Home Visiting Expansion

Pre-Application Conference

Funding Opportunity Title: Home Visiting Expansion

Funding Opportunity Number: FO# CHA-HVE-5.3.24

Speakers

Sena Doe
Program Coordinator, Local Home Visiting Program
DC Department of Health
Family Health Bureau
Early Childhood Health Division
Community Health Administration

Patricia Greenaway
Supervisory Grants Management
DC Department of Health
Community Health Administration

Agenda

➢ Overview of DC Health

➢ Overview of Home Visiting

➢ Request for Applications Overview

➢ EGMS Important Information

➢ Review Key Dates

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DC HEALTH OVERVIEW

➢ OVERVIEW
➢ DATA HIGHLIGHTS
➢ EARLY CHILDHOOD MISSION

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Mission statement

- The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors, and those doing business in our nation's capital.

STRATEGIC PRIORITIES

- Promote a culture of health and wellness

- Address the social determinants of health

- Strengthen public-private partnerships

- Close the chasm between clinical medicine and public health

- Implement data driven and outcome-oriented approaches to program and policy development

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D.C. Socioeconomic and Sociodemographic Status by Ward

	White, Non-Hispanic (2020)	Black/ African American, Non-Hispanic (2020)	Hispanic/ Latino, any race (2020)	Median Household Income (2021)	Unemployment Rate (Dec. 2021)
Ward 1	46.9%	21.5%	20.2%	$110,339	3.7%
Ward 2	64.3%	8.2%	10.9%	$112,244	3.1%
Ward 3	69.2%	7.0%	9.7%	$143,339	2.9%
Ward 4	26.9%	43.3%	22.0%	$94,163	4.9%
Ward 5	23.6%	56.5%	11.6%	$91,189	6.5%
Ward 6	55.3%	26.1%	7.3%	$113,922	4.4%
Ward 7	3.6%	87.5%	4.7%	$42,201	9.0%
Ward 8	4.5%	87.8%	3.3%	$39,473	12.1%
District-wide	38.0%	40.9%	11.3%	$91,414	5.8%

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Framework for Improving Community Health

- In 2022, DC Health developed this framework to guide its actions to improve community health in the District of Columbia. The framework is designed to prevent the leading causes of death, protect and promote the health of mothers and children, and ultimately eliminate racial and ethnic disparities in health. The framework includes quantitative objectives, which aim to drive key measures of health to established targets over the five years.

- Listed below are objectives for what DC Health wants to achieve by 2026, grouped in seven areas:

  – Access to health services

  – Clinical preventive services for adults

  – **Maternal and reproductive health services**

  – **Care of young children**

  – Preventive services for children and adolescents

  – Tobacco and marijuana use

  – Nutrition, physical activity, and weight status

D.C. Childhood Data Highlights

- About 18% of the District's population is comprised of children under 18 years of age, with the majority of children under six (43%). Most children are Black/African American (58.5%) followed by White (26.5%) and Hispanic/Latino (15.9%).

- Within households, most children live with their biological parent (83.5%), followed by their grandparent (11.6%).

- 25% of families live below the poverty level and about 39% use public assistance (i.e. SSI, cash public assistance, or Food Stamp/SNAP benefits).

- Poverty during a child's life under the age of five can increase the risk of experiencing lower socioeconomic status later in adulthood and contribute to a cycle of poverty among future generations.

Early Childhood Division Mission

To ensure that all children and families have access to a continuum of comprehensive, high-quality early childhood programs and services that promote child well-being and school readiness and ensure that all children are healthy, ready to learn and have safe passage through the early years.

Home Visiting Overview

Home Visiting

- Locally Funded, Family Health Bureau, Early Childhood Health Divison

- Proposed programs should contribute to improving Maternal and child health outcome

- To meet the needs of pregnant mothers, infants, children, and their families, beginning from pregnancy through early childhood

- The applicant should propose a promising practice home visiting model with or without a workforce development program.

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Promising Practice

- A "promising practice" in the context of home visiting refers to an activity, procedure, approach, or policy that is expected to lead to improved outcomes or increased efficiency.

- It should be based on evidence, serve the needs of the community, and undergo rigorous evaluation.

- The goal is to develop innovative approaches that can ultimately reach widespread effective usage

Promising Practice with Workforce Development component

- The aim is to equip individuals with the credentials, skills, and knowledge needed for employment and career advancement.
- The proposed program should focus on women interested in perinatal health careers, such as doula, midwifery, and lactation consulting.
- Training pathways should cover essential topics related to perinatal wellness, including preconception, pregnancy, postpartum, parenting, and mental health.

Evaluation

- The primary objective is to showcase improvements in participant outcomes, particularly in maternal and child health.
- Applicants proposing a home visiting model as a promising practice must conduct a comprehensive and rigorous evaluation of that model.
- The evaluation for the Workforce Development program should be multi-faceted, focusing on both process and outcomes.
- DC Health encourages the use of research-based evaluation strategies to guide program planning and implementation.
- Recipients must submit an evaluation plan for approval.

Target Population

- Services to families with children ages 0-5

- Ward 5, 7 & 8

- Reside in communities that are in need of home visiting services, as identified in the MIECHV needs assessment.

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Target Population

- Subpopulations must be given priority as a recipient of services.

    • Families with mothers under the age of 21,

    • Families with a history of child abuse or neglect or who have had interactions with child welfare services,

    • Families with a history of substance abuse or in need of substance abuse treatment,

    • Families experiencing unstable housing or homelessness,

    • Families with caregivers who are currently incarcerated or previously incarcerated within the last 12 months,

    • Families with caregivers who have intellectual disabilities caring for children ages 0 through 5; and

    • Families of children with developmental delays or disabilities.

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REQUEST FOR APPLICATIONS

➤ OVERVIEW

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FUNDS AVAILABLE

- Total award amount is **$310,000 for FY2025**

- Anticipated for **up to one (1) award** for the first budget period.

- Funding must be used between **October 1, 2024 – September 30, 2025**

- *There will be **up to four** additional 12-month budget periods for a total project period of **October 1, 2024–September 30, 2029,** contingent upon the continued availability of funds and grantee performance and compliance*

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Strategies/Activities

- In alignment with the Framework for Improving Community Health, the grantee shall employ strategies and implement activities in the service areas outlined in the program strategies section.
- Applicants shall demonstrate how the proposed project plan will impact each of the listed areas and demonstrate their organizational capacity to do so.
- More outcomes and/or indicators may be required during the duration of the grant award.

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Data and reporting requirements

The grantee shall:

- Submit required reports by the due date
    - Monthly narrative reports on progress toward Program approaches and benchmarks, client enrollment and number of referrals made, number of home visits conducted or missed
    - Workforce training enrollment, training completed,
    - Monthly time Study Logs for staff funded
    - Monthly Data Reports
    - Quarterly Spend Plans
    - Quarterly Site-Visits
    - Coordination/linkages of data feeds from applicant's Electronic medical Record (eMR)/Electronic Health Record (eHR) data feeds
    - Data Entry: DC Health's Data Collection and Reporting System
        - Individual-level demographic and service-utilization data
        - Process and Outcome Measures
    - Annual Reports

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EGMS IMPORTANT INFORMATION

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APPLICATION REQUIREMENTS

Eligibility Documents

- Certificate of Clean Hands
- Current Business License
- Current Certificate of Insurance
- Copy of Cyber Liability Policy
- IRS Tax-Exempt Determination Letter (For nonprofits only)

- IRS 990 Form (For nonprofits only)
- Current List of Board of Directors, on Letterhead, Signed and Dated by a Certified Board Official
- Assurances, Certifications, and Disclosures

APPLICATION REQUIREMENTS

Proposal Components

- Project Abstract (1 Page)
- Project Narrative (10 Page limit)
- Budget Table (Attachment provided)
- Budget Justification (Attachment provided)
- Work Plan (Attachment provided)
- Organization Chart
- Staffing Plan
- Logic Model
- Letters of Commitment or support (2)
- Risk Self-assessment (Attachment provided)

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APPLICATION REQUIREMENTS

- Documents requiring signature have been signed by an agency head or <u>AUTHORIZED</u> Representative of the applicant organization.

- The Project Narrative is written on 8½ by 11-inch paper, **1.0 spaced**, **Arial or Times New Roman font using 12-point type** *(11 –point font for tables and figures)* **with a minimum of one-inch margins**. **The total size of all uploaded files may not exceed the equivalent of 50 pages when printed. Applications that do not conform to these requirements <u>will not be forwarded</u> to the review panel.**

- The application proposal format conforms to the "Proposal Components" listed in the RFA.

- The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.

- The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.

- Submit your application via EGMS by **3:00 pm** on the deadline of **Tuesday, June 4, 2024.**

Application Requirements

- Applicants must be registered in the federal Systems for Award Management (SAM) and the DC HEALTH Enterprise Grants Management System (EGMS).

- Complete your EGMS registration **two weeks** prior to the application deadline.

- Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

Application Requirements

Indirect cost

- Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. For federally-funded grants, indirect costs are applied in compliance with 2 CFR 200.332.

- **For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.**

KEY DATES

NEXT STEPS AND KEY DATES

- **Tuesday, May 21, 2024:** Last day to register for new accounts in EGMS

- **Friday, May 24, 2024:** Last day to submit questions for the FAQ

- **Tuesday, June 4, 2024 by 3:00 pm: Application Deadline.** Applications will **not** be accepted after the deadline.

- **October 1, 2024:** Anticipated project period start date

APPLICATION SUBMISSION TIPS

- **Do not wait until the last minute to submit**

- **Submit as least 48 hours before deadline**

- **Applications will not be accepted after the deadline**

QUESTIONS AND ANSWERS

- Questions will **ONLY** be accepted in writing
- All responses will be made available on the District Grants Clearinghouse in a FAQ document

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