

applicants to ask questions of program officials.

CONTACT: Anyone interested in participating in this telephone conference should contact Mr. Pete Conway, Division of Maternal, Infant, Child and Adolescent Health, Room 18-A-39, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 443-2250, fax: (301) 443-1296, e-mail: pconway@hrsa.ssw.dhhs.gov, by COB, June 21. Prospective participants must identify a telephone number where they can be reached by an operator for purposes of connecting to the telephone conference. They are also encouraged to submit questions in advance via fax or e-mail.

A copy of this announcement is available on the World Wide Web via the Internet at address: <http://www.os.dhhs.gov/hrsa/mchb>.

DATES AND TIMES: June 24, 1996, 2:00-4:00 p.m.

Dated: June 13, 1996.

Ciro V. Sumaya,
Administrator.

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Special Project Grants; Maternal and Child Health (MCH) Services; Community Integrated Service Systems (CISS) Set-Aside Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of availability of funds.

SUMMARY: The HRSA announces that applications will be accepted for fiscal year (FY) 1996 funds for Maternal and Child Health (MCH) Community Integrated Service Systems grants to support strategies for reducing infant mortality and improving the health of mothers and children through development and expansion of successful community integrated service systems. These systems are public-private partnerships of community health and other related organizations and individuals working collaboratively to use community resources to address community-identified health problems. Awards are made under the program authority of section 502(b)(1)(A) of the Social Security Act, the CISS Federal Set-Aside Program. Within the HRSA, CISS projects are administered by the Maternal and Child Health Bureau (MCHB).

Of the approximately \$9.5 million available for CISS activities in FY 1996, about \$7.0 million will be available to support approximately 132 new and competing renewal projects at an

average of about \$53,000 per award for a one-year period under the MCH CISS Federal Set-Aside Program. The remaining funds will be used to continue existing CISS projects and for other activities in support of overall CISS program goals. The actual amounts available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are made for grant periods which generally run from 1 up to 4 years in duration. Funds for CISS awards are appropriated by Public Law 104-134.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The MCH Block Grant Federal Set-Aside Program addresses issues related to the Healthy People 2000 objectives of improving maternal, infant, child and adolescent health and developing service systems for children with special health care needs. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office Washington, DC 20402-9325 (telephone: 202 783-3238).

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

ADDRESSES: Grant application materials for CISS awards must be obtained from and submitted to: Chief, Grants Management Branch, Office of Operations and Management, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18-12, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Attn: CISS, (301) 443-1440. Applicants will use Form PHS 5161-1, approved by OMB under control number 0937-0189. You must obtain application materials by mail.

Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: <http://www.os.dhhs.gov/hrsa/mchb>. Click on the file name you want to download to your computer. It will be

saved as a self-extracting (Macintosh or Wordperfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a Wordperfect 5.1 file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact Linda L. Schneider at 301-443-0767 or "lschneider@hrsa.ssw.dhhs.gov".

DATES: The deadline for receipt of applications for Health Systems Development Grants for Child Care is August 1; the deadline for all other CISS grants covered by this announcement is July 22, 1996. Applications will be considered to have met the deadline if they are either: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or obtain a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications or those sent to an address other than specified in the **ADDRESSES** section will be returned to the applicant.

FOR FURTHER INFORMATION CONTACT: Requests for technical or programmatic information from MCHB should be directed to Joe Zogby, Division of Maternal, Infant, Child and Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A-39, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-4393. Requests for information concerning business management issues should be directed to Arlethia Dawson, Grants Management Specialist, Grants Management Branch, Maternal and Child Health Bureau, at the address listed in the **ADDRESSES** section above.

SUPPLEMENTARY INFORMATION:

Program Background and Objectives

Public Law 101-239, the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) provided for a new set-aside program under the MCH Block Grant that would be activated when the annual appropriation for Title V exceeds \$600 million dollars. This has become known as the CISS program. The program seeks to reduce infant mortality and improve the health of mothers and children, including those living in rural areas and those having special health care needs, through project support for development and expansion of strategies which have proved successful

in helping communities to achieve integrated service systems.

OBRA 89 also provided the conceptual framework for strengthening Federal-State partnerships under the MCH Block Grant. States are now expected to work with their Federal and local partners to promote development of comprehensive, community-based systems of health and related services which can assure family-centered, culturally competent, coordinated care for children and their families.

CISS Phase I (FY 92-95) featured support of demonstrations of one or more Congressionally-designated service delivery strategies: home visiting activities; providers participation in publicly funded programs; one stop shopping services integration projects; not-for-profit hospital/community based initiatives; MCHB projects serving rural populations and outpatient and community based program alternatives to inpatient institutional care. These service delivery demonstrations served as focal points or platforms from which linkages were established with a variety of agencies, laying the foundation for a local system of delivery of services.

Initial CISS grants funded in FY 1992 were required to use at least one of the above-listed six strategies to achieve program objectives. In FY 1993, CISS grants were directed toward developing and/or expanding successful community integrated service systems using at least one of the six strategies. Priority was given to projects which could demonstrate a high likelihood of having continuing support beyond the federal grant period and strong community based public/private organizational collaboration, including participation of the local county/municipal health departments, the State MCH and CSHCN programs, and, where they exist, community and migrant health centers.

In FY 1994 and 1995 CISS grants supported Home Visiting for At-Risk Families (HVAF), in collaboration with the Administration for Children and Families' (ACF) Family Preservation and Support Program. The purpose of the CISS/HVAF was to assist State MCH programs to emphasize the home visiting model as an important component of care. The CISS/HVAF grants were used to support development of an enhanced health component in the ACF's Five Year State Plans for Family Preservation and Family Support Services.

Prior to establishing the CISS Phase II program priorities for FY 1996 and beyond, feedback was solicited from members of the MCH community, the 41 current CISS grantees, and the MCH-

ACF Technical Assistance Group, a working group of senior State and Federal-level child health, welfare, social services, and child care officials. Beginning with FY 1996, CISS Phase II will carry on with the local systems integration activities developed in Phase I, using a variety of approaches to complement the grants announced below.

Special Concerns

In its administration of the MCH Services Block Grant, the MCHB places special emphasis on improving service delivery to women and children from racial and ethnic minority populations who have had limited access to care. This means that CISS projects are expected to serve and appropriately involve in project activities individuals from the populations to be served, unless there are compelling programmatic or other justifications for not doing so. The MCHB's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

In keeping with the goals of advancing the development of human potential, strengthening the Nation's capacity to provide high quality education by broadening participation in MCHB programs of institutions that may have perspectives uniquely reflecting the Nation's cultural and linguistic diversity, and increasing opportunities for all Americans to participate in and benefit from Federal public health programs, a funding priority will be placed on projects from Historically Black Colleges and Universities (HBCU) or Hispanic Serving Institutions (HSI) in both categories in this notice. An approved proposal from a HBCU or HSI will receive a 0.5 point favorable adjustment of the priority score in a 5 point range before funding decisions are made.

Evaluation Protocol

An MCH discretionary project, including a CISS, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the project

activities, the project goals, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities will not be funded.

Program Goal

The goal of the CISS program is to enhance development of service systems at the community level that are capable of addressing the physical, psychological, social well-being, and related needs of pregnant women, infants, and children, including children with special health care needs and their families. CISS projects assist communities to better meet consumer-identified needs, fill gaps in services, reduce duplication of effort, coordinate activities, increase availability of services, improve efficiency, and enhance quality of care. Programs must be developed in collaboration and coordination with the State MCH Services Block Grant programs and State efforts in community systems development.

Award Categories

Two categories of projects will be funded this year: (A) Community Organization Grants in 2 subcategories; and (B) Health System Development in Child Care Grants.

A. Community Organization Grants

These grants will support community organization activities in two priority areas: (1) local level agencies; and (2) State MCH agencies. Funds may be used to hire staff to assist in consortium building and to function as community organizers, to help formulate a plan for integrated service systems, to obtain and/or provide technical assistance, and to convene community or State networking meetings for information dissemination and replication of systems integration programs.

1. Local Level Community Organization Grants

Up to \$2.5 million is available to support up to 50 new Local Level Community Organization Grants of up to \$50,000 per year, beginning October 1, 1996. The project period is four years. This CISS program category provides direct support to individual communities for the purpose of arraying existing resources in the most beneficial fashion to serve the community's need. While not designed to support direct service delivery, these monies may be

used to modify functions of existing service organizations to better complement each other. The specific approach is at the discretion of each community. Because CISS projects are intended to facilitate the development of systems of services in communities, projects must be consistent with State systems development efforts. In the interest of equitable geographic distribution, special consideration for funding in this subcategory will be given to projects from communities without a currently-funded CISS project. Special consideration means that merit reviewers will assign scores based on the extent to which applicants address areas identified in this notice as meriting special consideration.

2. State Community Organization Grants

Up to \$1 million will be available to support up to 20 State Community Organization Grants to State MCH agencies in an amount up to \$50,000 per year, beginning October 1, 1996. The project period is four years. Preference for funding of these grants will be given to State MCH agencies. The purpose of these grants is to strengthen ties between MCHB's community and State-level system development initiatives since FY 1992, thus reinforcing the benefits of the substantial investment in State and local infrastructure-building represented by ongoing SPRANS State Systems Development Initiative (SSDI) grants as well as CISS initiatives. Among State networking activities which may be supported by these grants are: providing technical assistance to community and local organizations needing help in systems development; convening statewide meetings; and disseminating and replicating successful local/community strategies.

B. Health System Development in Child Care

Up to \$2.5 million is available to support up to 59 Health Systems Development projects in an amount up to \$50,000 per year, beginning October 1, 1996. The project period is three years. The purpose of these grants is to support child care systems development and improvements through collaboration and integration of health care, child care, and social support services at State and community levels. Each project will serve as a vehicle for State and community investments in systems development, service integration, and child care capacity development. Proposed systems improvements must identify and address appropriate *Healthy People 2000* health status indicators and be consistent with the *Blueprint for Action*

of the Healthy Child Care America Campaign. The Healthy Child Care America Campaign is a nationally-focused initiative, co-sponsored by the MCHB and the ACF's Child Care Bureau. The campaign supports the principle that, in partnership, families, health care providers, and child care providers can promote healthy development; and increase access to preventive health services and safe physical environments for all children, including children with special health needs. Because the program is aimed at building a unified, statewide systems approach to child care service integration, preference for funding will be given to the 59 States and/or territories participating under Title V or to entities designated to assume the lead in a State or territory's child care development and service integration efforts. Proposals must show evidence of support by and collaboration between the State Title V and Child Care Directors.

Project Review and Funding

Within the limit of funds determined by the Secretary to be available for the activities described in this announcement, the Secretary will review applications for funds as competing applications and may award Federal funding for projects which will, in her judgment, best promote the purpose of Title V of the Social Security Act, with special emphasis on improving service delivery to women and children from culturally distinct populations; best address achievement of Healthy Children 2000 objectives related to maternal, infant, child and adolescent health and service systems for children at risk of chronic and disabling conditions; and otherwise best promote improvements in maternal and child health.

Criteria for Review

The criteria which follow are derived from MCH project grant regulations at 42 CFR Part 51a or from HRSA administrative policies that apply to all MCHB discretionary grant projects. These criteria are used, as pertinent, to review and evaluate applications for awards under all CISS grant categories announced in this notice. Further guidance in this regard is supplied in application guidance materials, which may specify other criteria:

Regulatory Criteria

- The quality of the project plan or methodology.
- The extent to which the project will contribute to the advancement of maternal and child health and/or

improvement of the health of children with special health care needs;

- The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials.
- The extent to which the estimated cost to the Government of the project is reasonable, considering the anticipated results.
- The extent to which the project personnel are well qualified by training and experience for their roles in the project and the applicant organization has adequate facilities and personnel.
- The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.

Administrative Policy Criteria

- The strength of the project's plans for evaluation.
- The extent to which the project will be integrated with the administration of the MCH Block Grant, State primary care plans, public health, and prevention programs, and other related programs in the respective State(s).
- The extent to which the application is responsive to the special concerns and program priorities specified elsewhere in this notice.

Eligible Applicants

Any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for CISS grants.

Executive Order 12372

The MCH Federal set-aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

The OMB Catalog of Federal Domestic Assistance number is 93.110.

Dated: June 17, 1996.

Ciro V. Sumaya,

Administrator.

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