

Oregon County Request for Application:
Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program

INTRODUCTION:

On March 23, 2010, the *Patient Protection and Affordable Care Act of 2010* (ACA) was signed into law. The *Affordable Care Act* included a provision authorizing the creation of the *Maternal, Infant, and Early Childhood Home Visiting Program* (MIECHV). The MIECHV was designed to:

- 1) strengthen and improve the programs and activities carried out under Title V,
- 2) improve coordination of services for at-risk communities, and
- 3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

The process for States to fulfill requirements necessary to use MIECHV funding has consisted of three stages. The first two stages were:

- 1) submission of an application for funding (submitted July 9, 2010), and
 - 2) submission of a Statewide Home Visiting Needs Assessment (submitted September 20, 2010).
- 3) States are currently working to respond to the third stage of the process, the Federal Supplemental Information Request (Attachment A), which requires the submission of a State Home Visiting Plan (due June 8, 2011). The State Plan must identify one or more at-risk communities, based on the findings of the State Home Visiting Needs Assessment (Attachment B), where MIECHV funded home visiting programs will be implemented. For the purpose of the State Home Visiting Needs Assessment, county level data, as well as tribal population data, was used to analyze risks and disparities.

Oregon's State Home Visiting Steering Committee (HVSC) invites identified at-risk counties to propose plans to implement an evidence-based home visiting model for funding through MIECHV. Oregon intends to award up to three identified at-risk counties. This Request for Applications details a three step process and guidelines for identified at-risk counties to be selected to participate with the State in evidence-based home visiting implementation through the MIECHV. Selected counties will work with the HVSC and staff to complete and submit documentation to satisfy the requirements of the Federal Supplemental Information Request (SIR) due on June 8, 2011.

PURPOSE AND PRIORITY POPULATIONS:

Through a comprehensive, coordinated and culturally responsive approach, it is the mission of Oregon's Home Visiting System to help children and families achieve optimal physical, mental and social wellbeing through partnerships, prevention and access to appropriate and cost effective home visiting services and supports.

This Request for Applications (RFA) contributes to the State's Home Visiting mission by inviting 13 counties (Attachment C) identified by Oregon's Home Visiting Needs Assessment to apply for funds to support local efforts to implement an evidenced-based home visiting model.

The Federal health reform legislation identified a core set of indicators to be used in the State Home Visiting Needs Assessment process to identify counties at-risk. These indicators include: premature birth, low birth weight, infant mortality, poverty, reported crime, juvenile arrests, domestic violence, high school drop-out rates, substance abuse, unemployment, and child victimization. The State Home Visiting Needs Assessment also analyzed health disparities within populations, including urban, rural, frontier, racial and ethnic communities. The analysis of racial and ethnic disparities indicated increased risk in African-American, Native American and Hispanic/Latino communities for multiple indicators.

For the purpose of this RFA, Home Visiting is defined as evidence-based programs wherein home visiting is the primary service delivery strategy and in which services are offered on a voluntary basis. Federal guidance designates that **priority service populations include** participants who:

- Have low incomes;
- Are pregnant women who have not attained age 21;
- Have a history of child abuse or neglect or have had interactions with child welfare services;
- Have a history of substance abuse or need substance abuse treatment;
- Are users of tobacco products in the home;
- Have, or have children with, low student achievement;
- Have children with developmental delays or disabilities;
- Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

ELIGIBLE ENTITIES AND MINIMUM QUALIFICATIONS:

At-risk counties eligible to participate in this RFA include: Clatsop, Jackson, Jefferson, Klamath, Lane, Lincoln, Malheur, Marion, Morrow, Multnomah, Tillamook, Umatilla, and Yamhill.

Eligible counties were identified through Oregon's State Home Visiting Needs Assessment, which included tribal population data. Within the 13 identified counties, state-funded, Federally-funded, locally-funded and privately-funded programs/organizations are eligible to apply.

Eligible counties must identify a “lead organization” for their Home Visiting Application. No more than one application will be considered from each identified at-risk county- whether submitted individually or as part of a multi-county region. Regional approaches are encouraged. In the event that Oregon receives multiple Letters of Intent from one eligible county, all corresponding parties will be notified and required to coordinate for one Application submission.

In determining the lead organization for the application, consideration should be given to choosing an organization with demonstrated experience in serving one or more of the federally identified priority populations (listed in the section above).

The lead organization or applicant must have demonstrated experience providing home visiting services to at-risk populations in Oregon, with home visiting as the primary vehicle for service provision. Section 5 of the Letter Of Intent template (Appendix A) provides a checklist to indicate specific home visiting program expertise.

It is expected that home visiting partners within the county will collaborate to determine the lead applicant, implementing organization, target population, home visiting model, and other required information for the Application.

Applications may be submitted by a coalition, collaborative or other partnership of entities, with a lead implementing organization identified in the Letter of Intent. Regional approaches are encouraged.

Lead organizations must be physically located within one of the 13 counties identified in the home visiting needs assessment as an “at-risk” county.

PROCESS AND GUIDELINES:

Eligible Oregon counties interested in being considered for funding to implement evidence-based home visiting programs through the MIECHV are invited to participate in the following three step process:

- **Step 1** is the submission of a Letter of Intent to Apply (LOI). The LOI is due by **noon on March 23, 2011**. The LOI is required and all sections must be complete. The LOI will not be scored.
- **Step 2** is the submission of the Application. Detailed requirements for the Application are provided in the “Application Instructions” section of this RFA. The Application is due by **noon on April 11, 2011**. Applications will be scored by an External Review Panel based on the specific details and point values described in the “Application Instructions” and “Criteria” sections of this RFA.
- **Step 3 ONLY** applies to counties selected to participate. Selected counties will be required to submit Supplemental Information as needed to satisfy the

requirements of the Federal Supplemental Information Request (SIR). The Supplemental Information is due by **Noon on April 25, 2011**.

All required information must be submitted by the indicated due dates to be considered for selection.

Applications will be reviewed by an external review panel using the criteria identified in the "Criteria" section of this RFA. The review process will result in the identification of up to three successful counties or regions to be included in the State Plan for funding through the MIECHV.

Applicants are encouraged to use innovation and flexibility in the development of the Application.

It is an option for each applicant to submit up to three different approaches with up to three different funding amounts for consideration.

For example: One applicant could propose a home visiting approach and budget for a \$300,000 program, an approach and budget for a \$450,000 program, and an approach and budget for a \$900,000 program. Any funding level for up to three approaches and up to \$900,000 will be considered. A total of \$900,000 will be awarded to either one, two or three programs in the 13 eligible counties.

Upon selection for inclusion in the State Plan, counties will work with state partners to complete and submit the required Supplemental Information and documentation necessary to satisfy the requirements of the Federal SIR.

The State will provide multiple opportunities for applicants to ask questions during the RFA process. The State will solicit questions, host weekly webinars, and post transcripts of questions and answers to the internet no later than close of business on the following business day. Information related to this RFA may be found online at:

- http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HomeVisiting/Pages/home_visiting.aspx.

AVAILABLE FUNDING:

The State will award a total of up to \$900,000 in the first year divided amongst the top ranked one, two or three successful applications. Funding for subsequent years will be awarded contingent upon demonstrated progress in meeting the Federally mandated benchmarks for the MIECHV.

TIME LINE AND DUE DATES:

March 17	Letter of Intent guidance distributed to eligible, identified at-risk counties
March 21	RFA guidance released to eligible, identified at-risk counties
March 22	Weekly webinar (2-4pm)
March 23	Letter of Intent to Apply due by noon (by fax or email)
March 28	Questions due by noon for weekly webinar
March 29	Weekly webinar (2-4pm)
April 4	Questions due by noon for weekly webinar
April 5	Weekly webinar (2-4pm)
April 11	Applications due by noon
April 15	Counties informed of selection results and provided guidance on required Supplemental Information
April 25	Supplemental Information due by noon from selected counties

Questions should be submitted by the deadlines indicated above in order to be addressed during the weekly webinars. To submit a question, email Nakeshia Knight-Coyle at: nakeshia.knight-coyle@state.or.us

EVIDENCE-BASED HOME VISITING PROGRAMS ELIGIBLE FOR IMPLEMENTATION:

An extensive independent review of the evidence of effectiveness of home visiting programs has yielded the identification of eligible evidence-based home visiting models for implementation in states using MIECHV funding. More information is available in the Executive Summary of the Home Visiting Evidence of Effectiveness Review (Attachment D), available online at: <http://homvee.acf.hhs.gov/Default.aspx>. The State Home Visiting Steering Committee has further refined the parameters of eligible models for this RFA. Home visiting models eligible for implementation in at-risk counties under this RFA include one or more of the following:

- Early Head Start,
- Health Families America,
- Nurse Family Partnership, and
- Parents as Teachers.

Applicants will select one or more of the evidence-based home visiting models identified above for implementation in their county. The “Application Instructions” section of this RFA offers additional requirements related to the selection of the evidence-based home visiting model.

The Federal SIR requires grantees to collect data on all benchmarks and constructs (Attachment E), and states that grantees must “demonstrate improvements in at least four benchmark areas by the end of three years. . .[and] at least half of the constructs under each benchmark area.” Applicants should carefully consider this requirement in determining which evidence-based home visiting model to implement (Attachment F),

necessary county partners to engage, and program enhancements necessary to successfully demonstrate improvements in the required benchmarks and constructs. Attachments D-H offer information and resources to be considered in the selection of an evidence-based home visiting model that meets identified county needs and will lead to required progress on federally identified benchmarks.

LETTER OF INTENT AND APPLICATION INSTRUCTIONS:

The required information for the RFA process is indicated below. Provide succinct responses, while including all required elements. A complete Letter of Intent is required, but will not be scored. A complete Application is required, and will be the basis for the review process. Supplemental Information will only be required of those 1-3 counties that are selected for inclusion in the State Plan based on their applications,. Maximum possible points and suggested page counts are noted for each section of the Application. The minimum font size is 12 point, and all pages must be double-spaced.

Step 1: LETTER OF INTENT (due by noon on March 23, 2011)

Must be submitted using the LOI Template (Appendix A)

1. Identify the lead organization and its mission statement.

- ❖ Eligible counties must identify a “lead organization” for their Home Visiting Application. No more than one application will be considered from each identified at-risk county; whether submitted individually or as part of a multi-county region. In the event that Oregon receives multiple Letters of Intent from one eligible county, all corresponding parties will be notified and required to coordinate for one submission.

- ❖ In determining the lead organization for the application, consideration should be given to choosing an organization with demonstrated experience in serving one or more of the federally identified priority population. These include participants who:
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

- ❖ The lead organization or applicant must have demonstrated experience providing home visiting services to at-risk populations in Oregon, with home visiting as the primary vehicle for service provision. Section 5 of the LOI template provides a checklist to indicate specific home visiting program expertise.
 - ❖ It is expected that home visiting partners within the county will collaborate to determine the lead applicant, implementing organization, target population, home visiting model, and other required information for the Application.
 - ❖ Eligible applicants include state-funded, Federally-funded, locally-funded and privately-funded programs/organizations in the identified county. Applications may be submitted by a coalition, collaborative or other partnership of entities, but a lead implementing organization must be identified in the Letter of Intent.
 - ❖ Lead organizations must be physically located within one of the 13 counties identified in the home visiting needs assessment as an “at-risk” county.
2. **Provide the name, phone number, and email address for the primary contact person for any questions or correspondence related to the Letter of Intent or subsequent Application.**
 3. **Identify the anticipated geographic area for service provision.**
The geographic area of service may span one of the identified eligible counties, a portion of an eligible county, or a region including two or more eligible identified counties.
 4. **Attach a preliminary list of collaborating early childhood and community partners (not exclusively home visiting partners).**
 - ❖ All applicants will be required to collaborate with key local early childhood and home visiting partners.
 - ❖ Provide the name of the organization, and name and title of the primary contact person for each collaborating partner organization.
 - ❖ At a minimum, the following key early childhood partners (when present) in the county should be included in this planning and application process: Commission on Children and Families, Public Health Department, Mental Health, Head Start (including Early and Migrant/Seasonal), Relief Nurseries, Early Intervention, and Family Support and Connections.
 - ❖ Letters of support from all collaborative partners will be required as part of the application due at noon on April 11.

5. **Indicate which home visiting programs the lead organization has experience in implementing, as well as other home visiting programs in the community with which you will be collaborating.**
- ❖ Fill-in the table to indicate specific home visiting programs operating in the target county, and whether they are operated by the Lead Organization or other agencies.

 - ❖ For maternal, infant and early childhood home visiting programs that are not under the direction of the lead organization, provide the name the organization that operates the program.

Step 2: THE APPLICATION (due by noon on April 11)

*Maximum possible points and suggested page counts are noted for each section of the Application below. **The complete Application (sections A-E) shall not exceed 16 pages in total, including any graphics, maps, logic models or tables (which are not required).** The minimum font size is 12 point, and all pages must be double-spaced.*

A. DESCRIPTION OF THE AT-RISK COUNTY

Recommended limit of 4 pages (Maximum 25 points)

Using the State Home Visiting Needs Assessment Report (Attachment B), as well as local information, please provide the following:

1. Descriptive list of relevant county characteristics and strengths (may include, but not limited to, existing home visiting infrastructure, system efforts, political will, public-private partnerships, coordination efforts, etc);
2. Descriptive list and/or explanation of priority risk factors and needs identified in the State Home Visiting Needs Assessment;
3. Description of at-risk populations;
4. List of existing screening, identification, and referral mechanisms for families/children;
5. List of primary referral resources currently available for home visiting clients;
6. List of referral resources needed in the future to support clients and families; and
7. Additional local information that informs your local decision making.

B. SELECTION OF THE EVIDENCE-BASED HOME VISITING MODEL

Recommended limit of 4 pages (Maximum 25 points)

Applicants are required to select one or more of the evidence-based home visiting models identified in the “Evidence-based home visiting programs eligible for

implementation” section of this RFA for implementation in their county. The Federal SIR requires grantees to collect data on all benchmarks and constructs (Attachment E), and states that grantees must “demonstrate improvements in at least four benchmark areas by the end of three years. . .[and] at least half of the constructs under each benchmark area.” Applicants should carefully consider this requirement in determining which evidence-based home visiting model to implement (Attachment F), selecting county partners to engage, and planning program enhancements necessary to successfully demonstrate improvements in the required benchmarks and constructs. Attachments D-H provide information to support the selection of an evidence-based home visiting model to meet identified community needs.

Please provide the following information:

1. The selected model;
2. Description of the process used in selecting the model;
3. Description of how the selected model addresses the needs and risk factors identified in the State Home Visiting Needs Assessment;
4. Description of the intended target population and service geography for implementation of the selected home visiting model; and
5. Plan for integrating the selected model into the home visiting landscape of services currently available in the county.

C. COMMITMENT TO A HOME VISITING SYSTEM

Recommended limit of 4 pages, excluding Letters of Concurrence (Maximum 25 points)

At a minimum, the following key early childhood partners (when present) in the county should be included in this planning and application process, and should be represented by a Letter of Concurrence: Commission on Children and Families, Public Health Department, Mental Health, Head Start (including Early and Migrant/Seasonal), Relief Nurseries, Early Intervention, and Family Support and Connections. If a required letter cannot be obtained from a home visiting partner by the Application deadline, the applicant must submit a brief explanation at the time of the Application submission detailing why the letter could not be obtained and a plan to foster the relationship with the partner. Additional Letters to demonstrate community support and partnership may also be attached, and will not count against the Application page limit.

Please provide the following information:

1. All required Letters of Concurrence (minimally must include all partners named above, if present in county);
2. Plan for partner, stakeholder and community engagement to support implementation of the selected evidence-based model;

3. Plan for coordination among existing home visiting and early childhood programs and services;
4. Description of efforts and resources invested in the development and support of a coordinated early childhood system in the county;
5. Plan for coordination to address identified gaps; and
6. If more than one county is partnering for an Application, a plan for regionalization of home visiting services.

D. OUTCOMES AND EVALUATION

Recommended limit of 3 pages (Maximum 20 points)

Please provide the following information:

1. Description of relevant experience collecting client and family level home visiting data, including intake, referral, service and outcome data; and
2. Description of at least one substantive example of how home visiting data were used to monitor outcomes and guide programmatic decision-making for evaluation and continuous quality improvement.

E. BUDGET

Recommended limit of 1 page (5 POINTS)

Please provide the following information:

1. Anticipated funding scenario(s): Total anticipated amount requested (may submit up to three different scenarios at: \$300,000, \$450,000, or \$900,00 per year);
2. Anticipated start-up costs;
3. Anticipated on-going program implementation costs; and
4. Description of ability and opportunities to leverage local and other sources of funding to support evidence-based home visiting.

The State Home Visiting Steering Committee reserves the right to request additional information necessary to ensure a fair review process.

CRITERIA FOR OBJECTIVE REVIEW PROCESS:

Applications will be reviewed by an external review panel using a comprehensive and impartial process. The review process will result in the identification of up to three successful applicants to be included in the State Plan for funding through the MIECHV.

REVIEW CRITERIA	FULLY RESPONSIVE APPLICATIONS WILL	POINT
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	INCLUDE:	VALUE
Description of the at-risk county	<ol style="list-style-type: none"> 1. Descriptive list of relevant county characteristics and strengths (may include, but not limited to, existing home visiting infrastructure, system efforts, political will, public-private partnerships, coordination efforts, etc); 2. Descriptive list and/or explanation of priority risk factors and needs identified in the State Home Visiting Needs Assessment; 3. Description of at-risk populations; 4. List of existing screening, identification, and referral mechanisms for families/children; 5. List of primary referral resources currently available for home visiting clients; and 6. List of referral resources needed in the future to support clients and families. 7. Additional local information that informs your local decision making. 	25 points
Selection of the evidence-based home visiting model	<ol style="list-style-type: none"> 1. The selected model; 2. Description of the process used in selecting the model; 3. Description of how the selected model addresses the needs and risk factors identified in the State Home Visiting Needs Assessment; 4. Description of the intended target population and service geography for implementation of the selected home visiting model; and 5. Plan for integrating the selected model into the home visiting landscape of services currently available in the county or region. 	25 points
Commitment to a home visiting system	<ol style="list-style-type: none"> 1. All required Letters of Concurrence; 2. Plan for partner, stakeholder and community engagement to support implementation of the selected evidence-based model; 3. Plan for coordination among existing home visiting and early childhood 	25 points

	<p>programs and services;</p> <ol style="list-style-type: none"> 4. Description of efforts and resources invested in the development and support of a coordinated early childhood system in the county; 5. Plan for coordination to address identified gaps; and 6. If more than one county is partnering for an Application, provide a plan for regionalization of home visiting services. 	
Outcomes and evaluation	<ol style="list-style-type: none"> 1. Description of relevant experience collecting client and family level home visiting data; and 2. Description of at least one substantive example of how home visiting data were used to monitor outcomes and guide programmatic decision-making for evaluation and continuous quality improvement. 	20 points
Budget	<ol style="list-style-type: none"> 1. Anticipated funding scenario(s) – total amount requested; 2. Anticipated start-up costs; 3. On-going program implementation costs; and 4. Description of ability and opportunities to leverage local and other sources of funding to support evidence-based home visiting. 	5 points

Step 3: SUPPLEMENTAL INFORMATION (due by noon on April 25) - ONLY REQUIRED FROM APPLICANTS SELECTED FOR INCLUSION IN THE STATE PLAN.

Following the review process and identification of selected county(ies) to receive MIECHV funding, the successful county(ies) will be required to submit Supplemental Information to the HVSC. A brief overview of the Supplemental Information to be submitted is presented below. Detailed guidance will be provided to the top ranked one - three successful counties upon notification of their selection on April 15, 2011. Additional information may be requested that is not detailed in this document.

Supplemental Information required from selected counties will include:

- A. READINESS TO IMPLEMENT THE SELECTED EVIDENCE-BASED HOME VISITING MODEL
- B. PLAN FOR IMPLEMENTATION

C. OUTCOMES AND EVALUATION

D. DETAILED BUDGET

ATTACHMENTS:

Attachment A: Federal Supplemental Information Request

Attachment B: State Home Visiting Needs Assessment Report

Attachment C: Map of Eligible Counties to Apply

Attachment D: Executive Summary, Home Visiting Evidence of Effectiveness Review

Attachment E: Overview of Federally Mandated Benchmarks and Constructs

Attachment F: Evidence of Effectiveness by Outcome Domain

Attachment G: Resources to Aid in Selection of EBP

Attachment H: Eligible Evidence-Based Home Visiting Program Summary Table

Attachment I: Oregon State Home Visiting Steering Committee Members

APPENDIX A: Letter of Intent (LOI) Template

**Oregon Letter of Intent (LOI) Template
Maternal, Infant and Early Childhood Home Visiting Program**

NOTE: Complete this Letter of Intent and submit it to Nakeshia Knight-Coyle by email (Nakeshia.KNIGHT-COYLE@state.or.us) or FAX 971 673-0240 by Noon on Wed. March 23, 2011.

Instructions for completing this form are in the attached LOI Guidance.

1. Lead organization, address and mission statement

Organization Name: _____

Address: _____

Mission statement: _____

2. Key contact person

Name: _____

Title: _____

Phone number: _____

Email: _____

3. Proposed geographic area for service provision

4. Collaborating early childhood and community partners (add more lines as needed)

Organization name	Primary contact	Contact's title

5. Home visiting programs that the lead organization or other collaborating partners have experience in implementing:

Home Visiting Programs:	Lead organization (check all that apply)	Other organizations (list organization names)
Evidence-based models eligible for this funding		
Early HeadStart		
Healthy Start ~Healthy Families America		
Nurse Family Partnership		
Parents as Teachers		
Other home visiting programs		
BabiesFirst!		
CaCoon		
Early Intervention		
Family Support and Connections		
Head Start		
Maternity Case Management		
Relief Nurseries		
Other, please name:		