# Office of Family Health Services

Request for Applications

**Healthy Start Initiative: Eliminating Disparities in Perinatal Health**

**This RFA and all associated application materials can be found at this website:** [**http://www.vdh.virginia.gov/family-home-visiting/**](http://www.vdh.virginia.gov/family-home-visiting/)

**Purpose:**

* Solicit applications to establish sub-recipients for Healthy Start (HS) **prior to, and contingent upon,** Virginia Department of Health (VDH) being awarded the HS grant for the next funding cycle, which is anticipated to begin in April of 2019 and run through March of 2024.
* **NOTE: Applying for this opportunity does not guarantee funding. By responding to this application, your organization is expressing interest in being a VDH Healthy Start sub-recipient. Successful applicants will be selected as co-applicants in the VDH application for federal Healthy Start funding; the application process is anticipated to take place in the Summer/Fall of 2018. If VDH is awarded Healthy Start funds for the 2019-2024 period, the co-applicants would become sub-recipients and implement the Healthy Start program.**
* VDH – Office of Family Health Services – Division of Child and Family Health, with input and support from Early Impact Virginia (EIV), will select sites based upon organizational capacity; the organization’s ability to provide home visiting services using the evidence-based home visiting model Parents as Teachers (PAT); the organization’s ability to lead collective impact initiatives to address disparities in perinatal health outcomes; the organization’s ability to serve 250 participants consisting of pregnant women, postpartum women, infants and children up until their 2nd birthday (125 families) each year of the grant; and fulfilment of eligibility criteria.
* Funding opportunity will support
  + A maximum of three sites
  + Anticipated average award of $360,000
  + Minimum annual service requirement of 250 participants consisting of pregnant women, postpartum women, infants and children up until their 2nd birthday (125 families)

**Program History/Background:**

The Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) has worked for over two decades to provide Healthy Start grant funding throughout the US, DC and Puerto Rico to reduce high infant mortality rates by assuring access to culturally competent, family-centered, and comprehensive health and social services to women, infants, and their families through a community-based participatory approach.

The HS program aims to reduce disparities in infant mortality and adverse perinatal outcomes by: 1. improving women’s health, 2. promoting quality services, 3. strengthening family resilience, 4. achieving collective impact, and 5. increasing accountability through quality improvement, performance monitoring, and evaluation. HS grants are provided to communities with rates of infant mortality at least 1 ½ times the U.S. national average (US national average in 2015 was 5.87) and high rates for other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality) in order to address the needs of high-risk women and their families before, during, and after pregnancy. HS works to reduce “the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups” 42 U.S.C. §245 c-8(e)(2)(B). HS services begin in the prenatal period and follow the woman and child through two years after the end of the pregnancy.

In 2015, there were 103,074 live births in Virginia. The infant mortality rate in Virginia in 2015 was 5.87, with an average infant mortality from 2013-2015 of 6.0. While Virginia, as a whole, ranks about midway, 23rd, among the 50 states, some regions in Virginia have exceptionally high infant mortality rates, much greater than 1 ½ times the national average of 5.87 (2015 rate). Several regions in the state had an average infant mortality rate for 2013-2015 of over 20.0 with one region having a rate of 31.25.

Virginia’s preterm birth rate from 2013-2015 was 9.24 (with the 2015 rate of 9.22). While this rate is comparable to the US national average preterm birth rate of 9.63 in 2015, some regions in Virginia have preterm birth rates as high as 18.4 (2013-2015). Virginia’s low birthweight rate from 2013-2015 was 7.92 (with the 2015 rate of 7.85). While this rate is also comparable to the US national average low birthweight rate of 8.07 in 2015, some regions in Virginia have low birthweight rates upwards of 16.0.

Given that certain regions in Virginia greatly exceed the national average for infant mortality, preterm, and low birthweight births, the HS program is greatly needed and warranted in such regions of the state.

The VDH has been a HS grantee since 1997 and has administered HS programs in various regions across the state that have infant mortality, preterm birth, and low birthweight birth rates at least 1.5 times the national average and racial/ethnic disparities in these perinatal indicators. VDH HS grantees have provided home visiting services to prenatal women through the pregnancy and up until the 2nd birthday of the child.

HS grants have historically had a 5-year project period. The current HS grant will end in March of 2019. As Virginia has a long history with the HS program and also has the great need for the program, VDH intends to apply for Healthy Start funding for the next HS grant cycle which is anticipated to begin in April of 2019 and run through March of 2024. **In order to prepare for the application for HS funding, VDH is soliciting applications for HS project sites that can provide evidence based home visiting services using the Parents as Teachers (PAT) model to at least 250 participants annually and lead local collective impact initiatives to address the perinatal disparities in the community. Selected sites will work with VDH in the summer of 2018 to prepare the application for funding to HRSA. Selection from this process does not guarantee funding; funding is contingent upon VDH’s successful application for the next HS funding cycle.**

**Deliverables/Program Requirements**

To be considered as a HS project site, the site must meet the program requirements and deliverables outlined in this section.

VDH plans to implement its Healthy Start program by utilizing the Parents as Teachers evidence-based home visiting model and collective impact strategies, supplemented with training and tools related to promoting healthy birth outcomes and health equity, in order to reduce rates of, and racial/ethnic disparities in, infant mortality, low birthweight births, and preterm births. The HS site must apply to serve one or more community that meets the anticipated HS criteria of need:

1. An infant mortality rate at least 1 ½ times the national average AND
2. Existing racial/ethnic disparities in the infant mortality rate

\*A list of communities meeting these criteria in Virginia is included.

Consideration will be given to applicants that may wish to serve additional communities in your organization’s service area that may not meet criteria 1 & 2 but demonstrate a need for improvement in maternal and child health, in order to help meet the required number of participants served annually.

Individual level services: The HS site must plan to be able to implement the evidence based home visiting model, Parents as Teachers (PAT), to deliver services. The site must provide group health education to participants and/or community members, as well as focus on father/partner engagement through home visiting, group sessions and/or community wide fatherhood events. The PAT model requires delivery of at least 12 group connections across the program year, which can satisfy the Healthy Start group health education requirement. Group connection formats include family activities, ongoing groups, presentations, community events, and parent café.

Each HS site must be able to serve at least 250 participants consisting of pregnant women, postpartum women, infants and children up until their 2nd birthday (125 families) annually. The HS site must be an existing PAT Affiliate with the intention to expand services following all affiliate essential requirements, or be prepared to submit a PAT New Affiliate Plan for approval. The HS site must complete all required PAT trainings as well as HS specific trainings, and use all PAT and Healthy Start required screening tools and data collection forms.

The majority of the grant funding should be dedicated to these individual level direct services, and primarily serve those women and infants affected by perinatal health disparities in the community. NOTE: PAT Foundational and Model Implementation training registration fees are free to Virginia programs.

Community level services: The HS site must be a leader in collective impact initiatives to address perinatal health disparities in the community. The site must have at least a partially dedicated FTE to this component of the HS program. The HS site must participate in child fatality review teams, fetal and infant mortality review (FIMR) teams, and maternal mortality reviews teams in their region.

The HS site must be willing to meet all HRSA requirements that will be outlined in the Notice of Funding Opportunity (NoFO) that is anticipated to be released in the summer of 2018.

The HS site must meet all reporting requirements for HRSA, VDH, and PAT. Reporting requirements include, but are not limited to: a monthly program report of client level services, a monthly collective impact report of collective impact initiatives, a quarterly program report on the HS sites progress in the core activities to meet the five HS approaches, and the annual PAT Affiliate Performance Report (APR).

The HS site must be able to enter program data into a data system on the HS benchmarks and monthly program data. It is anticipated that VDH and/or PAT will provide a data system for program data to be entered into. HS sites must have the technology (computers, internet, etc.), and staff ability to enter the program data. HS sites must comply with VDH IT security requirements.

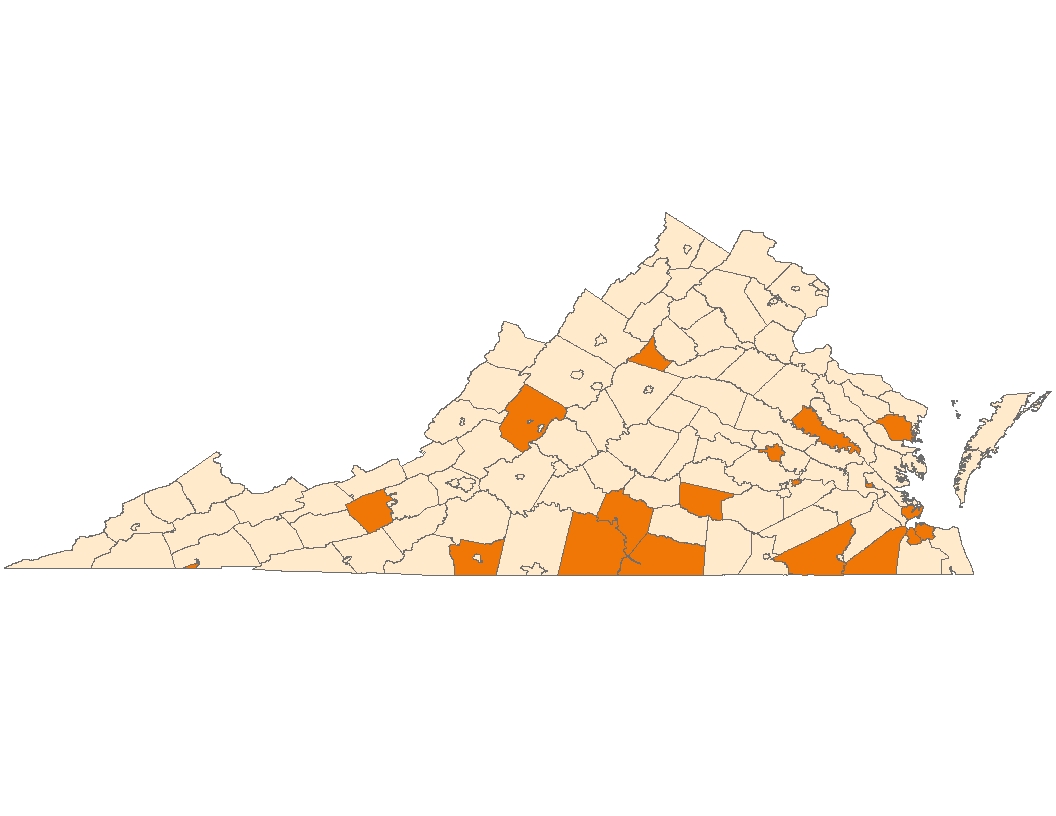
The HS site must participate in preparing the application for HS funding along with the VDH Central Office and participate in conducting a local needs assessment for the application.

**Eligible Applicants**

1. Not for profit organizations
2. Government agencies
3. Organizations/agencies serving at least one community that meet HS eligibility requirements:
4. An infant mortality rate at least 1 ½ times the national average AND
5. Existing racial/ethnic disparities in the infant mortality rate

**Table 1. Communities in Virginia meeting the HS eligibility requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Communities Meeting Criteria | 2013-2015 Average Infant Mortality Rate (IMR) | 2013-2015 Total Number Live Births | 2013-2015 Average White IMR Rate | 2013-2015 Average Black (Non-Hispanic) IMR Rate | 2013-2015 Average Hispanic IMR Rate |
| Bristol City | 8.88 | 563 | 12.38 | 37.04 | 83.33 |
| Charlotte County | 11.39 | 439 | 0.00 | 9.01 | 83.33 |
| Greene County | 11.55 | 606 | 7.71 | 22.22 | 0.00 |
| Halifax County | 11.55 | 1,126 | 2.87 | 11.22 | 22.22 |
| Hampton City | 9.39 | 5,219 | 4.89 | 11.20 | 8.83 |
| Henry County | 11.99 | 1,334 | 15.54 | 28.22 | 23.26 |
| Hopewell City | 13.61 | 1,102 | 3.92 | 24.03 | 24.31 |
| King William County | 10.87 | 552 | 6.69 | 57.97 | 0.00 |
| Lancaster County | 15.33 | 261 | 0.00 | 27.73 | 0.00 |
| Mecklenburg County | 11.85 | 844 | 2.33 | 20.61 | 0.00 |
| Norfolk City | 9.68 | 11,050 | 6.21 | 13.99 | 5.22 |
| Nottoway County | 11.56 | 519 | 0.00 | 32.94 | 0.00 |
| Portsmouth City | 9.19 | 4,569 | 4.07 | 12.96 | 0.00 |
| Pulaski County | 9.55 | 942 | 14.86 | 23.81 | 190.48 |
| \*Richmond City | 11.74 | 8,861 | 3.94 | 15.46 | 6.97 |
| Rockbridge County | 8.89 | 450 | 19.57 | 0.00 | 233.33 |
| Southampton County | 10.10 | 396 | 4.33 | 13.61 | 0.00 |
| Suffolk City | 8.96 | 3,347 | 5.48 | 13.73 | 0.00 |
| Williamsburg City | 11.41 | 263 | 17.09 | 0.00 | 66.67 |
| 1.5 times the national average infant mortality rate = 8.85 | | | |  |  |
| \*NOTE: Richmond City also has a separate Healthy Start grant | | | |  |  |
|  | | | |  |  |

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Highlighted in Orange: Communities Meeting Criteria of 2013-2015 Average IMR 1.5 Times the National Average and Existing Racial/Ethnic Disparities in the IMR

**Funding Amount**

**Funding is contingent upon VDH’s successful application for the next cycle of HS grant funds.** VDH plans to apply for HS funding in summer of 2018. VDH anticipates that successful applicants will be notified in early 2019 of their award, with program services beginning in April of 2019. VDH anticipates the HS grant to be around $1.2 million dollars per year for five years. This is an estimation based on past HS grant funding. Please note, the NoFO has not yet been released and so these are only projections. VDH anticipates funding a maximum of 3 local HS sites, with an anticipated average award of $360,000 per year.

All HS sites must comply with VDH financial requirements and guidelines as well as federal financial requirements and guidelines.

Indirect cost guidance: VDH can accept the organization’s federal negotiated rate (must provide documentation) or a de minimis rate of 10%.

**Reporting Requirements**

The HS site must meet all reporting requirements for HRSA, VDH, and PAT. Reporting requirements include, but are not limited to: a monthly program report of client level services, a monthly collective impact report of collective impact initiatives, a quarterly program report on the HS sites progress in the core activities to meet the five HS approaches, and the annual PAT Affiliate Performance Report (APR).

The HS site must work with VDH Central Office to prepare an annual performance report for HRSA along with an annual progress report for HRSA.

The HS site must have the capability to report on participant service numbers, demographics and the 19 HS benchmarks on a monthly basis.

The HS site must participate in the PAT Quality Endorsement and Improvement Process (QEIP) following the Virginia State Office monitoring timeline every 4-5 years. Parents as Teachers National Center requires all PAT affiliates begin their first QEIP in their 4th year of implementation and every 5 years thereafter.

**Project Period**

VDH plans to apply for HS funding in summer of 2018. VDH anticipates that successful applicants will be notified in early 2019 of their award, with program services beginning in April of 2019. It is anticipated to be a 5 year grant (April 2019 – March 2024).

### Application Submission

* Letter of Intent due date: Thursday, April 19, 2018
  + Page limit: 2 pages
  + Organizations planning to submit an application must submit a Letter of Intent.
* Application due date: (planned) Thursday, June 14, 2018
  + Applications from organizations from whom a Letter of Intent was not received will not be considered.
  + There will be an informational webinar following the Letter of Intent period; details will be shared with all organizations submitting a Letter of Intent.
  + Page limit: Please try to keep the total page limits to 80 pages or less.
  + Please use 12-point font and margins no smaller than 0.8, and include page numbers.
  + Please include the name of your organization at the top right corner of each page.
  + Applicants may be asked to provide a presentation to the review panel.
* Applications should include the following completed documents:
  + Cover Sheet, which should include:
    - Legal name
    - DUNS number
    - Street address
    - City
    - State
    - Zip code plus four
    - Congressional district
    - Amount of funds requested
    - Project title
  + Application Questions (200 points)
  + Proposed Work Plan (use template provided) (30 points)
  + Affiliate Plan (use PAT template provided) (30 points)
  + Proposed Budget (use template provided) (30 points)
    - Please complete the provided excel workbook for the budget submission and make sure to complete both sheets in the excel workbook (attached). The personnel portion of the budget can be modified to meet your proposal. Please use the PAT Budget Toolkit to prepare your budget. The Toolkit can be found here on the PAT website: <https://parentsasteachers.org/getting-started-1/>
    - Please include a copy of your organization’s federal negotiated indirect cost rate agreement if applicable.
  + Organizational chart of the agency (5 points)
  + Letters of support from community agencies (15 points)
  + Letters of support from all other home visiting programs serving the community (15 points). If no other home visiting programs are serving the community, submit a letter stating this case.
  + The organization’s plan for addressing staff turnover and recruitment and retention (15 points)
  + Local Health Department (LHD) applicants only:
    - Additional LHD application questions (20 points)

Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against a bidder or offer or because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

**Recommended Materials for Review – all documents can be found in the attachments and online at** [**http://www.vdh.virginia.gov/family-home-visiting/**](http://www.vdh.virginia.gov/family-home-visiting/)

* Budget excel worksheet
* Work plan template
* PAT Essential Requirements
* PAT Quality Standards (an affiliate must meet 75 of the 100)
* PAT Readiness Reflection Tool
* PAT Affiliate Plan
* PAT Guidance for Completing Your Affiliate Plan
* PAT Budget Toolkit
* PAT Funding Guide
* The 5 Healthy Start Approaches
* The 19 Healthy Start Benchmarks Aligned with the 5 Healthy Start Approaches
* Infant mortality and low birth weight data from 2013-2015 (Excel spreadsheets)

**Application Questions**

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| --- |
| 1. Please explain your organizational capacity that would allow you to be a HS site. Include an explanation of how you will meet PAT model implementation requirements. Describe current or past programs within your organization that have worked to improve maternal and child health. What were the successes, challenges and outcomes of these programs? How would you apply what you learned to the implementation of HS? (20 points) |
|  |
| 1. Tell us about your organization’s experience working with home visiting programs. What home visiting programs has your organization implemented, and for how long? Describe how many families you served and what services you provided. What were the program’s outcomes?  What were the successes and barriers to implementing a home visiting program for your organization? (20 points) |
|  |
| 1. What are your plans for managing the additional planning, documentation, data collection and data reporting requirements? How would you support staff to manage these tasks? (10 points) |
|  |
| 1. Tell us about your organization’s experience working with collective impact initiatives. What was your organization’s role? What was the goal of the initiative?  Who were the stakeholders, and what was the level of involvement? What was the outcome of the collective impact initiative? (10 points) |
|  |
| 1. Which community/communities do you plan to serve (see Page 4)? Describe why each proposed community needs a HS program. What is the infant mortality rate for each community from 2013-2015?  What are the rates of preterm birth and low birthweight? Describe the racial and ethnic disparities in perinatal outcomes. If your proposal includes serving one or more additional communities that is not on the list in order to achieve the number of participants, include relevant justification for including this community and why it could benefit from a Healthy Start program. (20 points) |
|  |
| 1. Tell us about your organization’s experience employing community health workers/family support workers/parent educators. Please include your experience recruiting, training, and retaining staff. If you have had no experience with employing PAT parent educators (PE), describe how you will ensure PEs meet all requirements and are the best fit for the job. Also discuss how you would work to ensure that Healthy Start staff reflect the diversity of your community. (15 points) |
|  |
| 1. Turnover and staff vacancies can dramatically affect the success of a program. Explain your organization’s staff recruitment, retention, and staff turnover policies and procedures. Additionally, describe your on-boarding and orientation plan from hiring through the first year for qualified PAT supervisors, parent educators, and any other HS support staff. Describe the typical timeline for your organization to fill vacancies. (15 points) |
|  |
| 1. Describe the structure of your proposed HS program and who will oversee the program’s work and staff. How would this program fit in within your portfolio of programs? Provide a proposed organizational chart. (20 points) |
|  |
| 1. Demonstrate your organization’s strong fiscal stewardship. You may disclose/submit audit findings or reports to support your case. Describe how your organization would assure fiscal stewardship of this program. Discuss your experience developing and adhering to a budget as part of a contract with a state agency. (10 points) |
|  |
| 1. Explain how your organization would plan to sustain this program in the absence of this funding. What other sources of income or financial support would you/could you utilize to support this program or to offset expenses? (10 points) |
|  |
| 1. Are there other home visiting programs that serve your community? If yes, how will you work collaboratively? Is the participant population large enough to fill caseloads of all the home visiting programs in the community (submit data to support your response)? Please submit letters of support from all home visiting programs serving your proposed HS service area. (20 points) |
|  |
| 1. Community relationships and referral systems:    1. Describe your organization’s networks and linkages to community partners. (5 points)    2. Describe how your organization will recruit/receive referrals for program participants (pregnant women and new parents with infants) who are at risk for poor perinatal outcomes and most in need of Healthy Start program services. (10 points) |
|  |
| 1. The success of a program like HS depends largely on the buy in from the local community. Please demonstrate the support of the community in this effort. (15 points) |
|  |

**\*Application Questions for Local Health Departments Only\*\***

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| --- |
| 1. How will your Health Director and Senior Leadership be involved in the administration, promotion, program data review, and maintenance of the Healthy Start program? (4 points) |
|  |
| 1. What mechanisms and policies do you have in place that will facilitate smooth program operation, including hiring and staff retention? (4 points) |
|  |
| 1. Explain how the Healthy Start program fits into the Local Health Department structure. Under what department and leadership will the Healthy Start program operate? (4 points) |
|  |
| 1. Tell us about your hiring practices and a general timeline for hiring a new employee in your health department from vacancy through to the first day of employment. In addition, provide the timeline for hiring for the last three positions that were hired in your health department. (4 points) |
|  |
| 1. Tell us how the Healthy Start program budget will be managed. Who will be involved? How will you track expenditures? How will you ensure that Healthy Start staff are able to complete all travel and training needed for the program with regard to travel approvals/expenditures? (4 points) |

**Rating Criteria**

|  |  |  |
| --- | --- | --- |
|  | Points Available | Score |
| Application Questions (160 points) | | |
| 1. Organizational Capacity and Experience | 20 points |  |
| 1. Home Visiting Experience | 20 points |  |
| 1. Data collection and reporting capacity | 10 points |  |
| 1. Collective Impact Experience | 10 points |  |
| 1. Need for Healthy Start Program | 20 points |  |
| 1. Parent Educator Experience | 15 points |  |
| 1. Recruitment/Retention | 15 points |  |
| 1. Program Structure | 20 points |  |
| 1. Fiscal Stewardship | 10 points |  |
| 1. Sustainability | 10 points |  |
| 1. Other Home Visiting Programs | 20 points |  |
| 1. a. Community Partners | 5 points |  |
| b. Referrals | 10 points |  |
| 1. Community Support | 15 points |  |
| Local Health Department Additional Application Questions | 20 points |  |
| Budget | 30 points |  |
| Work Plan | 30 points |  |
| Affiliate Plan (PAT) | 30 points |  |
| Organizational Chart | 5 points |  |
| Letters of Support – Community Agencies | 15 points |  |
| Letters of Support – Home Visiting Programs | 15 points |  |
| Plan for Staff Turnover, Recruitment, Retention | 15 points |  |
| Presentation – scoring will be released if presentations are needed |  |  |
| Total |  |  |

**All questions about this RFA should be addressed to:**

**Mary Beth Cox, MSW, MPH**

**Early Childhood Unit Supervisor**

**Virginia Department of Health**

**109 Governor Street, 9th Floor**

**Richmond, Virginia 23219**

**Email address:** [**VDH\_HomeVisiting@vdh.virginia.gov**](mailto:VDH_HomeVisiting@vdh.virginia.gov)**; (Use subject line: HS RFA)**

**Phone: 804-864-7768**