

**MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING
PROGRAM
State Formula Grants**

**PROGRAM-SPECIFIC INSTRUCTIONS FOR SUBMITTING THE
NON-COMPETING CONTINUATION PROGRESS REPORT**

ACTIVITY CODE: X02

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

As indicated in the FOA for FY 2011 formula grants, states must comply with the legislative requirement to submit an annual report to the Secretary regarding the program and activities carried out under the MIECHV program. Instructions for completing the Non-Competing Continuation (NCC) Progress Report for continued funding follow below.

In each section below, address program activities in FY 2011 at both the state and community level. Information should be included specific to each community-level program as well the projects formerly known as the EBHV grants, to the extent applicable. Be sure to report on any changes to the information in the original application in response to Funding Opportunity Announcement Number: HRSA-11-187.

1. NCC Progress Report Required Sections

The following sections are required to submit the NCC Progress Report in HRSA EHBs.

A. Basic Information

1. SF-PPR (EHB)

This page displays the Grantee Organization Information and the Authorizing Official Contact Information. For this page, confirm the Authorizing Official for the grant.

2. SF-PPR – 2 (cover page continuation) (EHB)

This page displays Supplemental Information for this grant, as well as the Point of Contact for the grant. For this page, confirm the Point of Contact for the grant.

3. Performance Narrative (EHB attachment)

The purpose of the performance narrative is to provide a comprehensive picture of the project and to provide documentation of project activities and accomplishments for the reporting period (9/30/2011 – 9/29/2012). This documentation will make it possible to obtain information about the overall progress of the project and plans for continuation of the project in the coming budget period. The performance narrative is submitted as an attachment in the “Performance Narrative” section of the NCC Progress Report.

The performance narrative should include the following information in the order listed below. The performance narrative should be no more than 20 pages in length.

a. Project Identifier Information

- i. Grant Number
- ii. Project Title
- iii. Organization Name
- iv. Mailing Address
- v. Primary Contact Information:
 - 1. Name and Title
 - 2. Phone
 - 3. Email

b. Accomplishments and Barriers

Provide a brief summary of overall project accomplishments during the reporting period, including any barriers to progress that have been encountered and strategies/steps taken to overcome them.

c. State Home Visiting Program Goals and Objectives

- Progress made under each goal and objective during the reporting period, including any barriers to progress that have been encountered and strategies taken to overcome them;
- Any updates or revisions to program goal(s) and objectives;
- To the extent not articulated above, a brief summary regarding the state's efforts to contribute to a comprehensive high-quality early childhood system, using the logic model submitted. Identify updates or changes to the logic model, if necessary, and timeline(s) out to September 29, 2013.

d. Update on the State Home Visiting Program Promising Approach

- Updates on the State's evaluation of any implemented promising approach;
- If applicable, copies of reports developed in the course of the local evaluation of promising approach and any other evaluation of the overall home visiting program undertaken by the state.

e. Implementation of the State Home Visiting Program in Targeted At-risk Communities

Updates regarding experience in planning and implementing the home visiting programs selected for each community of need, addressing each of the items listed below. Where applicable, states may discuss any challenges encountered and steps taken to overcome the identified challenges.

- An update on the state's progress for engaging the at-risk community(ies) around the proposed plan;
- Update on work-to-date with national model developer(s) and a description of the technical assistance and support provided to-date through the national model(s);
- Based on the timeline provided, an update on securing curriculum and other materials needed for the home visiting program;
- Update on training and professional development activities obtained from the national model developer, or provided by the state or the implementing local agencies;
- Update on staff recruitment, hiring, and retention for all positions including subcontracts;
- Update on participant recruitment and retention efforts;

- Status of home visiting program caseload within each at-risk community;
- Update on the coordination between home visiting program(s) and other existing programs and resources in those communities (e.g., health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services); and
- A discussion of anticipated challenges to maintaining quality and fidelity of each home visiting program, and the proposed response to the issues identified.

f. Progress Toward Meeting Legislatively Mandated Reporting on Benchmark Areas

Update on data collection efforts for each of the six benchmark areas. Please include a discussion of challenges encountered during implementation of the data collection plan (including frequency and quality of data received from sites to build the set of statewide indicators), and steps taken to overcome difficulties. Please refer to the Attachment, *Meeting Legislatively-mandated Reporting on Benchmark Areas*, which clarifies the development of indicators for the six benchmark areas specified in the MIECHV legislation.

g. State Home Visiting Program CQI Efforts

Update on the state’s efforts regarding planning and implementing continuous quality improvement (CQI) practices for the home visiting program. If applicable, please provide copies of CQI reports developed addressing opportunities, changes implemented, data collected, and results obtained.

h. Administration of State Home Visiting Program

- Updated organization chart, if applicable;
- Updates regarding changes to key personnel,¹ if any (include resumes for new staff, if applicable);
- The amount of estimated unobligated balance of funds under this grant;²
- An update on state efforts to meet the following legislative requirements, including a discussion of any barriers/challenges encountered and steps taken to overcome the identified barriers/challenges:
 - o Training efforts to ensure well-trained, competent staff;
 - o Steps taken to ensure high-quality supervision;

¹ Changes in key personnel require prior approval through the Electronic Handbook (EHB).

² Grantees are reminded that any proposed changes of more than 25% of the budget (i.e., rebudgeting) require prior approval through the EHB.

- Steps taken to ensure referral and services networks to support the home visiting program and the families it serves in at-risk communities; and
- Updates on new policy(ies) created by the state to support home visiting programs.

2. Electronic Data Collection on Program Performance

The Health Resources and Services Administration has modified its reporting requirements for MIECHV grants to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. MCHB program offices select the program specific forms, including performance measures, which must be completed by grantees/awardees. The program specific forms selected by the program offices depend upon the type and focus of the program. The program specific forms include: Financial forms, Demographic Data forms, Performance Measures, and Additional Data Elements.

The listing of MCHB administrative forms and performance measures for this program can be found at:

https://perfdata.hrsa.gov/mchb/DgisApp/FormAssignmentList/X02_1.html

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this progress report. However, this information will be due to HRSA within 120 days after the Notice of Grant Award.

3. HRSA Contacts

Grantees are encouraged to request assistance, if needed, when submitting their NCC Progress Report. Please contact your MCHB project officer to obtain additional information regarding overall program issues. The names and contact information for project officers can be found in Attachment 1 to this NCC.

Grantees may obtain additional information regarding business, administrative, or fiscal issues related to this NCC Progress Report by contacting:

Ms. Mickey Reynolds
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) (301)443-0724
Email: mreynolds@hrsa.gov

Grantees may need assistance when working online to submit their information electronically through HRSA's Electronic Handbooks. For assistance with submitting information in HRSA's EHBs (i.e. technical system issues), contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV