

Health Resources and Services Administration
Maternal and Child Health Bureau

FY2005 HEALTHY START COMPETITION

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HEALTHY START
OVERVIEW

Health Resources and Services Administration
Maternal and Child Health Bureau

- What is the Healthy Start Program
- What are the current Funding Opportunities
- Who is eligible?
- How does my organization apply?
- What are the deadlines for applying?
- How is my application reviewed?
- What are the critical requirements that need to be addressed in my application?

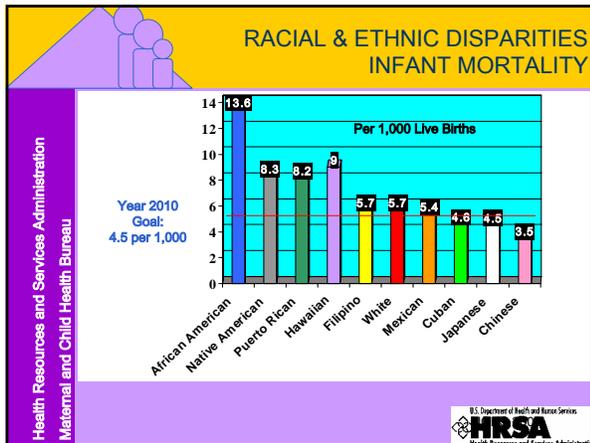


HEALTHY START
OVERVIEW

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- What can federal funds be used for?
- Are there restriction on what federal funds can be used for?
- Are there other federal policy requirements applicants should be aware of?
- Contacts for more information
- Other Resources





- ### HEALTHY START'S ROLE IN ADDRESSING DISPARITIES
- Reduce the rate of Infant Mortality
 - Eliminate disparities in perinatal health
 - Implement innovative community-based interventions to support & improve perinatal delivery systems in project communities;
 - Assure that every participating woman & infant gains access to the health delivery system & is followed through the continuum of care;
 - Provide strong linkages with the local & state perinatal system.
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- ### HEALTHY START
- Established as Presidential Initiative in 1991 to improve health care access and outcomes for women and infants, promote healthy behaviors and combat the causes of infant mortality
 - 15 Sites (1991-1997)
 - 7 Sites (1994-1997)
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HEALTHY START

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FY1998 Congressional Language: replicate best models/lessons learned from demonstration phase with existing sites serving as resources centers

- 20 Mentoring (1998-2001)
- 50-76 New Communities (1998-2001)

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**HEALTHY START'S
LESSONS LEARNED**

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- National Evaluation
- Internal Assessment by National Consultants
- Secretary's Advisory Committee on Infant Mortality (SACIM)

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**OVERARCHING CONCLUSIONS
AND LESSONS LEARNED**

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- Elements necessary for success:
 - Strong neighborhood-based outreach and case management model
 - Focus on service integration and close link to clinical care system
 - Implementation of evidenced based practices
 - Consistency in program implementation over time and across program sites

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WHERE SHOULD THE FOCUS BE?

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Services should begin in prenatal period and extended from beyond the postpartum period to throughout the entire interconceptional period, i.e., from end of one pregnancy to either the next pregnancy or to 2 years post delivery

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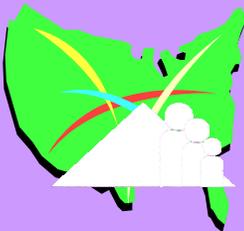
- Authorizing Legislation - Title III, Section 330H of the Public Health Service Act (42 U.S.C. 254c-8)
 - An initiative to reduce the rate of infant mortality and improve perinatal outcomes
 - Make grants for project areas with high annual rates of infant mortality

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HIGHLIGHTS OF
SEC. 330H
HEALTHY START

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Partnership with statewide systems and with other community services funded under the Maternal and Child Health Block Grant.



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**HIGHLIGHTS OF
SEC. 330H
HEALTHY START**

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COMMUNITY CONSORTIUM

Individuals & organizations including, but not limited to, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) & other significant sources of health care services.

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- 36 States
- District of Columbia
- Puerto Rico
- Virgin Islands
- Indigenous Populations

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HEALTHY START

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Healthy Start Project Area Sites

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HEALTHY START

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92 Communities

- *ELIMINATING DISPARITIES IN PERINATAL HEALTH*
 - 2001-2005 Seventy-one Grantees
 - 2002-2006 Twelve Grantees
 - 2004-2008 Six Grantees

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4 Communities

- *ELIMINATING DISPARITIES IN PERINATAL HEALTH-BORDER, ALASKAN AND NATIVE HAWAIIAN COMMUNITIES*
 - 2001-2005 Two Grantees
 - 2004-2008 Two Grantees

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- *Improving Screening and Treatment for Perinatal Depression (FY 2001-2005)*
- *High Risk Interconceptional Care (FY 2001-2005)*
- *Family Violence (FY 2002-2005)*

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CURRENT FUNDING OPPORTUNITIES

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Summary of Funding

- Four (4) years project period
- Maximum of \$750,000 annually for new projects
- Current Healthy Start grantees (existing competing continuation) may only apply for an amount up to their current funding level
- Anticipated project start date of June 1, 2005

HRSA-05-013 Eliminating Disparities in Perinatal Health (General Population)*

- Up to 68 projects

HRSA-05-037 Eliminating Disparities in Perinatal Health (Border Health, Alaska and Hawaii)*

- Up to 2 projects

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ELIGIBLE APPLICANTS

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Existing Competing Continuation Applicant:

- A current Healthy Start grantee that is receiving Healthy Start funds for the project period of June 1, 2001-May 31, 2005. On question #8 of the SF 424 Face page:
 - Check the "continuation" box
 - Next to the word "Other", type in "Competing Continuation"

New Applicant:

- All other applicants, including previously funded Healthy Start projects, whose project period is other than June 1, 2001-May 31, 2005, are considered a new applicant and should check the "new" box on question #8 on the SF 424 Face page.

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ELIGIBLE APPLICANTS

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- **Examples of Eligible Applicants:**
 - Consortium or network of providers
 - Local government agencies
 - Tribal governments
 - Agencies of State governments, multi-state health systems or special interest groups serving a community area
 - Faith and community based organizations

Competing applications for the same project areas will NOT be considered for funding

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DEFINITIONS: ELIGIBILITY DISPARITIES FOR NON-BORDER PROJECTS
 HRSA-05-013

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- Verifiable three year average data for the period 1999-2001 showing for the specified Project Area, an Infant Mortality Rate of at least 10.58/1000 live births for one or more racial, ethnic, geographical or other disparate population *(one and a half times the national rate)*
- Demonstrated linkage to State Title V
- Existing Consortium or plans to create

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ELIGIBILITY DISPARITIES: BORDER, ALASKAN AND NATIVE HAWAIIAN COMMUNITIES
 HRSA-05-037

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- Demonstrated linkage to State Title V
- Existing Consortium or plans to create
- Project area which meets the definition of a border community (i.e., within 62 miles from the Mexican border) or is located in Alaska or Hawaii.

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ELIGIBILITY DISPARITIES: BORDER, ALASKAN AND NATIVE HAWAIIAN COMMUNITIES
 HRSA-05-037

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- Verifiable three-year average data for 1999 through 2001 meeting at least three of the following perinatal indicators:
 - Percentage of pregnant women with anemia/iron deficiency is 20% or more;
 - Percentage of pregnant women entering prenatal care in the first trimester is less than 80%;
 - Percentage of births to women who had no prenatal care is greater than 2%;
 - Percentage of births to women who had fewer than 3 prenatal clinic visits during pregnancy is greater than 30%;
 - Percentage of Women of Child Bearing Age (WCBA) who are uninsured is greater than 35%;
 - Percentage of children 0-2 years old with a completed schedule of immunization is less than 60%;
 - Percentage of infants in the bottom 10% on the growth/weight chart is greater than 25%;
 - Percentage of children under 18 years of age with family incomes below the Federal Poverty Level exceeded 19.9% for 2000. If more recent verifiable poverty data is available, please provide this data and identify year and source.

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HOW DO I APPLY?

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- Must use Public Health Service (PHS) Application Form 5161-1.
>Contains additional general information and instructions for grant applications, proposal narratives and budgets.

Download from: www.hrsa.gov/grants/forms
or
Contact:
HRSAGAC@hrsa.gov
Telephone: 877-477-2123
HRSAGAC@hrsa.gov



HOW DO I APPLY?

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Required of all applicants:

- **DUNS Number**
Can obtain at www.hrsa.gov/grants/duns
- **Federal Government's Central Contractor Registry (CCR)**
Can obtain at www.hrsa.gov/grants/ccr



HOW DO I APPLY?

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- **Electronic Submission**
HRSAs encourages on line submission.

To register and/or log-in to prepare your application:
<https://grants.hrsa.gov/webexternal/login.asp>

For assistance, HRSAs call center
877-GO4-HRSA(877-464-4772)
8:30am to 5:30pm ET



HOW DO I APPLY?

**Health Resources and Services Administration
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- Paper Application
One ink-signed original, one copy and one disk copy

Mail to:
 HRSA Grants Application Center
 The Legin Group, Inc.
 Attn: Grant Program
 CFDA # 93.926
 901 Russell Avenue
 Suite 450
 Gaithersburg, MD 20879
 (877-477-2123)

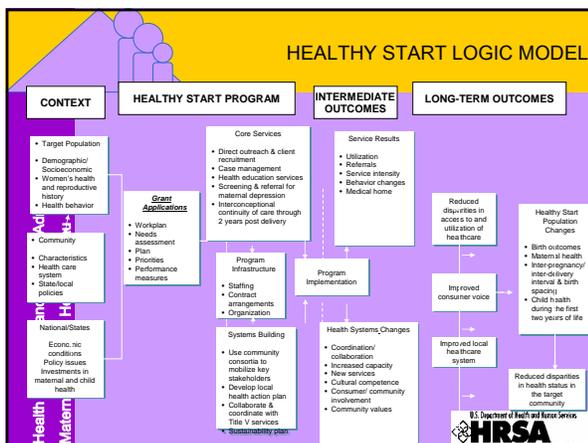
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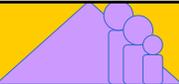

WHEN IS THE APPLICATION DUE?

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- Due dates for applications is
Tuesday, December 28, 2004
- Postmarked or E-marked on or before
the deadline date

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REQUIREMENTS

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- Need: Community Assessment
- Response: Core Service Interventions
- Evaluation: National and Local including Project Monitoring
- Impact: Core System Interventions
- Resources and Capabilities: Administration and Management
- Support Requested: Budget and Budget Justification





Need (20%): *The extent to which the application describes the problem and associated contributing factors to the problem.*

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- The extent to which the proposed plan will enhance or improve Eliminating Disparities activities in the community through provision of required core services of outreach and client recruitment, case management, health education, interconceptional care, and depression services.
- The extent to which the demonstrated need(s) of the target population to be served are adequately described and supported in the needs assessment and summarized in the problem statement.
- The extent to which the applicant describes the size, demographic characteristics, prevalent norms, health behaviors and problems of the targeted population(s).
- The extent to which the proposed plan addresses the documented need(s) of the targeted population including attention to the cultural and linguistic needs of consumers.
- The extent to which the project is linked to an existing perinatal system of care that enhances the community's infant mortality reduction programs already in operation in the project area.





REQUIREMENTS: NEED

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- The Community Assessments must describe:
 - The current assets/resources of the community
 - The current needs of the community
 - The service area for the project
 - The target population
 - The comprehensiveness and quality of the service delivery system for the target population



REQUIREMENTS: NEEDS ASSESSMENT

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- **Comprehensive/Quality Services**
 - Includes all partners necessary to assure access to a full range of services, as identified by the community (e.g., prevention, primary, & specialty care; mental health & substance abuse services, HIV/AIDS, MCH, dental care)
 - Establishes referral arrangements that are necessary for quality care

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REQUIREMENTS: RESPONSE 15%

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The extent to which the proposed project responds to the "purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the project objectives incorporate the specific HS program competition's purpose (i.e. Eliminating Disparities or Border Health) and are measurable, logical, and appropriate in relation to both the specific problems and interventions identified.
- The extent to which the activities proposed for each service (Outreach, case management, health education, interconceptional care and depression services) appear feasible and likely to contribute to the achievement of the project's objectives within each budget period.

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REQUIREMENTS: RESPONSE

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Objectives and Indicators

- Identify project objectives which are responsive to the goals of the program
- Project objectives must include, at a minimum, the OMB approved performance and outcome measures
- Objective statements must clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, target population
- Each objective must include:
numerator, denominator, time frame, data source including year, baseline data

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HEALTHY START PERFORMANCE MEASURES

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- 01 The percent of MCHB supported programs that are satisfied with the leadership of and services received from MCHB.
- 02 The percent of MCHB customers (participants) of MCHB programs that are satisfied with services received from MCHB supported programs.
- 05 The percent of MCHB supported projects that are sustained in the community after the federal grant project period is completed.
- 07 The degree to which MCHB supported programs ensure family participation in program and policy activities.
- 10 The degree to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts, and training.

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HEALTHY START PERFORMANCE MEASURES

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- 14 The degree to which communities use "morbidity/mortality" review processes in MCH needs assessment, quality improvement, and/or data capacity building.
- 15 The percent of very low birth weight infants among all live births.
- 17 The percent of all children from birth to age 2 participating in MCHB supported programs that have a medical home.
- 20 The percent of women participating in MCHB supported program who have an ongoing source of primary and preventive services for women.
- 21 The percent of women participating in MCHB supported programs requiring a referral, who receive a completed referral.
- 22 The degree to which MCHB supported programs facilitate health providers' screening of women participants for risk factors
- 35 The percent of Communities having comprehensive systems for women's health services.
- 36 The percent of pregnant program participants of MCHB supported programs who have a prenatal care visit in the first trimester of pregnancy.



Healthy Start Outcome Measures

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For Program Participants:

- 01 The infant mortality rate per 1,000 live births.
- 03 The neonatal mortality rate per 1,000 live births.
- 04 The post-neonatal mortality rate per 1,000 live births.
- 05 The perinatal mortality rate per 1,000 live births.
- 06 The percent of live singleton births weighing less than 2,500 grams among all live births to program participants.





Requirements: Response

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Project Interventions

- Strategies/interventions to accomplish meeting the proposed objective
- Include target dates for starting and completing activities and persons/organizations involved
- Reflect the funding requested in the budget justification





**HEALTHY START
CORE INTERVENTIONS**

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- *Core Services:*
 - Outreach,
 - Case management,
 - Health education,
 - Screening and referral for depression,
 - Interconceptional continuity of care.





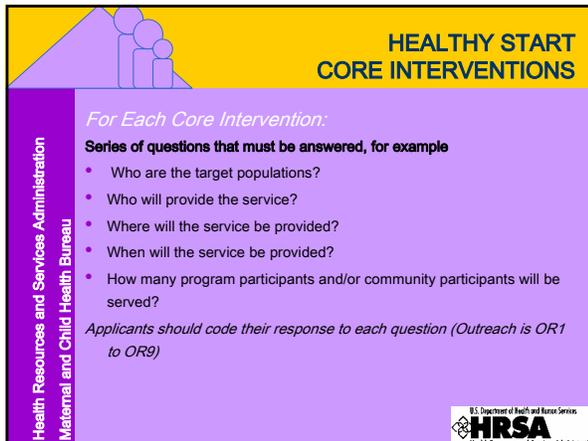
**HEALTHY START
CORE INTERVENTIONS**

**Health Resources and Services Administration
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For Each Core Intervention:

- Definition;
- Essential Elements;
- Specific Requirements
- Linkage to Performance Measure
- Correlation with National Evaluation





**HEALTHY START
CORE INTERVENTIONS**

For Each Core Intervention:

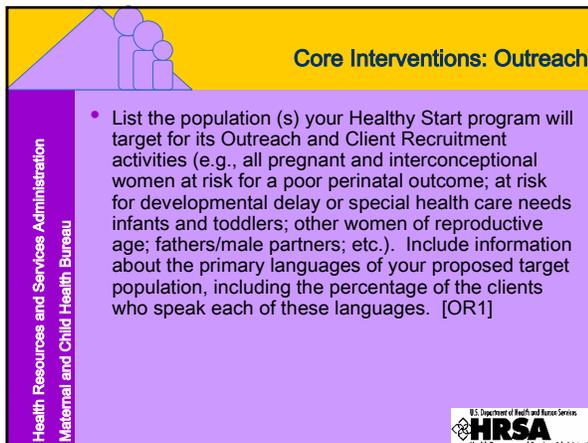
Series of questions that must be answered, for example

- Who are the target populations?
- Who will provide the service?
- Where will the service be provided?
- When will the service be provided?
- How many program participants and/or community participants will be served?

Applicants should code their response to each question (Outreach is OR1 to OR9)

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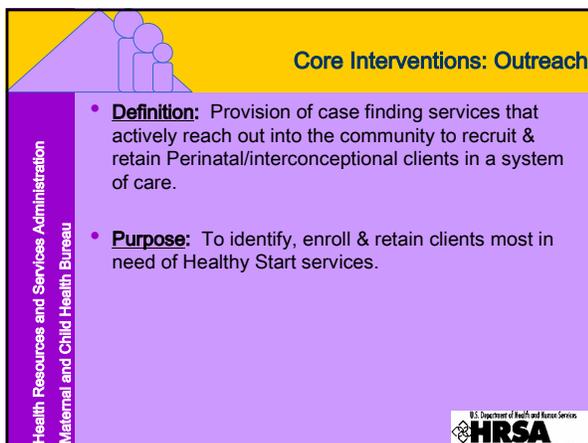


Core Interventions: Outreach

- List the population (s) your Healthy Start program will target for its Outreach and Client Recruitment activities (e.g., all pregnant and interconceptional women at risk for a poor perinatal outcome; at risk for developmental delay or special health care needs infants and toddlers; other women of reproductive age; fathers/male partners; etc.). Include information about the primary languages of your proposed target population, including the percentage of the clients who speak each of these languages. [OR1]

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Core Interventions: Outreach

- **Definition:** Provision of case finding services that actively reach out into the community to recruit & retain Perinatal/interconceptional clients in a system of care.
- **Purpose:** To identify, enroll & retain clients most in need of Healthy Start services.

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Core Interventions: Case Management

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- **Definition:** Provision of services in a coordinated culturally sensitive approach through client assessment, referral, monitoring, facilitation, & follow-up on utilization of needed services.
- **Purpose:** To coordinate services from multiple providers to assure that each family's individual needs are met to the extent resources are available, & the client agrees with the scope of planned services.





Case Management: Essential Elements

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- A multidisciplinary team that includes outreach workers, nurses, social workers, paraprofessionals, nutritionist & health care providers.
- Adequate personnel that considers the risk status of the client
- Service delivery at sites in the community, including homes
- A broad scope of services including education, prevention, & intervention.
- Pro-active partnerships between case managers, families, service providers, & the community.
- Individualized needs assessments & service plans developed with families
- Service intensity that matches level of risk.



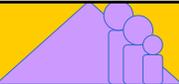


Core Interventions: Health Education & Training

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- **Definition:** Health education includes not only instructional activities & other strategies to change individual health behavior but also organizational efforts, policy directives, economic supports, environmental activities & community-level programs.
- **Purpose:** The purpose of a health education campaign is to disseminate information with the goal of improving an audience's knowledge, attitudes, behaviors & practices regarding a particular area of health promotion.





**Health Education & Training:
Essential Elements**

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- Public information & education campaigns
- Provider training of health care workers
- Consumer/client education packages
- Collaboration with experienced community organizations
- Feedback process for evaluations of training & education programs
- Opportunities for education & training to enhance the development of the community

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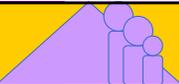


**PERINATAL/POSTPARTUM
DEPRESSION**

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- A depressive disorder is defined as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things.

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**PERINATAL /POSTPARTUM
DEPRESSION**

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Effective screening and referral for further assessment and treatment

- Perform skilled screening
- Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services
- Community education on the impact of perinatal depression and resources available to women and their families.

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**INTERCONCEPTION CARE FOR WOMEN:
EXPECTATIONS**

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- Outreach and case management (e.g., risk assessment, facilitation, monitoring) for women to assure they are enrolled in ongoing care (women's health/medical home) and are obtaining necessary referrals.
- Availability of and access to a system of integrated and comprehensive services Outreach and case management (e.g., risk assessment, facilitation, monitoring) for women to assure they are enrolled in ongoing care (women's health/medical home) and are obtaining necessary referrals.
- Health education (tied to identified needs includes attention to mental health, substance abuse, smoking, domestic violence, HIV and STDs).

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**INTERCONCEPTION CARE FOR INFANTS:
EXPECTATIONS**

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- Outreach and case management for infants/toddlers to assure they are enrolled in a medical home and obtaining necessary referrals including early intervention.
- Availability of and access to a system of primary care services and appropriate screening (e.g., newborn hearing screening) as well as necessary specialty care.
- Health education (e.g., child development, parenting).

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**PERINATAL
DEPRESSION GOALS**

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Early identification and increased capacity to effectively:

- **Screen,**
- **Perform skilled assessment, and**
- **Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services.**

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EVALUATIVE MEASURES (10%):

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess (1) to what extent the program objectives have been met and (2) to what extent these can be attributed to the project.

- The extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation methodologies, and complies with MCHB's evaluation protocol for its discretionary grants and national performance measures
- The extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation methodologies, and complies with MCHB's evaluation protocol for its discretionary grants and national performance measures.
- The extent to which each proposed methodology within the local evaluation is either congruent to or linked with the scopes of the core services (outreach, case management, health education and training) and components required of all HS community projects.

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REQUIREMENTS: EVALUATION

- Commitment to participate in, and cooperate with, the ongoing Evaluation of the Implementation and Outcomes of the Maternal and Child Health Bureau's National Healthy Start Program and MCHB's Performance Management System.

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REQUIREMENTS: EVALUATION

- Local Evaluation protocol
 - Capable of demonstrating and documenting measurable progress toward achieving the stated goals
 - Able to be used for ongoing quality improvement and monitoring of the project on different aspects of the project's administration, fiscal and contract management, consortium, service delivery, collaboration/partnerships, and impact upon both perinatal indicators and on the community, and sustainability.

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**REQUIREMENT:
COMMUNITY CONSORTIUM**

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Individuals & organizations including, but not limited too, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) & other significant sources of health care services.

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**REQUIREMENT:
COMMUNITY CONSORTIUM**

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- Galvanize the political will of the community and stakeholders to effect change
- Provide broad based policy advice to grantee
- Institutionalize a consumer voice (women served by the project) in the development and delivery of services in the community
- Mobilize stakeholders and others to leverage/expand funding resources

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**REQUIREMENT:
COMMUNITY CONSORTIUM**

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- Structures in place to ensure ongoing community/consumer involvement, e.g.; development of leadership skills, scheduling of activities to increase participation, staff support
- Operational guidelines such as bylaws
- Conflict of interest provisions

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**REQUIREMENT:
LOCAL HEALTH ACTION PLAN**

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A realistic, yet comprehensive plan of achievable steps within the four year funding period that will improve the functioning & capacity of the local health system for pregnant and parenting women and their families.

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**REQUIREMENT:
LOCAL HEALTH ACTION PLAN**

**Health Resources and Services Administration
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- System Includes all partners necessary to assure access to a full range of services, as identified by the community (e.g., prevention, primary, & specialty care; mental health & substance abuse services, HIV/AIDS, dental care)
- System has in place all referral arrangements that are necessary for quality care
- System is family friendly and culturally/ linguistically responsive to the needs of the community served.

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**REQUIREMENT:
LOCAL HEALTH ACTION PLAN**

**Health Resources and Services Administration
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ESSENTIAL ELEMENTS

- Targeted Interventions based on assets and gaps in the current service delivery system identified in needs assessment
- Interventions should ensure that system is accessible, responsive, and culturally competent
- Plan should be updated annually

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**REQUIREMENT:
SUSTAINABILITY**

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- Integrates activity into current funding sources
- Maximize third-party reimbursement
- Leverages other funding sources
- Funding sources may include State, local, private funding; in-kind contributions

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RESOURCES/CAPABILITIES (20%):

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The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- The extent to which the proposed approach delineates the interventions included in the plan, and identifies the actual or anticipated agencies and resources which will be used to implement those strategies.
- The capacity, expertise and past experience of the applicant agency to carry out and oversee a complex, integrated, community-driven approach to the proposed Eliminating Disparities activities within the proposed project area.
- The extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources, monitor contracts, and acquire additional resources.
- The extent to which the applicant's fiscal and programmatic contract monitoring system demonstrates their ability to implement and monitor their program.

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**Requirements:
Administration and Management**

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Applicant organizations are expected to have:

- Qualified and appropriate staffing to carry out planned interventions
- Sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support.
- Capacity to monitor the progress of the project toward its objectives, especially monitoring contract deliverables.

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SUPPORT REQUESTED (15%):

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which the proposed budget is realistic, adequately justified, and consistent with the proposed project plan.
- The extent to which the costs of administration and evaluation are reasonable and proportionate to the costs of service provision.
- The degree to which the costs of the proposed project are economical in relation to the proposed service utilization.

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**REQUIREMENTS:
USE OF FUNDS**

- **Activities that could be supported with Healthy Start funding:**
 - Offering a more efficient & effective comprehensive delivery system for the uninsured & underinsured through a network of safety-net providers. [Single registration, eligibility systems]
 - Integrating preventive, mental health, substance abuse, HIV/AIDS, & maternal & child health services within a system. [Block grant funded services, other DHHS programs, state & local programs]
 - Developing a shared information system among the community's safety net providers. [Tracking, case management, medical records, financial records]

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**REQUIREMENTS:
USE OF FUNDS**

- **Grant funds may support costs for:**
 - Project staff salaries
 - Consultant support
 - MIS (hardware & software)
 - Project-related travel
 - Other direct expenses for the integration of admin., clinical, MIS, or financial functions
 - Program evaluation activities

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**REQUIREMENTS:
USE OF FUNDS**

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- Grant funds may NOT be used for:
 - Substituting or duplicating funds currently supporting similar activities
 - Construction
 - Reserve requirements for state insurance licensure

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Collaboration/Linkage with Title V, Local MCH Agencies, and Other Community Stake Holders (10%):

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- The extent of actual or planned involvement of the State Title V, local MCH, and other agencies serving the proposed project area is clearly evident.
- The extent to which the project is consonant with overall State efforts to develop comprehensive community-based systems of services, and focuses on service needs identified in the State's MCH Services Title V- Five Year Comprehensive Needs Assessment and Block Grant Plan.

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**REQUIREMENT:
COORDINATION WITH STATE TITLE V**

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- Partnership with statewide systems and with other community services funded under the Maternal and Child Health Block Grant
- Community needs assessment and plan consistent with State Title V 5-year plan
- Cooperation, integration, and dissemination of information with State Title V and with other community services.

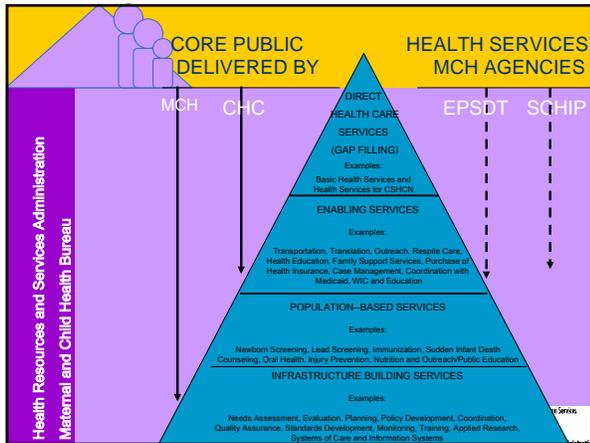
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**HEALTHY START
PERFORMANCE SYSTEM**

Health Resources and Services Administration
Maternal and Child Health Bureau

- Annual Progress Report
- HS Performance Measures
- MCHB Financial And Demographic Data
- HS Additional Data Elements:
 - Characteristics Of Participants
 - Risk Reduction/Prevention Services
 - Major Services: Core Services And System Building

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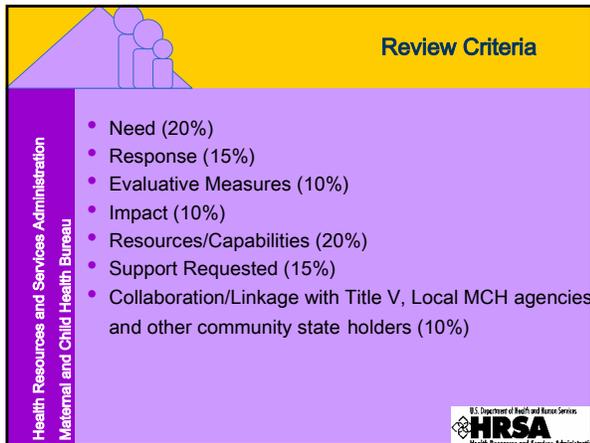


**HEALTHY START
Resources for Performance Review**

Health Resources and Services Administration
Maternal and Child Health Bureau

- Glossary of terms
- For each Performance Measure a detail sheet (and, if necessary the self-assessment form)
- Instructions for every form

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Review Criteria

- Need (20%)
- Response (15%)
- Evaluative Measures (10%)
- Impact (10%)
- Resources/Capabilities (20%)
- Support Requested (15%)
- Collaboration/Linkage with Title V, Local MCH agencies and other community state holders (10%)

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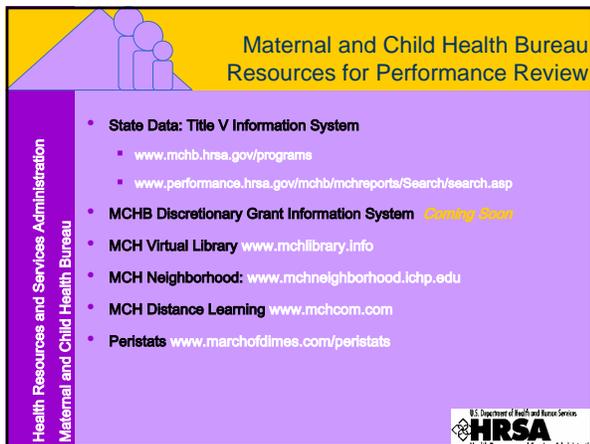
APPLICATION REVIEW PROCESS

Responsibility of HRSA's Division of Independent Review (DIR)

- Applications reviewed by Objective Review Committee (ORC) of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed.
- ORC forwards all applications recommended for approval to the Bureau

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Maternal and Child Health Bureau Resources for Performance Review

- **State Data: Title V Information System**
 - www.mchb.hrsa.gov/programs
 - www.performance.hrsa.gov/mchb/mchreports/Search/search.asp
- **MCHB Discretionary Grant Information System** *Coming Soon*
- **MCH Virtual Library** www.mchlibrary.info
- **MCH Neighborhood:** www.mchneighborhood.ichp.edu
- **MCH Distance Learning** www.mchcom.com
- **Peristats** www.marchofdimess.com/peristats

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Our Goal

Health Resources and Services Administration
Maternal and Child Health Bureau

Healthy Women
 ↓
 Healthy Infants
 ↓
 Healthy Families
 ↓
 Healthy Communities
 ↓
 Healthy Nation



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CONTACTS

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