals (p. 4)

The Tribal Home Visiting program has the specific goals of:

- Supporting the development of happy, healthy, and successful American Indian and Alaska Native (AIAN) children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs;
- Implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities;
- Expanding the evidence base around home visiting interventions with Native populations; and
- Supporting and strengthening cooperation and coordination and promoting linkages among various programs that serve pregnant women, expectant fathers, young children, and families, resulting in coordinated, comprehensive early childhood systems in grantee communities.



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Use of Funds (p. 2)

Funds under the Tribal Home Visiting Program support:

1. Conducting a needs and readiness assessment of the tribal community (or communities) that considers community characteristics and the quality and capacity of existing home visiting programs and other supportive services, examines community readiness to implement a quality home visiting program, is coordinated with other relevant needs assessments, and involves community stakeholders as appropriate;
2. Collaborative planning efforts to address identified needs by developing capacity and infrastructure to fully plan for, adopt, implement, and sustain high-quality home visiting programs that have strong fidelity to evidence-based models;
3. Providing high-quality, evidence-based home visiting services to pregnant women, expectant fathers, and parents and primary caregivers of young children aged birth to kindergarten entry;



Use of Funds (p. 2), continued

4. Developing a data system and mechanism to measure, track, and report on progress toward meeting legislatively mandated benchmarks for participating children and families with reliability and validity; and
5. Conducting rigorous local program evaluation activities that may include examining effectiveness of home visiting models in serving tribal populations, adaptations of home visiting models for tribal communities, or questions regarding implementation or infrastructure necessary to support implementation of home visiting programs in tribal communities.



Population of Focus (pp. 6-7)

- AIAN in tribal communities, including Indian Tribes or Urban Indian Centers (as defined by Section 4 of the Indian Health Care Improvement Act, Pub.L. 94-437 at http://www.ssa.gov/OP_Home/comp2/F094-437.html).
- Eligible families in at-risk AIAN communities include pregnant women, expectant fathers, parents, and primary caregivers of children aged birth through kindergarten entry, including grandparents or other relatives of the child, foster parents who are serving as the child's primary caregiver, and non-custodial parents who have an ongoing relationship with, and at times provide physical care for, the child.



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Grants will be awarded for an initial planning phase (Phase 1).

(p. 4)

- Pending successful Phase 1 (Year 1) activities and submission of a non-competing continuation application that includes a needs assessment and approvable plan for responding to identified needs through an evidence-based home visiting program, funds will be provided for Phase 2 (Implementation Phase, Years 2-5). (pp. 4-5)
- In Phase 1 of the cooperative agreement, grantees must: (1) conduct a comprehensive community needs and readiness assessment; and (2) develop a plan and begin to build capacity to respond to identified needs through an evidence-based home visiting program (including a plan for measuring and reporting on program participants' progress toward meeting legislatively mandated benchmarks and a plan for rigorous evaluation of the home visiting program). (pp. 7-10)
- In Phase 2, grantees will implement the various components of their approved implementation plan (submitted at the end of Phase 1) and work closely with ACF and HRSA to ensure implementation and evaluation of high-quality, evidence-based home visiting programs in their community. (pp. 10-11)

Awards under this announcement are subject to the availability of Federal funds.



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Required Grant Activities – Phase 1: Needs Assessment, Planning, and Capacity Building (Year 1) (pp. 7-10)

- In Phase 1 of the cooperative agreement, grantees must: (1) conduct a comprehensive community needs and readiness assessment; and (2) develop a plan and begin to build capacity to respond to identified needs through an evidence-based home visiting program.
- At the start of Phase 1, ACF will provide grantees with detailed OMB-approved guidance (OMB Control No.: 0970-0389 Expiration Date: 06/30/2014) for submitting both the community needs and readiness assessment and plan for responding to identified needs (including a plan for measuring and reporting on program participants' progress toward meeting legislatively mandated benchmarks and a plan for rigorous evaluation of the home visiting program).
- This guidance can be found at <http://www.acf.hhs.gov/programs/ccb/initiatives/hvgp/index.htm>.
- **Grantees will be expected to submit the needs assessment and plan, in accordance with the OMB-approved guidance, within 10 months of the Year 1 award date.**



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Required Grant Activities – Phase 1: Needs Assessment (pp. 8-9)

The needs and readiness assessment that grantees will conduct as part of Phase 1 must, to the greatest extent possible:

- A. Identify at-risk community(ies) in the grantee's target area by collecting data on the health and well-being of individuals and families in these communities
- B. Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the target community(ies)
- C. Assess the community(ies)'s capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services
- D. Assess the community(ies) capacity to implement and integrate home visiting services into an early childhood system through the completion of a community readiness assessment

This needs and readiness assessment must be coordinated with and take into account, to the greatest extent possible and as appropriate for the community(ies), other needs assessments conducted by Federal, State, tribal, local, and private entities within the community.



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Required Grant Activities – Phase 1: Needs Assessment (pp. 8-9)

For the purposes of this program, in order to reflect the diverse circumstances of tribal populations, ACF and HRSA take a broad and inclusive view of the definition of "at-risk community." Grantees may define an at-risk community in the following ways:

- An entire Tribe within a discrete geographic region (i.e., on a reservation) could be considered an at-risk community;
- Subgroups of a Tribe within a discrete geographic region (i.e., on a reservation) could be considered at-risk communities; or
- Members of a Tribe(s) could live scattered throughout a larger, non-tribal geographic area interspersed with non-tribal members (i.e., American Indians and Alaska Natives living in an urban environment) and be considered an at-risk community.



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Required Grant Activities – Phase 1: Planning and Capacity Building Activities (p. 9)

Activities could include:

- Identifying the populations to be served on the basis of the needs and readiness assessment;
- Beginning to build administrative and management capacity for the program (e.g., hiring key staff and locating space);
- Building relationships and developing formal agreements with potential partners and stakeholders;
- Selecting evidence-based home visiting models for implementation;
- Collaborating with the developers of selected home visiting model(s) to culturally adapt or modify model(s), if needed, and establish formal agreements;
- Identifying and establishing benchmark measures and indicators that could demonstrate whether families served by the program show improvements in key child and family outcome areas;
- Developing a database and mechanism to track progress and report on program participants progress in meeting benchmarks in key child and family outcome areas; and
- Locating and securing partners (such as independent evaluators) to plan for and conduct ongoing program evaluation activities.



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Required Grant Activities – Phase 1: Planning and Capacity Building Activities (pp. 9-10)

Selection of an evidence-based home visiting model for implementation:

- ACF conducted a review of home visiting models (Home Visiting Evidence of Effectiveness or HomVEE) for the State MIECHV program; models that meet criteria for the State MIECHV program are listed at <http://homvee.acf.hhs.gov>.
- ACF conducted a separate review of home visiting interventions with Native communities (Tribal HomVEE) (<http://homvee.acf.hhs.gov/TribalReport.pdf>)



NO home visiting models previously implemented in tribal communities meet the “evidence-based” criteria for the State MIECHV program

- Tribal Home Visiting grantees may choose a **PROMISING APPROACH** that is:
 - Grounded in relevant empirical work
 - Developed by or in partnership with a national organization or university
 - To be evaluated through well-designed and rigorous research



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Required Grant Activities – Phase 1: Planning and Capacity Building Activities (pp. 9-10)

Selection of an evidence-based home visiting model for implementation:

Tribal Home Visiting Grantees may select:

- A. A model for which there is currently little to no evidence of effectiveness. For example:
 1. One of the models studied by the Tribal HomVEE review (<http://homvee.acf.hhs.gov/TribalReport.pdf>), but found not to meet criteria for evidence of effectiveness;
 2. One of the models studied by the larger HomVEE review (<http://homvee.acf.hhs.gov>), but found not to meet criteria for evidence of effectiveness, adapted to meet the needs of the tribal community;
 3. A model that was not studied by either the tribal or the larger HomVEE review, adapted to meet the needs of the tribal community;
 4. A model developed by the grantee to meet community needs, in partnership with a national organization or institution of higher education, for the purposes of the Tribal Home Visiting program; or
 5. An adapted or modified version of an approved model for the State MIECHV Program that includes significant alterations to core components;
- OR**
- B. Any of the models found to meet evidence-based criteria through the larger HomVEE review, information on which can be found at <http://homvee.acf.hhs.gov>, adapted to meet the needs of the tribal community.



Required Grant Activities – Phase 2: Implementation Phase (Years 2-5) (pp. 10-11)

Phase 2 activities include:

- Building infrastructure to implement evidence-based home visiting programs in the community;
- Providing high-quality, evidence-based home visiting services to children and families in the community;
- Measuring and reporting on program participants' progress toward meeting benchmarks in key child and family outcome areas; and
- Conducting ongoing rigorous program evaluation activities that will result in building the knowledge base around home visiting services to tribal populations.



Required Grant Activities – Phase 2: Implementation Phase (Years 2-5) (pp. 10-11)

Infrastructure Building Activities in Phase 2

- Infrastructure building activities cover a range of different activities that include the following components.
 - Foundation infrastructure (planning and collaboration);
 - Implementation infrastructure (operations and workforce development); and
 - Sustaining infrastructure (communications, building support, and evaluation).



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Required Grant Activities – Phase 2: Implementation Phase (Years 2-5) **(pp. 10-11)**

Legislatively-Mandated Benchmark Requirement in Phase 2

- Grantees must meet the benchmark reporting requirements specified in the ACA legislation, including developing a data system and mechanism to measure, track, and report on (at the 3rd and 5th years of the grant) outcomes of participating children and families with reliability and validity. The relevant benchmark areas for participating children and families include:
 1. improved maternal, newborn, and child health;
 2. prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits;
 3. improvements in school readiness and child academic achievement;
 4. reductions in crime or domestic violence;
 5. improvements in family economic self-sufficiency; and
 6. improvements in the coordination and referrals for other community resources and supports.
- More details on the 37 specific constructs (performance measures) grantees will need to track and report on under each benchmark area can be found in Section 5 and Appendix E of the OMB-approved guidance (OMB Control No.: 0970-0389 Expiration Date: 06/30/2014, available at <http://www.acf.hhs.gov/programs/ccb/initiatives/hvgp/index.htm>)



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Required Grant Activities – Phase 2: Implementation Phase (Years 2-5) (pp. 10-11)

Rigorous Program Evaluation Requirement in Phase 2

- Grantees must conduct ongoing rigorous program evaluation activities that will result in building the knowledge base around successful strategies for implementing, adopting, providing, and sustaining high-quality, evidence-based home visiting services to AIAN populations.
- Rigorous program evaluation activities could include:
 - Examining effectiveness of promising approaches and/or components of home visiting;
 - Adaptations or enhancements of evidence-based home visiting models and/or components to AIAN populations; or
 - Questions regarding implementation or infrastructure necessary to support evidence-based home visiting models among AIAN populations.



Required Grant Activities – Phase 2:

Implementation Phase (Years 2-5) (pp. 10-11)

Rigorous Program Evaluation Requirement in Phase 2

Evaluations conducted as part of Phase 2 **must include a comparison** (e.g., the receipt of home visiting to not receiving home visiting; the provision of intensive coaching for implementation compared to implementation without coaching), either through a quasi-experimental design such as a matched comparison, a wait-list control, or multiple-baseline design (e.g., single-case design), or a randomized control design.



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Evaluation Criteria (pp. 40-43)

- Applications competing for financial assistance will be reviewed and evaluated using the criteria described in *Section V.1* of the FOA.
- The corresponding point values indicate the relative importance placed on each review criterion.
- Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed.
- Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review.



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Application Submission (pp. 16-17)

- ACF requires electronic submission of applications at www.Grants.gov.
- **Applications in response to this program announcement are due by 11:59 pm Eastern Time on July 16, 2012.** Electronic applications submitted to www.Grants.gov after 11:59 p.m., ET, on the due date, as indicated by a dated and time-stamped email from www.Grants.gov, will be disqualified from competitive review and from funding under this announcement.
- Applicants that do not have an Internet connection or sufficient computing capacity to upload large documents (files) to the Internet may contact ACF for an exemption that will allow these applicants to submit an application in paper format. The **deadline for receipt of paper applications is 4:30 p.m., ET, on the due date.** Paper applications received after 4:30 p.m., ET, on the due date will be disqualified from competitive review and from funding under this announcement.
- Paper applications received from applicants that have **not** requested an exemption from required electronic submission will be disqualified from competitive review and from funding under this announcement.



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Page Limitations (p. 23)

- Required Standard Forms (SFs) and/or OMB-approved Forms
 - No page limitations, will not count against other page limitations
- Required Certifications and Assurances
 - No page limitations, will not count against other page limitations
- Project Summary/Abstract
 - Limited to one single-spaced page in 12-point font, not counted against other page limitations
- Project Description
 - Limited to 100 pages that are double-spaced, with 1" margins
- Budget Justification
 - No more than 10 single-spaced pages, **will not count against other page limitations**
- Proof of Legal Status/Proof of Non-Profit Status
 - No page limitations, will not count against other page limitations
- Appendices
 - Limited to 30 pages



Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Reminders

- Applicants are responsible for ensuring that applications are submitted in advance of the application due date and time.
- Electronic submission is required unless an exemption is granted by ACF.
- All applicants and subrecipients must have a DUNS number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application or using the Government-wide electronic portal, www.Grants.gov.
- All applicants for Federal grants and cooperative agreements, including those that apply in paper format, are required to have Central Contractor Registration (CCR). CCR registration is also required for organizations that will receive subawards under Federal grants and cooperative agreements.
- Applicants experiencing difficulty with an electronic submission should contact the Grants.gov Help Desk (1-800-518-4726 or support@grants.gov).



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GOOD LUCK!