

Requests for Proposals

Central Texas Home Visiting Grant Program:

A good start is a healthy start.

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Overview

This Request for Proposals (RFP) seeks to identify organizations able to expand capacity of home visiting programs in Central Texas that are part of a coordinated, integrated system of local early childhood services.

Projects eligible for funding under this RFP fall into the following categories:

1. Planning grants, for sites exploring launch of new home visiting programs. Planning grants will be one-time funding, for a 6-month period. Receipt of a planning grant does not guarantee additional implementation funding. Maximum award per applicant is \$75,000.
2. Implementation grants for the launch of new models or expansion of existing models. Funding will be for 12 months, followed by two one-year renewals, prior to any re-procurement. Maximum annual award per applicant is \$500,000.

Expanding home visiting capacity is a component of the Foundation's broader strategy to ensure that all Central Texas children get the best possible start in life to achieve their full potential. The Foundation believes home visiting is a valuable tool in this strategy, influencing three interrelated goals fundamental to achieving positive outcomes for children and families: reducing sources of stress, strengthening core life skills, and supporting responsive relationships.¹ Improving these inter-related factors sets the stage for improvements in: maternal, prenatal, infant and child health; child development; parenting practices; school readiness; coordination of community resources for families with young children; and reduced rates of child maltreatment.

This RFP defines home visiting programs as those that seek to improve well-being of young children (prenatal to age five) and their families, by using the home as the primary mechanism to provide direct support and coordination of services. While services can be received elsewhere, the home is the primary service delivery setting.

The Foundation has identified seven home visiting programs that are preferred for this funding opportunity: Avance, Healthy Families America, Family Connects (*excludes Travis County*), Nurse Family Partnership, Parents as Teachers, Parent Child Home, and Triple P. The Foundation will consider other home visiting programs if applicants can demonstrate that the proposed program offers a more effective approach for the desired outcomes than any of the preferred models.

Total funding for planning and implementation grants awarded in 2019 is approximately \$2.5 million. Additional funding will be made available for implementation grant renewals in 2020 and 2021.

About St. David's Foundation

St. David's Foundation (SDF) is a health foundation funding in a five-county area surrounding Austin, Texas. Through a unique partnership with St. David's HealthCare, a Malcolm Baldrige award-winning hospital system in Central Texas, the Foundation reinvests proceeds from the hospital system back into the community, with a goal of building the healthiest community in the world. St. David's Foundation also operates the largest mobile dental program providing charity care in the country and runs the largest healthcare scholarship program in Texas. Learn more about St. David's Foundation at www.stdavidsfoundation.org

¹ For more on these three principles, see: Center on the Developing Child at Harvard University (2017). Three Principles to Improve Outcomes for Children and Families. <http://www.developingchild.harvard.edu>.

Rationale for Expansion of Home Visiting

The majority of brain development occurs before age five. This period offers a critical window where early investments can have outsize influences on the life trajectory of today's children, in areas such as school achievement, health status, and future economic productivity.² Home visiting programs can maximize this window of opportunity by working with both children and caregivers in a setting that reduces barriers to participation and offers opportunities to educate, model and coach. When used effectively, home visiting models are an integral component of a coordinated, integrated system of local early childhood services.

In Central Texas, home visiting programs are unavailable to many families that could benefit from this service delivery model, reaching fewer than 10 percent of Central Texas' low-income families with young children.³ This funding opportunity seeks to expand access to home visiting as one component of a larger strategy to improve outcomes for children and families across Central Texas.

The Center on the Developing Child at Harvard has identified three principles to improve outcomes for children and families, described below. The Foundation believes effective home visiting advance these principles.

1. **Support responsive relationships for children and adults.** For children, responsive relationships promote healthy brain development and provide buffering protection that keeps challenging experiences from producing a toxic stress response. For adults, responsive relationships improve well-being, and provide the emotional support and practical assistance needed to successfully navigate the challenges of life and parenthood.
2. **Strengthen core life skills.** Building executive function and self-regulation capabilities is crucial for learning and development, in both children and their adult caregivers. These are skills that can be acquired through modeling, coaching, and practice.
3. **Reduce sources of stress in the lives of children and families.** While not all stress is bad, stress that is unremitting and severe is an antagonist to healthy relationships and good self-care and can cause long-lasting problems for children and the adults who care for them.⁴ Reducing sources of damaging stress sets the stage for healthy relationships to flourish, reinforcing a positive cycle for child and family outcomes.

Lessons on How to Maximize Effectiveness of Home Visiting Models

Home visiting programs vary widely with regard to program goals and target populations. The evidence base to date has found that home visiting is most effective when a component of a community-level, comprehensive early childhood system. Programs are most successful when they reach families as early as possible with needed services, accommodate children with special needs, are culturally aware, and foster continuity of care in a continuum that spans prenatal life to school entry.⁵ Research on home visiting provides insight on how to maximize its potential to achieve positive outcomes for children and families. The Foundation believes the following factors are particularly important and will consider them in the selection process.

² Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. <http://www.developingchild.harvard.edu>

³ TexProtects (2017). Home Visiting in Texas. Appendix E.

https://www.texprotects.org/media/uploads/home_visiting_report_final_2017.pdf

⁴ Center on the Developing Child at Harvard University (2017). Three Principles to Improve Outcomes for Children and Families. <http://www.developingchild.harvard.edu>

⁵ Duffee JH, Mendelsohn AL, Kuo AA, et al. Early Childhood Home Visiting. *Pediatrics*. 2017; 140(3):e20172150. <http://pediatrics.aappublications.org/content/early/2017/08/24/peds.2017-2150>

- **Home visiting model selection should be based on the outcomes desired and the specific profile of the priority population.** Model selection should start by defining the problem. Before selecting a model, applicants should fully explore the outcomes they are seeking to change (e.g. infant health vs. school readiness), the characteristics of the population affected by the outcome in question, the best time to intervene to achieve the desired outcome, and the evidence base on the various models as it relates to the desired outcomes.⁶
- **Success of home visiting requires developing deep trust with the families programs seek to serve.** The very nature of home visiting - entering a family's home, often at times of significant stress or transition - requires a high degree of trust between the home visitor and the family. Developing this level of trust requires an intentional approach, particularly with populations that have justified reasons for mistrust, based on fears related to immigration status or child welfare referrals. Home visiting programs need to develop mechanisms to build trust with the communities and populations with whom they want to work. Programs may need to consider graduated steps to build trust, starting with offering more general support before a formal enrollment or being flexible about the location of early visits for families hesitant to open up their home. While gaining the trust of the families is foundational to a program's success, the path to gaining trust will vary by community, requiring that programs are both flexible in approach and highly engaged with the community. Finally, programs need to ensure that the trust families give to the program is well placed, and that training and processes to guard against bias are present.
- **Success depends on home visiting being a component of a larger continuum of care in the community.** Home visiting is not a magic bullet. For home visiting models to work optimally, they need strong connections to a broad continuum of care that supports caregivers and children.⁷ Issues to consider include: whether the community views the issues addressed by the home visiting model as a priority; whether it is realistic to expect that the staffing needs of the chosen model can be met; and whether data infrastructure exists or can be created to drive program decisions and report progress back to the community. Home visiting programs that are part of a community early childhood coalition can work through these issues more effectively than when they operate without the information and support provided by local coalitions. Finally, home visiting programs need strong linkages with other community supports to generate sound referrals and create glidepaths for families graduating from the program but still needing support.
- **Strong referral processes are part of effective client retention.** Good referral processes are part of a strong client retention strategy.⁸ Home visiting models can benefit from creating proactive, repetitive, and targeted outreach strategies to ensure their programs are known by key referral sources. Many home visiting models have struggled with recruiting and retaining the expected number of families into their programs, particularly in their early phases. Those experiences have shown that simply increasing capacity of home visiting is not enough - families may not come or choose to stay. Home visiting programs need to have established relationships that generate strong referrals, with clear guidance on which families are best suited to which models. Programs also need to develop strong communication to let referral sources know the outcome and status of the referral to maintain these relationships. Programs

⁶ Child and Family Research Partnership, University of Texas at Austin, LBJ School of Public Affairs. Policy Brief: Taking Home Visiting Programs to Scale in Texas. March 2018.

⁷ Osborn, C. (2016). Home visiting programs: Four evidence-based lessons for policymakers. Behavioral Science & Policy, 2(10), pp. 29-36.

⁸ Child and Family Research Partnership, University of Texas at Austin, LBJ School of Public Affairs. Policy Brief: Taking Home Visiting Programs to Scale in Texas. March 2018.

can benefit from investing time up front to clearly explain the programs' expectations and commitment level to potential families so that families can make an informed decision about whether to enroll. Additionally, programs can benefit from ensuring regular check-ins with families to ensure the program is continuing to meet the family's needs and goals.

- **Social connections and mutual support are critical aspects in family well-being.** Home visiting programs can strengthen their impact by fostering social connections of the families they serve. Strong social connections can relieve stress of caregivers by promoting a sense of belonging, offering concrete supports in times of need, and allowing for the giving of support which can increase a sense of agency and community connection, all of which are important conditions for improving child and family outcomes.⁹ Home visiting providers can promote positive social connections by helping families identify local informal supports, advocating for the importance of these supports, and avoiding inadvertently replacing or suppressing these supports in their service delivery model. This is particularly important in the case of families facing high levels of stress. While their need for the social support is high, their bandwidth to develop those supports while dealing with other competing priorities is often low.
- **Achieving positive outcomes for children requires supporting the adults who care for them.** Emerging research is indicating that home visiting programs which intentionally focus on building adult caregivers' executive function and self-regulation capabilities may achieve stronger gains on early childhood outcomes. This is particularly relevant for models that target very low-income and/or overburdened families. A growing body of research suggests that when early learning programs also incorporate adult coaching, the resulting improvements in adult outcomes creates stronger child outcomes.¹⁰
- **Quality efforts require innovating and maintaining fidelity.** The home visiting field is gaining greater insight into what program elements are essential to outcomes, which programs work best for which families, and where greater flexibility may be warranted. Achieving these goals requires that program operators apply a systematic approach to their quality improvement strategies and share knowledge across organizations. Tools and collaboratives to help in this work are expanding and include the IDEAS Framework¹¹ and the Home Visiting Applied Research Collaborative¹². Additionally, program operators can accelerate the growth of an evidence base that translates to practical program improvements by using precise definitions on important issues such as program completion and attrition.

Funding Opportunity

Home visiting programs *preferred* for this funding opportunity are:

1. Avance
2. Healthy Families America
3. Family Connects (*excludes Travis County*)
4. Nurse Family Partnership
5. Parents as Teachers
6. Parent Child Home

⁹ Annie E. Casey Foundation. Social Networks Make A Difference. 2007. <https://www.aecf.org/m/resourcedoc/AECF-SocialNetworksMakeaDifference-2007.pdf>

¹⁰ Babcock, Elizabeth (2018). Using Brain Science to Transform Human Services and Increase Personal Mobility from Poverty. US Partnership on Mobility from Poverty. <https://www.mobilitypartnership.org/using-brain-science-transform-human-services-and-increase-personal-mobility-poverty>

¹¹ For more information, see: <https://developingchild.harvard.edu/innovation-application/innovation-approach/>

¹² For more information, see: <https://www.hvresearch.org/>

7. Triple P

These programs were chosen for: their ability to reach specific, often underserved, populations; their strong evidence base related to outcomes of interest to the Foundation; and their existing use in Texas communities, setting the stage for faster adoption of quality improvement insights. Each of these programs is further described in Appendix A.

The Foundation will consider funding other home visiting programs if applicants can demonstrate that the proposed program offers a more effective approach for the desired outcomes than any of the preferred models.

Applicants can request funds for:

1. **Planning grants**, designed for sites that need planning support prior to implementation of a new home visiting program or expansion of an existing home visiting program. Funding will be one-time, for a 6-month period. Receipt of a planning grant does not guarantee future implementation funding, but may result in an invitation to submit an implementation grant proposal.
2. **Implementation grants**, designed for sites that have already completed the necessary planning activities and are ready to implement a new home visiting model or expand an existing model. Funding will be for 12 months, followed by two one-year renewals (36 months of total funding), prior to any re-procurement. Applicants seeking implementation grants that, in the Foundation's opinion, have not completed the necessary planning activities may be offered planning assistance in lieu of implementation funding.

Each of these opportunities is described in more detail below.

Planning Grants

Successful home visiting requires extensive up-front planning to ensure a sound model selection process, develop effective community linkages and referral processes, and create community buy-in. Planning grants are intended to support these critical activities. Planning grants are open to organizations at the beginning stages of planning as well as organizations far along in planning, but who still have some tasks to complete before they are ready to implement. Budget requests should be commensurate with the level of activity required. Grant awardees will be expected to submit a final report to the Foundation describing findings and decisions made as a result of the planning process. Reports will be due by the close of the grant term. Report findings will be used by the Foundation to assess the value of any additional support, which could include an invitation to submit an implementation grant or support for further planning.

For planning grants that demonstrate readiness to move to an implementation stage, the Foundation expects to initiate implementation funding discussions in the Summer of 2020.

Maximum Award: \$75,000.

Grant Term: Six months. The expected funding period for planning grants is October 1, 2019 - March 31, 2020.

Eligible Activities/Expenses:

- Staff expenses dedicated to planning activities and final report preparation
- Consultant costs to support planning activities
- Travel and related costs to bring staff and key community stakeholders to sites able to demonstrate a particular home visiting program in action (e.g. field trips)
- Administrative costs
- Meeting expenses

Ineligible Activities: Any activities not directly tied to planning for home visiting expansion in Central Texas.

Proposal Narrative: Planning grant proposal narratives should address all of the following items, in the order below, describing the progress made and/or the proposed planning activities related to the item.

- a. Organizational capacity. What strengths does your organization have related to expanding home visiting in the selected community? How do you work with other partners in the local continuum of early child care providers? What do you expect will be organizational challenges in implementing/expanding home visiting? How will you navigate these challenges? Describe your plans to be responsive to and build trust with the families eligible for home visiting.
- b. Desired outcome(s). What outcomes are you seeking to improve? Why are these outcomes a priority? Do they align with existing and prominent community goals? Please summarize the data (e.g. rates of low school readiness for a particular geography or population) that demonstrate the problem(s) you are seeking to solve.
- c. Population Characteristics. If known, describe the population that you will be working with to improve these outcomes in terms of demographics, geography (e.g. school zones, county lines, zip codes) and community context.
- d. Program selection. Which home visiting program(s) are you seeking to implement/expand to address these needs? Describe the process to select an appropriate program and how the evidence base for the selected program aligns with the outcomes you expect to improve and the population with whom will be working. Describe how this program complements other services available and addresses any possible duplication of existing services. If you are still in the selection process, describe the process you are using to select a model that aligns with your program goals and community capacity.
Note: Applicants may select more than one model for expansion or start-up. However, applicants should carefully consider their organizational capacity to implement/expand multiple programs.
- e. Developer approval. What information have you exchanged with the home visiting model developer? Have you secured the developer's approval to implement/expand the program in the target area/ to the target population?
- f. Referrals and Retention. Who will be the primary referral sources to the selected home visiting program? How will the process ensure solid and effective referrals? How will those referral resources be given information on the status of referrals made (e.g. close the loop on referrals). How will client word of mouth referrals, if appropriate, be encouraged? What strategies are you considering for client retention?
- g. Natural / Informal Support. How will the program identify natural or informal community supports (e.g. local parent groups) that help families build stronger social connections, community ties, and informal networks of support?
- h. Local continuum of care. How will the proposed home visiting model fit into the local continuum of care? What gaps exist? How will this program help to fill those gaps? What resources exist to ensure a successful transition when families exit the home visiting program? Are other home visiting models available in the selected area/for the selected target population? If so, what will be the process for coordination of services? What local coalition around early childhood will offer support to the home visiting program? If no strong coalition exists, what are your plans to address this gap?
- i. Community support. How has the community demonstrated its support or buy in for this addition to the local continuum of care? Support can be demonstrated by commitments for joint planning, establish referral relationships, financial or in-kind support, etc. Letters of support can be provided as attachment to the grant application.

Implementation Grants

Implementation grants are intended to fund start up or expansion of home visiting by organizations who have completed the necessary planning. To be considered for an implementation grant, an applicant must have substantially completed necessary planning, which will be assessed by the answers to the planning questions listed previously.

Maximum Annual Award for 2019: \$500,000.

Grant Term: Implementation grants will have a 12-month term, with two one-year renewals for a total of 36 months of funding prior to any re-procurement. The Foundation anticipates funding will begin January 1, 2020.

Eligible expense categories are noted below. All expenses should be based on serving the projected number of families in year 1.

- 1. Core expenses for home visiting model. Required.** Covers the activities required by the model developer to achieve certification and/or maintain fidelity. This category may include: staff expenses (salary, fringe); administrative expenses (agency overhead such as rent, utilities); training expenses (both cost of training and related costs to attend training); travel to clients and community; contractor/consultant expenses; and program costs (e.g. program materials). This category also includes necessary one-time start up costs (e.g. large equipment purchases, website creation).
- 2. Elective expenses. Optional.** Covers expenses not required by the model developer for certification and/or fidelity, but which the applicant believes would better leverage the home visiting program to achieve intended outcomes and which are allowed by the program developer. This category may include: program materials not required by the model (e.g. LENA devices¹³, supplies such as books); training expenses beyond those required by the program developer; and activities/expenses to promote staff retention.
- 3. Community collaboration and outreach expenses. Optional.** Covers expenses to ensure the home visiting model is effectively connected to other early childhood collaborations and referral sources. All expenses in this category should be in addition to what is required by the model developer. Eligible expenses include: staff expenses (salary, fringe), that are in addition to the required expenses to operate the model but are necessary to support community collaboration and outreach activities; meeting expenses (food, supplies); travel to community meeting and referral sources; expenses related to enhanced data collection systems.

Ineligible activities under implementation grants:

- Services to individuals outside of the five-county area
- Any activities not related to home visiting start-up or expansion

Proposal Narrative: Implementation grant proposals should answer planning questions above as well as the following questions:

- j. Start-up or expansion. Note whether the implementation is for a start-up of a home visiting model not currently operated by your organization or is an expansion of an existing home visiting program (to new populations or geographies).
- k. Customization. Do you plan to augment or alter the home visiting model(s) in any way to respond to local needs or organizational capacity (e.g. specialized training for home visitors, added focus on father

¹³ For more information, see: <https://www.lena.org/>

involvement)? If so, please describe planned customization and how those changes can be made while preserving model fidelity and/or developer approval.

Note: Ensure that any planned customization with a budget impact is captured in the budget template.

- i. Projected family caseload. Complete the following table, showing your current estimate of projected family caseload for the first year of funding, per model. Start with the baseline enrollment figures for your organization, which will be “0” if you are requesting startup funding for a home visiting model your organization does not currently operate. Complete only for the model(s) for which you are requesting funding.

Projected Family Caseload, Year One

Home Visiting Model Name:	
Baseline Enrollment (prior to SDF funding)	
Projected Count of Home Visiting Slots (1 per family) Available by End of Year One, Funding by All Sources (e.g. state, other foundations, individual contributions)	
Projected Count of Home Visiting Slots (from the Line Above) Funded by Funded by St. David’s Foundation ONLY	

- m. Program quality and fidelity. How will you assess if the program is delivering the intended outcomes? Where will the data come from? How will you get access to it? How will you ensure data is used to inform program decisions?
- n. Performance metrics. At a high level, please describe what key performance metrics (no more than 5) you plan to track to assess your model’s effectiveness. Metrics will be finalized after applicant selection.
- o. Staff recruitment and retention. What, if any, barriers to staff recruitment do you anticipate and what options are you exploring to address these barriers? What actions do you plan to retain staff? What processes will be used to quickly hire/train new home visitors and transition clients when there is the inevitable staff turnover?
- p. Key milestones. Applicants should include a timeline of key milestones in the program start up or expansion such as: expected date of approval from model developer, hiring milestones, community outreach, etc.
- q. Technical assistance: Do you anticipate needing any technical assistance in order to make program expansion successful? If so, please describe. If you know of a preferred provider for this assistance, please note.
- r. Family goal setting/graduation. Describe your planned process to track family goal setting, determine when families are ready to “graduate” from the program (if not already prescribed by the selected model) and how families will be supported in transitioning from the model.
- s. Need. Applicants must state that they are supplementing, not replacing, existing funds being used for home visiting programs operated by their agency. Additionally, if applying to *expand* a home visiting model already offered by the agency, applicants must demonstrate that an average annual enrollment of at least 75% of target caseload was maintained for the most recently completed fiscal year. Applicants whose average annual enrollment is less than 85% must explain reasons for low enrollment and plans to improve client referrals and/or retention.

Eligibility Criteria

Organizations applying for either planning and implementation grants must meet the following eligibility criteria:

- Be a tax exempt 501(c)(3) organization or a public entity which does not discriminate against participants or job applicants on the basis of race/ethnicity, religion, or sexual orientation.

- Provide services to families living in at least one of the following Central Texas counties: Bastrop, Caldwell, Hays, Travis or Williamson. Applicants may have business or headquarter offices located outside of Central Texas.
- Demonstrate strong fiscal management, which at a minimum requires: program operations for at least 3 years; 2 consecutive years of a clean audit; and the ability to access working capital or line of credit that could cover at least 2 months of organizational expenses.

Collaboratives of multiple organizations are eligible to apply for either planning or implementation grants, but a single organization must serve as the lead applicant. The lead applicant must meet all of the necessary criteria relevant to the type of grant (planning or implementation) being sought.

Selection Criteria

Awards will be made on: the strength of the proposal; a clear organizational commitment to ensuring that home visiting is used as part of a continuum of local early child hood support; and organizational capacity to implement the proposed scope of work and degree of demonstrated community support.

Additional selection criteria specific to the type are request are described below:

Planning Grants:

- Proposed approach to planning is well thought out.
- .
- The planning process effectively involves key stakeholders (e.g. referral sources).
- There is a solid understanding the problems identified as needing a solution and a clear process for selecting a home visiting model that aligns with desired outcomes and the characteristics of the priority population.

Implementation Grants:

- Selection of the home visiting model aligns with desired outcomes, target population, community priorities and organizational capacity.
- The characteristics of the priority population are well understood.
- Readiness is evident in:
 - strong referral and retention plan for clients
 - plan for identifying and connecting new families to existing natural/informal supports
 - community support for the program, as evidenced by commitments for referrals, data sharing, collaborative planning, etc.
 - awareness of how the home visiting model will coordinate with other services in the early childhood continuum
 - strong understanding of the chosen home visiting model and evidence of developer support
- The implementation plan incorporates relevant lessons learned on how to maximize the benefits of home visiting model.
- The degree to which other revenue sources are committed or are likely to be committed in the future.

Information Session

The Foundation will host an information session to assist applicants in understanding the goals of this funding opportunity, the emerging research base around home visiting, and how to prepare their responses. The session will include a review of the main components of the RFP and will provide an opportunity to pose questions.

Answers to questions posed will be posted on the Foundation’s website approximately two weeks after the information session.

The information session is also intended to help foster linkages among organizations interested in home visiting expansion. To that end, a list of organizations who indicate an interest in attending the session will be shared via the Foundation’s website to allow for and encourage collaboration where possible. Additionally, there will be an hour after the formal information session where interested applicants can remain to network, if desired.

This information session is voluntary – applicants do not need to attend to submit an application. Date, time, and location of the information session is listed below.

April 24, 2019

9:30am - noon

St. David’s Foundation: 1303 San Antonio Street, Austin, Texas 78701, 6th Floor

Organizations wishing to attend should RSVP via email to events@stdaidsfoundation.org by April 17, 2019.

Timeline

The expected timeline for issuing, reviewing, and awarding grants under this RFP is below.

RFP Issue Date	April 5, 2019
RFP Information Session (Attendance is Optional): St. David’s Foundation: 1303 San Antonio St./ Austin TX 9:30am - noon Register by emailing events@stdaidsfoundation.org by April 17, 2019.	April 24, 2019
Proposals Due, by Electronic Submission	June 21, 5 pm Central
Review and Negotiations Additional information may be requested as part of the selection process.	June – August 2019
Awards Announced	By September 6, 2019
Planning Grant Period Begins	October 1, 2019
Implementation Grant Period Begins	January 1, 2020

Foundation Contacts for this RFP

Programmatic Questions. Questions regarding the intent of this RFP or applicant eligibility may be directed to Kim McPherson, Senior Program Officer, kmcpherson@stdaidsfoundation.org

Technical Submission Questions. Technical questions related to the online application submission may be directed to Vanessa Rocha, Grants Coordinator, VRocha@stdaidsfoundation.org

To Apply

Proposals must be submitted online by 5 p.m. Central Time on June 21, 2019.

Application Link

To apply on line, click on the above link.

Required Proposal Information

- Applicant Organizational Information (Submitted online, with information such as agency financials uploaded as attachments)
- Proposal Narrative (Uploaded as an attachment). Maximum page limits: planning grants - 8 pages; implementation grants - 12 pages. Applicants are encouraged to be concise in their responses.
- Budget (Uploaded as an attachment)
- Optional Information, e.g. letters of support, Gantt charts. (Uploaded as a single attachment)

Home Visiting Resources

Organizations interested in this funding opportunity may wish to explore the following resources.

- The Science of Early Childhood Development by Center for the Developing Child.
<https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>
- Home Visiting Evidence of Effectiveness (HomVEE) by US Department of Health and Human Services.
<https://homvee.acf.hhs.gov/Default.aspx>
- California Evidence-Based Clearinghouse for Child Welfare by California Department of Social Services.
<http://www.cebc4cw.org/leadership/overview/>
- Home Visiting Yearbook by National Home Visiting Resource Center. https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2018_FINAL.pdf
- Research on Home Visiting Implementation and Evidence Base by the Child and Family Research Partnership, LBJ School of Public Affairs. <https://childandfamilyresearch.utexas.edu/eci-home-visiting>
- Application of Precision Medicine Approach to Home Visiting
 - Harvard Center for the Developing Child:
 - Discussion by Dr. Nathan Fox <https://developingchild.harvard.edu/resources/why-do-some-children-respond-to-an-intervention-and-others-dont/>
 - IDEAS Framework - <https://developingchild.harvard.edu/innovation-application/innovation-approach/>
 - Home Visiting Applied Research Collaborative - <https://www.hvresearch.org/>
- Additional Training or Approaches
 - Mobility Mentoring <https://www.empathways.org/approach/mobility-mentoring>
 - Motivational Interviewing <http://www.health.state.mn.us/divs/cfh/program/fhv/mi.cfm>
- Role of Social Connections in Family Outcomes: Social Networks Make A Difference. Annie E. Casey Foundation. <https://www.aecf.org/m/resourcedoc/AECF-SocialNetworksMakeaDifference-2007.pdf>

Appendix A – Preferred Home Visiting Models for this Funding Opportunity

Home Visiting Model	Description	Target Population	Home Visitor Staff Qualifications	Duration	Expected Goals/ Outcomes	Central Texas Sites
Avance https://www.avance.org/	Weekly interventions, both on site and at home	Hard to reach, low-income, Latino families with children 0-3 years.	Parent educators with a BA or equivalent. Staff often hired from community or program alumni.	9 months	School readiness	Travis County (Avance)
Healthy Families America https://www.healthyfamiliesamerica.org/	At least one home visit per week for the first six months after child's birth. Later frequency is based on families' needs and progress over time.	Parents facing challenges such as single parenthood; low income; childhood history of abuse and other adversity; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.	Direct service staff must have minimum of high school diploma or equivalent.	Families are enrolled prenatally or within three months of birth. Once enrolled, sites offer services to families until the child's third birthday, and preferably until the child's fifth birthday.	Reduced child maltreatment, improved school readiness, improved child health.	Travis County (Austin Travis County Health and Human Services)
Family Connects http://www.familyconnects.org/	1-3 home visits ideally within 12 weeks post birth.	All parents of newborns, regardless of income or socioeconomic status	Registered nurse	Designed as a single intervention to then connect families who need on going supports/services to existing community resources	Improved maternal health, improved child health, Positive parenting practices, linkages and referrals	Bastrop County (LoneStar Circle of Care) Travis County (United Way)

Nurse Family Partnership https://www.nursefamilypartnership.org/	Weekly home visits with a registered nurse	Low-income, first time mothers. Enrollment must occur prior to the 28th week of pregnancy.	Registered nurse	Until child's second birthday	Improved pregnancy outcomes, child health, family self sufficiency	Travis County (Any Baby Can) Williamson County (Any Baby Can)
Parents as Teachers http://www.txpat.org/	Monthly or twice monthly visits with a parent educator	Families with children prenatal through age five	Professional parent educators	Until child's fifth birthday	Improved parenting practices, increased school readiness	Hays County (Community Action, Inc.) Travis County (Any Baby Can, Leander ISD) Williamson County (Leander ISD)
Parent Child Home Program https://www.parent-child.org/	Twice a week 30-minute home visits	Families with children aged 16 months to 4 years who also have barriers such as poverty that pose obstacles to healthy development and educational success	Literacy specialists hired from within the community being served	Two years	Improved school readiness	None
Positive Parenting Program – Triple P https://www.triplep.net/glo-en/home/	Multi-level (1-5) system of interventions that allows for tailoring based on community and family needs.	Varies by program level	Post-high school degree in health, education, child care, or social services	Varies by program level	Improve parenting practices and reduce parent/caregiver stress	Travis County (Project Hopes Austin)

