

REQUEST FOR APPLICATIONS FOR ACT EARLY STATE SYSTEMS GRANTS Application Deadline: Friday, January 10, 2014

LEARN THE SIGNS ACT EARLY: PROJECT OVERVIEW

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) at the Centers for Disease Control and Prevention (CDC) launched the *Learn the Signs. Act Early*. (LTSAE) program in 2004 to provide educational information to parents, health care professionals and early care and education providers about the importance of early identification and intervention for children with signs of autism spectrum disorder and other developmental disabilities (ASD/DD). The LTSAE program has created tools and resources that have promoted the awareness of healthy developmental milestones in early childhood, the importance of tracking each child's development and the importance of acting early if there are concerns. These materials have enhanced the quality and effectiveness of communication between parents and their children's health care and child care providers.

The Act Early Regional Summit Project (Summits) held in 2008-2010 in conjunction with the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) and the Association of University Centers on Disabilities (AUCD) furthered the LTSAE program by convening teams of key state early intervention leaders, including parents, state public health agencies, medical providers, educators and personnel from academic institutions. The Summits were designed to strengthen the capacity of states to respond to the increasing demand for coordinated systems to promote early identification and intervention for children with ASD/DD. The Summits further the mission of the LTSAE program

and enhance collaborations among stakeholders and state systems to create effective systems for the early identification, assessment, diagnosis, and provision of services for children with ASD/DD and their families.

At the completion of each Summit, state teams developed a state plan outlining resources, activities, outputs, outcomes and vision to improve coordination and awareness of early identification and early intervention service systems for children with ASD/DD within their states. The Association of Maternal and Child Health Programs (AMCHP) in conjunction with AUCD, NCBDDD, and MCHB seeks to maintain and build upon the momentum from the collaborative state team work to carry out action steps within the state plan, which is designed to strengthen state and community systems for early identification and intervention for children with signs of ASD/DD.

Requirements: All states and territories are eligible to apply. Grants will be awarded to approximately 7 states or territories (only one per state/territory).

ABOUT AMCHP

The Association of Maternal and Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

AMCHP supports state maternal and child health programs and partners by helping states build successful programs through such efforts as providing capacity building and technical assistance, disseminating best practices, convening leaders to share experiences and ideas, and advising states about involving partners to reach our common goal of healthy children, healthy families and healthy communities.

PURPOSE OF ACT EARLY STATE SYSTEMS GRANTS

To utilize resources available through the LTSAE program and to support state-based teams working to improve early identification of children with developmental delays and linkage to services within systems of care that serve young children under the age of 5 years, AMCHP will award approximately 7 grants up to \$20,000 (\$10,000 per year) for a 2-year project period. Keeping in mind both the opportunities and limitations associated with this relatively modest amount of funding, the grantee and/or members of the team will use this funding to build on and complement state activities outlined in their state plan or otherwise designed to strengthen state and community systems for early identification and intervention for children with signs of ASD/DD.

AMCHP will provide ongoing technical assistance, disseminate resource materials, and link grantees to other states and experts in ASD/DD. To access your state materials or find information about the Act Early Regional Summit Project, please refer to the AUCD website at: http://www.aucd.org/template/page.cfm?id=547.

ACT EARLY STATE SYSTEMS GRANT REQUIREMENTS

State Lead: All applications should identify both a **state lead**, who will serve as the lead contact for AMCHP, and a **co-lead** who can serve as a secondary contact should the state lead not be available, and to ensure continuity in the event of leadership changes. The responsibilities of the state lead will include coordination, support and communication with state team members, AMCHP, the Act Early Network, and other partner organizations. The state lead will also submit progress reports to AMCHP as requested.

Requirements: When reviewing the below requirements, please recognize that reviewers are aware of the limitations in project scope associated with projecting into the second year. As you develop your team and activities, please focus on realistic, achievable goals for year one and, building off year one, a broad overview of vision and goal for year two.

Requirement 1: Partnerships and Collaboration

- Involve a state team that includes appropriate partners who are interested and involved in improving early identification of ASD/DD. Suggested partners could include the following:
 - Early Intervention/Part C, and Section 619/Part B, Dept of Education, ECCS if available, Maternal and Child Health/Title V, Head Start/Early Head Start, Child Care Resource and Referral Program, Home Visitation Programs, UCEDD, WIC, state programs, health/medical care providers, parent organizations, advocacy organizations, families and foundations as appropriate.
 - o Letters of support must be submitted from participating agencies.
- Some examples of partnerships and collaboration are:
 - New Hampshire has worked to support and coordinate the planning of activities with WIC Nutrition Program staff in one underserved region in order to develop a plan that will work in their local office and to disseminate customized *Act Early* campaign materials within local WIC programs to families of young children (such as the *Track Your Child's Developmental Milestones* brochure, *Milestone Moments* booklets, growth charts, etc.).
 - The Maryland Early Intervention and Screening Consortium (comprised of Public Health, Hospitals, Early Learning Programs, Infants and Toddlers, and Public Education) has worked to develop and solidify its new emerging Consortium through regular planning

- meetings, maintaining a website, developing sustainability models, and evaluating the partnership using assessment tools. They are also working to unify the current disparate efforts regarding early screening in an effort to increase the impact of their efforts to implement new activities.
- Nevada has worked to partner with State of Nevada Part B & Part C agencies to monitor the number of referrals made by the childcare centers. The team has been invited to regular meetings of the Nevada MCH program. Most of the NvLEND and NvLTSAE activities have previously taken place in Northern Nevada; as a result of this project their geographic reach has broadened considerably. The team has partnered with an autism center in Las Vegas and now has a developmental pediatrician presenting on Learn the Signs to the state pediatric association.
- Grantees are encouraged to participate in the available activities of the Act Early Network (AEN), such as participating on the Act Early forum (listserv for information related to LTSAE and early identification); attending the quarterly Act Early webinars; sharing results of the grant project via the Act Early forum or another professional forum; and, if applicable, including the state Act Early Ambassador on the project team.

Requirement 2: Implementation of Activities

• Identify at least one activity to improve early identification and linkage to care for young children with developmental delays using materials from the LTSAE program. If applicable, identifying an activity from an existing state-based plan (such as the state plans developed at the Act Early Regional Summits or additional activities added since the summits).. You may choose one, two, or more activities relevant to your team and state that are realistic, achievable, and practical to be implemented within the time frame and limitations of the modest size of this grant.

Examples of potential activities:

- Collaborate with relevant partners to coordinate, promote, and implement developmental screening and early identification efforts within your state. If your state has an Act Early Ambassador, they must be included as part of the team.
- o Increase public awareness by designing a system of dissemination and integration of the LTSAE campaign materials into systems of care within the state.
- Develop a roadmap/flowchart of services for families and providers that includes awareness of developmental milestones, screening, referral, service provision, transition and exiting the system.
- o Identify and expand use of training resources for providers and families on evidence-based services for treatment and education of children with ASD/DD.
- o Improve screening resources for underserved and minority populations. Provide training and technical assistance on developmental screening practices.
- Create a collaborative statewide technical assistance network plan.

Requirement 3: Evaluation

• Develop and implement an evaluation plan to monitor progress (outputs) and outcomes for the proposed activities.

Examples of outputs are given for each example above:

- Collaborate with relevant partners to coordinate, promote, and implement developmental screening and early identification efforts within their state.
 - Examples of outputs: a description of the collaboration and proposed activities.

- o Increase public awareness by designing a system of dissemination and integration of the LTSAE campaign materials into systems of care within the state.
 - Examples of outputs: a description of new dissemination activities (channels, strategies, audiences and reach of campaign materials).
- Develop a roadmap/flowchart of services for families and providers that includes awareness of developmental milestones, screening, referral, service provision, transition and exiting the system.
 - <u>Examples of outputs</u>: a description of the roadmap, how it has been tested and disseminated.
- O Identify and expand use of training resources for providers and families on evidencebased services for treatment and education of children with ASD/DD.
 - <u>Examples of outputs</u>: increased training offerings, increased use of training, numbers trained.
- o Improve screening resources for underserved and minority populations.
 - Examples of outputs: documented increased screening services for targeted population.
- o Provide training and technical assistance on developmental screening practices.
 - Examples of outputs: a description of the types of technical assistance developed or coordinated, number of technical assistance offerings.
- o Create a collaborative statewide technical assistance network plan.
 - Examples of outputs: existence of new or modified plan reflecting increased collaboration and commitment.

Reporting Requirements: For year one, a Mid-Year Progress Report will be due on June 30, 2014, and a Year-End Report will be due on December 17, 2014. Dates for year two reports will be shared with selected Grantees. All reports will include a budget update. Reporting guidance will be provided to grant recipients upon award notification.

Fiscal Agent: The grant application must clearly identify the fiscal agent--the state Title V program, a member of the AUCD network such as a UCEDD or LEND, or other agency involved in early identification of ASD/DD. A letter of commitment is required from the fiscal agent. Other fiscal agents can be considered and designated on an as-needed basis. If another fiscal agent is requested, the application should include the name of, and contact information for, the fiscal agent (as well as an additional contact). The fiscal agent is required to submit a W-9 before any funds can be disbursed.

Grant Funds: Grant funds cannot be used to pay for salaried employees, equipment, software, individual trainings, conference or course registration, primary research, publications, personnel or indirect expenses.

Awardees will be required to submit quarterly invoices (even if no funds have been spent) detailing the costs incurred for the current quarter as well as costs incurred for life of the award. Awardees will receive a template invoice which will be used to seek payment.

WHAT CAN YOU EXPECT FROM AMCHP?

- Ongoing technical assistance via a variety of methods, including telephone, e-mail, online discussion boards and webinars from AMCHP staff and partners.
- Structured peer support, a forum to network, share ideas and problem-solve with colleagues nationwide working on similar issues.

• Technical expertise and consultation, information from leading national experts in the field of ASD/DD.

ACT EARLY STATE SYSTEMS GRANTS TIMELINE

- RFA Announcement: Monday, November 18th, 2013
- Applicant Informational Conference Call: Monday, December 2, 2013 from 3:00-4:00 pm (ET) Call-in Information: Tel: 1-800-689-9374 // Passcode: 645016
 Note: Please send an RSVP to mjarvis@amchp.org if you plan to participate on the conference call
- Applications Due: Friday, January 10, 2014 at 5:00 pm (ET)
- Grantees Announced: Monday, February 24, 2014
- Grantee Orientation Call: March 2014 (exact date TBD)
- Mid-Grant Progress Report Due: August 29, 2014
- Quarterly Check-in and Technical Assistance calls (dates TBD)
- On-going Support & Technical Assistance: March 2014-February 2016 (and beyond)
- <u>Year-End Reports Due</u>: February 27, 2015

APPLICATION PROCEDURE

- Applications must address Components I-VII (described below).
- The page limit for Components I-IV is four pages single-spaced, 11 minimum font size; Components V, VI & VII are stand-alone, one-page documents.
- To be considered eligible, applicants are required to complete and submit all required pieces via e-mail by 5:00 pm (ET) on Friday, January 10, 2014 at 5:00 pm (ET), to mjarvis@amchp.org.
- Please be aware that, due to limited time, the deadline cannot be extended and no exceptions can be made. Applications received after the deadline will not be considered for review and will be returned to the applicant.

Please Note: You will receive notification of receipt of application no later than one week following submission. If you have not received a notification of receipt, please contact Michelle Jarvis at mjarvis@amchp.org.

For additional questions, contact Michelle Jarvis, Program Manager, Family Involvement, via e-mail at mjarvis@amchp.org or by phone at (202) 775-1472, or Alma Reyes, Program Associate, Child & Adolescent Health, via email at areyes@amchp.org or by phone at (202) 775-1474.

APPLICATION COMPONENTS

I. STATEMENT OF NEED AND OVERALL GOAL

a. Overview of the Problem: This section should include a brief overview of the status of your state system for early identification and intervention for children with signs of ASD/DD. Please include any relevant information included in your state's Act Early State Plan.

b. Rationale: This section should articulate the need your team plans to address with this opportunity. This need should be articulated in your state's most current Act Early State Plan.

II. EXPECTED BENEFITS

- **a. Project Goals, Objectives and Strategies:** Provide a specific goal for the project. Specify one or more objectives for the goal(s) and one to four activities to achieve the objective. Again, this goal is for year one and should be linked to goals and action steps included in your state's most current version of the Act Early State Plan and address the three requirements of this opportunity: Partnerships and Collaboration, Implementation of Activities and Evaluation. This section will also provide an overview of the vision and goal for year two.
- **b. Project Outcomes:** This section should include your team's thoughts on potential outcomes of undertaking this project. A key question to consider in this section is: what will be different in your state if your team meets your goal?

III. OPPORTUNITIES AND CHALLENGES

- **a.** Current Efforts: Include a description of current state activities related to the proposed goal(s) to improve early identification and intervention for children with signs of ASD/DD. Describe how your proposed goal(s), objectives and strategies will improve current efforts. Describe factors or capacity in your state/program that can facilitate your efforts, e.g. resources, pending legislation, programmatic work, relationships, etc.
- **b.** Current Collaboration: Identify existing or potential partnerships and community allies that you believe will be key to your planning and implementation efforts. Consider the question of the benefits of collaboration on these issues.
- **c. Current Capacity:** Explain the specific assets/capacity of your team members to address your proposed strategy.
- **d. Barriers:** Explain any challenges, specific to your state, that you think your team might experience in implementing this project, how you plan to address them, and thoughts on how AMCHP might support you in addressing them. Please be specific; e.g. if time or money are barriers, discuss specifics about how they are barriers to this work.

IV. SUSTAINABILITY

- **a. Impact:** Describe your team's long-term plans to sustain the activities and efforts originally supported by the grant.
- **b. Resources:** Identify resources needed (including partnerships, issue champions, financial resources, training and dissemination) and resources that might be available to sustain your team's long-term efforts.

V. BUDGET

a. Include a Proposed Budget: Grant funds may be used for the following: consultant fees, instate travel support for state team members, and participation of parents and/or family members of a child with ASD/DD. Acceptable expenses are also those related to meetings, teleconferences or production of materials, including supplies, printing, copying and postage. Grant recipients are strongly encouraged to identify cash matches and/or in-kind supports from centers (e.g. staff time in project coordination), state agencies and other partner organizations. Provide a short

budget following the below example.

Budget Categories	Item Description (include per unit prices where applicable, e.g. \$10 supplies X 20 participants)	Cost Estimate (\$)
Trainer/Consultant Stipend (\$100/hr maximum)		
Travel/Lodging (staff) (ground: \$75/person/day maximum; air: \$500 r/t maximum; hotel: \$165/night/room plus tax)		
Meeting Expenses (room rental, AV)		
Teleconference/Webinar Expenses		
Production of Materials Materials		
Other		
Total Estimated Cost		
Total Grant Request (may not exceed \$10,000 per year)		

Note: Grant funds may not be used in any amount to pay for equipment, software, individual trainings, conference or course registration, primary research, publications, personnel or indirect expenses. *Any remaining grant funds unused by December* 31, 2015 must be returned to AMCHP.

VI. TEAM ROSTER

- **a.** Provide a team roster. Clearly identify the Project Lead, Co-Lead and Fiscal Agent.
- **b.** Provide detailed contact information of each team member, their expertise and/or role relevant to your team's proposed work, and their role(s) and responsibility(s) on the team.

VII. LETTER OF COMMITMENT AND SUPPORT

a. Provide a letter of commitment written from the fiscal agent/convening organization clearly indicating commitment to the team requirements and the length of the project. Letters of support are required from team members indicating support from their organizations and a willingness to participate in the activities as presented in the Act Early State Plan. Additional letters of support from other relevant organizations are encouraged but not required. Please attach each Letter of Commitment and Support as a 1-page PDF.

APPLICATION CHECKLIST

Does your application have the following required pieces and meet the criteria?

- I. STATEMENT OF NEED
- II. EXPECTED BENEFITS
- III. OPPORTUNITIES AND CHALLENGES
- IV. SUSTAINABILITY
- V. BUDGET
- VI. TEAM ROSTER
- VII. LETTER OF COMMITMENT

Does your team include all appropriate team members?

SELECTION PROCESS

Applications will be rated on the following evaluation criteria:

Statement of Need (Sections I & II): 20 points

- Has applicant clearly identified key areas of need and link to state plan?
- Are overall goals and benefits appropriate to the scope of this project?

Opportunities/Challenges/Sustainability (Sections III & IV): 40 points

- How well does the applicant address current early identification and intervention issues and collaborations?
- How well does the applicant address current opportunities related to these issues?

Team Roster (Section VI): 30 points

- Does application include all required and appropriate team members?
- Does application identify team members' roles and responsibilities?
- Are there letters of commitment from team members and partner organizations?

Budget: 5 points

- Are costs clearly outlined?
- Is the fiscal agent clearly identified?

Checklist: 5 points

- Does application have all the required pieces (I VII)?
- Does application address all the required criteria?