**HVSA 2024 Fall Start Up Funding Opportunity Application**

Instructions

The completed Application, budget and all required supplemental documents MUST be submitted electronically to [home.visiting@dcyf.wa.gov](http://home.visiting@dcyf.wa.gov) by Nov. 18, 2024, 12 pm. Applications submitted after this date/time WILL NOT BE ACCEPTED.

The completed Application must address all of the required questions and supplemental documents described in this document and submitted electronically by Nov. 18, 2024. Please use this template as the format for the Application using Arial 10 pt font, with all margins no less than 1 inch. Applications Sections 1 through 9 (excluding Budget and Supplemental Documents) may not exceed 25 pages in length. Any pages more than the 25-page limit will not be included in the review.

# Section 1: Organization/Program Information (*not scored*)

Organization Name  Tax ID

WA State Vendor Number  UEI Number

Mailing Address  State  Zip

Physical Address (if different)

Phone Number

## Organization Type (select one)

Government: Federal

Private Non-Profit

Government: State

Government: County

Government: City

Government: School District

Government: Other *(describe):*

Tribe

Other (describe):

## Contact Information

### **Person Completing this Application**

First Name Last Name

Title

E-mail  Phone Number ()  -

### **Chief Executive Information \*\**Note: This will be the signatory on the contract agreement*.**

First Name Last Name

Title

E-mail  Phone Number ()  -

### **Home Visiting Manager Information**

First Name Last Name

Title

E-mail  Phone Number ()  -

# Section II: Funding Request Overview (*not scored*)

## Home Visiting Program Name and Model

Home Visiting Program Name

Program Model (please select one)

Early Head Start-Home Based

Nurse-Family Partnership

Parents as Teachers

Early Steps to School Success

Outreach Doula

STEEP

Family Spirit

ParentChild+

## 

## Proposed Service Scope

### **Proposed Caseload Start Up (number NEW funded slots)**

Number of Families to be Served (# home visiting slots)/Total caseload

Number of Children served through these “slots”, if different from # Families

### **Proposed County(ies) to be Served (this must match your counties listed in** **Section III A below).**

|  |
| --- |
| **Proposed County(ies) to be served by this expansion** |
|  |
|  |
|  |
|  |

## 

## Proposed 12-Month StartUp Program Budget – Use the Total Derived in your Budget Template.

Proposed 12-Month Budget for new/startup services only (not current budget) $

## Brief Abstract: Please briefly describe in 1 paragraph the key features of this start-up proposal (e.g. newsletter blurb).

# Section III: Proposed Community/Populations to be Served and Capacity to Reach *(35 points)*

## Proposed Community and Populations to Be Served

### **1. Service Area: 5 points**

Please describe the community you are proposing to serve with this new home visiting program and why.

County (Counties)and/or Sub-County Areas to be served – please tell us the proposed number families to be served (# slots) by County in the table below*. The total number slots in this table below should match your total # slots in question II.B.1*.

|  |  |
| --- | --- |
| **County(ies)/Subcounty(ies) to be Served** | **Number of Families** |
|  |  |
|  |  |
|  |  |
|  |  |

Using those same numbers from the table above, please indicate the number families (slots) to be served by rate region in the table below. *The total number slots in this chart should match your total number of slot slots in question II.B.1*.

| DCYF Rate Region | **County(ies)** | **# of Families (slots)** |
| --- | --- | --- |
| Northwest | Whatcom, Skagit |  |
| Snohomish | Snohomish |  |
| Seattle-King | King |  |
| Olympic | Clallam, Jefferson, Kitsap |  |
| Tacoma-Pierce | Pierce |  |
| Pacific Mountain | Grays Harbor, Mason, Thurston, Pacific, Lewis |  |
| Southwest | Clark, Cowlitz, Wahkiakum |  |
| North Central | Okanogan, Chelan, Douglas, Grant, Adams |  |
| South Central | Kittitas, Yakima, Skamania |  |
| Spokane | Spokane |  |
| Eastern | Ferry, Stevens, Pend Oreille, Lincoln, Whitman, Walla Walla, Columbia, Garfield, Asotin |  |
| Benton-Franklin | Benton, Franklin |  |

**2. Priority Populations: 5 points**

Please describe the population characteristics of the families you are anticipating serving with this new home visiting program and why you aim to serve them.

All HVSA priority populations are identified in the table below. Please select at least two (2) or more population/characteristics in your home visiting program will serve. At least two (2) boxes must be checked in order to be eligible for HVSA funding.

| x | **HVSA Priority Characteristics** | **x** | **HVSA Priority Characteristics** |
| --- | --- | --- | --- |
|  | Poverty/Low income/Economic Insecurity |  | Non-English-speaking or Recent Immigrant Families |
|  | Homeless/Unstable Housing |  | Current and Previously Incarcerated Parents |
|  | Parent Mental Health/Behavioral Health Illness |  | Teen Parents |
|  | Racial and ethnic groups experiencing disproportionality (i.e., AI/AN families) |  | History or current experience with Substance Use, including Tobacco |
|  | Enrolled in WorkFirst/TANF |  | Parents with Low Educational Attainment |
|  | Prior Involvement in Child Welfare System |  | Parents and/or Children with Disabilities |
|  | Intimate Partner Violence |  | Currently or formerly in the Military |

Comments

## Capacity to Reach and Serve the Proposed Community and Populations

### What makes your organization well-positioned to serve the proposed community indicated in Section A above? In your answer, please tell us how your proposed program fits in the existing service array and connects to other organizations, families, and important elements of the proposed community. 10 points

### Please describe your outreach strategies. How does/will your home visiting program reach out and engage community members? 10 points

Include in your response**:**

* What strategies or activities will your program use to reach out and recruit families?
* How will you build or manage ongoing relationships with potential referring agencies?
* What systems, if any, are in place within your proposed community for identifying and referring children and families into your home visiting program?

In the table below, please include the names and relationships you have with 5 to 8 key internal or external community partners from whom you expect to receive referrals into your program.

| **Organization / Program Name** | **Location (City)** | **Internal / External to your organization** | **Description of Current Referring Relationship** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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### Tell us how you will approach sustaining family engagement in your program. In your answer you may describe successes and challenges implementing other programs with similar populations. 5 points

# Section IV: Advancing Equity and Reducing Disparities (30 points)

1. How will this new home visiting program support your organization in advancing racial equity? 10 points

### Describe how your organization currently engages parents in leadership, policy development, or planning at a program and organizational level. 5 points

### How does your organizational leadership connect with the community you serve? 5 points

### 

1. Describe how your organization supports – through policy and practice – the delivery of services to meet the diverse cultures, races, ethnicities, and trauma-related experiences of the populations serviced by your programs. 10 points

# Section V: Staffing (40 points)

## Staffing Plan and Caseload Expectations

### In the table below, please indicate the FTE count (number) for each staff category allocated to your home visiting program. Full-time equivalents (FTE) are determined as follows: a 1.0 FTE is a person who works at least 40 hours per week for 50 weeks per year. Please use the comment section to clarify if staff work less than a full year. 5 points

| **Staff Role** | **Requested New Staff FTE** |
| --- | --- |
| **All program models complete:** |  |
| Home Visitor FTE: (MAX 1 FTE) |  |
| Supervisor FTE |  |
| (delete this row) |  |
|  |  |
| Administrative Support FTE directly supporting the home visiting program |  |
| Data Support Staff FTE directly supporting the home visiting program |  |
| Management Staff FTE directly supporting the home visiting program |  |
| Additional Direct Service FTE directly supporting the home visiting program |  |
| Other staff supporting home visiting program *(please describe in comments)* |  |
| Total FTEs |  |

In the table below, please tell us which of the staff described above will be independent contractors and not employees of your organization and what their expected caseload will be, if applicable.

|  |  |  |
| --- | --- | --- |
| **Contractor Staff Role**  ***(please use categories in table above)*** | **Number of New Contractor FTE** | **Contractor Caseload *(Number families if applicable)*** |
| Home Visitor (may not exceed 1.0 FTE) |  |  |
| Supervisor |  |  |
| Other |  |  |

Describe how many staff will be newly hired and how many existing positions will have hours increased in the proposed expansion.

### **Caseload Expectation (not scored)**

For RATES EXEMPT Program to complete only *(STEEP, EHS, ESSS*): Please describe your caseload expectations and staff ratios expected of home visitors and supervisors:

Number Families expected to be served by 1.0 FTE Home Visitor (caseload)

Number Home Visitors expected to be supervised by 1.0 FTE Supervisor (ratio)

For Rates Delayed and Rates Programs (NFP, PAT, Outreach Doula, Family Spirit, ParentChild+), please note the DCYF Standardized Caseload and Staffing Ratios

|  |  |
| --- | --- |
| Program Model | Caseload/Staffing Ratios |
| Family Spirit | 1 FTE Health Educator 14 families  1 FTE Supervisor 5 Health Educators |
| ParentChild+ | 1 FTE Early Learning Speclst 13 enrolled families  1 FTE Coordinator 3 Early Learning Specialists |
| Outreach Doula | 1 FTE Cm’ty-based Doula 13 enrolled families  1 FTE Supervisor 4 Doulas |
| Parents As Teachers (PAT) | 1 FTE Parent Educator 18 enrolled families  1 FTE PAT Supervisor 6 PAT Educators |
| Nurse Family Partnership (NFP) | 1 FTE Nurse Home Visitor 21 enrolled families  1FTE NFP Supervisor 8 Nurse Home Visitors |

## Timeline

### What is your anticipated ramp-up timeline for planning, staff recruitment, hiring, training, and serving families? (please check each cell in the table below to depicts your timeline for each row). **Building program caseload is expected to take 12 months from a home visitor’s ability to enroll families. DCYF HVSA will be monitoring your progress toward achieving these program milestones**. 5 points

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ramp Up Plan** | **Feb**  **2025** | **March**  **2025** | **April**  **2025** | **May**  **2025** | **June**  **2025** | **July**  **2025** | **Aug.**  **2025** | **Sept.**  **2025** | **Oct.**  **2025** | **Nov.**  **2025** | **Dec.**  **2025** | **Jan**  **2026** |
| Program Planning |  |  |  |  |  |  |  |  |  |  |  |  |
| Prep for Implementation |  |  |  |  |  |  |  |  |  |  |  |  |
| Recruit Staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Hire Staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Train Staff |  |  |  |  |  |  |  |  |  |  |  |  |
| HV Begin Visits |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Caseload |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |

Program planning includes working with DCYF and Start Early to around program size/capacity, and service area and other essential components desired to achieve program goals

Preparation for Program Implementation includes developing the start-up and training timeline and work plan, marketing program to potential partners for referrals into and out of the program and developing the internal systems within the organization (HR, fiscal, data, etc.) to embrace and sustain the new program.

Comments

## Staff Recruitment and Retention

### Describe your program’s abilities and challenges to quickly hire and train new staff in the coming months in order to implement this new program. 5 points

### Describe specific strategies you will use to recruit and hire staff for this new program: 10 points

* Who have relevant and required qualifications (education, experience, lived experience),
* Whose values align with your organizational culture,
* Who are reflective of the community you propose to serve and will be able to connect with the diverse needs, cultures and experiences of those families
* Who have effective relationship-building skills and able to apply a strength-based approach with all families.

### Please reflect on your organization’s strengths and weaknesses with staff retention in the last few years, including any recent history (1-2 years) of worker and supervisor turnover (if applicable), your understanding of the causes behind staff turnover, and your approach to retaining staff/preventing turnover for the proposal. 5 points

## Staff Support and Supervision

1. Thinking about program supervision of home visitors and supervisors, particularly of practitioners serving families, home visitors and supervisors, how do you apply a reflective practice/trauma informed approach and/or Reflective Supervision\* (RS)? What benefits does your organization experience from using this approach? 5 points

\* *Reflective supervision is a formal term used to describe the regular collaborative reflection between a home visitor and supervisor that builds on the home visitor’s use of their thoughts, feelings, actions, reactions and values evoked in the course of working closely with young children and their families. Please refer to the Guidance document for a more in-depth definition.*

### 2. In addition to Reflective Supervision, please describe strategies your organization uses to support a trauma-informed and supported staff to deliver home visiting services to a diverse array of families. 5 points

### Section VI: Home Visiting Service Content (15 points)

1. Please describe the essential elements your program will offer to families, being mindful of model fidelity. 5 points

1. Screening and Assessments: Assessment and Measurement tools may be used to determine family status and progress on specific milestones. Some home visiting programs/models use standardized tools to track specific indicators. In the table below, briefly describe how (including the tools used by your program) and how often your home visiting program typically administers participant screenings and assessments for the following indicator areas. Please identify the assessment areas you would like your proposed home visiting to explore with families. 5 points (this should be labeled question 2, not 1)

| **Assessment Area** | **How do you assess in this area? (use tool name if applicable)** | **When/how often** |
| --- | --- | --- |
| Child development\* |  |  |
| Parent child interactions\* |  |  |
| Caregiver mental health and depression\* |  |  |
| Family economic circumstances and stability, including housing stability |  |  |
| Relationships, social support, intimate partner violence\* |  |  |
| Medical and dental health and access\* |  |  |
| Substance use disorder, prevention and treatment\* |  |  |
| Other: |  |  |
| Other: |  |  |

\*Priority assessment areas

1. Outgoing Referral Networks: In the table below please summarize the top 8 to 10 partners/services to whom your program plans to refer home visiting participants for needed resources; enter the organization’s name next to the appropriate primary service category (listed in “Services Delivered” column) and a short description of your *current* relationship with each. 5 points

|  |  |  |
| --- | --- | --- |
| **Organization Names** | **Services Delivered**  ***(complete those relevant to your program and population)*** | **Description of Referring Relationships** |
|  | Child Maltreatment Prevention |  |
|  | Child welfare |  |
|  | Intimate Partner Violence Prevention |  |
|  | Early Childhood Development |  |
|  | Education |  |
|  | Health |  |
|  | Mental Health |  |
|  | Substance Use Support |  |
|  | Housing |  |
|  | Other: |  |
|  | Other: |  |

# Section VII: Program Management, Quality, Technical Assistance, and Evaluation *(35 points) (can there be a bit more space ahead of this new section)*

## Quality, Fidelity and Technical Assistance

* + 1. Please describe how your organization would manage your home visiting program with its mission and strategic goals in order to be successful in implementation and assure performance in areas such as enrollment, staffing, screening/assessments, frequency of visits, and other essential program components. 5 points

### Within your organization, do you use Technical Assistance (TA) with other programs that are serving families within your organization? 5 points

## Evaluation and Data Collection

### How does your organization currently collect data on program participants’ demographic information, service utilization, and program impacts? 5 points

* + 1. Please describe the current data system you are using with programs. If selected for funding, are you willing to use the data system recommended by the HVSA or your national program model? 5 points

### DCYF tracks specific data indicators to support home visiting program evaluation; some of these require client data matching with other State education and social services systems. 10 points

**By applying for this funding, you acknowledge and accept the expectations that our organization will seek consent for families to routinely share information collected by the HV program with DCYF for evaluation purposes (please check adjacent box to indicate you agree*)***

Comments, concerns, questions, or barriers to sharing client level data

### Please share with us your organization’s experience with Quality Assurance and/or Continuous Quality Improvement? How do you currently support continued learning and understanding of your program and making improvements informed by program experience and data? 5 points

# Section VIII: Organization Infrastructure *(20 points)*

### Please briefly describe your organization’s mission, history, strategic goals and programs, and leadership. 5 points

### Practically speaking, please describe your organization’s resources (management, administration, communications, human resources, financial systems, and other infrastructure) to support this expansion effort and to maintain high quality home visiting services during implementation. 5 points

### Describe your organization's experience and ability to successfully manage complex, multi-year grants and projects. Please include in your answer a summary of your organization’s capacity for financial management/accounting and fiscal oversight of grant funds and describe your financial system’s ability to accurately assign and track expenditures across multiple funding sources and payment points. 5 points

### Reflecting on your organization’s commitment to your home visiting program and this proposal, how might your program adapt in the future with the understanding that HVSA financial investment (base funding) may not increase over time (e.g. cost of living increases)? 5 points

# Section IX: Budget Proposal (Required, not Scored)

To be complete, all applications must include the completed budget worksheet using the 2024 HVSA Fall StartUp Budget Template provided with this application.  The budget total derived in the budget template must match the budget listed in this application Section II. C.

Instructions will be included in the worksheet.

# Section X: Supplemental Documents *(required, not scored)*

Please submit all the required Supplemental Documents outlined in the Application Guidance starting on page 20; please refer to the instructions for this section in the Guidance document to prevent disqualification of your submission. Please note, a 5-point deduction from overall application score will occur for each required supplemental document that is missing from the application packet.

1. **Organization Letter of Authorization**

Letter of authorization from the Executive Director (or appropriate director) allowing organization application for these funds. This letter should identify a back-up contact person if the primary contact person is not available for an extended period of time.

1. **Program Model Affiliate Letter**

Recent letter from the appropriate national program office indicating your organization is in contact with and working to start up the specific home visiting model proposed in this application. If the proposed model does not have a national program office, the letter may be written by Start Early Washington.

1. **Organizational Chart**

Current organizational chart with clear indication of where the home visiting program or staff resides

1. **Organization Operating Budget**

Current year of the organization’s annual operating budget

1. **List of Current Board Members**

List of current board members, including name, role on the board, job title/role in the community, city of residence

1. **Proof of Tax-Exempt Status under the IRS code**

Certification, letter from Secretary of State, other documentation indicating organization is a public or not-for-profit entity.

1. **Most Recent Audited Financials**

Most recent independent financial audit including audited financial statements

1. **Current Indirect Rate Documentation/Certification, if applicable**

The approved federal certificate that supports the rate presented in your budgets, if the indirect rate exceeds 10% of the direct costs