APPLICANT WEBINAR CONFERENCE

Request for Applications No. HHS0013385

Healthy Outcomes through Prevention and Early Support (HOPES)

January 24, 2024, at 10:00 AM CT

AGENDA

1. Introductions
2. Procurement Activities
3. Project Overview & Scope
4. Closing Comments

INTRODUCTIONS

Speakers

- **Amy Pearson**, Grants Specialist / Sole Point of Contact
  Procurement and Contracting Services (PCS)
  Health and Human Services Commission (HHSC)

- **Jody Snee,** Division Administrator
  Early Childhood Programs
  Prevention and Early Intervention (PEI)
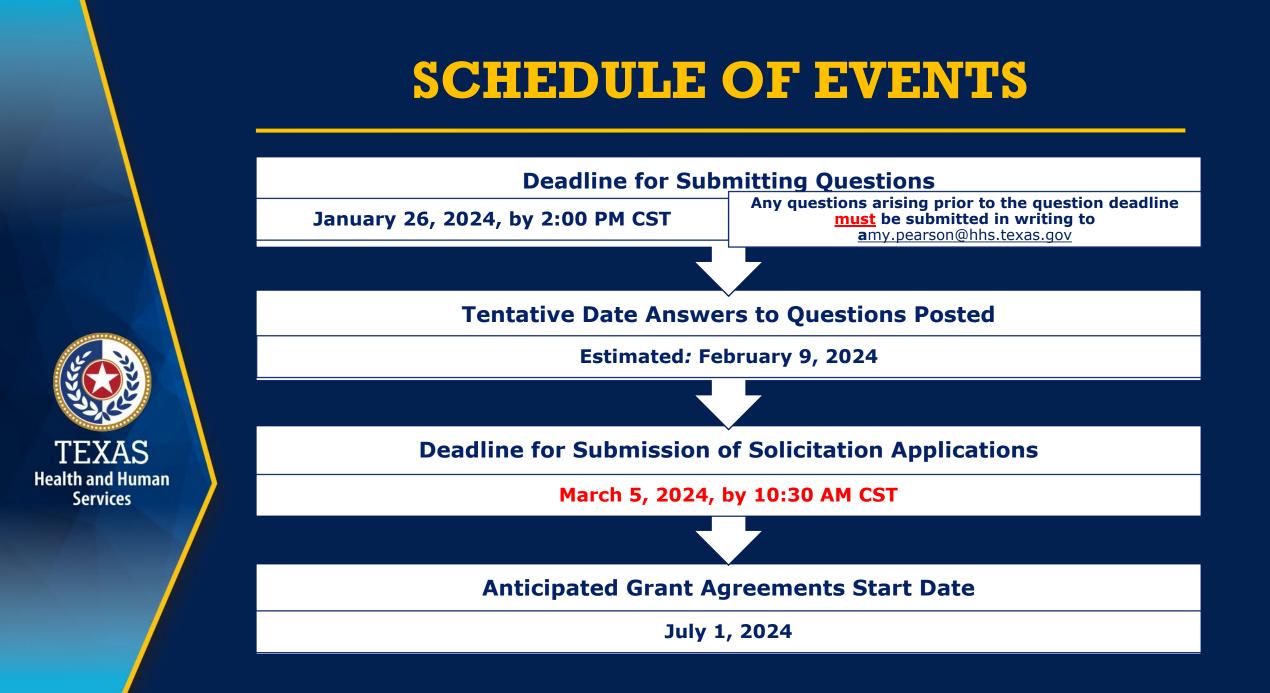 Department of Family and Protective Services (DFPS)

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PROCUREMENT ACTIVITIES

Procurement Role/Team

Procurement and Contracting Services (PCS) is responsible for all procurement and solicitation activities.

Prevention & Early Intervention (PEI) is responsible for project scope, requirements, performance, results, and program monitoring as well as contract management activities throughout the life of the Grant Agreements including contract development, execution, and monitoring.

SCHEDULE OF EVENTS

Deadline for Submitting Questions

January 26, 2024, by 2:00 PM CST

Any questions arising prior to the question deadline **must** be submitted in writing to amy.pearson@hhs.texas.gov

Tentative Date Answers to Questions Posted

Estimated*:* February 9, 2024

Deadline for Submission of Solicitation Applications

March 5, 2024, by 10:30 AM CST

Anticipated Grant Agreements Start Date

July 1, 2024

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SOLICITATION ACCESS

HHSC will post all official communication regarding this RFA on the following website, including the notice of award:

- ➤ The HHS Grants website is located at https://apps.hhs.texas.gov/pcs/rfa.cfm

HHSC reserves the right to cancel this RFA, or to make no award if it determines such action is in the best interest of the State.

HHSC may, in its discretion, reject any and all applications or portions thereof.

SOLE POINT OF CONTACT

All communications relating to this RFA must be directed in writing to Amy Pearson, Sole Point of Contact at amy.pearson@hhs.texas.gov

All communications between applicants and other DFPS or HHSC staff members concerning this RFA are strictly prohibited.

Failure to comply with these requirements may result in application disqualification.

PROJECT OVERVIEW AND SCOPE

Healthy Outcomes through Prevention and Early Support (HOPES)

Executive Summary

Healthy Outcomes through Prevention and Early Support (HOPES) is a community-based program providing a range of services and supports to expecting families and families with young children zero (0) through five (5) years of age.

HOPES programs include parent education and support through home visiting, parenting workshops, caregiver support groups, and service coordination. In addition, grantees offer community-level approaches and coordinate coalitions to raise awareness about early childhood development, promote child and family well-being, and advance positive outcomes for families.

The HOPES Program addresses community needs through its programming and services and promotes collaboration among community providers and stakeholders in high-risk counties to increase protective factors of families across the State.

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Available Funding

- The total amount of annual funding anticipated for this RFA is $4,000,000.

- DFPS anticipates making multiple awards.

- Anticipated annual awards may range between $100,000 and $2,000,000.

- Grants awarded from this RFA are on a cost reimbursement basis.

Grant Term

Anticipated Project Start Date: July 1, 2024

Project End Date: August 31, 2025

*Following the base term, HHSC, at its sole option, may extend any resulting Grant Agreements for up to four (4) additional years, through August 31, 2029.

Eligible Applicants

To be awarded a grant from this RFA, an Applicant must be a nonprofit corporation as described in Texas BUSINESS ORGANIZATIONS CODE CHAPTER 22 or a governmental entity.

Objectives

HOPES objectives include the following:

1. Promoting healthy outcomes

2. Strengthening systems in which families with young children interact

3. Increasing protective factors for families

4. Assisting families in achieving self-sufficiency and stability

5. Promoting workforce participation

6. Promoting school readiness

7. Supporting healthy, nurturing, and safe homes for children

8. Reducing the risk of child abuse, neglect, and other negative outcomes.

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Allowable Services

Applicants must propose to implement HOPES Program and services in an eligible county and counties as identified in **Section 2.2.3. Service Delivery Area (SDA)**.

Applicants must propose programming and activities for the eligible county or counties to address program objectives described in **Section 2.4, Program Objectives**; address eligible populations as defined in **Section 2.5.4 Eligible Service Population**; and meet community needs and priorities identified in **Section 2.5.2. Community Strengths and Needs Assessment (CSNA)**.

HOPES Service Delivery Area

Eligible Counties

A. Under this RFA, DFPS will award Grants to provide HOPES programming and services in eligible counties identified that do not currently have a HOPES grant.

B. Eligible counties include counties not currently served by HOPES where there is high risk for child maltreatment as listed in **Table 1: HOPES Eligible Counties**.

C. Applicants may propose to serve a single eligible county or multiple contiguous eligible counties as Primary Counties.

*Applicants must conduct a CSNA for their proposed eligible county or counties.

Refer to Section 2.2.3 Service Delivery Area (SDA)

Table 1. HOPES Eligible Counties

1. Anderson	16. Coryell	31. Glasscock	46. Jasper	61. Milam	76. Trinity
2. Angelina	17. Dawson	32. Gonzales	47. Jim Hogg	62. Mills	77. Tyler
3. Aransas	18. Dewitt	33. Gray	48. Jim Wells	63. Montague	78. Upshur
4. Atascosa	19. Dimmit	34. Grayson	49. Jones	64. Morris	79. Uvalde
5. Bee	20. Duval	35. Guadalupe	50. Kaufman	65. Nacogdoches	80. Val Verde
6. Borden	21. Falls	36. Hale	51. Lamar	66. Newton	81. Van Zandt
7. Bowie	22. Fannin	37. Hardin	52. Lamb	67. Orange	82. Victoria
8. Brazoria	23. Fisher	38. Harrison	53. Lampasas	68. Panola	83. Walker
9. Brooks	24. Foard	39. Hockley	54. Lavaca	69. Polk	84. Wharton
10. Burleson	25. Franklin	40. Hopkins	55. Limestone	70. Randall	85. Wilbarger
11. Burnet	26. Freestone	41. Houston	56. Live Oak	71. Robertson	86. Wilson
12. Calhoun	27. Frio	42. Howard	57. Madison	72. Rockwall	87. Wood
13. Callahan	28. Galveston	43. Hunt	58. Martin	73. Rusk	88. Young
14. Cass	29. Garza	44. Jack	59. Matagorda	74. Shackelford	89. Zapata
15. Coleman	30. Gillespie	45. Jackson	60. Medina	75. Swisher	90. Zavala

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Proposed Programming & Services

Applicants must propose to implement HOPES programming and services in an eligible county or counties to:

- Address Program Objectives (Section 2.4);

- Address Eligible Service Population (Section 2.5.4); and

- Meet Community Needs and Priorities identified in the Community Strengths and Needs Assessment summary (Section 2.5.2).

Eligible Service Populations

A. The eligible service population is comprised of families that include a Primary Caregiver expecting a child or who has at least one child zero (0) through five (5) years of age.

B. For each participating family, the Grantee must identify an index child; however, the entire family should benefit from the services provided.

C. Grantees will also identify two (2) or more of the indicated Priority Characteristics for each participant enrollment, as applicable.

D. Grantees may also plan to serve and target outreach and recruitment efforts toward pregnant and parenting current and former foster Youth who meet HOPES eligibility criteria. DFPS may refer pregnant and parenting foster Youth directly to Grantees. Grantees must prioritize services for these eligible families and follow PEI (FSS) data collection and reporting requirements.

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Priority Characteristics

1. Behavioral concern;
2. Childcare or childcare access concerns;
3. Current or former military connection;
4. Current or past alcohol abuse – Caregiver;
5. Current or past child maltreatment or child welfare involvement;
6. Current or past domestic or interpersonal violence;
7. Developmental delay or disability – Caregiver;
8. Developmental delay or disability – Index child;
9. Family dynamics or structure concern;
10. Family or household conflict;
11. High stress level;
12. Homeless, runaway, or housing instability;

Priority Characteristics (cont)

13. Household has a child with developmental delays or disabilities;

14. Household has a history of alcohol abuse or a need for alcohol abuse treatment;

15. Household has a history of substance use or needs substance use treatment;

16. Low school attainment – Caregiver;

17. Low-income household;

18. Mental health concern – Caregiver;

19. Mental health concern – Index child

20. Parenting skills concern;

21. Social support concern;

22. Low school achievement; and

23. Someone in the household uses tobacco products in the home; or household contains an enrollee who is pregnant and under 21.

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HOPES Potential Approaches and Programming Options

1. Caregiver education and support by using Curriculum-based approaches designed to promote healthy families, build parenting skills, enhance Protective Factors, and In-home, individual or group programming.

2. Service planning and coordination by working with parents and Caregivers to identify and document family needs and goals and arranging, connecting, and linking the delivery of services and supports. May include collaborating with other providers to ensure successful connections and coordination.

3. Using A family Resource Center (Early childhood) implementation which is a family Resource Center (FRC) community or school-based hub of support, programming, and opportunities for families using a multigenerational, responsive, strengths-based, and family-centered approach. An FRC must reflect and be responsive to community needs and interests as well as increase Protective Factors

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HOPES Potential Approaches and Programming Options (cont)

4. Facilitating parent navigation by Connecting Parents and Caregivers to early childhood information, community-based resources, supports, and services through centralized, community navigation, assisting with service navigation, resolving barriers to services, and following up on linkages. child development staff through parent navigation may provide education and support to families around developmental or behavioral questions, help families recognize typical developmental milestones, conduct relevant screenings and assessments, and complete Intakes for programming and services. Centralized navigation could be supported through call center and virtual service, providing information, support, and referrals for families with young children in the community.

5. Facilitating parenting groups where parents and Caregivers talk about topics like raising a family, navigating challenges, enhancing well-being, co-parenting, their children's development, etc. This could include parent and Caregiver peer-to-peer learning, learning about Protective Factors, exploring strengths, social connections, and learning from parenting experiences. This also could include non-curriculum-based format.

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HOPES Potential Approaches and Programming Options (cont)

6. Caregiver wellness screening, and mental health supports which could include parent and Caregiver counseling, perinatal depression treatment, Cognitive Behavioral Therapy for parents and Caregivers, or other mental health services. Also, could include Mental health supports to include parent and Caregiver depression screening, perinatal depression prevention, stress management and mindfulness training, trauma-sensitive parenting support, or other types of support.

7. Infant and Early childhood Mental Health Consultation (IECMHC) is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in different settings such as childcare, preschool, home visiting, early intervention, and their homes. IECMHC can be implemented with parents, Caregivers, care providers, and/or teachers to build adults' capacity and skills to support children's healthy social and emotional development.

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8. Basic needs support is assistance to meet basic needs that are essential for a family to function and care for young children. Assistance could include but is not limited to food, housing, utility assistance, clothing, household items, and diapers. Typically provided in conjunction with other supports and services.

9. Caregiver Support Groups are facilitated support groups to provide a Safe space for parents and Caregivers to share about parenting experiences, grow as a new parent, promote social connection, and build community.

10. Family Activities or Workshops provide parenting activities or events providing parenting workshops, seminars, or other to support healthy child development, parent-child interactions, and the parent-child relationship. These activities could include activities to learn about and support developmental milestones, parenting strategies, early literacy, or other focus areas.

11. Fatherhood programming or services with a focus on fathers or father-figures. This may include Caregiver Education or Caregiver Support Groups, and mental health supports for fathers, but is not limited to these.

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HOPES Potential Approaches and Programming Options (cont)

12. Financial wellness and literacy programming and services that could include financial wellness and literacy workshops, individual planning and coaching, financial wellness apps, and support materials.

13. Childcare or respite care which offers supervised childcare and activities during any HOPES programming or respite care that provides parents and other Caregivers with short-term childcare services that offer temporary relief, improve family stability, and reduce the risk of abuse or neglect. Respite could be planned or offered during emergencies or times of crisis.

14. Applicants may propose other programming, services, support, and initiatives that may not be listed above.

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Proposing Program Models

Use of Home Visiting Models

If applicants propose Program Models, they must submit Exhibit F, Program Model Review Tool, for each proposed model.

The following are additional references for Program Model information and selection:

1. California Clearinghouse for child Welfare
2. Home Visiting Evidence of Effectiveness
3. Results First Clearinghouse Database
4. SAMHSA Practices Resource Center
5. Title IV-E Prevention Services Clearinghouse

* If providing a Program Model, applicant must meet requirements and qualifications of the selected model(s).

HOPES Program Requirements

Grantees will be expected to meet program requirements related to service provision and implementation addressed in RFA **Sections 2.5.8 to 2.5.13**:

A.   Staffing Requirements and Qualifications

B.   Program Staff Responsibilities and Requirements

C.   Program Director Staffing Requirements

D.   Organizational Training Requirements

E.   Recruitment and Outreach

Additional Program Requirements

Grantees will also be expected to meet PEI requirements regarding the following:

- Service Authorization and Enrollment
- Required Record Keeping
- Community and Systems Support Requirements
- Collaborating with PEI (FSS) Grantees

Performance Measures

Required Outputs and Outcomes will be tracked through PEIRS, and other Data Sources developed and maintained by DFPS.

Performance Measures - Outputs

Outputs & Targets	
Output 1: Expected number of families served monthly.	*Based on direct service FTEs and program duration.*
Output 2: Expected number of families served annually.	*Based on direct service FTEs and program duration.*
Output 3: Pre-service and post-service Protective Factors surveys are completed by the Primary Caregivers served.	60%
Output 4: Completed program experience surveys are obtained from eligible Primary Caregivers.	50%
Output 5: Grantee will participate in or lead a local early childhood coalition.	Demonstrated regular coordination or participation through quarterly reporting.

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Performance Measures - Outcomes

Outcomes & Targets	
Outcome 1: An absolute increase in the score for minimum of one Protective Factor is reported by unduplicated families.	75%
Outcome 2: Primary Caregivers are satisfied with HOPES services received.	80%
Outcome 3: Children will remain safe.	100%

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Organizational Competence

Applicants must demonstrate preparedness to implement HOPES.

Applicants must address the following:

1. Strategically hire and retain direct service staff and supervisor(s) to ensure successful program implementation and quality service provision;

2. Make support available to Participants through accessible service hours, service delivery methods, and schedules;

3. Ensure staff are competent in connecting with and serving Participants who have acute Trauma exposure or history or other adverse experiences;

4. Promote the program and utilize recruitment materials in a manner that is relevant and compelling to families with children zero (0) through five (5) years of age and those who support them; and

5. Reach and engage varied high-need Caregivers across proposed communities.

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Organizational Qualifications

Applicant must meet all the following requirements and qualifications:

1. Should have experience working with expectant and parenting individuals, as well as vulnerable families or overseeing services to these populations;

2. Should have experience providing services in the proposed county(ies) prior to submission of the Application;

3. Should have experience managing budgets and grants or contracts for social services;

4. An Applicant that has been on monitoring reports from any Texas State Agency or federal funding entity or audits performed on Applicant's organization during the past three (3) years, should be able to demonstrate that the organization is competent in managing and budgeting its programs and operations;

Organizational Qualifications (cont)

5. Should have a financial manager responsible for fiscal oversight of the Grantee's organization. Applicant may decide to assign these duties to an existing role, or create a dedicated role, depending on the size and scope of the overall HOPES program

6. These same organizational qualifications must be met by any Subawardees performing services under this award.

Use of Subawards

A. Grantee will provide direct participant services or Subaward for the provision of direct participant services as described within the RFA.

B. Subawardees providing services under this RFA must meet the same requirements and levels of experience as those required of the Grantee.

C. No Subaward under the RFA shall relieve the Applicant of the responsibility for ensuring the requested services are provided according to required standards.

D. Grantee will award Subawards based on their own internal policies and processes. Applicant will clearly identify work to be performed by Subawardees and include proposed Subawardee budget or budgets in the Application.

E. Grantee will notify DFPS in writing of any Subawardee changes.

Source Documentation & Tracking Funds

Financial Requirements

A. Grantee must support and maintain for monitoring purposes, evidence of payments (Invoices) and adjustments related to services provided by the Grantee and billed to DFPS, Grantee must create and maintain reliable and accurate records to support all actions related to invoicing, payments, and adjustments for services provided to Participants.

B. Records must include at a minimum, but are not limited to, the following:

1. Copy of all Invoices submitted by the Grantee;

2. Signed Form 4116, State of Texas Purchase Voucher;

3. Form 2030, monthly mileage log, basic needs support receipts and log, monthly Participant activity log, incentives log; and

4. Any other documentation requested by DFPS to support an expense billed to the grant.

Prohibitions

Grant funds <u>must not</u> be used to support the following services, activities, and costs:

A. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;

B. Lobbying;

C. Any portion of the salary of, or any other compensation for, an elected or appointed government official;

D. Vehicles or equipment for government agencies that are for general agency use

E. Weapons, ammunition, tracked armored vehicles, weaponized vehicles, or explosives;

F. Admission fees or tickets to any amusement park, recreational activity, or sporting event unless such costs are incurred for components of a program approved the Grantor agency and are directly related to the program's purpose;

G. Promotional gifts;

Prohibitions (cont)

H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with Grant-related travel where preapproved for working events or were approved by the Grantor agency and are directly related to the program's purpose;

I. Membership dues for individuals except were approved by the Grantor and required for program implementation;

J. Any expense or service that is readily available at no cost to the Grant project;

K. Any use of Grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-Grant sources;

L. Fundraising;

M. The acquisition or construction of facilities; and

N. Any other prohibition imposed by federal, State, or local law.

Submission of Exhibits

Applicants <u>must complete and submit </u>the Exhibits in accordance with **Article IX, Submission Checklist.**

<u>Highlighting the following required Exhibits:</u>

A. Administrative Information

    1. Exhibit L, Applicant Information

    2. Exhibit M-1, Governmental Entity

    3. Exhibit M-2, Non-Governmental Entity

    4. Exhibit N, Administrative Information

B. Narrative Proposal

    1. Exhibit K, Executive Summary

    2. Exhibit D, Program Narrative

    3. Exhibit E, Project Work Plan

    4. Exhibit E-1, Logic Model

Submission of Exhibits (cont)

C. Expenditure Proposal

1. Exhibit H-1, FY24 Expenditure Proposal
2. Exhibit H-2, FY25 Expenditure Proposal

D. Exhibits to be Completed, Signed and Submitted with Application

1. Exhibit A, HHSC Solicitation Affirmations
2. Exhibit J, Exceptions Form, if applicable
3. Exhibit O, Internal Controls Structure Questionnaire for Cost Reimbursement Grant
4. Exhibit P, Texas HHS System Indirect Cost Rate Questionnaire

E. Addenda's

Evaluation & Selection

1. Eligibility Screening, Section 4.2

   HHSC will review Applications for minimum qualifications and completeness. All complete applications meeting the minimum qualifications will move to the Evaluation stage.

2. Evaluation, Section 4.3

   Grant Applications will be evaluated based on and using Exhibit I, Evaluation Tool:

   1. Applicant's Background and Experience (35%)
   2. Project Delivery (45%)
   3. Administrative and Financial Capacity (10%)
   4. Reasonable Project Cost (10%)

3. Final Selection, Section 4.4

4. Negotiation and Award, Section 4.5

Delivery for Submission Option

Applicant must correctly deliver Application by **one** the methods below:

1. **Submission Option #1**: Applicant may submit the application through the HHS Online Bid Room utilizing the procedures identified in Exhibit G, HHS Online Bid Room Instructions.

2. **Submission Option #2 with USB Drives**: Applicant may submit responsive applications via USB on two USB drives, one labeled "Original" and one labeled "Copy", to the correct mailing address as determined by the mailing method identified in **Section 3.6.3 Delivery for Individual Submission Options**.

Refer to Section 3.6.3 Delivery for Individual Submissions Options

Questions and Answers

All questions must be submitted in writing to the Sole Point of Contact using the formatting below from the RFA, **Section 3.4.3, Questions and Requests for Clarification**:

A. Identifying RFA number;

B. Section number;

C. Paragraph number;

D. Page number;

E. Text of passage being questioned; and

F. Question.

Question Deadline

Question deadline is <u>January 26, 2024, by 2:00PM CST</u>

The Sole Point of Contact must receive questions or other written requests for clarification by the deadline set forth. However, DFPS, at its sole discretion, may respond to questions or other written requests received after the deadline.

An addendum will be posted to the HHS Grants Website with the answers to questions *tentatively on February 9, 2024.*

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Closing Comments

Applicants are responsible for meeting the RFA requirements, including any addendums.

All Addendums must be signed and submitted with the original application.

Applicants must check the HHS Grants website frequently for any addendums that may have been added to this solicitation.

HHS Grants Website

https://resources.hhs.texas.gov/rfa

Thank you!

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