**2024 HVSA Supporting Children & Families (ESSB6109) 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 November 14, 2024, by 12:00 Noon PST. 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 November 14, 2024 12:00 Noon PST**. 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: SB6109 Proposal 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 Number of Slots**: Please make sure your proposed counties here align with your service areas described in Section 3 below.

Applications for SB6109 services must expand in the number of slots to equal not more than the DCYF standard caseload of 1 FTE Home Visitor

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

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

## Proposed 12-Month Program Budget

Use the Total Derived in your Budget Template. Please note that funding is only available through June 30,2025; however, we are asking for a 12-month budget proposal.

Anticipated 12-Month Budget for SB6109 service expansion only (not current budget) $

## Home Vising Program Funders

List ALL the current and anticipated funders of your home visiting program.

|  |  |  |
| --- | --- | --- |
| Name of Funder | Funding $ | Terms of Funding (dates) |
|       | $      |  |
|       | $      |  |
|       | $      |  |
|       | $      |       |

## E. Brief Abstract of Proposed Expansion

Please describe in 1 to 2 paragraphs a high-level summary of the key features of implementing SB6109 - Supporting Children & Families (e.g., newsletter blurb).

# Section III: Proposed Community to Be Served & Capacity to Reach *(35 points)*

## A. SB6109 Priority Populations, Communities, and School Locales

This pilot program is intended to offer home visiting to families with children prenatal to 5 years old who have child welfare systems involvement and are experiencing substance use. Families must reside in geographic areas with the historically highest rates of child welfare screened-in intake due to exposure or presence of high-potency synthetic opioids in the home; these geographic areas are listed in the table below. (See ApplicationGuidance pages 9-10)

1. In the table below, please indicate the number of families (slots) you intend to serve by geographic area.
***Your SB6109 Expansion must serve families residing in 1 or more of these geographic areas to be considered for SB6109 funding.*** (not scored)

| **County** | **Locale** | **Number of Families (slots)** | **DCYF Rate Region** |
| --- | --- | --- | --- |
| Adams | BengeLindWashtucna |                 | North Central |
| Asotin | Asotin-AnatoneClarkston |            | Eastern |
| Clallam | Port AngelesSequim |            | Olympic |
| Cowlitz | KelsoLongview |            | Southwest |
| Grays Harbor | AberdeenCosmopolisHoquiamOcosta |                      | Pacific Mountain |
| King | King South-East DCYFKing South-West DCYFKing West DCFS DCYFMartin Luther King Jr. DCYF |                      | King |
| Lewis | BoistfortCentraliaMortonMossyrockOnalaskaPe EllToledoWhite Pass |                                          | Pacific Mountain |
| Lincoln | AlmiraCrestonDavenportHarringtonOdessaReardan-EdwallRitzvilleWilbur |                                          | Eastern |
| Okanogan | OkanoganOmak |            | North Central |
| Pacific | Naselle-Grays River ValleyNorth RiverOcean BeachRaymondSouth BendWillapa Valley |                           | Pacific Mountain |
| Pend Oreille | CusickNewportSelkirk |                 | Eastern |
| Pierce | Parkland DCYFLakewood DCYFTacoma DCYF |                 | Tacoma-Pierce |
| Skagit | Sedro-Woolley |       | Northwest |
| Snohomish | Smokey Point DCYF |       | Snohomish |
| Spokane | SpokaneSpokane ICW DCYFSprague |                 | Spokane |
| Stevens | Evergreen (Stevens)Loon LakeMary WalkerSummit ValleyValleyWellpinit |                                | Eastern |
| ThurstonWahkiakum | Olympia/Tumwater DCYFWahkiakum |            | Pacific Mountain |
| Whatcom | MeridianMount BakerNooksack ValleyBellingham DCYF |                      | Northwest |
| Yakima | YakimaYakima DCYF |            | South Central |

Important Note: For programs implementing Family Spirit, Nurse Family Partnership, Outreach Doula, ParentChild+, and Parents as Teachers, when you complete your budget template, you **must** indicate the number of families you intend to serve (# of slots) in the assigned rate region from this table. The numbers in this table must align with the budget worksheet and will determine the maximum scope of your budget.

Comments:

### **2.** Please tell us why you are proposing to expand your program into these identified communities to serves families with have child welfare systems involvement and who are experiencing substance use5 points

## Capacity to Reach Proposed Populations

### What makes your program/organization well-positioned to serve child-welfare -involved families impacted by synthetic opiate use – in the communities indicated in the above sections? In your answer please also describe how your program fits in the existing service array and connects to other organizations, families, and important elements of the proposed community. 10 points

### **Outreach Referrals and Enrollment:** What is your program approach and interactions with other community partners or related internal programs of your organization. Specifically address your program’s relationships with the local child welfare office in your proposed community to be served as well as connections to supports/programming for families impacted by synthetic opiate use. 5 points

In the table below, please include the names and relationships you have with up to 4 key internal or community partners from whom you expect to receive referrals into your program, including any applicable DCYF offices. 5 points

| **Organization / Program Name** | **Location (City)** | **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 the families in your program, specifically families involved in child welfare and families experiencing substance use; how will you ensure these families remain in and complete the program model? In your answer, please reflect specifically on the last 2 to 3 years of your program’s performance in engaging families (enrollment and retention), sharing how you have worked to improve family engagement and address low enrollment, if applicable. 5 point

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

1. How will program expansion support your organization in advancing racial equity and reducing disparities? 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 V: Staffing (35 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 the home visiting program *(please describe in comments)*  |       |
| Total FTEs for all 5 categories above  |       |

Comments:

### Describe how many staff will be newly hired and how many existing positions will have hours increased in the proposed expansion. (not scored)

### Please tell us which of the staff described above will be independent contractors and not employees of your organization. (not scored)

### **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 of Families expected to be served by 1.0 FTE Home Visitor (caseload)

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

For Rates Delayed and Rates Programs, please note the DCYF Standardized Caseload and Staffing Ratios

|  |  |
| --- | --- |
| Program Model | Caseload/Staffing Ratios |
| Family Spirit | 1 FTE Health Educator 14 families1 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 families1FTE NFP Supervisor 8 Nurse Home Visitors |

## Expansion 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.****2026** |
| Program Planning |       |       |       |       |       |       |       |       |       |       |       |
| Prep for Implementation |       |       |       |       |       |       |       |       |       |       |       |
| Recruit Staff  |       |       |       |       |       |       |       |       |       |       |       |
| Hire Staff  |       |       |       |       |       |       |       |       |       |       |       |
| Train Staff |       |       |       |       |       |       |       |       |       |       |       |
| HV Begin Visits  |       |       |       |       |       |       |       |       |       |       |       |
| Full Caseload |       |       |       |       |       |       |       |       |       |       |       |
| Other: |       |       |       |       |       |       |       |       |       |       |       |

Comments:

Note: 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 understand and can address the impacts of synthetic and substance abuse on parenting and the family functioning.
* 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 implement Reflective Supervision\* (RS) and what benefits arise from using RS? 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. 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, particularly families impacted by substance abuse/synthetic opiates. 5 points

### Section VI: Home Visiting Service (20 points)

### Please describe the essential elements your home visiting program expansion, particularly as it relates to serving families involved in child welfare and impacted by synthetic opiate use. 10 points

### Outgoing Referral Networks: In the table below please summarize the top 8 to 10 services to whom your program expects to refer participants for needed supports within the service categories provided; enter each organization’s name and a short description of your *current* relationship with them. 5 points

| **Outgoing Referral Networks:****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 Quality, Fidelity and Technical Assistance *(15 points)*

### 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

### 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 your learnings may be applicable to your proposed program expansion 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

# Section VIII: 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 program’s commitment to implementing a pilot program and ability to adjust as needed during the initial, start-up phase as program development and learnings occur. 5 points

# Section IX: 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 applicants 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 for the program model will be included in the guidance document and the budget template.

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

Please submit all the required Supplemental Documents outlined in the Application Guidance starting on page 23; 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 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. **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