

Healthy Start / Healthy Families Oregon
Request for Application Template
County

BACKGROUND

Healthy Start/Healthy Families Oregon is Oregon's largest child abuse prevention program. Healthy Start/Healthy Families Oregon's goal is to provide evidence-based intensive home visiting services to high risk first-birth families in order to reduce child maltreatment, increase positive health outcomes, and improve school readiness. Higher risk families are identified through voluntary screening which effectively determines which families can most benefit from home visitation. All screened families receive parenting information and personalized referrals to community resources.

PROGRAM DESCRIPTION AND HISTORY

As an integral partner in the state's early childhood system of services and supports for families with young children, Healthy Start/Healthy Families Oregon's intensive home visiting services significantly contribute to achievement of three valued Oregon Benchmarks:

1. Reduction of Child Maltreatment,
2. Increase in positive health outcomes for children, and
3. Increase in readiness for school.

The Healthy Start/Healthy Families Oregon program begins with prenatal and at-birth screening of first births to identify high risk families who are offered intensive home visiting services. Families accepting services receive support in a timely and effective manner following the evidence-based Healthy Families America (HFA) home visitation model.

Healthy Start/Healthy Families Oregon implements the HFA evidenced-based home visitation model working with first time parents during the critical early years of children's brain development. Healthy Start/Healthy Families Oregon measurably reduces¹ the rates of child maltreatment among higher risk first-birth families. Evaluations² also demonstrate that families' participation:

- Contributes to more positive health outcomes for infants and toddlers,
- Reduces risk factors associated with child abuse and neglect, and
- Promotes the role of parents as their child's first teacher, thus increasing the likelihood of school readiness by age five (5).

Created by the Oregon Legislature in 1993 under HB 2008, eight (8) Healthy Start pilot projects were initiated in July 1994. In 2001, because of its documented successes, Healthy Start was expanded to serve families statewide.

In 2007, Healthy Start/Healthy Families Oregon was awarded accreditation as a multi-site system by Healthy Families America (HFA); only the sixth state in the nation to have achieved this status. Accreditation is further evidence that Healthy Start/Healthy Families Oregon meets the highest evidence-based standards for child abuse prevention.

¹ Healthy Start/Healthy Families Oregon Maltreatment Prevention Report 2007-08, March 2009

² Healthy Start/Healthy Families Oregon 2007-08 Status Report, January 2009

OVERVIEW OF SERVICES

The Healthy Start/Healthy Families Oregon program is one component of the Oregon Commission on Children and Families (OCCF) system of services that help develop strong, nurturing families and healthy, thriving children. The program's Core Services have three major components:

1. Outreach and Screening Services for first-birth families

The Outreach and Screening Services include identification and voluntary screening of first birth families through a variety of methods and community partnerships.

Screening is completed utilizing the New Baby Questionnaire; a validated research based self-report survey of potential risk factors for poor child outcomes, including child maltreatment.

2. Intensive Home Visiting Services for higher risk, highly stressed families (including associated staff support, training and supervision)

The Intensive Home Visiting Service component is provided by highly trained Family Support Workers (FSWs) and Supervisors. Intensive home visits with higher risk families begin prenatally or near birth and may continue up to three years. Intensive services include one-to-one parenting, child development education and support as well as developmental screenings and linkages to needed community resources.

Group opportunities such as community play groups, parenting classes, and family events, have been shown to increase engagement and retention of families. These social opportunities can supplement home visits up to one time per month. The cost to conduct these types of activities or purchase such services with other resources can be considered cash match. Using discretion; Healthy Start General Fund resources could also be used for this purpose. FSWs receive weekly supervision and maintain appropriate caseloads to assure high quality, responsive services to all families.

3. Program Management

The Program Management component includes program oversight, community liaison, resource development, and assurance that home visiting services meet Healthy Families America's evidence-based, accreditation standards.

PURPOSE OF REQUEST FOR APPLICATION

As a result of a comprehensive program redesign, the Oregon Commission on Children and Families (OCCF) is utilizing a non-competitive Request for Application (RFA) process to contract with Local Commissions on Children & Families (LCCF) for Healthy Start/Healthy Families Oregon Program

This document details the RFA process, providing guidelines for local contracting processes and assurances to program model fidelity. This RFA holds LCCFs and contracted providers accountable to assure program services are delivered in the most cost effective manner that meets service expectations, while fulfilling the quality standards required of HFA accredited programs.

Through their applications, each LCCF must assure that:

1. The LCCF and their contracted service provider(s) agree to support the vision, values, standards, outcomes, and required guidelines of the Oregon Commission on Children and Families.

2. Contracted service providers will implement service strategies adopted by the Oregon Commission on Children and Families and will deliver services that meet the Healthy Families America (HFA) 12 Critical Elements (standards) for quality home visiting services, and will follow the Healthy Start Program Policy and Procedures Manual.
3. Contracted service providers will adhere to all curriculum, standardized training, and policies as determined by OCCF.
4. The name “Healthy Start/Healthy Families” must be included in each program’s name to support public recognition and marketing efforts of Healthy Start statewide. All future printing will include this program name.
5. Additional required assurances are detailed throughout the RFA.

REQUEST FOR APPLICATION

This Request for Application (RFA) meets **Oregon Administrative Rule 417.795 – Healthy Start Family Support Services Programs; standards; coordination**. Local Commissions on Children and Families (LCCFs) will apply for the specific allocation for their county and must commit to the assurances described in this document. The intent of this RFA is to assure local program design is efficient and serves the greatest number of children and families possible within the evidence-based Healthy Families America (HFA) model. RFA responses will address how LCCFs will transition local program structure to a ‘family service unit’ approach to funding. *A ‘family service unit’ is defined as an average family served for one full year.*

It is the intent of OCCF to provide statewide access to Healthy Start services under a redesigned funding model that responds to the following Legislative Budget Note received during the 2009 session:

Healthy Start Restructuring – the State Commission is to work with local commissions and agency partners to review how Healthy Start services can be delivered more effectively and at a lower cost across the state. Options should include, but are not limited to, consolidating delivery at the local level through relief nurseries or other community partners, multi-county operations, State Commission program administration, increased focus on at-risk families, and service cost caps for Healthy Start families. The Commission is to report to the Emergency Board before January 1, 2010, on this review, any changes proposed or implemented as a result of the review, any expected administrative savings, and the number of Healthy Start families expected to be served within the 2009-11 program funding allocations.

Request for Application (RFA) Timeline

RFA released:	September 14, 2009
*RFA response due to OCCF:	October 15, 2009
Notification of approval of RFA	November 1, 2009

Services to begin no later than:

Option 1 (below) Existing contractor(s)	November 1, 2009
Option 2 (below) Competitive/collaborative	December 1, 2009
Option 3 (below) Regional approach	December 1, 2009

* RFAs may be submitted by mail, fax, email or in person to arrive no later than 5:00pm on October 15, 2009 to Sandra Flickinger, Grants Coordinator at:

Address for mailing or in-person delivery:
Oregon Commission on Children and Families

530 Center Street NE, Suite 405
Salem, OR 97301

Email address:
Sandra.Flickinger@state.or.us

Fax Number:
503-378-8395

OCCF must receive a signed RFA Assurances Signature Page. If emailing documents and you are unable to attach the signature page to the emailed document, please FAX all signature pages to Sandra Flickinger using the above FAX number.

RFA Response Options

Retention of experienced staff and avoidance of family caseload disruption are critical values of the OCCF. **Therefore, a local competitive process is not required following this RFA process. The decision to conduct a competitive local process is left to the discretion of the LCCF. In all cases, contracting should follow all locally required county procurement processes and approval processes.**

LCCFs have four options in response to this RFA:

1. Continue with existing contracted providers with revised allocation amounts

If existing contracted providers are able to meet service expectations with the funding allocation available, a contract amendment is an acceptable strategy.

2. Conduct a competitive or collaborative process seeking a new local service provider/s.

LCCFs may engage in competitive or collaborative processes to identify a provider(s) for Healthy Start/Healthy Families Oregon services following their county's policies and procedures.

3. Develop and submit a joint application to serve a regional, multi-county area.

The funding allocation may not be sufficient to support a "stand alone" Healthy Start program within a single county. Where feasible and where efficiencies can be created, LCCF's are encouraged to link across county lines in order to combine resources and create a larger program serving a multi-county/regional area. This strategy should reduce administrative duplication and allow for a more consistent and cost-effective per family service unit cost across Oregon.

When LCCFs join to develop a multi-county/regional program, each program is required to have one program budget, contract, work plan and advisory group. Technical assistance to develop these joint partnerships is available.

In developing Healthy Start programs, LCCFs and Programs are encouraged to consider the following concepts:

- Co-location; collaboration and networking across communities; shared staffing; match contribution and marketing planning; etc. Consider current regional successes and natural geographic groupings.
- Smaller programs are encouraged to be creative in structuring programs and consider opportunities to increase program size in order to increase cost effectiveness. This could include the use of technology for supervision and/or a shared program manager.

- A “fully staffed team” consists of one supervisor to six family support workers (1:6) with additional full-time-equivalent (FTE) staff allocated for program management per best practice standards.
- Supervision of FSWs who are not housed in the same location as their supervisor shall be conducted weekly and may be in person, by phone or by webcam. Home visitor safety must be assured. A face-to-face supervision session must be conducted at least monthly. The Program Summary should describe the strategies planned (i.e. technology plans) to ensure regularly scheduled weekly reflective supervision with FSWs.

On-site staff support (non-Healthy Start funded) is required for staff safety, and immediate debriefing support. Local programs must indicate how they will provide such immediate in-person support as well as provide for staff safety, and travel expenses.

The response to this RFA for a regional or joint strategy will be **one** application submitted to OCCF by a group of Local Commissions. **Each Local Commission** participating in a regional program approach must indicate their understanding and support by signing the Assurances Signature Page.

4. Decline to contract with OCCF to serve the family service units allocated.

If a LCCF determines the allocation is not sufficient and all local attempts to develop a joint application have not resulted in a viable program; a LCCF may choose to “opt out” by signing the bottom of the Assurances Page indicating that they choose to relinquish the allocation back to OCCF to be offered in a “round two” RFA process.

Round Two RFA Process (if needed)

It is the intent of the State Commission that services be available statewide. If all ‘family service units’ available to a county are not applied for in response to this RFA, remaining family service units for that county may be applied for through a subsequent “round two” RFA process. In a “round two” RFA process, any LCCF independently or with a “round one” funded program may bid to offer services to the remaining family service units allocated. The family service units are to serve families in the county to which they are originally allocated. Assurances, requirements and service standards will remain the same in a “round two” RFA process.

Through local processes, each LCCF will consider and determine the feasibility of:

- **CO-LOCATION FOR HEALTHY START PROGRAMS**

LCCFs are strongly encouraged to locate their local Healthy Start programs with other early childhood serving agencies. Healthy Start’s presence in joint facilities can be critical to building a comprehensive system of supports in the early childhood arena. The opportunity for joint professional development and peer mentoring among early childhood programs is tremendous. In addition, cost savings and efficiencies may be realized by shared staffing opportunities.

- **PROGRAM STAFF AND FAMILY RETENTION**

It is a priority for the State Commission that current successful program staff be retained whenever possible. Healthy Start is built on a trusting relationship between families and home visitors. When highly trained staff leave the program, families also leave the program. Local provider selection processes will include a plan for retaining

existing successful Healthy Start staff, as well as strategies for offering competitive pay, salary and FTE structure, and benefits package. In addition, applicants will present the strategies they will use to address staff retention on an ongoing basis.

- **COMMUNITY SUPPORT**

Local programs are expected to utilize existing OCCF and nationally produced talking points and public relations materials to build public support locally. Programs are also expected to participate as appropriate in the statewide Building Program Support Action Plan.

Local provider selection processes will include a description of their existing network of support services to families with young children in the service area for which they are applying. Local provider selection process will include a plan for building community support, including required match contributions.

- **ADDITIONAL SERVICES**

Additional services such as community play groups, car seat clinics, parenting classes, family events, and parent child interactions activities have been shown to increase engagement and retention of families. Local provider selection processes will require a description of the local provider's capacity to provide such additional services to Healthy Start families, either through collaboration, referral or matching funds to ensure access to these services over and above full funding of Core services. See *Appendix B - Fiscal Guidelines* for more information on matching funds.

- **EXPERIENCE**

Local provider selection processes will require a description of the local provider's experience implementing and managing a home-visiting program. Applicants will describe any particular population or geographic area with which they have home visiting expertise, and how their program accommodated the particular needs of that population.

REQUIRED DOCUMENTS

1. Program Summary - two (2) single spaced pages
2. Assurances Signature Page
3. Budget Narrative – one (1) single spaced page

Program Summary (limit: two (2) pages single spaced with 12pt. font and 1" margins):

Describe how the local program will serve the expected family service units and meet the Performance Indicators. If a county believes the expected numbers of family service units assigned to them is above their capacity to provide services, the LCCF may apply to serve a smaller number of family service units. The remaining family service units will be re-allocated in the "Round Two" RFA process.

As indicated on page 4, LCCFs have four options for completing this application.

1. **Continue with existing contracted providers with revised allocation amounts**

If existing contracted providers are able to meet service expectations with the funding allocation available, a contract amendment is an acceptable strategy. Include a brief description of the organizational structure of the local Healthy Start program. The local service provider will implement services under the new funding method by November 1, 2009.

2. Conduct a competitive or collaborative process for a local service provider

LCCFs that conduct a competitive or collaborative process for a local service provider must assure in their Program Summary:

- The local service provider will implement services under the new funding method by December 1, 2009. If this timeline cannot be met, the LCCF must provide a detailed timeline indicating when newly contracted local Healthy Start programs will begin under the new funding. The allocation will be pro-rated to match the actual program start date.

3. Develop and submit a joint application to serve a regional, multi-county area.

LCCFs developing a multi-county service area or regional approach must include in their Program Summary:

- Strategy for developing a regional approach to service delivery.
- Services will be implemented under the new funding method by December 1, 2009. If this timeline cannot be met, the LCCF must provide a detailed timeline indicating when newly contracted local Healthy Start programs will begin under the new funding. The allocation will be pro-rated to match the actual program start date.

4. Elect not to contract with OCCF to serve the family service units allocated.

A LCCF may choose to “opt out” by signing the bottom of the Assurances Page indicated that they choose to relinquish the allocation back to OCCF to be offered in a “round two” RFA process.

2. OTHER SPECIFIC ASSURANCES (See attached Assurances Signature Page):

HFA 12 Critical Elements

Healthy Start/Healthy Families Oregon is a Healthy Families America (HFA) accredited program. Our program goals and policies are guided by the HFA 12 Critical Elements found in the *Healthy Families America Site Self Assessment Tool* and *Healthy Start/Healthy Families Oregon Program Policy and Procedure Manual*. These documents are available at www.oregon.gov/occf/.

Submission of an application indicates the LCCF’s commitment to assure that contracted providers will meet each of the 12 Critical Elements listed below and associated Healthy Start Performance Indicators are detailed in *Appendix A*.

Critical Element #1: Initiate services prenatally or at birth.

Healthy Start Performance Indicator: A minimum of 50% of first birth families will be screened with a targeted ideal of 60% or more of first birth families screened.

Healthy Start Performance Indicator: A minimum 70% with a targeted ideal of 80% or more of those screened will be screened prenatally or within 2 weeks of birth.

Local Program will conduct all Outreach and Screening efforts utilizing the New Baby Questionnaire (NBQ) for first-time families. Local programs will track all outreach efforts and enter all NBQ data in the OCCF Family Manager database.

LCCFs and Programs are encouraged to:

- Consider options for focused and coordinated screening and outreach efforts across programs and across county lines – i.e. screeners complete the NBQ screen with every first birth encountered, not just residents of their county.
- Consider options to utilize non-paid staff (volunteers, AmeriCorps, other community partners, etc.) for screening. Non-paid staff require the use of paid staff for recruitment, training and support.

Critical Element #2: Use the New Baby Questionnaire (NBQ) screening tool to systematically identify families who are most in need of services.

The NBQ assesses the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes. Programs must train screeners in the use of this tool, including volunteers and personnel employed by partner agencies.

Critical Element #3: Offer services voluntarily and use positive, persistent outreach efforts to build family trust.

Healthy Start Performance Indicator [new indicator for 2009-2011]: A minimum 80% with a targeted ideal of 90% or more of new Intensive Service families receive their first home visit prenatally or within three months of the baby's birth.

Healthy Start Performance Indicator: A minimum 75% with a targeted ideal of 90% or more of Intensive Service families will be engaged in services for 90 days or longer.

Critical Element #4: Offer intensive services with well-defined criteria for increasing or decreasing intensity of service and over the long-term.

By June 30, 2010, it is expected that the Local Program at a minimum, will serve ## family service units with Intensive Home Visiting Services.

Healthy Start Performance Indicator: A minimum of 65% with a targeted ideal of 75% or more of Intensive Service families will receive 75% or more of their expected home visits based on the families' assigned service level.

Healthy Start Performance Indicator: A minimum 50% of with a targeted ideal of 65% or more of Intensive Service families will remain engaged in service for 12 months or longer.

Healthy Start Performance Indicator [new indicator for 2009-2011 replacing previous service expectation indicator]: A minimum caseload of 18-24 average case load points³ with a targeted ideal of 25 – 30 average points will be delivered.

³ Caseload Points Definition: Family Support Workers (FSW) are required to serve reasonably limited caseloads in order to that have adequate time to invest with each family and to meet each family's unique and varying needs and goals. Full time FSWs carry no more than 25 families at various service levels, or no more than a maximum total weighted caseload of 30 points at any one time. Programs should prorate caseload size for part time FSWs. Caseloads are weighted in the following manner:

Level P-1, 2, 3, 4:	0.5 - 2 points	Weekly to quarterly visits (optional)
Level 1:	2 points	Weekly home visits
Level 1SS:	3 points	Weekly (or more) home visits (high needs)
Level 2:	1 point	Every other week home visits
Level 3:	0.5 point	Monthly home visits
Level 4:	0.25 point	Quarterly home visits
Level X:	0.5 point	Weekly to monthly contact (Creative Outreach)

Local programs submit Home Visit Completion/Caseload Management Tracking Form by Family Support Worker monthly to OCCF.

To assure local programs are operating at full capacity; programs and LCCFs will monitor program capacity at least semi-annually utilizing a report from OCCF.

Critical Element #5: Offer services that are culturally sensitive such that the staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population served.

Local Commissions must assure that local programs will adequately serve diverse groups within the geographic area including tribal populations. In their contracts, LCCF must require local programs to provide demographic data and describe their plan to meet needs of identified, high need groups.

Critical Element #6: Offer services that focus on supporting the parent(s), as well as supporting parent-child interaction and child development. This support should include: discussing issues identified at the initial assessment; collaborating with families to identify, develop and achieve goals; sharing parenting and child development information and regularly monitoring offering services that contribute to optimal child development.

Healthy Start Performance Indicator: A minimum 70% with a targeted ideal of 85% or more of Intensive Service parents report reading to their child 3 times per week or more.

Healthy Start Performance Indicator: A minimum 70% with a targeted ideal of 85% or more of Intensive Service parents report engaging in developmentally appropriate interactions (singing, playing, etc.) 3 times per week or more.

Healthy Start Performance Indicator: A minimum 50% with a targeted ideal of 65% or more or more of Intensive Service parents report a change in their average levels of parenting stress.

Critical Element #7: Ensure that at a minimum, all families are linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care, etc.). Depending on the family's needs, they may also be linked to additional services, such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.

Healthy Start Performance Indicator: A minimum 70% with a targeted ideal of 80% or more of Intensive Service children will have a primary medical care provider.

Healthy Start Performance Indicator: A minimum 70% with a targeted ideal of 80% or more of Intensive Service children will have up-to-date immunizations.

Healthy Start Performance Indicator: A minimum 70% with a targeted ideal of 85% or more or more Intensive Service parents report that Healthy Start helped them either a little or a lot to improve their social ties with family and friends.

Critical Element #8: Offer services that are provided by staff with limited caseloads in accordance with Healthy Families America guidelines to assure that home visitors

have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.

Critical Element #9: Ensure that staff are selected because of their personal characteristics (e.g., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.

Critical Element #10:

A. Offer services that have a framework, based on education or experience, for handling the variety of experiences staff/FSWs may encounter when working with at-risk families. All staff/FSWs will receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug exposed infants, and services in their community.

B. Ensure staff receive intensive training specific to their role to understand the essential components of family assessment and home visitation (e.g., identifying at-risk families, completing a standardized risk assessment, offering services and making referrals, promoting use of preventive health care, securing medical homes, emphasizing the importance of immunizations, utilizing creative outreach efforts, establishing and maintaining trust with families, building upon family strengths, developing an individual family support plan, observing parent-child interactions, determining the safety of the home, teaching parent-child interaction, managing crisis situations, etc.)

All new staff must attend role specific Core Training within the first six months of hire. OCCF utilizes a cost sharing model for training and travel related expenses. *OCCF offers Core Trainings a minimum of two times per year at no cost to programs. Programs are responsible for all related travel and lodging expenses and should budget accordingly.* Core Trainings:

- Family Support Worker Core
- Family Assessment Interview Core
- Program Supervisor Core
- Program Manager Core

LCCFs will assure that local programs will enter staff training information in the OCCF Training Tracker Database.

Critical Element # 11: Ensure staff receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations to see they are making a difference and to avoid stress-related burnout.

LCCFs will assure that local programs will provide supervision for all staff in accordance with HFA expectations (Critical Element #11).

LCCFs will assure that local programs will provide adequate supervision of FSWs including in situations when FSWs that are not located with Supervisors.

Critical Element #12: Ensure the program is governed and administered in accordance with principles of effective management and of ethical practice.

LCCFs will assure that local programs review, complete and submit Evaluation Forms to NPC Research in a timely manner in accordance with Healthy Start/Healthy Families Oregon Evaluation Manual.

LCCFs and OCCF will utilize NPC Research semi-annual data reports for outcome and capacity data reporting.

LCCFs assure that they will develop and apply reporting standards and structures for local programs, including standards related to General Fund, Federal Medicaid Administrative Claiming, and match and leveraging contributions utilizing the OCCF Fiscal Reporting spreadsheet found at www.oregon.gov/occf under Healthy Start/Publications. LCCF will submit fiscal reports to OCCF at least annually.

Healthy Start Performance Indicator [new indicator for 2009-2011 replacing previous cost per family indicator]: Match expectations Met: Programs currently expected to have 25% match, of which 5% must be cash.

Monitoring and Quality Assurance

Beginning January 2010, programs are held accountable to adequate service delivery through contract and performance data monitoring. Programs unable to serve, on average, 85% to 100% of their contracted family service units at the end of the 2009-10 fiscal year will be required to develop and implement a quality improvement plan. Plans will specify the steps that will be taken to meet expectations and improve performance. Programs will be required to report progress on quality improvement plan to OCCF every 90 days. Programs not showing steady improvement will be subject to reduction or withdrawal of funding.

3. BUDGET AND BUDGET NARRATIVE REQUIREMENTS

Budget

This application currently makes funding available to Lincoln County Local Commission on Children and Families in the amount of \$ [REDACTED] for the remainder of Fiscal Year 2009-10, November 1, 2009-June 30, 2010. The 2009-10 allocation is based on serving a minimum of ## family service units in the remainder of 2009-10. Beginning July 2010, family service units may be reallocated to align with demonstrated capacity during FY 2009-10.

Required Match

The Oregon Commission on Children and Families requires a 25% match with at least 5% in cash or cash equivalent. The intent of cash match is to build community investment and increase the sustainability of the local Healthy Start program. The local program Budget and Budget Narrative must indicate how local programs plan to meet this sustainability requirement. See *Appendix B - Fiscal Guidelines* for more information on matching funds.

In the local provider selection process, LCCFs must assure that local programs include all match dollar values (25%) including a minimum of cash match (5%). (*i.e. Each family service unit funded with Healthy Start General Fund, must be matched a minimum of 25% of \$4656, \$1164, including cash match of \$233.*)

Medicaid Administrative Claiming

All programs are required to participate in Medicaid Administrative Claiming (MAC). An annual MAC Reinvestment Plan must be submitted to the Oregon Commission on Children and Families demonstrating the use of Medicaid Administrative Claiming funds to support the local Healthy Start program.

Administrative Cost Limitations

Local Program: Indirect and administrative costs at the local program level may not exceed 10% of the program general fund allocation. The budget narrative must describe how these administrative dollars will be utilized.

Local Commission: If the LCCF elects to utilize up to the 4% of the Healthy Start General Fund allocation allowable for LCCF administration; the budget narrative must describe how these administrative dollars will be utilized by the LCCF to support the local Healthy Start program.

ASSURANCES SIGNATURE PAGE

By submitting this application and signing this Assurances Signature Page, you are indicating that the LCCF(s) will monitor program outcomes and capacity (utilizing NPC Research and OCCF semi-annual reports) and that the LCCF(s) is accountable to assure its Healthy Start contracted providers will:

- Serve the expected number of Family service units
- Will meet each of the 12 Critical Elements of Healthy Families America
- Will meet or steadily improve outcomes for the Healthy Start Performance Indicators *(in accordance with data reported by NPC Research and OCCF)*
- Follow the Healthy Start Program Policy & Procedures Manual

Signature: _____
LCCF Director

Date _____

If submitting a joint application with more then one LCCF; include signature line for each LCCF represented in this application.

Signature: _____
LCCF Director

Date _____

Signature: _____
LCCF Director

Date _____

Signature: _____
LCCF Director

Date _____

Signature: _____
LCCF Director

Date _____

OPT OUT OPTION

The intent of OCCF is to ensure services are available in each county. If the LCCF is declining to apply for all of the family service units available in their county, sign here indicating approval to release the remaining family service units back to OCCF.

Signature: _____
LCCF Director

Date _____

RFA CHECK LIST: Each LCCF must include the following in their application:

1. Program Summary

A brief summary of the organizational structure of the local Healthy Start program, including the timeline for implementation.

2. Assurances Signature Page

12 HFA Critical Elements (CE) and related HS performance standards

(See pages 7-11 for detailed elements and indicators)

1. HFA Critical Element #1
 - a. Performance Indicator – Service Delivery #1
 - b. Performance Indicator – Service Delivery #2
2. HFA Critical Element #2
3. HFA Critical Element #3
 - a. Performance Indicator – Service Delivery #3
 - b. Performance Indicator – Service Delivery #5
4. HFA Critical Element #4
 - a. Performance Indicator – Service Delivery #4
 - b. Performance Indicator – Service Delivery #6
 - c. Performance Indicator – Service Delivery #7
5. HFA Critical Element #5
6. HFA Critical Element #6
 - a. Performance Indicator – Outcome #3
 - b. Performance Indicator – Outcome #4
 - c. Performance Indicator – Outcome #5
7. HFA Critical Element #7
 - a. Performance Indicator – Outcome #1
 - b. Performance Indicator – Outcome #2
 - c. Performance Indicator – Outcome #6
8. HFA Critical Element #8
9. HFA Critical Element #9
10. HFA Critical Element #10 - plus one assurance
11. HFA Critical Element #11 - plus two assurances
12. HFA Critical Element #12 - plus two assurances
 - a. Performance Indicator – Service Delivery #8

3. Budget Narrative (see Appendix B - Fiscal Guidelines)

1. Match (page 11)
2. Budget limitations regarding Program admin costs (p.11)
3. Budget limitations regarding LCCF admin costs(p.11)
4. Budget limitations regarding Ancillary services (p.11)

Appendices

Appendix A - Healthy Start Performance Indicators

Appendix B - OCCF Fiscal Guidelines

Appendix A
2009-11 Performance Indicators

Final 2009-11 Healthy Start Performance Indicators

Approved by State Commission on Children & Families on September 10, 2009

Service Delivery Indicators	Exceeds HFA or OR Standard if:	Adequate if:	Below OR Standard if:	Data Sources
1. Percentage of expected first births screened, based on OCCF Service Expectations* determined according to funding	60% or more screened	50%-59% screened	Fewer than 50% screened	OR vital statistics & NBQ screens data during fiscal year <i>*Note 2009-11 screening expectation is based on first birth population</i>
2. Percentage of screenings occurring prenatally or within the first 2 weeks of the child's birth	80% or more screened prenatally or within 2 weeks of birth	70-79% screened within 2 weeks	Fewer than 70% screened within 2 weeks	NBQ: Screen date and baby's birthdate
3. New Indicator: Percentage of new Intensive Service families receiving their first home visit prenatally or within 3 months of the baby's birth.	90%	80-89%	Fewer than 80%	Baby's birth date (NBQ or Family Intake); Family Intake (first home visit)
4. Percentage of families receiving 75% of expected visits based on assigned service level.	75% or more receive 75% of expected visits	65-74% receive 75% of expected visits	Fewer than 65% receive 75% of expected visits	Home Visit Completion / Caseload Management Tracking Forms
5. Percentage of IS families engaged in Intensive Services for 90 days or longer (early engagement).	90% or more	75-89% engaged	Fewer than 75% engaged	Family Intake Form (first home visit) & Exit/Re-Entry Form (exit date)
6. Percentage of families remaining in Intensive Services for 12 months or longer	65% or more	50%-64% remained	Fewer than 50% remained	Family Intake Form (first home visit) & Exit/Re-Entry Form (exit date)
7. Percentage of Expected Average Caseload Capacity.	25 -30 average caseload points per 1.0 FTE FSW	18-24 average caseload points per 1.0 FTE FSW	Less than 20 average caseload points per 1.0 FTE FSW	Home Visit Completion / Caseload Management Tracking Forms
8. Match Expectations Met. Programs currently expected to have 25% match, of which 5% must be cash.	NA	25% match, with at least 5% cash	<25% total match or < 5% cash match	OCCF Local Resources Database (entered by Local Commissions)

Outcome Indicators	Exceeds HFA or OR Standard if:	Adequate if:	Below OR Standard if:	Data Sources
1. Percentage of Children with Primary Care Provider	80% or higher	70%-79%	less than 70%	Percentage of IS children with a primary medical care provider, as reported by FSW on most recent Family Update
2. Percentage of Children with Up-to-Date Immunizations	80% or higher	70%-79%	less than 70%	Percentage of IS children with up-to-date immunizations, as reported by FSW on most recent Family Update
3. Percentage of Parents Reading to Child 3x/week or more	85% or higher	70%-84%	less than 70%	Percentage of IS children whose parents report reading to them 3 times per week or more, as reported on the most recent Parent Survey
4. Percentage of Parents Reporting Positive Parent-Child Interactions	85% or higher	70%-84%	less than 70%	Percentage of IS children whose parents report engaging in developmentally appropriate interactions 3 times per week or more (singing, playing, etc) as reported on the most recent Parent Survey.
5. Percentage of Parents Reporting Reduced Parenting Stress	65% or higher	50%-64%	less than 50%	Percentage change in the average level of parenting stress (measured by Abidin's Parenting Stress Index) reported by parents from their baseline Parent Survey to the 6-month Parent Survey.
6. Percentage of Parents Reporting that Healthy Start Helped with Social Support	85% or higher	70%-84%	less than 70%	Percentage of parents reporting that Healthy Start helped them either a little or a lot to improve their social ties with family and friends, as reported on the most recent Parent Survey.

Appendix B
OCCF Fiscal Guidelines

OCCF Healthy Start Fiscal Guidelines

Effective October 1, 2009

Use of Healthy Start State General Funds

Healthy Start General Funds (HSGF) are allocated for the sole purpose of providing Healthy Start Program Core Services.

The State Commission requires that Healthy Start Programs provide Core Services in the most cost effective manner possible, following the Healthy Families America (HFA) program model. Full compliance with these approved uses is expected.

Core Services are defined as those activities that identify and serve high risk families following the HFA best practice model for home visiting. At least annually a program budget is submitted by the Local Commission to the Oregon Commission on Children & Families (OCCF) which includes all elements of these guidelines.

HSGF allocations are intended for purchase of Healthy Start Core Services. Healthy Start Core Services are:

- Home visiting services, i.e. direct service staff, supervisors, parenting curricula, and other materials needed to educate, support, and engage high risk families in services,
- Parent groups, classes and activities when used as a supplement to home visits,
- Screening to identify high risk families most in need of services,
- Program management, staff training, supervision and administrative costs needed to provide services in adherence to the HFA best practice standards, and
- Core Services do not include any services given after families are screened and found to be lower risk (or if they decline services).

The following are appropriate uses of HSGF resources in Healthy Start programs and reflect common costs of Core services following the HFA model:

Staffing:

The following Core staff positions may be paid for with HSGF:

- Program Manager
- Program Supervisor OR Combined Program Manager/Supervisor
- Family Support Worker (FSW)

Additionally, the following *optional* staff positions may be paid for with HSGF. Programs describe the role and function of these staff positions in their contracts with local commissions, clarifying the role of each position in relation to Core Services for high risk families.

- Assistant Manager (in large programs)
- Screener
- Administrative Assistant
- Volunteer Coordinator – only when used for screening and outreach services to identify and serve high risk families

The following staff positions **may not** be paid for with HSGF:

- Additional on-site program managers or site coordinators at individual provider agencies within large programs.
- Additional professional staff (i.e. nurses, early childhood specialists, mental health consultants, etc.) These roles are additions to Core Services in the HFA model, provided through referrals and collaborative partnerships.
- Additional staff performing functions or providing services that are not considered Core Services following the HFA model (i.e., car seat technician, or family resource/clothing closet coordinator).

- Family Assessment Workers (FAWs) performing the Kempe Assessment. Assessment is one of the duties of the FSWs.
- The costs of indirect support to the program by staff of a parent organization or a separate agency (i.e. receptionists, bookkeepers, IT support, etc). These may be included within indirect or administrative costs charged by the parent organization, but are not paid as *specific FTE* dedicated to Healthy Start.
- Volunteer Coordinator staff when used for services other than screening and outreach (see above).

Screening and Outreach Services:

Screening costs are limited to 10-15% of the overall HSGF allocation. Contracts with local commissions reflect this percentage.

Costs of screening should be kept as low as possible through the use of community partners and the utilization of volunteers, AmeriCorps etc. Screening may be conducted in a variety of settings and through a variety of partnerships. Local commissions monitor screening rates and costs to assure appropriate use of State HSGF.

The following expenses related to the screening and referral process may be paid for with HSGF:

- Community outreach to engage screening partners and referral sources,
- Obtaining consent to contact families (the “pre-consent” to screening),
- Materials for basic information and referral packets,
- Coordination, training, and supervision of screening volunteers, and
- Screening using the New Baby Questionnaire (NBQ):
 - Obtaining consent
 - Completing screen (approximately 20-30 minutes per screen)
 - Data entry
 - Making referrals.

The following services **may not** be paid for with HS General Funds:

- Services such as Welcome Baby home visits for low risk families,
- Welcome Baby gifts, and
- Program incentives.

Intensive Services:

The bulk of HSGF should be used to provide Core Intensive Services to high risk families in the most efficient and cost effective manner following the HFA best practice model.

Home visiting is the primary method of service delivery in Healthy Start. Parent groups, classes, and activities may be added to supplement the home visiting services for high risk families.

Services use a variety of evidence based curricula. Curricula and other educational materials may be purchased using HSGF.

Training:

Local programs may use HSGF to pay for required training for Core staff to meet HFA requirements. Adequate funds must be budgeted to allow for staff training. These funds could come from other resources.

Supervision of FSWs:

Supervisors of FSWs may be paid for with HSGF. Programs must ensure adequate supervisory FTE to meet the HFA standard ratio for supervisors to staff. No more than 6 home visitors (working 20 hours per week or more) may be supervised by a 1.0 FTE supervisor whose only role is staff supervision. This ratio is prorated for part-time supervisors, including those who perform other functions (i.e., combination Program Manager/Supervisor).

Indirect/Administration:

Local program indirect/admin costs charged to HSGF must be maintained within “reasonable levels”. These costs may include indirect support to the program by staff of a parent organization or a separate agency (i.e. receptionists, bookkeepers, IT support, etc.). These may be included within indirect/admin costs, but are not paid as specific FTE dedicated to Healthy Start. OCCF recommends that indirect/admin costs not exceed 5%. However, indirect/admin costs paid with HSGF must be limited to a maximum of 10%. Local commissions establish appropriate percentage of indirect/admin costs in their contracting process. Additional funding sources may help pay for indirect costs.

If the Local Commission elects to utilize up to the 4% of the Healthy Start General Fund allocation allowable for LCCF administration; a budget narrative must describe how these administrative dollars will be utilized by the LCCF to support the local Healthy Start program and an accounting of funds spent must be provided at the end of each fiscal year.

Use of Medicaid Administrative Claiming (MAC)

Under legislation, all Healthy Start programs participate in Medicaid Administrative Claiming (MAC). Only staff members who are paid with state and local general funds or other eligible resources are eligible to claim MAC earnings.

Each county enters into a Medicaid Intergovernmental Agreement with OCCF. Counties may claim expenses for administering the contract up to 5% of the earnings when costs are appropriately documented and invoiced to the program.

Healthy Start staff complete time studies on four days each quarter randomly selected by the state Medical Assistance Programs Division of the Department of Human Services. Time is coded according to the specific activity occurring during each time slot. Codes for each time study are entered into the Medicaid Online Time Tracker (MOTT) system. All staff must be trained in MAC and MOTT prior to entering time studies. All staff received annual Medicaid refresher trainings.

MAC funds earned by program staff must be used to maintain or expand Healthy Start Core Services. Acceptable uses are staffing, staff training, materials, curriculum, parent groups and classes, and other program enhancements. MAC funded home visiting staff may submit time studies for MAC reimbursement making it possible to fund home visiting staff with MAC funds. MAC funding may vary greatly, so it is recommended to be conservative in the use of MAC funds to fund staff.

Local commissions and programs submit a MAC Reinvestment Plan to OCCF annually accounting for their use of MAC funds to support Healthy Start. The use of these funds is also included in the annual program budget.

Use of Local Match Funds

OCCF requires a local match to HSGF of 25% **of which 5% must be cash or cash equivalent** from all Healthy Start programs. The intent of cash match is to build community investment and increase sustainability of the local Healthy Start program. Local match is used to provide Healthy Start Core Services.

Definitions of terms:

Cash Match includes cash received from private and public sources that are used to purchase goods and services (including staff) directly related to the provision of Healthy Start Core Services.

Cash Equivalent includes core services donated by private and local public sources that, if not donated, would require HSGF or other funds to purchase these goods and/or services. Examples:

1. Utilization of Volunteers for screening and outreach services. The cash equivalent for core service volunteer hours is determined utilizing the Independent Sector website at http://www.independentsector.org/programs/research/volunteer_time.html. The dollar value of associated cash equivalent hours are entered into Healthy Start budget and

expenditure reports. Local commissions will continue to enter volunteer hours in the OCCF Local Resources database identifying them as screening and outreach services in the comment section until accommodations in the database have been made for entry.

2. The costs of indirect support to the program by staff of a parent organization or a separate agency (i.e. receptionists, bookkeepers, IT support, etc.) provided at no cost to the program.
3. The value of office space that is provided to the program at no cost to the program by another entity.

In-kind Match includes, but is not limited to, the value of in-kind goods and services that are directly related to the provision of Healthy Start services.

Examples include:

1. Donation of diapers, formula, baby safety products.
2. Donation of household items, clothing, food, etc.
3. The value of volunteer time for clerical support.
(Note: the value of Advisory Board member time is considered leverage.)
4. The time of professionals giving service to the program in their professional capacity may be valued at their usual and customary rate and the value of such entered into the Local Resources database as In-Kind contributions. For example, if a speaker who usually is paid \$500 for 3-hour training provides training for program staff at no cost, the time is valued as \$500.

Leverage: All cash or in-kind resources received by a Healthy Start program that are not for the provision of core services, cannot be considered local match for the purposes of meeting the Healthy Start 25% match. These additional resources are considered leverage. For example: A federal grant for purposes other than core services received by the program for which Healthy Start funds were used in obtaining the grant. It is important to track leverage as another measure of local support for the program, and its effectiveness in gathering resources.

Cash Match	
Can be used as Local Match⁴	Cannot be Used as Local Match
Cash donations from local businesses, schools, school district(s), or service groups	State or Federal funds received from OCCF such as state General Funds, Medicaid Administrative Claiming, or Family Preservation and Support
Private cash donations	
County General Funds	General or Federal funds received from other State agencies such as DHS, Employment Division, Dept. of Justice,
Third party payment of Healthy Start staff who provide core services	
Grants from foundations	Funds received that do little to contribute to sustainability of the program or do not build community support (These revenues should be reported as leverage to local commission)
Grants and/or contributions from local faith organizations	
Federal grants received directly by the local program or LCCF for the purpose of delivering Healthy Start core services	

⁴ Not to be considered as all inclusive