

DGIS USER GUIDE CAPACITY BUILDING FORMS

Version 3.0 – Updated 09/29/2023

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CAPACITY BUILDING FORMS

On the **Capacity Building Forms**, the grantee must provide details on programs promoting state’s capacity for advancing the health of the MCH population and collecting and analyzing data on the impact of grants on the field. In addition, these forms also collect data on funded initiatives working to promote sustainability, programs supporting the production of scientific publications, the development of informational products, and quality improvement (QI) initiatives.

APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Reports (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Capacity Building Forms

| Capacity Building Forms | | | |
|--------------------------|--------------|-------|------|
| Applicable Forms | Report Types | | |
| | NCPR | NCCPR | PPER |
| CB 1 – Capacity Building | ✓ | ✓ | ✓ |
| CB 3 – Capacity Building | ✓ | ✓ | ✓ |
| CB 4 – Capacity Building | ✓ | ✓ | ✓ |
| CB 5 – Capacity Building | ✓ | ✓ | ✓ |
| CB 6 – Capacity Building | ✓ | ✓ | ✓ |
| CB 8 – Capacity Building | ✓ | ✓ | ✓ |

CAPACITY BUILDING FORM 1


FORM INSTRUCTIONS

CAPACITY BUILDING FORM 1 DETAIL SHEET


The following information is under the **CB 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 1) — State capacity for advancing the health of MCH populations (for national programs).
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources

Figure 2: Capacity Building 1: Detail Sheet

 **Capacity Building (CB 1)**

▶ DG00004
Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ **CB 1 Detail Sheet**

| | |
|---|--|
| Capacity Building (CB 1) - State capacity for advancing the health of MCH populations (for National programs) | The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations. |
| Performance Measure | The percent of MCHB-funded projects of a national scale promoting and facilitating state capacity for advancing the health of MCH populations, and ... Show more |
| Goal | To ensure adequate and increasing state capacity for advancing the health of MCH populations. |
| Level | Grantee |
| Domain | Capacity Building |
| Definition | No further definitions. |

| | |
|------------------------|-----------------------|
| Benchmark Data Sources | N/A |
| Grantee Data Sources | Grantee Self-Reported |

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Are you promoting and/or facilitating the state’s capacity for advancing the health of MCH populations for your grant’s priority topic?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

Figure 3: Capacity Building 1: Tier 1

▼ Tier 1

★ Are you promoting and facilitating state capacity for advancing the health of MCH populations for your grant's priority topic? Yes No

Comments

(If 'No', then please enter explanation here)

0/5000 characters

TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Through what activities are you promoting and/or facilitating state capacity for advancing the health of MCH populations?*

Note the following requirements before completing this section:

- The grantee must select at least one activity from the multiple select checkbox options.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
- The grantee may proceed to the next tier only after responding to this question.

Figure 4: Capacity Building 1: Tier 2

▼ Tier 2

★ Through what activities are you promoting and facilitating state capacity for advancing the health of MCH populations?

- Delivery of training on program priority topic
- Support state strategic planning activities
- Serve as expert and champion on the priority topic
- Facilitate state level partnerships to advance priority topics
- Maintain consistent state-level staffing support for priority topic (State-level programs only)
- Collect data to track changes in prevalence of program priority issues
- Utilize available data to track changes in prevalence of program priority issue on national/ regional level
- Issue model standards of practice for use in the clinical setting
- Conduct participant surveys

TIER 3 (REQUIRED)

In this section, the grantee must respond to the following questions:

1. *Number of professionals trained on program priority topic.*
2. *How frequently are data collected and analyzed to monitor status and refine strategies?*
3. *Number of MOUs between state agencies addressing priority area.*
4. *State agencies/departments participating on priority area. This includes the following key state agencies. Select all that apply.*
5. *Other Key State Agency/Department Description (NOTE: This is required if the grantee selected Other.)*
6. *Have model standards of practice been established to increase integration of MCH priority issue into clinical setting?*
7. *Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic?*
8. *Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic?*

NOTE: The grantee may proceed to the next tier only after providing a response to this question.

Figure 5: Capacity Building 1: Tier 3

| ▼ Tier 3 | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------------------|-----------------------------------|--|---|-------------------------------|---|---|--|---|----------------------------------|---|------------------------------------|-------------------------------------|--|---|---|---|--|---|--------------------------------|--|
| <p>★ Number of professionals trained on program priority topic</p> | <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | |
| <p>★ How frequently are data collected and analyzed to monitor status and refine strategies?</p> | <input type="text" value="Less frequently than annually"/> | | | | | | | | | | | | | | | | | | | | | | |
| <p>★ Number of MOUs between State agencies addressing priority area</p> | <input type="text" value="1"/> | | | | | | | | | | | | | | | | | | | | | | |
| <p>State agencies/departments participating on priority area. This includes the following key state agencies <i>(Select all that apply)</i></p> | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Commissions/ Task Forces</td> <td><input type="checkbox"/> MCH/ CSHCN</td> </tr> <tr> <td><input type="checkbox"/> Genetics</td> <td><input type="checkbox"/> Newborn Screening</td> </tr> <tr> <td><input checked="" type="checkbox"/> Early Hearing and Detection</td> <td><input type="checkbox"/> EMSC</td> </tr> <tr> <td><input checked="" type="checkbox"/> Oral Health</td> <td><input type="checkbox"/> Developmental Disabilities</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicaid</td> <td><input type="checkbox"/> Mental and Behavioral Health</td> </tr> <tr> <td><input type="checkbox"/> Housing</td> <td><input type="checkbox"/> Early Intervention/ Head Start</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Child Care</td> </tr> <tr> <td><input type="checkbox"/> Juvenile Justice/ Judicial System</td> <td><input type="checkbox"/> Foster Care/ Adoption Agency</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Higher Education</td> </tr> <tr> <td><input type="checkbox"/> Law Enforcement</td> <td><input type="checkbox"/> Children's Cabinet</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other</td> </tr> </table> | <input checked="" type="checkbox"/> Commissions/ Task Forces | <input type="checkbox"/> MCH/ CSHCN | <input type="checkbox"/> Genetics | <input type="checkbox"/> Newborn Screening | <input checked="" type="checkbox"/> Early Hearing and Detection | <input type="checkbox"/> EMSC | <input checked="" type="checkbox"/> Oral Health | <input type="checkbox"/> Developmental Disabilities | <input checked="" type="checkbox"/> Medicaid | <input type="checkbox"/> Mental and Behavioral Health | <input type="checkbox"/> Housing | <input type="checkbox"/> Early Intervention/ Head Start | <input type="checkbox"/> Education | <input type="checkbox"/> Child Care | <input type="checkbox"/> Juvenile Justice/ Judicial System | <input type="checkbox"/> Foster Care/ Adoption Agency | <input type="checkbox"/> Transportation | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Children's Cabinet | <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Commissions/ Task Forces | <input type="checkbox"/> MCH/ CSHCN | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Newborn Screening | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Early Hearing and Detection | <input type="checkbox"/> EMSC | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Oral Health | <input type="checkbox"/> Developmental Disabilities | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Medicaid | <input type="checkbox"/> Mental and Behavioral Health | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Early Intervention/ Head Start | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Child Care | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Juvenile Justice/ Judicial System | <input type="checkbox"/> Foster Care/ Adoption Agency | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Higher Education | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Children's Cabinet | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | |
| <p>'Other' Key State Agency/Department Description <i>(Required if you selected 'Other')</i></p> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| <p>★ Have model standards of practice been established to increase integration of MCH priority issue into clinical setting?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | |
| <p>★ Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | |
| <p>★ Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | |

TIER 4 (OPTIONAL)

In this section, the grantee may answer the following question(s):

1. *Outcome 1*: Percent of states/jurisdictions that have a strategic plan on a program priority topic
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percent of states/jurisdictions receiving training on this program topic.
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
3. *Outcome 3*: Percent of states/jurisdictions that have state FTEs designed for this MCH topic.
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
4. *Outcome 4*: Percent of MCH programs have an identified state lead designed on this topic.
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
5. *Outcome 5*: Percent of states/jurisdictions utilizing reimbursable services codes to cover the delivery of clinical services on MCH priority topic.
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
6. *Outcome 6*: Percent of states/jurisdictions that report progress on strategic plan goals and objectives
 - a. *Numerator*: Enter an integer from 0–999,999.
 - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

Figure 6: Capacity Building 1: Tier 4 (Optional)

▼ Tier 4 (Optional)

■ Please report outcomes where your grant impact these state activities.

What are the related outcomes in the reporting year?

Outcome 1 - Percent of state/ jurisdictions have a strategic plan on program priority topic

| | |
|-------------|----------------------|
| Numerator | <input type="text"/> |
| Denominator | <input type="text"/> |
| Outcome (%) | <input type="text"/> |

Outcome 2 - Percent of states/ jurisdictions receiving training on this program topic

| | |
|-------------|----------------------|
| Numerator | <input type="text"/> |
| Denominator | <input type="text"/> |
| Outcome (%) | <input type="text"/> |

Outcome 3 - Percent of states/ jurisdictions which have state FTEs designated for this MCH topic

| | |
|-------------|----------------------|
| Numerator | <input type="text"/> |
| Denominator | <input type="text"/> |
| Outcome (%) | <input type="text"/> |

| Outcome 4 - Percent of MCH programs have an identified state lead designated on this topic | |
|---|----------------------|
| Numerator | <input type="text"/> |
| Denominator | <input type="text"/> |
| Outcome (%) | <input type="text"/> |
| Outcome 5 - Percent of states/ jurisdictions utilizing reimbursable services codes to cover delivery of clinical services on MCH priority topic | |
| Numerator | <input type="text"/> |
| Denominator | <input type="text"/> |
| Outcome (%) | <input type="text"/> |
| Outcome 6 - Percent of states/jurisdictions which report progress on strategic plan goals and objectives | |
| Numerator | <input type="text"/> |
| Denominator | <input type="text"/> |
| Outcome (%) | <input type="text"/> |

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CAPACITY BUILDING FORM 3


FORM INSTRUCTIONS

CAPACITY BUILDING FORM 3 DETAIL SHEET


The following information is under the **CB 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 3) – Impact Measurement
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Grantee Data Sources
8. Significance

Figure 7: Capacity Building 3: Detail Sheet

 **Capacity Building (CB 3)**

▶ DG000
Due In: 130 Days | Status: In Progress

▶ Resources 

Fields with ★ are required.

▼ **CB 3 Detail Sheet**

| | |
|---|--|
| Capacity Building (CB 3) - Impact Measurement | The percent of grantees that collect and analyze data on the impact of their grants on the field. |
| Performance Measure | The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data. |
| Goal | To ensure supportive programming for impact measurement. |
| Level | Grantee |
| Domain | Capacity Building |
| Definition | No further definitions. |
| Grantee Data Sources | Grantee Self-Reported |
| Significance | Impact as referenced here is a change in condition or status of life. This can include a change in health, social, economic or environmental ... Show more |

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Are you collecting and analyzing data related to impact measurement in your program?* The grantee must select either *Yes* or *No*. If the grantee selects *No*, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

Figure 8: Capacity Building 3: Tier 1

The screenshot shows a form titled "Tier 1". The main question is: "Are you collecting and analyzing data related to impact measurement in your program?". There are two radio buttons: "Yes" (selected) and "No". Below the question is a "Comments" section with a text area. A note says "(If 'No', then please enter explanation here)". At the bottom of the text area, it says "0/5000 characters".

TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *How are you measuring the impact?* Select all that apply. If the grantee selects *Other*, then a description must be provided.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

Figure 9: Capacity Building 3: Tier 2

The screenshot shows a form titled "Tier 2". The main question is: "How are you measuring impact?". Below the question is the instruction "(Select all that apply)". There are five checkboxes, all of which are checked: "Collect client level data", "Case reports", "Conduct participant surveys", "Qualitative assessments", and "Other". Below the checkboxes is a text area labeled "'Other' Impact Description" with the instruction "(Required if you selected 'Other')". The text area contains the word "test".

TIER 3

In this section, the grantee must respond to the following question(s):

1. *List the tools used*: The grantee must respond in the text box.
2. *Outcomes*: Report the number.
 - a. *Number of clients whose client level data was collected*: Enter an integer from 0–999,999.
 - b. *Number of case reports*: Enter an integer from 0–999,999.
 - c. *Number of participant surveys*: Enter an integer from 0–999,999.
 - d. *Number of qualitative assessments*: Enter an integer from 0–999,999.
 - e. *Number of 'Other'*: Enter an integer from 0–999,999.

NOTE: The grantee may proceed to the next tier only after responding to the required questions.

Figure 10: Capacity Building 3: Tier 3

The screenshot shows a web form interface for Tier 3. At the top, there is a dropdown menu labeled 'Tier 3'. Below it, there is a section titled 'List of tools used' with a red asterisk icon and a text input field containing the word 'Test'. A mouse cursor is visible over the text input field. Below this is a section titled 'Outcomes' with a red asterisk icon. This section contains five rows, each with a label, a red asterisk icon, and a numeric input field. The labels and their corresponding input values are: 'Number of clients whose client level data was collected' (5), 'Number of case reports' (5), 'Number of participant surveys' (5), 'Number of qualitative assessments' (5), and 'Number of 'Other'' (5).

| Question | Answer |
|---|--------|
| * List of tools used | Test |
| * Number of clients whose client level data was collected | 5 |
| * Number of case reports | 5 |
| * Number of participant surveys | 5 |
| * Number of qualitative assessments | 5 |
| * Number of 'Other' | 5 |

TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of grantees that collect data on the impact of their grants on the field (and method used to collect the data):
 - a. *Numerator:* Enter an integer from 0–999,999.
 - b. *Denominator:* Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%):* Text box will be automatically populated using the values provided above.
 - d. *How this data is collected:* This field will accept both numerical and text values.
2. **Outcome 2:** Percent of grantees that collect data on the impact of their grants on the field (and methods used to analyze data):
 - a. *Numerator:* Enter an integer from 0–999,999.
 - b. *Denominator:* Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
 - c. *Outcome (%):* Text box will be automatically populated using the values provided above.
 - d. *How this data is collected:* This field will accept both numerical and text values.

Figure 11: Capacity Building 3: Tier 4 (Optional)

▼ Tier 4 (Optional)

■ Please report outcomes where your grant impact these state activities.

What are the related outcomes in the reporting year?

Outcome 1 - Percent of grantees that collect data on the impact of their grants on the field (and methods used to collect data)

| | | |
|---|---|--|
| <p>Numerator <i>(Number of grantees that collect data on the impact of their grants on the field)</i></p> | <input style="width: 95%;" type="text"/> | |
| <p>Denominator <i>(Number of grantees)</i></p> | <input style="width: 95%;" type="text"/> | |
| <p>Outcome (%)</p> | <input style="width: 95%; background-color: #D9E1F2;" type="text"/> | |
| <p>How is data collected</p> | <input style="width: 95%;" type="text"/> | |

Outcome 2 - Percent of grantees that collect and analyze data on the impact of their grants on the field (and methods used to analyze data)

| | | |
|---|---|--|
| <p>Numerator <i>(Number of grantees that analyze data on the impact of their grants on the field)</i></p> | <input style="width: 95%;" type="text"/> | |
| <p>Denominator <i>(Number of grantees)</i></p> | <input style="width: 95%;" type="text"/> | |
| <p>Outcome (%)</p> | <input style="width: 95%; background-color: #D9E1F2;" type="text"/> | |
| <p>How is data analyzed</p> | <input style="width: 95%;" type="text"/> | |

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CAPACITY BUILDING FORM 4


FORM INSTRUCTIONS

CAPACITY BUILDING FORM 4 DETAIL SHEET


The following information is under the **CB 4 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 4) – Sustainability
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 12: Capacity Building 4: Detail Sheet

 **Capacity Building (CB 4)**

▶ DG00€
Due In: 130 Days | Status: In Progress

▶ Resources 

Fields with ★ are required.

▼ **CB 4 Detail Sheet**

| | |
|---|--|
| Capacity Building (CB 4) - Sustainability | The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding. |
| Performance Measure | The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and ... Show more |
| Goal | To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding. |
| Level | Grantee |
| Domain | Capacity Building |
| Definition | No further definitions. |

| | |
|------------------------|---|
| Benchmark Data Sources | N/A |
| Grantee Data Sources | Grantee Self-Reported |
| Significance | In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees ... Show more |

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing sustainability in your program?* The grantee must select either Yes or No. If the grantee selects No, then they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCP.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

Figure 13: Capacity Building 4: Tier 1

The screenshot shows a web form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you addressing sustainability in your program?' with two radio button options: 'Yes' (which is selected) and 'No'. Underneath the question is a 'Comments' section. It contains a text area with the placeholder text '(If 'No', then please enter explanation here)'. At the bottom right of the text area, it says '0/5000 characters'.

TIER 2

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanisms are you addressing sustainability?* Select all that apply. If the grantee selects Other, then the text box below will become active, and the grantee will be required to justify their selection in the comments field. This is a required field.
2. *Other Processes/Mechanisms Description:* This is required if the grantee selects Other.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

Figure 14: Capacity Building 4: Tier 2

| | |
|---|---|
| <p>▼ Tier 2</p> | |
| <p>★ Through what processes/ mechanisms are you addressing sustainability? <i>(Select all that apply)</i></p> | <p><input type="checkbox"/> A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress.</p> <p><input type="checkbox"/> Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and I sustainability planning and implementation processes.</p> <p><input type="checkbox"/> There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.</p> <p><input type="checkbox"/> There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.</p> <p><input type="checkbox"/> The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies.</p> <p><input type="checkbox"/> The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative.</p> <p><input type="checkbox"/> Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.</p> <p><input checked="" type="checkbox"/> The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.</p> <p><input checked="" type="checkbox"/> The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.</p> <p><input checked="" type="checkbox"/> Other</p> |
| <p>'Other' Processes/ Mechanisms Description <i>(Required if you selected 'Other')</i></p> | <p>⚠ Provide a description for 'Other'.</p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> |

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects Yes for Tier 1, then they must complete Tier 2. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CAPACITY BUILDING FORM 5


FORM INSTRUCTIONS

CAPACITY BUILDING FORM 5 DETAIL SHEET

The following information is under the **CB 5 Detail Sheet**. The grantee may expand the accordion menu to view the following details:


1. Capacity Building (CB 5) – Peer-reviewed Publications
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 15: Capacity Building 5: – Detail Sheet

 **Capacity Building (CB 5)**

▶ DG000

Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ **CB 5 Detail Sheet**

| | |
|---|---|
| Capacity Building (CB 5) - Peer-reviewed Publications | The percent of programs supporting the production of peer-reviewed publications and through what means, and related outcomes. |
| Performance Measure | The percent of MCHB funded projects programs supporting the production of peer-reviewed publications. |
| Goal | To ensure supportive programming for the production of peer-reviewed publications. |
| Level | Grantee |
| Domain | Capacity Building |
| Definition | No further definitions. |

| | |
|------------------------|--|
| Benchmark Data Sources | N/A |
| Grantee Data Sources | Grantee Self-Reported |
| Significance | Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and ... Show more |

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you supporting the production of peer-reviewed publications in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

Figure 16: Capacity Building 5: Tier 1

▼ Tier 1

★ Are you supporting the production of peer-reviewed publications in your program? Yes No

Comments

(If 'No', then please enter explanation here)

0/5000 characters

TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Indicate the categories of peer-reviewed publications that have been produced with grant support (either fully or partially) during the reporting period.* Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing a response to this question.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

NOTE: The grantee may proceed to the next tier only after providing responses to each required question.

Figure 17: Capacity Building 5: Tier 2

▼ Tier 2

How many are reached through those activities?

* Indicate the categories of peer-reviewed publication that have been produced with grant support (either fully or partially) during the reporting period.
(Select all that apply)

Submitted In Press
 Published

TIER 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Number of Peer-reviewed Publications:* Enter an integer from 0–999,999.

NOTE: The grantee may proceed to the next tier only after providing responses to each required question.

Figure 18: Capacity Building 5: Tier 3

▼ Tier 3

* Number of peer-reviewed publications

123

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *How, if at all, have these publications been disseminated?* Select all that apply.

Figure 19: Capacity Building 5: Tier 4 (Optional)

▼ Tier 4 (Optional)

■ This section is applicable to research program only. If this section does not apply to you, then skip it and save the form below.

How, if at all, have these publications been disseminated
(Select all that apply)

TV/ Radio interview(s) Newspaper interview(s)
 Online publication interview(s) Press release
 Social networking sites Listservs
 Presentation at conference (poster, abstract, presentation) Websites

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child**

Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.

3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CAPACITY BUILDING FORM 6


FORM INSTRUCTIONS

CAPACITY BUILDING FORM 6 DETAIL SHEET


The following information is under the **CB 6 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 6) – Products
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 20: Capacity Building 6: Detail Sheet

 **Capacity Building (CB 6)**

▶ DG000
Due In: 130 Days | Status: In Progress

▶ Resources 

Fields with ★ are required.

▼ **CB 6 Detail Sheet**

| | |
|-------------------------------------|--|
| Capacity Building (CB 6) - Products | The percent of programs supporting the development of informational products and through what means, and related outcomes. |
| Performance Measure | The percent of MCHB funded projects supporting the development of informational products, and through what processes. |
| Goal | To ensure supportive programming for the development of informational products. |
| Level | Grantee |
| Domain | Capacity Building |
| Definition | No further definitions. |
| Benchmark Data Sources | N/A |
| Grantee Data Sources | Grantee Self-Reported |
| Significance | Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and ... Show more |

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you creating products as part of your MCHB-supported program?* The grantee must select either Yes or No. If the grantee chooses No, they must justify their selection in the *Comments* section.

Note the following requirements before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

Figure 21: Capacity Building 6: Tier 1

The screenshot shows a web form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you creating products as part of your MCHB-supported program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section. It contains a text area with the placeholder text '(If 'No', then please enter explanation here)'. At the bottom of the text area, it says '0/5000 characters'.

TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Indicate the categories of products that have been produced with grant support (either entirely or partially) during the reporting period.* If the grantee selects Other, then the text box below will become active, and the grantee must provide a description in the *Comments* field.
2. *Other Product Category Description:* This is required if the grantee selected Other.

Note the following requirements before completing this section:

- The grantee may proceed to the next tier only after responding to the required questions.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

Figure 22: Capacity Building 6: Tier 2

▼ Tier 2

* Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period
 (Select all that apply)

- Books
- Book chapters
- Reports and monographs (including policy briefs, best practice reports, white papers)
- Conference presentations and posters presented
- Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites)
- Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)
- Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles)
- Newsletters (electronic or print)
- Pamphlets, brochures, or fact sheets
- Academic course development
- Distance learning modules
- Doctoral dissertations/ Master's theses
- Other

Other Product Category Description
 (Required if you selected *Other*)

TIER 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Number of products created in all categories:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Count the original completed products, rather than the number of times it was disseminated or presented.
- The grantee may proceed to the next tier only after responding to the required questions.

Figure 23: Capacity Building 6: Tier 3

▼ Tier 3

*Number of products created in all categories

5

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

CAPACITY BUILDING FORM 8

FORM INSTRUCTIONS

CAPACITY BUILDING FORM 8 DETAIL SHEET

The following information is under the **CB 8 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 8) – Quality Improvement
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 24: Capacity Building 8: Detail Sheet

| Capacity Building (CB 8) | |
|--|---|
| ▶ DG0000 | Due In: 49 Days Status: Not Started |
| ▶ Resources ↗ | |
| ▼ CB 8 Detail Sheet | |
| Capacity Building (CB 8) - Quality Improvement | The percent of programs engaging in quality improvement and through what means, and related outcomes. |
| Performance Measure | The percent of MCHB funded projects implementing quality improvement initiatives. |
| Goal | To measure quality improvement initiatives. |
| Level | Grantee |
| Domain | Capacity Building |
| Definition | No further definitions. |
| Benchmark Data Sources | N/A |
| Grantee Data Sources | Grantee self-reported. |
| Significance | N/A |

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Are you implementing quality improvement (QI) initiatives in your program? The grantee must select either Yes or No. This is a required field, and if the grantee selects No, they must justify their selection in the Comments section.

Note the following requirements before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

Figure 25: Capacity Building 8: Tier 1

▼ Tier 1

★ Are you implementing quality improvement (QI) initiatives in your program? Yes No

Comments

(If "No", then please enter explanation here)

0/5000 characters

TIER 2 (REQUIRED)

In this section, the grantee must select the types of QI structures and aims applicable to their QI initiative.

1. *What type of QI structure do you have?* Select all that apply.
2. *What types of aims are included in your QI Initiative?* Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing a response to this question.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

NOTE: The grantee may proceed to the next tier only after providing responses to each required question.

Figure 261: Capacity Building 8: Tier 2

| Tier 2 | |
|--|---|
| <p>★ What type of QI structure do you have? <i>(Select all that apply)</i></p> | <input checked="" type="checkbox"/> Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc. <input type="checkbox"/> Team within and across an organization focused on organizational improvement. <input type="checkbox"/> Cross sectorial collaborative across multiple organizations |
| <p>★ What types of aims are included in your QI initiative? <i>(Select all that apply)</i></p> | <input checked="" type="checkbox"/> Population Health <input type="checkbox"/> Improve client satisfaction/ outcomes <input type="checkbox"/> Policy improvement <input type="checkbox"/> Improve service delivery (process or programs) <input type="checkbox"/> Improve work flow <input type="checkbox"/> Reducing variation or errors |

TIER 3 (REQUIRED)

In this section, the grantee must provide responses to the following questions:

1. *Are QI goals directly aligned with organization’s strategic goals?* The grantee must select either Yes or No.
2. *Has the QI team received training in QI?* The grantee must select either Yes or No.
3. *Do you have metrics to track improvement?* The grantee must select either Yes or No.
4. *Which methodology are you utilizing for quality improvement?*

Note the following requirements and additional information before completing the section:

- All the fields are required.
- Select all that apply.
- If the grantee selects *Other*, they must provide the *Other Methodology Description* for it.
- The next tier will be unlocked only after the grantee has answered all the required questions.

Figure 27: Capacity Building 8: Tier 3

| Tier 3 | |
|--|---|
| <p>★ Are QI goals directly aligned with organization’s strategic goals?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>★ Has the QI team received training in QI?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>★ Do you have metrics to track improvement?</p> | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>★ Which methodology are you utilizing for quality improvement? <i>(Select all that apply)</i></p> | <input checked="" type="checkbox"/> Plan, Do, Study, Act Cycles <input type="checkbox"/> Lean <input checked="" type="checkbox"/> Six Sigma <input type="checkbox"/> Other |
| <p>Other Methodology Description <i>(Required if you selected ‘Other’)</i></p> | <input type="text"/> |

TIER 4 (OPTIONAL)

In this section, the grantee must provide responses to the following questions.

1. *Is there data to support improvement in population health as a result of the QI activities?* The grantee may select either Yes or No.
2. *Is there data to support organizational improvement as a result of QI activities?* The grantee may select either Yes or No.
3. *Is there data to support improvement in cross-sectorial collaboration as a result of QI activities?* The grantee may select either Yes or No.

Figure 28: Capacity Building 8: Tier 4

| Tier 4 (Optional) | |
|---|---|
| Is there data to support improvement in population health as a result of the QI activities? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Is there data to support organizational improvement as a result of QI activities? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Is there data to support improvement in cross sectorial collaboration as a result of QI activities? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).