**HVSA 2024 Expansion 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. 25, 2024, by Noon PT. 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. 25, 2024, by Noon PT**. Please use this template as the format for the Application using Arial 10 pt font, with all margins no less than 1 inch. Application Sections 1 through 7 (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 2: Expansion Proposal Overview (*not scored*)

## Current 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 Expansion (*number NEW funded slots*)** – The total caseload may not exceed the DCYF Standard Caseload for 1 FTE Home Visitor implementing the proposed program model*.*

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

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

### **Proposed County(ies) to be Served (this must match your counties listed in Section 3 A 2 below).**

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

## 

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

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

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

# Section 3: Proposed Community to be Served and Capacity to Reach *(40 points)*

## Proposed Community and Populations to Be Served

### **Priority Populations:** 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 to be eligible for HVSA funding. 5 points

| **(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:

### Please describe the community you are proposing to serve with this expansion funding and why you propose to serve them. 10 points

Please note all of this is new to section B

County (Counties)and/or Sub-County Areas to be served – please tell us the proposed number families to be served (number slots) by County in the table below*. The total number of slots in this table below should match your total number slots in question 2.C.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 2.C.1*.  
**Important Note:** For programs implementing Family Spirit, Nurse Family Partnership, Outreach Doula, ParentChild+, and Parents as Teachers, when you complete your budget template, the numbers in this table must align with the numbers you enter into your budget worksheet template; these numbers will determine the maximum scope of your budget*.*

| DCYF Rate Region | **County(ies)** | **Number 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 |  |

## Capacity to Reach Proposed Populations and Service Area

### What makes your organization/program well-positioned to serve the proposed communities 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. 5 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?
* What new or proposed strategies will you 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** | **Internal / External to your organization** | **Description of Current Referring Relationship** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

### Sustaining Family Engagement/Enrollment Performance: How will you guarantee strong engagement of families with this expansion, ensuring families remain in and complete your program? 10 points In your answer, please reflect specifically on the last 2 to 3 years of your program’s performance in engaging families (enrollment and retention) and answer the questions below.

* How have you addressed low enrollment in your program, if applicable?
* How have you worked to improve family engagement?

# Section 4: Advancing Equity and Reducing Disparities (30 points)

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

### Describe how your program 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 5: 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 35-40 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 |  |
|  |  |
| **Only Rate Exempt Programs to complete remaining table rows below:** |  |
| 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 for all 5 categories above |  |

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.

Comments:

### **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 Spec 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 |

## Expansion Timeline/Staffing Plan

### Please use the table below to depict your anticipated ramp-up timeline (by marking each cell) for staff recruitment, hiring, training, and serving families (Building program caseload is expected to take 9-12 months for new home visitors). 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.**  **2026** |
| Program Planning |  |  |  |  |  |  |  |  |  |  |  |
| Prep for Implementation |  |  |  |  |  |  |  |  |  |  |  |
| Recruit Staff |  |  |  |  |  |  |  |  |  |  |  |
| Hire Staff |  |  |  |  |  |  |  |  |  |  |  |
| Train Staff |  |  |  |  |  |  |  |  |  |  |  |
| HV Begin Visits |  |  |  |  |  |  |  |  |  |  |  |
| Full Caseload |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |

## 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

### 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 her thoughts, feelings, actions, reactions and values evoked in the course of working closely with young children and their families.

### In addition to Reflective Supervision (RS), 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 6: Program Quality, Fidelity and Technical Assistance (15 points)

### Please describe how your organization manages your home visiting program with its mission and strategic goals to be successful in implementation and assure performance in areas such as enrollment, home visitors’ caseloads, screening assessments, frequency of visits, and other essential program components. 5 points.

How and with whom does your home visiting program currently utilize for technical assistance (TA) with your national model and other TA providers? 5 points

### Tell us a specific example of how your program works to improve its methods and delivery [using Continuous Quality Improvement (CQI) tools]. Please share the issue you explored, how you tested various improvement ideas, what you learned (positive and negative), and how you adjusted your program to reflect successful learnings. 5 points

# Section 7: Organization Infrastructure *(15 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

# Section 8: Budget Proposal (Required, not Scored)

To be complete, all applications must include the completed budget worksheet applicable to your proposed program model. The budget depicted in the budget template must match the budget listed in this application Question II. C.

For programs implementing Family Spirit, Nurse Family Partnership, Outreach Doula, ParentChild+, and Parents as Teachers, the geographic distribution of proposed slots entered in Question III A 2 – assigned to DCYF Rate Regions – will be used in the Budget Template to determine your maximum budget allocation; the same numbers entered in this application must also be entered into the budget template.

Instructions will be specific to each worksheet and included in the worksheet.

# Section 9: Supplemental Documents *(required, not scored)*

Please submit all the required Supplemental Documents outlined in the Application Guidance starting on page 24; 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. Model Fidelity Letter

Recent letter from the appropriate national program office indicating the home visiting program (proposed for expansion) is in good standing with model fidelity. If the 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. 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.