

IDHS-DEC Home Visiting Notice of Funding Opportunity

Technical Assistance Webinar 1: Bidders' Conference

March 2, 2022



Help is **Here**

WELCOME

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GETTING STARTED



This webinar is being recorded. The recording will be posted on the IDHS-DEC Home Visiting NOFO page, <https://www.dhs.state.il.us/page.aspx?item=140874>.



All participants will be muted upon entry.



Participants are welcome to post questions in the chat. If we are not able to get to your question during this webinar, please email your question to DHS.HomeVisiting@illinois.gov after the webinar ends. Answers will be posted to the NOFO FAQ page as soon as possible.

WEBINAR OUTLINE

1. Goals and Rationale
2. Program Summary, Deliverables, Performance Standards (Section A)
3. Available Funding (Section B)
4. Eligibility (Section C)
5. Due Dates (Section D) (Letter of Intent, Full Application)
6. Grant Application (Section D)
7. Application Review and Selection (Section E)
8. Questions and Assistance

Please note that today's webinar will not cover the doula enhancement. Please send any doula-related questions to DHS.HomeVisiting@illinois.gov.



Goals and Rationale

BACKGROUND

- IDHS-DEC is making SFY23 changes to Healthy Families Illinois (HFI) and Maternal, Infant, and Early Childhood Home Visiting (MIECHV).
- Goals:
 - Better target funding to at-risk communities
 - Increase funding rate to support higher program quality
 - Consolidate IDHS home visiting programs (current budget: \$14M)
- Desired outcomes:
 - Higher quality services for families
 - Stronger programs: increased workforce compensation, higher quality data, and unified program standards
- These changes align with EC Funding Commission recommendations.

RATIONALE: SFY23 IDHS-DEC HOME VISITING NOFO

Why are we doing this?

- HFI is due for a competitive NOFO.
- HFI and MIECHV performance standards and benchmarks need alignment.
- 2020 MIECHV Statewide Needs Assessment identified at-risk communities with highest needs, and HFI has not been awarded based on recent data on community need.
- Increased workforce compensation is needed to curb turnover.

What's new in SFY23?

- With a competitive NOFO based on need, quality, and capacity, not every applicant will receive funding.
- Priority points will be given to at-risk communities, culturally responsive leadership, family empowerment.
- Quality supports will be aligned (salary floors, Mental Health Consultation).
- Performance standards will be aligned to federal benchmarks.
- Sufficient funds will be allocated for infrastructure (data, CQI, monitoring).
- Applicants can choose from four evidence-based home visiting models.

NEEDS ASSESSMENT (2020)

Federal requirements:

- **Identify communities with concentrations of risk**
- Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state
- Discuss the State's capacity for providing substance use disorder (SUD) treatment and counseling services to individuals and families in need of such treatment or services
- Coordinate with and take into account requirements in: a) Title V MCH Block Grant program needs assessment; b) Head Start and c) the CAPTA

NEEDS ASSESSMENT (2020)

Phase 1:

- County-level data provided by MIECHV's federal funder
- Five domains: Socioeconomic Status (SES), Adverse Perinatal Outcomes, Substance Use Disorder (SUD), Crime, and Child Maltreatment
- 13 data indicators
- 26 communities identified as “at-risk”

Phase 2:

- County-level and limited sub-county level data obtained by CPRD
- Eight domains: SES, Maternal Health, Infant and Child Health, SUD, SUD Consequences, Crime, Child Maltreatment, and School Readiness
- 65 data indicators
- 26 additional communities identified as “at-risk”

NEEDS ASSESSMENT FINDINGS

At-Risk Counties

- 52 counties were identified as “At-Risk” (page 12).

High Consideration Counties


- 11 additional counties were identified as “High Consideration” for funding (page 31).

Other Counties

- The remaining 39 counties were not identified as “At-Risk” or “High Consideration.”

See CPRD’s website for the 2020 Needs Assessment Report:

<https://cprd.illinois.edu/expertise/child-and-family-programs/miechv/>



Program Summary, Deliverables, Performance Standards

Section A

PROGRAM SUMMARY

The IDHS-DEC Home Visiting Program supports pregnant people and parents with young children ages 0-5 who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.

Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.

The goals of the IDHS-DEC Home Visiting program are to:

- Improve maternal and child health;
- Prevent child abuse and neglect;
- Reduce crime and domestic violence;
- Increase family education level and earning potential;
- Promote children's development and readiness to participate in school; and
- Connect families to needed community resources and supports.

PRIORITY POPULATIONS

The IDHS Home Visiting program has the following priority populations identified by the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program.

Enrollment is not limited to these priority populations, but programs are expected to PRIORITIZE these populations for enrollment.

- Low income household (below 100% of the Federal Poverty Level or FPL)
- Household contains an enrollee who is pregnant and under age 21
- Household has a history of child abuse or neglect or had interactions with child welfare
- Household has a history of substance abuse or needs substance abuse treatment
- Someone in the household uses tobacco products in the home
- Someone in the household has attained low student achievement or has a child with low student achievement
- Household has a child with developmental delays or disabilities
- Household includes individuals who are serving or formerly served in the United States armed forces



ABOUT DELIVERABLES AND PERFORMANCE STANDARDS

Deliverables:

- Expectations for how grantees will carry out the program

Performance Measures and Standards

- Measures: definition of specific data to be collected and reported to IDHS
 - Standards: the minimum requirements expected by IDHS
-
- IDHS-DEC recognizes that many of these deliverables and performance standards will be new to many grantees.
 - We will provide guidance and technical assistance to support grantees in meeting deliverables, performance measures and standards.

DELIVERABLES

Home visiting model	Program policies and procedures	Hiring and compensation	Professional development	Reflective supervision and reflective practice
Program capacity	Priority population	Service plans, assessments, and screenings	Culturally responsive program services	Screening, enrollment, and coordinated intake
Data and data systems	Community systems development and cross-program referral	Quality assurance and program improvement	Family voice	Partnership with IDHS

HIRING AND COMPENSATION

- a. Recruit, hire, and retain home visitors who mirror the cultural, ethnic, and linguistic characteristics of the families served.
- b. Fill any staff vacancies without delay.
- c. Assure that all home visitors and supervisors join the [Gateways to Opportunity Registry](#). Assure that home visitors receive the salaries shown in the table below, at minimum. The indicated minimum salaries for supervisors are strongly recommended. **If it is not feasible to implement the minimum salary requirement for home visitors in SFY23, applicants can propose to incrementally raise salaries in order to reach the minimum salary by SFY25.**

Position	Minimum Salary for 1.0 FTE (Chicago, Cook, and Collar Counties)	Minimum Salary for 1.0 FTE (rest of the state)
Home Visitor	\$46,800	\$37,485
Home Visiting Supervisor	\$59,598	\$48,058

PROGRAM CAPACITY

Deliverables

- a. Maximum service capacity is the largest number of families that could potentially be enrolled at a point in time, if the program were operating with a full complement of hired and trained home visitors funded by this program. The maximum service capacity number per 1.0 FTE home visitor is as follows
 - i. Early Head Start: 10 families
 - ii. Healthy Families America: 12 families
 - iii. Nurse-Family Partnership: 25 families
 - iv. Parents as Teachers: 15 families
- b. Programs that have been active for a year or longer will maintain at least 85% of their maximum service capacity.
- c. Programs must have a plan in place for maintaining continuity of services to home visiting families if their home visitor is on extended leave or leaves the agency.

Performance Measure and Standard

- a. **MEASURE:** Current caseload as a % of maximum caseload capacity. (Maximum caseload capacity is the highest number of households that could be enrolled at a point in time, if the program is operating with a full complement of hired and trained home visitors.) Reported quarterly from the data summary report.
- b. **STANDARD:** Programs that have been active for one year or longer must achieve at least 85% of maximum caseload capacity. Entered into IDHS selected database.

Example:

An HFA program has 2.0 FTE home visitors. For the purpose of calculating this performance measure, the maximum service capacity is 24 families. The program should maintain 85% enrollment: $85\% \times 24 = 20$ families.

PRIORITY POPULATIONS

Deliverables

- a. Prioritize the MIECHV priority populations for enrollment.
 - i. At least 80% of enrolled families must meet at least one of the 8 MIECHV priority population criteria.
 - ii. Therefore, no more than 20% of enrolled families may meet none of the 8 MIECHV priority population criteria. These remaining families must represent at least one [Early Learning Council priority population](#) OR have a mental health concern.
- b. If there are open slots in the program, the program must accept all referrals of model-eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income.

Performance Measure and Standard

MEASURE: Percentage of participants meeting no MIECHV priority population criteria, reported quarterly from the data summary report:

STANDARD: No more than 20% of participants meet no MIECHV priority population criteria. Entered into the IDHS selected database.

Example:

A program serves 20 families. No more than 20% of 20, or 4 families, should meet none of the MIECHV priority population criteria.

PRIORITY POPULATIONS

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- Household has a child with developmental delays or disabilities
- Household includes individuals who are serving or formerly served in the United States armed forces

SCREENING, ENROLLMENT, COORDINATED INTAKE

Deliverables:

- a. **Participate in the local All Our Kids (AOK) Network, Integrated Referral and Intake System (IRIS), or other coordinated intake and referral initiative**, where such a system exists. (If there is no such initiative in your program's geographic area, this requirement does not apply to your program.)
- b. Engage in community public awareness and outreach activities to support program enrollment.
- c. Avoid dual enrollment in more than one intensive home visiting program.
- d. Avoid waitlisting families when there are open home visiting slots offered by another local program (for example, by establishing referral partnerships with the other program).
- e. **Respond to all referral sources with the status of referrals and timeline for enrollment within two (2) business days** of receiving the referral.
- f. Respond to all follow-up inquiries from referral sources) within two (2) business days of receiving the inquiry.
- g. Track trends related to the population served, and adjust program plans to assure that families from priority populations are prioritized for services.

COMMUNITY SYSTEMS DEVELOPMENT/ REFERRAL

Deliverables

- a. Dedicate a portion of a designated staff member's time to participate regularly as a member of at least one local community collaboration to support the goals and principles defined in the [2021 Joint Statement on Community Systems, Coordinated Intake, and IRIS](#).
 1. Share with the collaboration available, relevant, aggregated program data.
 2. Promote shared messaging and materials.
 3. Participate in at least one local collaboration initiative.
- b. Assist participating families in connecting with Early Intervention (EI), using the [protocols and forms](#) developed by the Illinois Chapter, American Academy of Pediatrics.
- c. Assist participating families in connecting with medical providers and with ancillary services such as mental health services, the WIC program, and intimate partner violence services, with support from the Department.

Performance Measure and Standard

MEASURE: Membership in local collaborations (as documented by an MOU, letter, or other document from a collaboration that confirms the program's membership and describes expectations for member participation). Reported annually (June).

STANDARD: Membership document from least one collaboration, provided annually (June).



Available Funding

Section B



AVAILABLE FUNDING

The sources of funding for this program are: state General Revenue Funds for the Healthy Families Illinois program and Coronavirus State and Local Fiscal Recovery Funds.

IDHS will determine how the funding sources will be allocated for each grant, and the allocations will be noted in each grant.

The Department anticipates the availability of approximately \$8,000,000 to \$12,500,000 (total funding for NOFO).

Funding per child will generally range from \$6,910 to \$8,213.

Subject to appropriation, the grant period will begin no sooner than July 1, 2022, and will continue through June 30, 2023.

Eligibility

Section C

ELIGIBILITY

- Eligible applicants include private, not-for-profit community-based organizations that are incorporated and have been granted 501(c) (3) status; public community-based organizations, including units of local government, and private, for-profit community-based organizations.
- Program models:
 - Early Head Start-Home Based
 - Healthy Families America
 - Nurse-Family Partnership
 - Parents as Teachers
- Cultural and Linguistic Competency and Confidentiality (Section C9)

ELIGIBILITY

Priority 1: At-Risk

- “At-Risk” communities in the MIECHV Needs Assessment which currently have HFI funding.
- Champaign, Clay, Cook, DuPage, Fayette, Franklin, Jackson, Kane, Lake, Livingston, Rock Island, Sangamon, St. Clair, Stephenson, Vermilion, Will.
- Applicants will receive up to 10 bonus points if they propose to serve at least one of these communities.

Priority 2: High Consideration

- High Consideration” communities in the MIECHV Needs Assessment which currently have HFI funding.
- Adams, DeKalb, Lee, Macoupin, Ogle, Whiteside, Williamson.
- Applicants who do not serve any Priority 1 communities will receive up to 5 bonus points if they serve at least one of these communities.

Priority 3

- Communities currently served by HFI programs which do not appear in Priority 1 or 2
- Bond, Carroll, Clinton, DeWitt, Logan, Madison, McLean, Menard, Perry, Piatt, Woodford.

PREQUALIFICATION

- Prequalification in the Grant Accountability and Transparency Act (GATA) Grantee Portal
- This process may seem intimidating, so [this link on the GATA Grantee Portal](#) will walk you through all the steps, including:
 - Registering with the State of Illinois
 - Obtaining an Employer ID Number
 - Obtaining a DUNS number
 - Registering with SAM.gov
 - Signing up for an Illinois.gov account
 - Creating an Illinois GATA grantee portal account
- The above link is: <https://www.dhs.state.il.us/page.aspx?item=138635>

PRE-AWARD REQUIREMENTS

- Pre-Award Requirements
 - Internal Controls Questionnaire (available through the [GATA Grantee Portal](#) after prequalification)
 - [Programmatic Risk Assessment](#) (available from the NOFO website)



Due Dates

Section D

DUE DATES

Letter of Intent: Due March 4, 2022

- Send to DHS.HomeVisiting@illinois.gov, with the subject line including: 0660 LOI-Applicant Organization Name-Program Contact Name.
- Please include:
 1. The name and contact information of the applicant organization
 2. The home visiting model to be used
 3. The specific county(ies) or sub-county geographic area(s) to be served
 4. Whether the applicant is considering the integration of doula services.
 5. Whether the applicant has current HFI or MIECHV funding.

Full Application: April 15, 2022

- [Send to DHS.HomeVisiting@illinois.gov](mailto:DHS.HomeVisiting@illinois.gov), with the subject line including: 0660-Applicant Organization Name-Program Contact Name.

Grant Application

Section D

GRANT APPLICATION CONTENTS

- Uniform Application for State Assistance
- Home Visiting Program Narrative
 - Attachment A (organizational chart)
 - Attachment B (Board of Directors list)
 - Attachment C (Assurances Form)
- ONLY for applicants proposing to utilize doulas: Doula Enhancement Narrative
- Budget and Budget Narrative (in CSA tracking system)

This information and the linked documents are available [on the NOFO webpage here](#).

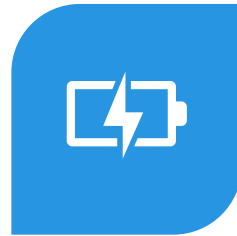
PROGRAM NARRATIVE CONTENTS



EXECUTIVE
SUMMARY
(5 POINTS)



COMMUNITY
NEED
(20 POINTS)



CAPACITY
(25 POINTS)



QUALITY
(35 POINTS)



ASSURANCES
(10 POINTS)

**EXECUTIVE
SUMMARY
(5 points)**

Applicant Information

Number of families to be served

Budget

Community and population served

Program services

Bonus points

COMMUNITY NEED (20 points)

Geographic service area & community need (5 points)

- List the county(ies) and/or subcounty area(s) to be served, with zip codes. If there are specific boundaries, these must be spelled out.
- Provide data on community needs. For county-level data, please see the [Erikson Institute Risk and Reach Report](#) and the [IECAM Regional Reports](#). City of Chicago community-level data are available from sources including [Chapin Hall](#) and the [Healthy Chicago 2025 Neighborhood Assets and Opportunities Report](#). For assistance with sub-county level data, please contact IECAM.
- Provide the estimated number of home visiting slots in the service area, along with the estimated number of eligible families. The [IECAM Regional Reports](#) include county-level data on the estimated number of home visiting slots (see the Home Visiting tab). For assistance with sub-county level data, please contact IECAM.
- Explain how the proposed services do not duplicate other home visiting efforts in the service area.

Families to be served (5 points)

Coordination (5 points)

Recruitment (5 points)

CAPACITY (25 points)

Mission (5 points)

Experience (5 points)

Staffing (5 points)

- This includes Table 1 and the applicant's organizational chart (Attachment A).

Enrollment and caseload capacity (5 points)

Governance (5 points;

- This includes the Board list or other governing body as Attachment B). If more than 50% of the Board and administrative leaders share the cultural background of the families served, please include this information here for up to 10 bonus points..

IDHS HV Staff Name	Total FTE	FTE Home Visitor	FTE Supervisor	FTE Other Role
Example: Mary Jones	1.0 FTE	1.0 FTE		
Example: Jane Lee	1.0 FTE	0.5 FTE		0.5 FTE Outreach Worker
Example: Anna Smith	0.5 FTE		0.5 FTE	

QUALITY (35 points)

Home visiting model (5 points)

- This includes any model enhancements or protocols to be used (such as doula, Mothers and Babies, and/or the HFA child welfare protocol).

Culturally responsive staffing (5 points)

Staffing supports (5 points)

- This includes:
- Describe how your program currently utilizes Infant/Early Childhood Mental Health Consultation (IECMHC) and how you plan to utilize IECMHC during the grant period.
- Describe how and when you will meet the minimum salary for home visitors, shown in Section A.5.A.3.d., Deliverables, Hiring and Compensation.

Family voice. (5 points)

- Describe how the program includes the voices of diverse families in designing or improving the program.
- If the applicant plans to hire, mentor, or otherwise support the engagement of former participants/parents as home visitors, please include this information here for up to 5 bonus points

Data and continuous quality improvement (5 points)

Intake and referral (5 points)

Maternal and child health partnerships (5 points)

**ASSURANCES
FORM
(Attachment C,
10 points)**

Adopt racial equity definition

Culturally responsive staffing

Minimum salary levels for home visitors by FY25

Prioritize MIECHV priority populations

Accept referrals (child welfare involvement, homelessness)

Avoid dual enrollment and waitlisting

Respond to referrals within 2 business days

Participate in the local AOK Network/collaborative

Use the IDHS-designated data system

Utilize Infant Mental Health Consultation (Illinois Model)

PROGRAM NARRATIVE FORMAT

Each section must have a heading that corresponds to the headings in bold type, in the order listed.

If the applicant believes that the subject has been adequately addressed in another part of the program narrative, then provide the cross-reference to the appropriate part of the narrative. If a cross-reference is not included, the reviewer will only consider content contained within that specific section.

The program narrative must be typed in black ink on 8 ½ x 11-inch white paper using 12-point type, single-spaced, with 1-inch margins on all sides, and at 100% magnification (not reduced).

The narrative must not exceed 12 pages, and additional pages will not be reviewed or scored.

Items included as Attachments, including the doula narrative, are NOT included in the page limitation. The entire application must be sequentially numbered and submitted as a single PDF document.

BUDGET NARRATIVE (5 points)

Cover the 12-month period from July 1 - June 30.

Tie fiscal activity to program objectives and deliverables.

- All proposed costs must be reasonable and necessary; allocable, and allowable.
- Indirect Costs are allowable—see Section C.
- See Grant Fund Use requirements in Section C.

Include the following expenses:

- Infant/Early Childhood Mental Health Consultation (at least \$150/hour x 72hrs/year = \$10,800 per year, per program)
- Annual subscription to Visit Tracker data system: see the [DataKeeper pricing page](#) for the current rate schedule based on the number of users.
- If you are applying for doula funds, include those expenses in your budget, including salaries and clinical consultation costs.

BUDGET NARRATIVE FORMAT

The Budget and Budget Narrative must be completed in the CSA tracking system. For more information, see [Instructions for the CSA tracking system](#), [Instructions for CSA registration](#), and [Information about creating budgets in the CSA tracking system](#).

The Budget Template and Instructions can be used as a tool to assist in determining expenses; however, **the final budget must be completed in the [CSA Tracking System](#)**. The PDF budget or paper copy will not be accepted, nor should it be included in the application packet.

If your organization is not yet registered in the CSA tracking system, please email DHS.HomeVisiting@illinois.gov with a request to register in the CSA. We will follow up to assist you.

Application Review and Selection

Section E

SCORING RUBRIC

Description	Maximum Points
Executive Summary	5
Community Need	20
Capacity (includes Attachments A and B)	25
Quality	35
Assurances Form (Attachment C)	10
Budget and Budget Narrative	5
TOTAL	100

Bonus Items	Maximum Bonus Points
“At-Risk” Priority Service Area 1	10
“High Consideration” Priority Service Area 2	5
Culturally responsive leadership	10
Family empowerment	5

SCORING, SELECTION, AND THE APPEALS PROCESS

- Review teams are comprised of up to three (3) individuals.
- The review team's numerical score may not be the sole award criterion. The Department reserves the right to consider other factors such as: geographical distribution, demonstrated need, location of home visiting slots supported by other funding streams, and agency past performance as a state grantee, etc.
- While the recommendation of the review panel will be a key factor in the funding decision, the Department maintains final authority over funding decisions and considers the findings of the reviewers to be non-binding recommendations.
- Any appeal must be received within 14 calendar days after the date that the grant award notice has been published (see Section E for details).

QUESTIONS AND ASSISTANCE



FOR ASSISTANCE

Technical Assistance Webinar #2: Frequently Asked Questions:

Wednesday, March 16, 2022, 1pm Central Time

Use this [Session 2 Link](#)

Meeting Number/Access Code: 246 931 66982

Meeting Password: vAmshSjA833

Check the IDHS-DEC Home Visiting NOFO FAQ page often for updates: <https://www.dhs.state.il.us/page.aspx?item=142883>

Please send all **programmatic questions** to DHS.HomeVisiting@illinois.gov with “0660 Programmatic FAQ” as the subject header.

For **administrative questions** (e.g. regarding required forms), please contact DHS.HomeVisiting@illinois.gov with “0660 Administrative Question” in the subject header or call (312) 793-1476.

See the IDHS website for self-paced training modules related to GATA: <https://www.dhs.state.il.us/page.aspx?item=131528>