

REQUEST FOR APPLICATIONS FOR

FAMILY SUPPORT PROGRAMS

ISSUING OFFICE

**Commonwealth of Pennsylvania
Department of Human Services
Bureau of Procurement and Contract Management
Room 832 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120**

RFA NUMBER

01-22

DATE OF ISSUANCE

January 11, 2022

**REQUEST FOR APPLICATIONS FOR
FAMILY SUPPORT PROGRAMS**

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**REQUEST FOR APPLICATIONS FOR
FAMILY SUPPORT PROGRAMS
CALENDAR OF EVENTS**

The Commonwealth will make every effort to adhere to the following schedule:

Activity	Responsibility	Date
Deadline to submit questions via email to RA-PWRFAQUESTIONS@PA.GOV	Potential Applicants	January 25, 2022 12:00 PM EST
Answers to Potential Applicant questions posted to the DGS website at http://www.emarketplace.state.pa.us/Search.aspx no later than this date.	DHS	February 8, 2022
Please monitor website for all communications regarding the RFA.	Potential Applicants	Ongoing
Application must be received by the Issuing Office at: RA-PWRFAQUESTIOS@PA.GOV	Applicants	March 11, 2022 12:00 PM EST

PART I

GENERAL INFORMATION

- I-1. Purpose.** This Request for Applications (“RFA”) provides to those interested in submitting applications for the subject procurement (“Applicants”) sufficient information to enable them to prepare and submit applications for the Department of Human Services’ (“Department” or “DHS”) consideration on behalf of the Commonwealth of Pennsylvania (“Commonwealth”) to satisfy a need for **Family Support Programs** (“Project”). This RFA contains instructions governing the requested applications, including the requirements for the information and material to be included; a description of the service to be provided; requirements that Applicants must meet to be eligible for consideration; general evaluation criteria; and other requirements specific to this RFA.
- I-2. Issuing Office.** The Department’s Office of Administration, Bureau of Procurement and Contract Management (“Issuing Office”) has issued this RFA on behalf of the Commonwealth. The sole point of contact in the Commonwealth for this RFA shall be **Ally Wullbrandt**, RA-PWRFAQUESTIONS@PA.GOV, the Issuing Officer for this RFA. Please refer all inquiries to the Issuing Officer.
- I-3. Overview of Project.** The Department’s Office of Child Development and Early Learning (“OCDEL”), Bureau of Early Intervention Services and Family Supports, is seeking to award funds to qualified Applicants for the implementation or continuation of Family Support (“FS”) Programs, which consist of community-based, high-quality Evidence-Based Home Visiting (“EBHV”) services, as well as three categories of enhancements to these services (“Enhancements”): Evidence-Informed Programs (“EIPs”), EBHV Model Enhancements, and Program Enhancements.

FS Programs help families access a broad array of supports and services, including formal supports (such as EBHV and parenting classes), informal supports (such as providing resources and connecting families to services in the communities), and a community system of services that promote the well-being of families and their children. Such services can take many different forms depending on the strengths and needs of the family, but their overarching goal is to help parents or caregivers enhance skills and resolve problems to promote optimal child development.

For this RFA, Applicants must apply to implement at least one EBHV Model, and may apply to implement one or more Enhancements.

EBHV is a prevention and intervention strategy that connects pregnant mothers and new caregivers with nurses, mental health clinicians, parent educators, and other trained professionals for a diverse array of intensive support services. For caregivers who opt into these support services, home visitors regularly travel to the caregivers’ homes or another natural learning environment to provide the tools, guidance, and support necessary to raise a healthy family. * Because home visiting is a service delivery strategy, individual

programs, their goals, and their evidence base can differ dramatically. These programs vary with respect to the age of the child, eligibility criteria of the family, range of services offered, intensity and frequency of home visits, and content of the curriculum used in the program but programs. Individual programs should be responsive to the needs of the community they intend to serve. All home visiting programs are based on the belief that services delivered in a family's natural learning environment will have a positive impact and altering parenting practices can have long-term benefits for child development. Please see **Part III** of the RFA for additional information.

*EBHV is intended to be delivered in the home; however, during our statewide emergency declaration, services may be delivered via Virtual Home Visit, which is defined as a home visit, as described in an applicable service delivery model, that is conducted solely by the use of electronic information and telecommunications technologies.

Enhancements are enhancements to services when and where appropriate and allowable for the communities served by these services. There are three categories of Enhancements: EIPs, EBHV Model Enhancements, and Program Enhancements:

- EIPs. EIPs are intended to be implemented as secondary service delivery strategies for families enrolled in EBHV or instances in which EBHV does not meet families' needs. EIPs use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values, and individual preferences.¹ Please see **Part III, Section III-3.F.6.a** for additional information.
- EBHV Model Enhancements. For the purposes of this RFA, an acceptable EBHV Model Enhancement is a variation to better meet the needs of at-risk communities or certain eligible families that does not alter the Model's core components, as defined by the Model. Model Enhancements may or may not have been developed by the national Model developer, and Enhancements may or may not have been tested with rigorous impact research. Prior to implementation, the Model developer must determine that the Model Enhancement does not alter the core components related to program impacts, and OCDEL must determine it to be aligned with Program activities and expectations. **Note:** Temporary changes to the Model made by the Model developer due to an emergency are not Model Enhancements. Please see **Part III, Section III-3.F.6.b** for additional information.
- Program Enhancements. Program Enhancements are an addition to the support offered to enrolled families beyond that required of the chosen EBHV Model(s) or EIP Model(s). Please see **Part III, Section III-3.F.6.c** for additional information.

This Project combines the Commonwealth's existing Maternal, Infant, and Early Childhood Home Visiting ("MIECHV"), Nurse-Family Partnership ("NFP"), Promoting Responsible Fatherhood ("PRF"), Opioid Use / Substance Use Disorder ("OUD/SUD") Home Visiting and Family Support, and Home Visiting Expansion ("HVE") 1 and 2 programs and funding.

I-4. Objectives.

A. General.

In issuing this RFA, the Department seeks to provide funding for programs that support and strengthen families through supports and services that enhance positive parenting skills and screening connecting families with community resources when additional needs are identified during pregnancy and early childhood.

B. Specific.

The purpose of **FS Programs** are to support positive health, development, and well-being outcomes for pregnant and parenting families and their child or children through EBHV, EIP, and Enhancements.

The Department's specific objective is to secure the services of qualified Applicants to effectively implement and operate community-based and high-quality EBHV and Enhancements as described in this RFA. It is the Department's priority that at-risk families continue to receive services and to expand services where they do not exist or where services are currently limited in capacity. Please see **Part III** of this RFA for additional information.

I-5. Method of Award. Eligible Applicants may submit one application per legal entity. The Department will evaluate all applications separately, and will award agreements as described in **Part II, Section II-6**.

I-6. Type of Agreement. If the Department enters into an agreement as a result of this RFA, it will be a cost reimbursed grant agreement containing the Standard Grant Terms and Conditions as shown in **Appendix M** of this RFA. All references to the term "Grantee" shall refer to the selected Applicant.

I-7. Rejection of Applications. The Department, in its sole and complete discretion, may reject any application received as a result of this RFA.

I-8. Incurring Costs. The Department is not liable for any costs the Applicant incurs in preparation and submission of its application, in participating in the RFA process, or in anticipation of award of the agreement.

I-9. Questions & Answers. If an Applicant has any questions regarding this RFA, the Applicant must submit the questions by email (**with the subject line "RFA 01-22 Question"**) to the Issuing Officer named in **Part I, Section I-2** of this RFA. If the Applicant has questions, they must be submitted as they arise via email but **no later than**

the date indicated on the Calendar of Events. The Applicant may not attempt to contact the Issuing Officer by any other means. The Department shall post the answers to the questions to eMarketplace at <http://www.emarketplace.state.pa.us/Search.aspx> on an ongoing basis until the date stated on the Calendar of Events.

An Applicant who submits a question *after* the deadline date for receipt of questions indicated on the Calendar of Events assumes the risk that its application will not be responsive or competitive because the Department is not able to respond before the application receipt date or in sufficient time for the Applicant to prepare a responsive or competitive application. When questions are submitted after the deadline indicated on the Calendar of Events, the Issuing Officer *may* respond to questions of an administrative nature by directing the questioning Applicant to specific provisions in the RFA. To the extent that the Department decides to respond to a non-administrative question *after* the deadline date for receipt of questions indicated on the Calendar of Events, the answer must be provided to all Applicants through an addendum.

I-10. Addenda to the RFA. If the Department deems it necessary to revise any part of this RFA before the application response date, the Department will post an addendum to eMarketplace at <http://www.emarketplace.state.pa.us/Search.aspx>. It is the Applicant's responsibility to periodically check the website for any new information or addenda to the RFA. Answers to the questions asked during the Questions & Answers period also will be posted to eMarketplace as an addendum to the RFA. DHS shall not be bound by any verbal information nor shall it be bound by any written information that is not either contained within the RFA or formally issued as an addendum.

I-11. Response Date. To be considered, Applicants must submit electronic copies of their applications to the Issuing Office no later than the date and time specified in the Calendar of Events. Electronic copies of applications must be submitted to: RA-PWRFAQUESTIONS@PA.GOV.

I-12. Application Requirements.

A. Application Submission: To be considered, Applicants must submit a complete electronic response to this RFA to the Issuing Office, using the format provided in **Part I, Section I-12.B**, providing one copy of the Technical Submittal and one copy of the Contractor Partnership Program ("CPP") Submittal, included as **Appendix L**, via email to RA-PWRFAQUESTIONS@PA.GOV. The subject line of the email must specify "RFA 01-22 Application." Email attachments are limited to 10MB, cumulatively, per email, and files may not be sent in any compressed format. Any attachments over that limit must be sent via separate emails, with each labeled "RFA 01-22 Application Part X of Y (Y=total number of emails)".

The electronic response must be in Microsoft Office or Microsoft Office-compatible format and any spreadsheets must be in Microsoft Excel. To the extent that the Applicant designates information as confidential or proprietary or trade secret protected in accordance with **Part I, Section I-17** of this RFA, the Applicant must also include

one redacted version of the Technical Submittal, excluding financial capability, in Microsoft Office or Microsoft Office-compatible format. The electronic response should clearly identify the Applicant and include the name and version number of the virus scanning software that was used to scan the application before it was submitted. The Applicant may not lock or protect any cells or tabs. The Applicant shall make no other distribution of its application to any other Applicant or Commonwealth official or Commonwealth consultant. Each application page should be numbered for ease of reference. An official authorized to bind the Applicant to its provisions must sign the application. If the official signs the **Application Cover Sheet (Appendix A)** and the Application Cover Sheet is included in the electronic response, the requirement will be met. For this RFA, the application must remain valid for 120 days or until an agreement is fully executed. If the Department selects the Applicant's application for award, the contents of the selected Applicant's application will become, except to the extent the contents are changed through Best and Final Offers or negotiations, grant obligations.

Each Applicant submitting an application specifically waives any right to withdraw or modify it, except that the Applicant may withdraw its application by written notice received at the Issuing Office's email address for application delivery prior to the exact hour and date specified for application receipt. An Applicant or its authorized representative may withdraw its application prior to the exact hour and date set for application receipt. An Applicant may modify its submitted application prior to the exact hour and date set for application receipt only by submitting a new sealed application or sealed modification that complies with the RFA requirements.

B. Application Format: Applicants must submit their applications in the format, including heading descriptions, outlined below. To be considered, the application must respond to all application requirements. Each application shall consist of the following two submittals:

1. Technical Submittal, consisting of the following:

- a.** Applicants must format their responses to Part III, Technical Submittal, as follows:
 - i.** Tab 1: Application Cover Sheet (**Appendix A**)
 - ii.** Tab 2: Table of Contents
 - iii.** Tab 3: Financial Capability, in response to **Part III, Section III-4**
 - iv.** Tab 4: Project Narrative, in response to **Part III, Section III-5**
 - a. Section III-5.A /Appendix F – Organizational Information and Program Requirements
 - b. Section III-5.B – History
 - c. Section III-5.C – EBHV Vision
 - d. Section III-5.D – EBHV Population Served
 - e. Section III-5.E – Services
 - f. Section III-5.F – Assumptions
 - g. Section III-5.G – Resources
 - h. Section III-5.H – Data Collection and CQI
 - i. Section III-5.I – Enhancements

- j. Section III-5.J – Cost Submittal (**Appendix C**) and Justification must be in an Excel format
 - k. Section III-5.K– Need Score
 - l. Section III-5.L – Priority Populations
- b. Complete, sign, and include **Appendix D – Lobbying Certification Form and, if needed, the Disclosure of Lobbying Activities**; and
 - c. Complete, sign, and include **Appendix E – Federal Funding Accountability and Transparency Act Sub-Recipient Data Sheet**.
- 2. CPP Submittal** in response to **Appendix L** of this RFA.

The Technical Submittal must adhere to the following format:

- a. Applicants must adhere to the page limits set forth in **Part III, Section III-5** of the RFA (Project Narrative). Applicants may only include those attachments and appendices expressly specified within the RFA. DHS will not review any information provided outside the page limits or that is not otherwise specified within the RFA, and such information will not affect the total score.
- b. Pages must be eight-and-one half by eleven inches with right and left margins of one inch.
- c. Must use Arial or Times New Roman font with a type size of 12.
- d. Tab headings shown in this **Part I, Section I-12 MUST** be used.
- e. Section headings, numbers (if any) and titles show in Part III, Section III-5 must be used when responding to question.
- f. Each page of the application must include a page number and identification of the Applicant in the page footer.
- g. Materials provided in any attachments and appendices must be specifically referenced by page numbers in the body of the application.

The Department may request additional information which, in the Department’s opinion, is necessary to ensure that the Applicant’s competence, number of qualified employees, business organization, and financial resources are adequate to perform according to the RFA.

The Department may make investigations as deemed necessary to determine the ability of the Applicant to perform the Project, and the Applicant shall furnish to the Issuing Office all requested information and data. The Department may reject any application if the evidence submitted by, or investigation of, such Applicant fails to satisfy the Department that such Applicant is properly qualified to carry out the obligations of the RFA and to complete the Project as specified.

I-13. Economy of Preparation. Applicants should prepare applications simply and economically, providing a straightforward, concise description of the Applicant’s ability to meet the requirements of the RFA.

- I-14. Alternate Applications.** The Department has identified the basic approach to meeting its requirements, allowing Applicants to be creative and propose their best solution to meeting these requirements. The Department will not accept alternate applications.
- I-15. Discussions for Clarification.** Applicants may be required to make an oral or written clarification of their applications to the Department for thorough, mutual understanding and Applicant responsiveness to the solicitation requirements. The Department will initiate requests for clarification. Clarifications may occur at any stage of the evaluation and selection process, prior to the award of an agreement.
- I-16. Prime Applicant Responsibilities.** The grant will require the Applicant assume responsibility for all services offered in its application whether it produces them itself or by sub-contract. The Department will consider the selected Applicant to be the sole point of contact with regard to all agreement matters.
- I-17. Application Contents.**
- A. Confidential Information.** The Commonwealth is not requesting, and does not require, confidential proprietary information or trade secrets to be included as part of Applicants' submissions in order to evaluate applications submitted in response to this RFA. Accordingly, except as provided herein, Applicants should not label application submissions as confidential or proprietary or trade secret protected. Any Applicant who determines that it must divulge such information as part of its application must submit the signed written statement described in Subsection C below and must additionally provide a redacted version of its application in accordance with **Part I, Section I-12** of this RFA, which removes only the confidential proprietary information and trade secrets, for required public disclosure purposes.
- B. Commonwealth Use.** All material submitted with the application shall be considered the property of the Commonwealth. The Commonwealth has the right to use any or all ideas not protected by intellectual property rights that are presented in any application regardless of whether the application becomes part of an agreement. Notwithstanding any Applicant copyright designations contained on applications, the Commonwealth shall have the right to make copies and distribute applications internally and to comply with public record or other disclosure requirements under the provisions of any Commonwealth or United States statute or regulation, or rule or order of any court of competent jurisdiction.
- C. Public Disclosure.** After the award of a grant pursuant to this RFA, all application submissions are subject to disclosure in response to a request for public records made under the Pennsylvania Right-to-Know-Law, 65 P.S. § 67.101, et seq. If an application submission contains confidential proprietary information or trade secrets, a signed written statement to this effect must be provided with the submission in accordance with 65 P.S. § 67.707(b) for the information to be considered exempt under 65 P.S. § 67.708(b)(11) from public records requests. Refer to **Appendix B** of the RFA for a **Trade Secret Confidential Proprietary Information Notice Form** that may be

utilized as the signed written statement, if applicable. If financial capability information is submitted in response to **Part III, Section III-4** of this RFA such financial capability information is exempt from public records disclosure under 65 P.S. § 67.708(b)(26).

I-18. Best and Final Offers (“BAFOs”).

- A.** While not required, the Department may conduct discussions with Applicants for the purpose of obtaining BAFOs. To obtain BAFOs from Applicants, the Department may do one or more of the following, in any combination and order:
1. Schedule oral presentations;
 2. Request revised applications; and
 3. Enter into pre-selection negotiations.

B. The following Applicants will **not** be invited by the Department to submit a BAFO:

1. Those Applicants, which the Department has determined to be not responsible or whose applications the Department has determined to be not responsive.
2. Those Applicants, which the Department has determined in accordance with **Part II, Section II-5** of this RFA, from the submitted and gathered financial and other information, do not possess the financial capability, experience or qualifications to ensure good faith performance of the grant agreement.
3. Those Applicants whose score for their Technical Submittal of the application is less than 70% of the total amount of technical points allotted to the technical criterion.

The Department may further limit participation in the BAFO process to those remaining responsible Applicants which the Department has, within its discretion, determined to be within the top competitive range of responsive applications.

C. The Evaluation Criteria found in **Part II, Section II-4** of this RFA, shall also be used to evaluate the BAFOs.

D. Price reductions offered shall have no effect upon the Applicant’s Technical Submittal.

I-19. News Releases. Applicants shall not issue news releases, Internet postings, advertisements or any other public communications pertaining to this Project without prior written approval of the Department, and then only in coordination with the Department.

I-20. Restriction of Contact. From the issue date of this RFA until the Department selects an application for award, the Issuing Officer is the sole point of contact concerning this RFA. Any violation of this condition may be cause for the Department to reject the offending Applicant’s application. If the Department later discovers that the Applicant has engaged

in any violations of this condition, the Department may reject the offending Applicant's application or rescind its grant agreement. Applicants must agree not to distribute any part of their applications beyond the Issuing Office. An Applicant who shares information contained in its application with other Commonwealth personnel, competing Applicant personnel, or both may be disqualified.

- I-21. Department Participation.** Applicants shall provide all services, supplies, facilities, and other support necessary to complete the identified work. The Commonwealth will assign a Grant Administrator to manage the administration and monitoring of any agreements resulting from this RFA. The Department will also provide selected Applicants with access to the Family Support Data System. Selected Applicants must collect and enter the required data into the system as specified in **Appendix I**.
- I-22. Term of Agreement.** The term of the agreement will commence on the Effective Date and will end **three years** after the Effective Date. The anticipated Effective Date is July 1, 2022; however, this date is subject to change. The Department, in its sole discretion, may extend the agreement on the same terms and conditions for up to two additional one-year periods. The selected Applicant shall not start the performance of any work prior to the Effective Date of the agreement and the Commonwealth shall not be liable to pay the selected Applicant for any service or work performed or expenses incurred before the Effective Date of the agreement.
- I-23. Applicant's Representations and Authorizations.** By submitting its application, each Applicant understands, represents, and acknowledges that:
- A.** All of the Applicant's information and representations in the application are material and important, and the Department will rely upon the contents of the application in awarding the agreement. The Commonwealth may treat any misstatement, omission or misrepresentation as fraudulent concealment of the true facts relating to the application submission, punishable pursuant to 18 Pa. C.S. § 4904.
 - B.** The Applicant has arrived at the price(s) and amounts in its application independently and without consultation, communication, or agreement with any other Applicant or potential Applicant.
 - C.** The Applicant has not disclosed the price(s), the amount of the application, nor the approximate price(s) or amount(s) of its application to any other firm or person who is an Applicant or potential Applicant for this RFA, and the Applicant shall not disclose any of these items on or before the application submission deadline specified in the Calendar of Events of this RFA.
 - D.** The Applicant has not attempted, nor will it attempt, to induce any firm or person to refrain from submitting an application, or to submit an application higher than its application, or to submit any intentionally high or noncompetitive application or other form of complementary application.

- E. The Applicant makes its application in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive application.
- F. To the best knowledge of the person signing the application for the Applicant, the Applicant, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last **four** years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as the Applicant has disclosed in its application.
- G. To the best of the knowledge of the person signing the application for the Applicant and except as the Applicant has otherwise disclosed in its application, the Applicant has no outstanding, delinquent obligations to the Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the Applicant that is owed to the Commonwealth.
- H. The Applicant is not currently under suspension or debarment by the Commonwealth, and has not been precluded from participation in any federally funded health care program by any other state or the federal government, and if the Applicant cannot so certify, then it shall submit along with its application a written explanation of why it cannot make such certification.
- I. The Applicant has not made, under separate agreement with the Department, any recommendations to the Department concerning the need for the services described in its application or the specifications for the services described in the application.
- J. Each Applicant, by submitting its application, authorizes Commonwealth agencies to release to the Commonwealth information concerning the Applicant's Pennsylvania taxes, unemployment compensation and workers' compensation liabilities.
- K. Until the selected Applicant receives a fully executed and approved written agreement from the Issuing Office, there is no legal and valid agreement, in law or in equity, and the Applicant shall not begin to perform.
- L. The Applicant is not currently engaged, and will not during the duration of the agreement engage, in a boycott of a person or an entity based in or doing business with a jurisdiction that the Commonwealth is not prohibited by Congressional statute from engaging in trade or commerce.

I-24. Notification of Selection and Award.

- A. Notification of Selection for Negotiations.** The Department will notify all Applicants in writing of the Applicant selected for negotiations after the Department has determined, taking into consideration all of the evaluation factors, the application that is the most advantageous to the Department.

B. Notification of Award. Applicants whose applications are not selected will be notified when negotiations have been successfully completed and the Department has received the final negotiated agreement signed by the selected Applicant.

I-25. Use of Electronic Versions of this RFA. This RFA is being made available by electronic means. If an Applicant electronically accepts the RFA, the Applicant acknowledges and accepts full responsibility to ensure that no changes are made to the RFA. In the event of a conflict between a version of the RFA in the Applicant's possession and the Issuing Office's version of the RFA, the Issuing Office's version shall govern.

PART II

CRITERIA FOR SELECTION

- II-1. Mandatory Responsiveness Requirements.** To be eligible for selection, an application must:
- A. Be timely received from an Applicant (see **Part I, Section I-11**);
 - B. Be properly signed by the Applicant (see **Part I, Section I-12**); and
 - C. The Applicant must apply to provide one or more of the approved EBHV Models (see **Part III, Section III-3.E**).
- II-2. Technical Nonconforming Applications.** The three Mandatory Responsiveness Requirements set forth in **Section II-1** above (A-C) are the only RFA requirements that the Commonwealth will consider to be *non-waivable*. The Department may, in its sole discretion, (1) waive any other technical or immaterial nonconformities in an Applicant's application, (2) allow the Applicant to cure the nonconformity, or (3) consider the nonconformity in the scoring of the Applicant's application.
- II-3. Evaluation.** The Department has selected a committee of qualified personnel to review and evaluate timely submitted applications. The Department will notify in writing of its selection for negotiation the responsible Applicant whose application is determined to be the most advantageous to the Commonwealth as determined by the Issuing Office after taking into consideration all of the evaluation factors.

DHS will not review or score the CPP Submittal. Once an Applicant has been selected for negotiations, DHS will review the CPP Submittal of the selected Applicant and may request changes to the selected Applicant's CPP Submittal during grant agreement negotiations.

- II-4. Evaluation Criteria.** The following criteria will be used in evaluating each application:
- A. **Technical:** The Department has established the weight for the Technical criterion for this RFA as **100 %** of the total available points. Evaluation will be based upon the following:
 - 1. **Appendix F - Organizational Information and Program Requirements (20 Points Total).** This includes, but is not limited to, consideration of the completeness and accuracy of Appendix F. Applicants shall receive the full amount of points available for this section if Appendix F is fully and accurately completed.
 - 2. **Technical Submittal Part III, Sections III-5.B through III-5.H of the RFA (880 Points Total).** This includes, but is not limited to, evaluation of the Applicant's response to these sections and proposed approach to completing the Project, including information on the services proposed in the application. It also includes considerations such as, but not limited to, compliance with requirements listed in Part III, Section III-3 of the RFA, the application's relevancy to the RFA; the Applicant's ability to provide the proposed services; the feasibility, quality, and

efficacy of the Applicant’s approach; and the Applicant’s understanding of the objectives of the RFA, the services it is applying to perform, the community in which it will provide services, and the needs of the community in which it will provide services.

• Section III-5.B – History	100 Points
• Section III-5.C – EBHV Vision	50 Points
• Section III-5.D – EBHV Population	150 Points
• Section III-5.E – Services	300 Points
• Section III-5.F – Assumptions	115 Points
• Section III-5.G – Resources	115 Points
• Section III.5.H – Data and CQI	50 Points
Total:	880 Points

- 3. Technical Submittal Part III, Section III-5.J of the RFA – Cost Submittal and Justification (100 Points Total).** This includes, but is not limited to, consideration of the feasibility of the Applicant’s Cost Submittal (Budget) and Narrative, the Applicant’s compliance with the requirements listed in **Part III, Section III-3** of the RFA, and whether the proposed grant activities are commensurate with the budget.
- 4. Technical Submittal Part III, Section III-5.I of the RFA – Enhancements (No Points).** If applicable, the Department will evaluate an Applicant’s proposed Enhancements for conformance with the requirements listed in **Part III, Section III-3.F** of the RFA, as well as full and accurate completion of **Appendix F** charts, when applicable for the specific Enhancement proposed. Based on this evaluation, the Department will determine whether the proposed Enhancements are approved or disapproved. If an Applicant that proposed Enhancements is selected for agreement negotiations in accordance with **Part II, Section II-6** below, the Department will inform the Applicant whether the Enhancements are approved or disapproved. Approved Enhancements, as may be modified through BAFOs or negotiations, shall become part of the Applicant’s award.

The final Technical scores are determined by giving the maximum number of technical points available to the application with the highest raw technical score. The remaining applications are rated by applying the following formula:

$$\frac{\text{Raw Technical Score of Application Being Scored}}{\text{Highest Raw Technical Score}} \times A = \text{Final Technical Score}$$

A = Maximum number of Technical Points for technical criterion.

- B. Need Score – Part III, Section III-5.K of the RFA:** Any points received for the Need Score criterion are **bonus points** in addition to the total points for this RFA. The maximum amount of bonus points available for this criterion is **3%** of the total points for this RFA. Scoring for the Need Score criterion is based on the **2020 Family**

Support Needs Assessment, included as **Appendix G**, as indicated in the chart below. The Need Scores are only applicable to counties in which EBHV services will be provided.

- Low Need County 1 %
- Medium-Low Need County 1.5 %
- Medium Need County 2 %
- Medium-Elevated Need County 2.5 %
- Elevated Need County 3 %
- Multiple Counties Average of the percentages of all counties to be served.

If, instead of applying to serve an entire county, an Applicant applies to serve a portion of a county with an elevated need zip code based on the 2020 Family Support Needs Assessment, included as **Appendix G**, the Applicant will receive one 1% of the total available points for this RFA as bonus points for each elevated need zip code that will be served, up to the maximum amount of 3% of the total points for this RFA.

C. Priority Score – Part III, Section III-5.L of the RFA: Any points received for the Priority Score criterion are bonus points in addition to the total technical points for the RFA. The maximum amount of bonus points available is **5%** of the total points for this RFA, with each priority area being worth **1%** of the total points. DHS will give bonus points to applications that satisfy one, some, or all of the following five priority areas:

1. Applicant is a current OCDEL-funded Grantee in good standing and receiving funding. These include agencies receiving funding through a pass-through entity, such as a county or school district, that are operating an EBHV or other FS programs.
2. Applicant has established and coordinated efforts with Centers of Excellence or other local or county drug and alcohol treatment service providers.
3. Applicant has established and coordinated efforts with local behavioral/mental health service providers.
4. Applicant has established and coordinated efforts with local Domestic and Intimate Partner Violence Community Agency.
5. Applicant has established and coordinated efforts with the Early Learning Resource Centers (“ELRC”). More information on ELRCs can be found at: <https://www.dhs.pa.gov/providers/Child-Care/Pages/ELRC-Resources.aspx>

II-5. Applicant Responsibility. To be responsible, an Applicant must submit a responsive application and possess the capability to fully perform the agreement requirements in all respects and the integrity and reliability to assure good faith performance of the agreement.

In order for an Applicant to be considered responsible for this RFA and therefore eligible for BAFOs and selection for negotiations:

1. The total score for the Technical Submittal of the Applicant's application must be greater than or equal to **70%** of the **available raw technical points**; and
2. The Applicant's financial information must demonstrate that the Applicant possesses the financial capability to ensure good faith performance of the agreement. The Commonwealth will review the Applicant's previous three financial statements, any additional information received from the Applicant, and any other publicly-available financial information concerning the Applicant, and assess each Applicant's financial capacity based on calculating and analyzing various financial ratios, and comparison with industry standards and trends.
3. An Applicant that fails to demonstrate sufficient financial capability for good faith performance of the agreement as specified herein may be considered by the Department, in its sole discretion, for negotiation contingent upon such Applicant providing performance security for the first agreement year cost proposed by the Applicant in a form acceptable to the Department. Based on the financial condition of the Applicant, the Department may require a certified or bank (cashier's) check, letter of credit, or a performance bond conditioned upon the faithful performance of the agreement by the Applicant. The required performance security must be issued or executed by a bank or surety company authorized to do business in the Commonwealth. The cost of the required performance security will be the sole responsibility of the Applicant and cannot increase the Applicant's cost application or the agreement cost to the Commonwealth.
4. Further, the Department will award an agreement only to an Applicant determined to be responsible in accordance with the most current version of Commonwealth Management Directive 215.9, Contractor Responsibility Program.

II-6. Final Ranking and Award.

- A. After any BAFO process conducted, the Issuing Office will combine each Applicant's final technical score, Need Score, and Priority Score in accordance with the relative weights assigned to these areas as set forth in this **Part II**.
- B. The Issuing Office will rank responsible Applicants according to the total overall score assigned to each, in descending order. For each Applicant, the Issuing Office will list the zip code(s), county, or counties as well as the EBHV Model(s) for which the Applicant applied.
- C. The Department will select Applicants for negotiations as follows:

- a. The Department will select Applicants for negotiations by highest overall score but will not select more than one Applicant with the same combination of EBHV Model and service area, except as described below.
- b. If more than one Applicant applies for the same EBHV Model and the same county, the Department will select the highest-scoring Applicant for that combination of EBHV Model and county. If the highest-scoring Applicant for the EBHV Model and county included other counties or EBHV Models in its application, the Department will select that Applicant for all proposed counties and EBHV Model(s) regardless of score; however, if that Applicant is not the highest-scoring for those counties and EBHV Model(s), the Department will also select the highest-scoring Applicants for those other counties and EBHV Model(s).
- c. If an Applicant applies for the same EBHV Model and a zip code(s) within the same county as another Applicant, the Department will select the Applicant applying to serve the entire county. If more than one Applicant proposes the same EBHV Model and the same zip code, the Department will select the Applicant applying for the broadest service area (i.e., multiple zip codes) within the county.
- d. If a selected Applicant's application included Enhancements, the Applicant's award will include those Enhancements if approved by the Department in accordance with **Part II, Section II-4.A.4** above.

Example: The example below reflects how the selection process specified in **Part II-6, Section C** shall operate:

Rank	Applicant Name	Final App Score	County	Entire/ Zip Code	EBHV Model
1	ABC Home Visiting Agency	95	Dauphin	Entire	PAT
2	XYZ Home Visiting Agency	93	Dauphin	Entire	PAT
3	Matt's Home Visiting Center	93	Cumberland	Entire	NFP
			Dauphin		PAT
4	Family Home Visiting	92	Montgomery	Pottstown (19464)	NFP
5	Home Visiting Center	91	Montgomery	Norristown (19401, 19403-19409, 19487-19489)	NFP
6	Ted's Home Visiting Emporium	90	Clearfield	Entire	PAT
			Jefferson	Entire	PAT
7	AAA Home Visiting Agency	89	Clearfield	17001	NFP

8	Lisa's Home Visiting Agency	81	Clearfield	Entire	NFP
9	Matt's Family Support Service	80	Jefferson	17002	PAT

- Applicant 1 would be selected because it is the highest scoring Applicant and applied for a unique EBHV Model and county.
 - Applicant 2 would **not** be selected because it applied for the same EBHV Model and county as Applicant 1 and received a lower score than Applicant 1.
 - Applicant 3 would be selected because it is the highest-scoring Applicant for the combination of Cumberland County and NFP. Note: This Applicant's entire application would be selected, even though Applicant 1 is the highest-scoring Applicant for Dauphin County and PAT.
 - Applicant 4 would be selected because it applied for a unique zip code and EBHV Model, and no other Applicant applied for all of Montgomery County.
 - Applicant 5 would be selected because it applied for unique zip codes. Even though it applied for the same EBHV Model as Applicant 4, it is not serving the same area.
 - Applicant 6 would be selected because it applied for unique counties and a unique EBHV Model.
 - Applicant 7 would not be selected because Applicant 8 applied for the same EBHV Model and for the county that includes the service area of Applicant 7.
 - Applicant 8 would be selected because it applied for a different EBHV Model from Applicant 6 and serves the entire county that includes the service area of Applicant 8.
 - Applicant 9 would not be selected because it applied for the same EBHV Model and a zip code within the same county as Applicant 6.
- D.** If the Department has funds remaining after selection of Applicants in the manner described above, it will select previously unselected applicants based on highest overall score, regardless of EBHV Model(s) and zip code(s), county, or counties served, until funding is exhausted.
- E.** Due to Federal Requirements, any selected Applicant that is serving the same area with the same EBHV Model as another selected Applicant will be required to work collaboratively after award to avoid the duplication of services to support fiscal stewardship and to maintain model fidelity so that there is not a duplication of the work and that the maximum number of eligible families receive services.
- F.** The Department has the discretion to reject all applications or cancel the RFA, at any time prior to the time an agreement is fully executed, when it is in the best interests of the Commonwealth. The reasons for the rejection or cancellation shall be made part of the RFA file.
- G.** All funding is contingent upon the passage of the state and federal budgets and the availability of state and federal funds.

PART III

TECHNICAL SUBMITTAL

III-1. Eligible Applicants.

The following are examples of the types of entities that may submit applications; however, it is not an all-inclusive list, nor is it intended to preclude entities other than those listed from submitting applications:

- County or municipal health departments;
- Public health programs;
- County Children and Youth Offices operating as a pass-through entity;
- School districts;
- Children’s Advocacy Centers;
- Community-based organizations;
- Community, family, or women’s health departments of local hospitals; and
- Family Centers (“FCs”).

III-2. Who May Apply.

A. An Existing Grantee* funded by OCDEL

An existing Family Support Grantee that is currently funded by OCDEL and that seeks continued funding to serve families through EBHV. *Existing Grantees that are not currently providing an EBHV program may still apply as existing Grantees if they apply to implement at least one EBHV Model.

B. An EBHV Program Provider

An Applicant that currently provides EBHV using an approved model, and that uses the chosen program training requirements, program protocols, program management information systems, and program evaluation requirements established by the model developer. These Applicants **do not** currently receive OCDEL funding for their EBHV programs.

C. A New Grantee**

An Applicant that is not an existing Grantee and that does not currently provide an EBHV program. **These Applicants must obtain their chosen EBHV Model(s) Developer(s) Approval as part of the application process. This is to confirm that the Applicant can implement their chosen EBHV Model(s) with fidelity.

III-3. Requirements.

A. Lobbying Certification and Disclosure of Lobbying Activities.

This Project will be funded, in whole or in part, with federal monies. Public Law 101-121, Section 319, prohibits federal funds from being expended by the recipient or by any lower tier sub-recipients of a federal contract, grant, loan, or a cooperative

agreement to pay any person for influencing, or attempting to influence a federal agency or Congress in connection with the awarding of any federal contract, the making of any federal grant or loan, or entering into any cooperative agreement. All parties who submit applications in response to this RFA must sign the **Lobbying Certification Form**, attached as **Appendix D**, and if applicable, complete the **Disclosure of Lobbying Activities** Form, also attached as **Appendix D**.

B. Emergency Operations. To support continuity of operations during an emergency, including a pandemic, the Commonwealth needs a strategy for maintaining operations for an extended period of time. One part of this strategy is to require that essential agreements that provide services to Commonwealth families have planned for such an emergency and put contingencies in place to provide needed goods and services. Selected Applicants must develop a plan for emergency operations. Selected Applicants will receive direction from the Department on operations of services provided through this RFA.

C. Health Insurance Portability and Accountability Act (“HIPAA”). Selected Applicants must comply with all federal or state laws related to the use and disclosure of information, including information that constitutes Protected Health Information (“PHI”) as defined by HIPAA. Selected Applicants must comply with the Business Associate Addendum attached as **Appendix K**, which will become part of any resulting grant agreements.

D. Family Support Program Implementation Requirements.

1. Applicants **must** apply to implement or continue implementing at least one approved EBHV Model as described in **Part III, Section III-3.E** of this RFA.
2. Applicants **may** apply to implement one or more Enhancement(s) as described in **Part III, Section III-3.F**.
3. Applicants **may not** use more than 25% of their total requested funding for any one or any combination of Enhancements and must use at least 75% of their total requested funding for EBHV Model(s) implementation.
4. Applicants are **not required** to implement an Enhancement(s) and may use 100% of their requested funding for implementation of an EBHV Model(s).
5. Selected Applicants must collect all federal and state mandated performance measures and demographic data **provided in Appendix I**, utilizing a method determined by the Department.
6. Selected Applicants must participate in the federal and state mandated Continuous Quality Improvement (“CQI”) efforts using a method and timeframe determined by the Department.

7. Please see **Appendix F** for additional program requirements for all programs. Applicants must agree to and fully implement each program requirement listed in **Appendix F**. An Applicant's failure to agree to a program requirement may be cause for DHS to reject the offending Applicant's application. A selected Applicant's failure to fully implement a program requirement to which it agreed in its application may result in a reduction of its grant award or termination of its grant agreement.
8. Selected Applicants must complete and submit designated reports to DHS, and cooperate with and participate in periodic management reviews, monitoring, and evaluation activities, as outlined in **Appendix F** this **Part III**.
9. Selected Applicants must utilize the Strengthening Families™ Protective Factors Framework ("SFPPF"), developed by the Center for the Study of Social Policy. The SFPPF is an approach that is parent-centered and strengths-based. OCDEL recognizes that when the five protective factors are robust in a family, it reduces the likelihood of child maltreatment and creates an environment where children thrive. Additional information on the SFPPF is included in **Appendix H**.

E. EBHV Requirements.

1. Applicants must refer to the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness ("HomVEE") website (<https://homvee.acf.hhs.gov/models.aspx>) for a list of approved EBHV Models. All Models designated on the website as approved under the "Meets Evidence Criteria?" column are eligible for funding unless otherwise specified under the requirements below.

EBHV Models that are not specified within the RFA are ineligible for grant funding through this RFA. If, prior to the application due date, additional models are added to the HomVEE list specified above, they will be considered eligible models for this RFA.

Currently, the approved EBHV Models for this RFA consist of the following:

- Attachment and Biobehavioral Catch-Up Intervention- Infant
- Child First
- Early Head Start–Home-Based Option
- Early Start (New Zealand)
- Family Check-Up® For Children
- Family Connects
- Family Spirit®
- Health Access Nurturing Development Services Program
- Healthy Beginnings
- Healthy Families America®
- Home Instruction for Parents of Preschool Youngsters®

- Maternal Early Childhood Sustained Home-Visiting Program
 - Maternal Infant Health Program
 - Minding the Baby[®]
 - NFP[®]
 - Parents as Teachers (“PAT”)[®]
 - Play and Learning Strategies (“PALS”) Infant
 - **Note:** The HomVEE website combines information across all versions of PALS except for PALS Infant. Some other versions of PALS have at least one high or moderate-quality impact study, but no version of the model other than PALS Infant meets the HHS criteria for an EBHV Model, thus PALS Infant is the only approved Model for this RFA.
 - SafeCare[®] Augmented
 - **Note:** The HomVee website combines information across all versions of SafeCare except for SafeCare Augmented. The main version of SafeCare has no high or moderate-quality impact studies. Some other versions of SafeCare have at least one such study, but no version of the Model other than SafeCare Augmented meets HHS criteria for an EBHV Model, thus SafeCare Augmented is the only approved model for this RFA.
 - When selecting a Model(s), Applicants must confirm that the Model(s) can:
 - Meet the needs of the community the Applicant seeks to serve; and
 - Provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures as defined in **Appendix I, Family Support Data Collection Requirements**.
 - Applicants may select multiple Models for different communities and use a combination of Models with a family, while avoiding concurrent dual enrollment and impairment of fidelity to the Models used, to support a continuum of home visiting services that meets families’ specific needs.
2. Selected Applicants must dedicate 75% or more of awarded funding to the implementation and support of high-quality EBHV Model(s).
 3. Selected Applicants must provide services with fidelity to one or more of the approved Models listed in **Part III, Section III-3.E.1** above.
 4. Selected Applicants must rely on their selected Model(s)’s guidance when determining a family capacity for home visiting staff.
 5. Selected Applicants must provide early childhood education services and supports to strengthen parents and their young children (prenatal through age five) and to prevent child abuse and neglect prior to or at the beginning of any involvement with a county children and youth agency (“CCYA”).

6. Applicants are **not** required to have their funds pass through a county or school district and may apply to receive funding directly to implement and administer the program. Existing Grantees and EBHV Program Providers applying outside of their existing county or school district **must** inform the county or school district prior to submission.
7. Applicants applying as New Grantees **must** receive approval from the Model developer before applying, if applicable. A letter of approval from the National or State Model Staff is a **permissible attachment** an application.

F. Enhancements Requirements

1. Selected Applicants may not utilize more than 25% of the funding awarded for one or a combination of the Enhancements.
2. Administrative Positions that are used to support the implementation of one or more EBHV Model(s) **are not** considered Enhancement(s). **For example:** Data/Administrative Staff or the Director of the program. If the administrative position is used to support the implementation of the EBHV Model and is not an additional position providing a new service to the program, it is **not** considered an Enhancement.
3. Selected Applicants **may not** use their awarded funds to fund activities such as field trips to an amusement park, zoo, or other trips, unless they are an integral part of the EBHV Model(s) or the Enhancement(s) being implemented, and the selected Applicant obtains prior approval from the Department.
4. Selected Applicants **may not** use funding to support any parent's position in custody or child support matters, whether financially or through counseling or other support services.
5. Selected Applicants must support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, resources and activities to strengthen and support families and foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent child abuse and neglect.
6. Enhancements may be one or a combination of the following:
 - a. **EIPs.** EIPs consist of the following programs or Models:
 - i. **PRF.** Applicants may apply to implement a PRF model as an enhancement in accordance with the following:
 - (a) Eligible models consist of the following:

- (1) All approved EBHV Models with a focus on serving fathers (refer to **Part III, Section III-3.E** for a list of approved EBHV models);
 - (2) [Parenting Inside Out](#);
 - (3) [InsideOut Dad](#); or
 - (4) [24/7 Dad](#).
- (b) Selected Applicants must provide direct services or activities to fathers, whether non-custodial or custodial, to support fathers becoming involved in their children’s lives. The term “fathers” includes individuals such as uncles, grandfathers, and other father figures in the child or children’s lives.
 - (c) The selected Applicant’s PRF model and activities must be accessible, effective, and culturally appropriate, and build upon existing strengths that:
 - (1) Offer assistance to fathers;
 - (2) Promote the development of parenting skills, especially in young fathers and fathers with very young children;
 - (3) Increase family stability; and
 - (4) Improve family access to other formal and informal resources and opportunities for assistance available within communities, including access to such resources and opportunities for unaccompanied homeless youth; support the additional needs of fathers with children with disabilities through respite care and other services.
 - (d) The selected Applicant’s PRF model and activities must demonstrate a commitment to involving fathers in the planning and program implementation of the lead agency and entities carrying out local programs funded, including meaningful involvement of fathers of children with disabilities, fathers with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups.

ii. Other EIPs:

- (a) Applicants may apply to implement recognized EIPs other than those identified above. If an Applicant applies to implement such an EIP, it must identify the selected program and supply citations documenting the program’s status as an EIP. It must also demonstrate that the EIP supports families in building protective factors and strengthens families’ effective functioning. The proposed EIP must meet the needs of the overall population in the proposed service area.
- (b) Applicants may, but are not required to, use the following resources as a guide in selecting an appropriate, recognized EIP:
 - (1) California Evidence-based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>) contains many programs with varying levels of evidence.

- (2) Child Information Gateway (<https://www.childwelfare.gov/topics/preventing/prevention-programs/>) includes categories of programs but does not cite whether they are Evidence-based or a promising or emerging practice in all cases.

The lists on the websites above may contain programs that are non-evidence-informed. If the Applicant selects a program from the websites above, it must verify that it fits the purpose and scope of the RFA and addresses a need in the local community or communities.

b. EBHV Model Enhancements:

Applicants may only apply to implement EBHV Model Enhancements that are variations from an EBHV Model to better meet the needs of targeted, at-risk communities and that do not alter the core components of the Model. Applicants that are already providing Enhancements to a Model must submit documentation of concurrence that the Enhancement does not alter core components related to program impacts from the national Model developer(s). This is a **Permissible** attachment to an application.

If not already providing the proposed Enhancement(s), the Applicant must submit proof of approval from the national Model developer(s) that the national Model developer(s) has determined that the Model Enhancement does not alter the core components related to program impacts. This is a **Permissible** attachment to an application.

c. Program Enhancements:

Program Enhancements are additional support offered to enrolled families beyond that required of the chosen EBHV Model(s) or EIP Model(s), but that do not otherwise fall within the categories of EIPs or EBHV Model Enhancements. An acceptable Program Enhancement may be, but is not limited to, the following:

- i. Behavioral / Mental Health Consultant(s);
- ii. Community Service Coordinator;
- iii. Lactation Consultant; or
- iv. Peer Specialists.

III-4. Financial Capability. Describe your company's financial stability and economic capability to perform the contract requirements. Provide your company's financial statements (audited, if available) for the past three fiscal years. Financial statements must include the company's Balance Sheet and Income Statement or Profit/Loss Statements. Also include a Dun & Bradstreet comprehensive report, if available. If your company is a publicly traded company, please provide a link to your financial records on your company website in lieu of providing hardcopies. The Commonwealth may request additional information it deems necessary to evaluate an Applicant's financial capability.

Applicant Response

III-5. Project Narrative. Applicants must respond to each question in this **Part III, Section III-5** of the RFA, including the Section header, number (if any), and the title of the question as the title of the response in bold. Please refer to **Part I, Section I-12.B** for instructions regarding formatting the responses and to the description within each section for specific details about each section.

If applying to implement one or more Program Enhancements, please respond to all questions in **Section III-5.I, Enhancements**. Applicants need only respond to **Sections III-5.K, Need Score, and III-5.L, Priority Score**, if they are seeking points for the Need Score and Priority Score identified in **Part II** of this RFA.

Applicants must adhere to any page limits identified in the sections below. Where the questions direct Applicants to respond for each proposed EBHV Model, the page limits shall apply to the Applicants' responses per Model, rather than the response as a whole.

A. Organization Information Form and Program Requirements (Appendix F)

Please complete **Appendix F**. This is a permissible attachment to an application.

Applicant Response

B. History (3-Page Limit)

1. **Mission.** Briefly describe the Applicant's mission and current services offered.

Applicant Response

2. **History of Addressing Unmet Needs.** Provide examples of situations where the Applicant identified unmet needs within the community and how it implemented a program to address those needs. Include a description of whether the program(s) was successful and how the Applicant was successful at sustaining the program(s). If the program failed to address unmet needs, what improvements did the Applicant make or what additional steps did the Applicant take to address those needs? Please include a description of community support, if any, for the Applicant's efforts to address unmet needs, as well as an example of this support.

Applicant Response

C. EBHV Vision (2-Page Limit)

If applying to implement more than one EBHV Model, please answer every question in this section for each EBHV Model proposed.

1. **EBHV Vision.** Briefly describe what the Applicant seeks to achieve for children and families in the community as a result of implementing the proposed EBHV Model(s). How does the Model align with the priorities identified in this RFA beyond meeting the requirement to provide an EBHV Model(s)? Provide concrete examples of how the Model and priorities align.

Applicant Response

D. EBHV Population Served (5-Page Limit)

In this section, the Applicant must describe the geographic area it is applying to serve through the proposed EBHV Model(s). If applying to implement more than one EBHV Model, please answer every question in this section for each EBHV model proposed.

1. **County's or Community's Socio-economic and Cultural Demographics.** Briefly describe the overall county or community's socio-economic and cultural demographics. Applicants must include county and community names of the proposed project area, source and year for statistics, along with the data sources used including relevant citations to all data, and total population of area(s) to be served. Provide information that gives context for the data.

Applicant Response

2. **Proposed Families to be Served.** Describe the families who will participate in the EBHV Model(s). What is the Applicant's experience implementing programs for this population?

Applicant Response

3. **Need for EBHV Model(s) in the Community.** Using data, describe stressors and barriers in the community that show the need for the EBHV Model(s). How do the stressors and barriers identified demonstrate a need for the proposed EBHV Model(s)?

Applicant Response

4. **Program Selection.** Describe how the Applicant decided to select the EBHV Model(s) for the community. How will the proposed Model address the stressors listed above? What input did the Applicant gather from the community, including parents, to support the proposed Model? In what way has participation in community collaborative groups influenced the Applicant's decision to apply?

Applicant Response

5. **Community Assets.** Describe assets available in the community, how the Applicant will utilize them for the proposed model success, and how they impact

families. How will this EBHV Model(s) fit into the continuum of prevention and family support services in the community?

Applicant Response

E. Services (6-Page Limit)

In this section, provide a description of the proposed work. If applying to implement more than one EBHV Model, please answer every question in this section for each EBHV Model proposed.

- 1. EBHV Model(s).** Name the EBHV Model(s) that the Applicant is applying to implement. Describe the specific service strategies and methods that will provide comprehensive support to identified families. This includes, but is not limited to, details on the service schedule, the number, frequency and type of contacts that will be made within what time period, and the length and content of the services and location of services provided.

Applicant Response

- 2. Fidelity.** Explain how the Applicant will fully implement the proposed EBHV Model(s) with fidelity to the approved Model(s), rather than just incorporating portions of the Model(s). What is the Applicant's experience implementing an EBHV Model(s) with fidelity?

Applicant Response

- 3. EBHV Service Capacity.** For the first year of the grant, identify by county the family capacity for each EBHV Model proposed, utilizing **Chart 1** from **Appendix F**. If there is more than one service location in a county please use **Chart 2** from **Appendix F**. The response to this question should match the chart(s) included in **Appendix F**. Please add or remove rows as necessary. **Note:** Family Capacity is defined as the maximum number of families that could be served at one time based by a full complement of home visitors.

Applicant Response

- 4. Recruitment and Transition of Participants.** Describe how the Applicant will recruit participants. List the Applicant's anticipated referral sources. Include the number of monthly referrals the Applicant expects from each referral source and explain the basis for these expectations. Explain how the Applicant will address referrals not meeting program requirements. Describe the Applicant's transition plan for families upon completion of the EBHV Model(s).

Applicant Response

- 5. Equitable Service Delivery.** Describe how the Applicant’s policies, procedures, and professional development achieve the provision of services in a way that honors families’ culture, meets their individual needs, is accessible, and removes barriers to participation. Include a description of how these services are culturally and linguistically responsive to the community or communities the Applicant intends to serve.

Applicant Response

- 6. EBHV Project Implementation.** Describe the timeline of activities the Applicant proposes from the notification of the Applicant’s selection for negotiations to the end of the grant term. Include information about services provided, hiring and training staff, outreach and promotion activities (including recruitment), evaluation of participant and program outcomes, significant community collaborative work as it relates to the project, and activities related to sustainability planning.

Applicant Response

F. Assumptions (4-Page Limit)

In this section, explain why the proposed EBHV Model is the most appropriate option for the communities that will be served and how it is connected to the SFPPF. If applying to implement more than one EBHV Model, please answer every question in this section for each EBHV Model proposed. An overview of the SFPPF is included as **Appendix H**.

- 1. Evidence of Program Effectiveness.** Describe the evidence that the selected EBHV Model(s) meets the need of the communities the Applicant is intending to serve. Provide sources for all evidence cited within this description.

Applicant Response

- 2. Connection with Strengthening Families™ Protective Factors Framework.** How does the Applicant’s proposed EBHV Model(s) integrate the SFPPF approach?

Applicant Response

- 3. Challenges.** Describe any anticipated challenges and risks associated with the implementation of the selected EBHV Model(s), as well as possible strategies for addressing these challenges. Describe any anticipated challenges and risks to maintaining quality and fidelity to the EBHV Model(s), as well as possible strategies for addressing these challenges. How will the Applicant utilize community resources to overcome any anticipated challenges and risks?

Applicant Response

G. Resources (4-Page Limit)

1. **Staffing.** Describe the staffing Applicant will utilize for the proposed EBHV Model. If applying to implement more than one EBHV Model, please answer every question in this section for each EBHV Model proposed. Applicants must include the following information:
 - a. Describe Applicant's proposed program staffing, including direct service and supervisory staff. Descriptions must include staff's education, experience, time devoted to the program, and responsibilities.
 - b. Identify any direct service subcontractors, if any, and their education, experience, and time devoted to the program. Provide the Applicant's proposed plans to monitor the quality of their work.
 - c. Describe the Applicant's reflective supervision and professional development plan to achieve the provision high-quality services to families.
 - d. Describe the Applicant's plan for ongoing professional development opportunities.
 - e. Describe the Applicant's plans for promoting a stable operating environment for the program.
 - f. Describe the Applicant's plans to prevent staff turnover.

Applicant Response

2. **Collaboration within the Community.** Community collaboration is an important aspect of successful programs. List the community partners involved with the EBHV Model(s) and the role each will play in the design, implementation, and evaluation of the program. How will learning from this project inform the Applicant's future collaborative work around supporting families?

Applicant Response

3. **CCYA.** Describe the Applicant's relationship with the local CCYA or how it proposes to form such a relationship, and how it will work with the CCYA to improve outcomes for children and families and use resources efficiently and effectively.

Applicant Response

4. **Parent and Caregiver Involvement.** Describe how parents and primary caregivers are involved in the design, implementation, and evaluation of the EBHV Model(s).

Describe how the Applicant will continue parent and primary caregiver involvement throughout the EBHV Model(s).

Applicant Response

5. **EBHV Sustainability.** Identify specific short-term strategies, beginning at the EBHV Model(s) inception or continuation, and long-term strategies over the duration of the grant term that the Applicant will use to solicit and obtain continued funding for the proposed program. In describing these strategies, describe any anticipated challenges or barriers and how the Applicant will overcome these challenges or barriers.

Applicant Response

H. Data Collection and Continuous Quality Improvement (3-Page Limit)

1. **EBHV Data Collection.** Please describe the following:

- a. Applicant's capacity to collect data on participating families, primary caregivers, and children. This description must include all of the following:
- i. The Applicant's ability to collect demographic and performance data as described in **Appendix I** for Families enrolled in EBHV and FS programs.
 - ii. The Applicant's use of approved tools for the applicable screening measures. Due to federal and state reporting requirements, Applicants may not propose the use of alternative tools. One or more approved tools may need to be selected for each applicable Performance Measure based on population served. The approved tools consist of:
 - (a) Approved Depression Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#DepressionScreening>
 - (b) Approved Parent-Child Interaction Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#Parent-ChildInteraction>
 - (c) Approved Intimate Partner Violence ("IPV") Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#IPVScreening-Tools>
 - (d) Approved Developmental Screening Tool: Only the Ages and Stages Questionnaire ("ASQ") is approved at this time. Applicants may choose to screen at additional ages but are expected to report on screenings at the American Academy of Pediatrics recommended ages of 9, 18, and 30 months.
 - (e) Approved Substance Use Screening Tools: <http://www.pa-home-visiting.org/data-system-guide/#SubstanceUseScreening-Tools>
 - iii. Describe the staff who will be involved in the data review and entry process, including, but not limited to, a description of the following:
 - (a) Who will enter the data into the Family Support Data System; and

- (b) Who will monitor the data to confirm compliance with the reporting requirements?
- b. Applicant’s current frequency of data collection and analysis; and
- c. Applicant’s data safety and security processes including protection of data privacy, and informed consent policies and procedures.

Applicant Response

2. CQI. Please describe:

- a. The Applicant’s experience with CQI as it relates to the proposed EBHV Model(s) or, if not currently implementing a model, how it relates to the Applicant’s current work. Include a description of any past CQI successes and how the Applicant’s existing CQI Team, if any, is working.
- b. The Applicant’s experience with quality improvement activities required by the proposed EBHV Model(s).
- c. How the Applicant will support its CQI Team in conducting quality improvement projects and activities.
- d. Any trainings the Applicant and their staff have completed related to CQI or as a CQI team if currently implementing a CQI project.
- e. How the Applicant will:
 - i. establish a strong and sustainable CQI Team;
 - ii. determine project and change ideas as a CQI Team;
 - iii. work through the Plan, Do, Study, Act (“PDSA”) process as a CQI team;
 - iv. study data before, during and after CQI projects;
 - v. identify the need for CQI project adaption, adoption or abandonment; and
 - vi. use data to drive decision-making.

Applicant Response

I. Enhancements (5-Page Limit Per Enhancement Category)

Applicants applying to implement Enhancements must answer the remaining questions where applicable based on the chosen Enhancement(s). Applicants should only respond to the applicable categories for the Enhancement(s) they are applying to include in the proposed program.

1. Category 1. EIP

- a. Describe the EIP(s) the Applicant will provide and the rationale for the Applicant’s choice of the EIP(s), including, if applicable, the approved Model(s).

Applicant Response

- b. Identify the age range and target population to be served. For the first year of the grant term, identify by County the Family Capacity for each EIP Model

utilizing **Chart 3** from **Appendix F**. If there is more than one service location in a county, please use **Chart 4** from **Appendix F**. The response to this question should match the chart(s) included in **Appendix F**. Please add or remove rows to your response as necessary.

Note: The Goal Number of Families, Parents, Child is defined as the total number of families intended to be served within the fiscal year. Child Goals may not be applicable depending on the chosen model. If they are not applicable please write N/A in the chart.

Applicant Response

- c. Describe the services and activities the Applicant will provide and the measurable results and outcomes the Applicant intends to achieve. If applicable, cite evidence that the proposed services and activities are likely to lead to the desired outcomes. Such evidence may include, for example, research studies, proven models, evaluations, or, in the alternative, a proposed theory of action to be tested by your program. Describe how cultural competence is integrated into implementation of the program.

Applicant Response

- d. Describe how the EIP(s) programs will work in conjunction with the EBHV Model(s) that the Applicant is applying to provide. What efforts will be made so that the programs work cooperatively?

Applicant Response

- e. Please describe your plans for securing other sources of support for the EIP(s) project both during the term of the grant and after expiration of the grant.

Applicant Response

2. Category 2. EBHV Model Enhancements

- a. Describe any proposed Enhancements to the EBHV Model(s) that the Applicant plans to implement if awarded. The description must include the following:
 - i. Does the Applicant have the EBHV Model developer(s) approval for these Enhancements? If so, does the approval explain how the Enhancement does not alter the core components of the EBHV model(s)? The EBHV Model developer's approval is a **permissible** attachment to the application.
 - ii. Is the Enhancement(s) part of a new or ongoing pilot within the EBHV Model(s)?

- iii. Is the EBHV Enhancement targeting a specific population?
 - (a) If so, please provide data on the targeted population in the relevant communities the Applicant intends to serve.
 - (b) How does the Applicant plan to recruit participants from the targeted population?
- b. Please provide an estimate of the number of families to be served through the implementation of the EBHV Enhancement(s). Describe the rationale underlying the estimate.
- c. Describe the services and activities the Applicant will provide and the measurable results and outcomes that the Applicant intends to achieve. If applicable, cite evidence that the proposed EBHV Model Enhancements are likely to lead to the desired outcomes. Such evidence may include, for example, research studies, proven models, evaluations, or, in the alternative, a proposed theory of action to be tested by your program. Describe how cultural competence is integrated into implementation of the EBHV model Enhancement.

Applicant Response

3. Category 3. Program Enhancements

- a. Describe any proposed Program Enhancements to the overall program. The description must include the following:
 - i. If required, does the Applicant have approval of the EBHV Model developer(s) to implement the Enhancement? If not required, please respond with “Not Applicable.” If the Applicant does have approval, does the approval explain how the Enhancement does not alter the core components of the EBHV Model(s)? The EBHV Model developer’s approval is a **permissible** attachment to the application.
 - ii. What services does the Program Enhancement provide that are not already being addressed by another agency or partner in the communities the Applicant intends to serve?
 - iii. Is the program Enhancement targeting a specific population? If so, please provide data on the targeted population in the relevant communities the Applicant intends to serve.
- b. Please provide an estimate on the number of families that will be served or benefit by the implementation of the program Enhancement. Describe the rationale underlying the estimate.

- c. Describe the services and activities the Applicant will provide and the measurable results and outcomes that the Applicant intends to achieve. If applicable, cite evidence that the proposed program Enhancements are likely to lead to the desired outcomes. Such evidence may include, for example, research studies, proven models, evaluations, or, in the alternative, a proposed theory of action to be tested by your program. Describe how cultural competence is integrated into implementation of the program Enhancement.

Applicant Response

J. Cost Submittal and Justification – EBHV and Enhancement(s) (3-Page Limit)

Applicants should answer questions 1 and 2 in this section by completing Appendix C. Appendix C is a **permissible** attachment to the application and **does not** count against the page limit. Applicants should submit Appendix C in the Microsoft Excel format. Applicants should answer questions 3 and 4 as part of the Project Narrative. Applicants **do not** need to respond to numbers 5 through 8 as these are provided for informational purposes only.

1. **Cost Submittal.** The information requested in this **Part III, Section III-5-2, Section I, Question Section X.** shall constitute the Cost Submittal. The total proposed cost should be broken down into the components set forth in **Appendix C – Cost Submittal Worksheet.** Applicants should **not** include any assumptions in their cost submittals. If the Applicant includes assumptions in its cost submittal, the Department may reject the application. Applicants should submit any questions about whether a cost or other component is included or applies in writing to the Issuing Officer in accordance with **Part I, Section I-9** of this RFA.
2. Applicants must adhere to the requirements specified below:
 - a. Applicants must complete and submit the budget forms, along with a detailed budget narrative, **for each year of the grant.** These forms are included as **Appendix C** of this RFA. At this time, Applicants should use the same costs for all agreement years. Adjustments to future years' budgets and funding may be made prior to each new grant year if necessary and appropriate.
 - b. Complete the budget spreadsheet. Include all expenses for the program and accurately calculate all entries. The budgets provided must calculate to the nearest whole numbers.
 - c. Line Item Justification:
 - i. Complete the budget narrative such that it describes and justifies the proposed costs for each budget line item. Each line should have a detailed description as to how the dollars will be used. For example, in the description for the wages and salaries line item, the Applicant should break out the positions attached to the project. Please see the Notes to the Cost Submittal for more information.

- ii. In the narrative, Applicants must also indicate the overall amount attributed to each EBHV Model or Enhancement, if implementing more than one of these.

The Applicants Response to the questions 1 and 2 in this section will be captured in Appendix C

- 3. **Justification of Cost.** Justify that the overall cost is sufficient, but not excessive, to complete all the services and activities outlined in the Applicant’s responses to all applicable questions for both the EBHV Model(s) and Enhancement(s). If applying for multiple EBHV models or multiple Enhancements, please provide a separate justification for each Model and Enhancement, clearly identifying the Model or Enhancement to which the justification applies.

To calculate cost per family without Enhancements:

Total Requested Budget/ EBHV Family Capacity

To calculate cost per family with Enhancements:

(Total Requested Budget - All Enhancement Costs)/EBHV Family Capacity

Applicant Response

- 4. **EBHV Cost per Family.** Using the proposed EBHV Model(s) budget and Family Capacity, please explain the cost per Family. If the cost per family exceeds the national average of EBHV programs (approximately \$6,500 per family) or if the cost per family is less than the national average, please explain why.

Applicant Response

Applicants do not need to respond to 5 through 8 below, as they are being provided for informational only.

- 5. **Subcontracting.** Selected Applicants are responsible for submitting data as described in **Appendix I**. Applicants may designate or subcontract with another organization that will report evaluation data to the Department on the Applicants’ behalf. Applicants are responsible for ensuring that the designee or subcontractor submits data according to Department requirements and timelines. Applicants should allocate sufficient funds in their Cost (**Appendix C**) to support the collection and reporting of evaluation data, including staff time and computer systems. The Department will provide guidance and technical assistance to awarded Applicants to establish and improve data collection and submission processes. Data reporting requirements for this grant may differ from data collection required by an EBHV and family support model developer, or from data collected by a grantee’s organization for case management purposes.
- 6. **Reimbursement.** The Department will pay selected Applicants after execution of

a written agreement and the start of the grant agreement in accordance with agreement requirements, and only after the Department has issued a notice to proceed.

7. **Funding.** Applicants, through this RFA, are making a request for funding under various funding streams, depending on which EBHV Model(s) or Enhancement(s) are implemented. The Department will assign funding streams prior to or reassign funding streams after an award in order to implement Family Support Programs across the Commonwealth. Selected Applicants will be notified of which funding streams they will receive as part of the award letter.
8. **Additional Funding.** If additional funding for Family Support Programs is included in the approved budgets for each fiscal year for the length of the grant period, selected Applicants in **Good Standing** at the time of the increase may be eligible to request an increase to their current funding using a request process determined by the Department. Eligible Applicants for increases must be able to meet the program and fiscal requirements of any increase in funding. Good Standing is defined as meeting all state and federal reporting requirements as well as providing the service with fidelity to the chosen EBHV Model(s). Applicants in Good Standing are not currently on an improvement plan.

K. Section XI: Need Score (3-Page Limit)

Applicants must fully answer the questions below to be considered for the Need Score. Applicants may or may not answer Question 2 in this section depending on their selected county or counties or service area of the proposed EBHV Model(s).

1. **Need Score.** Utilizing **Chart 1** from **Appendix F** and the Need Score from **Appendix G**, please provide the list of counties below with the respective Need Scores. If there is more than one service location in a county please use **Chart 2** from **Appendix F**. The response to this question should match the chart(s) included in **Appendix F**. Please add or remove rows as necessary.

Applicant Response

2. **Subcounty Analysis.** If applying to serve a county or counties with sub-county analysis data available explain how the chosen EBHV Model(s) will address the need(s) in the sub-county analysis. This must be answered to qualify for the additional point(s) related to sub-county analysis.

Applicant Response

L. Section XII: Priority Score (4-Page Limit)

Applicants must fully answer the questions below to be considered for the Priority Score bonus points. Questions answered in this section **will not** count towards the page limit unless otherwise indicated as part of the question.

- 1. Established coordination with Centers of Excellence and Other local/county Drug and Alcohol Treatment Service Providers.** Describe the current linkage between the Applicant and the local Center of Excellence and other drug and alcohol treatment service providers. Describe the experience the Applicant has working in partnership with this agency or agencies. Describe whether a current process for referrals is in place. Please attach a Memorandum of Agreement/Understanding (“MOA/MOU”) if available. The attached MOA(s)/MOU(s) will not count towards the page limit.

Applicant Response

- 2. Established coordination with Behavioral / Mental Health Providers.** Describe the current linkage between the Applicant and the local behavioral and mental health providers. Describe the experience the Applicant has working in partnership with this agency or agencies. Describe whether a current process for referrals is in place. Please attach a MOA/MOU, if available. The attached MOA(s)/MOU(s) will not count towards the page limit.

Applicant Response

- 3. Established coordination with Local Domestic Violence or Intimate Partner Violence Agency.** Describe the Applicant’s understanding of and coordination with the local domestic violence or intimate partner violence agency or agencies. Describe the experience the Applicant has working in partnership with these agencies. Describe whether a current process for referrals is in place. Please attach a MOA/MOU, if available. The attached MOA(s)/MOU(s) will not count towards the page limit.

Applicant Response

- 4. Established coordination with the Early Learning Resource Centers (“ELRC”).** Describe the Applicant’s understanding of and coordination with the local Early Learning Resource Center. Describe the experience the Applicant has working in partnership with this agency. Describe whether a current process for referrals is in place. Please attach a MOA/MOU, if available. The attached MOA(s)/MOU(s) will not count towards the page limit.

Applicant Response

- 5. Current Department Funded Family Support Grantee.** Is the Applicant a current Department-funded Family Support grantee in good standing? Good standing is defined as a grantee that has met all reporting requirements timely since July 1, 2019 through the due date of this application, and is not on an improvement plan.

Applicant Response

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APPENDIX H

**REQUEST FOR APPLICATIONS FOR
FAMILY SUPPORT PROGRAMS
APPENDIX H, Strengthening Families™ Protective Factors Framework**

The Strengthening Families™ Protective Factors Framework (“SFPPF”) is an approach to working with families that builds upon family strengths, rather than focusing on deficits. It is not a curriculum or a program, but instead offers a framework of five research-based protective factors that give parents what they need to parent effectively. Ongoing research conducted by the Center for the Study of Social Policy (“CSSP”) has shown that the presence and prominence of these five protective factors in families reduces the likelihood of child abuse and neglect, strengthens families, and contributes to excellent outcomes for young children. This approach benefits all families, not just those experiencing stress. The five protective factors are:

- **Parental resilience** – managing stress and functioning well when faced with challenges, adversity, and trauma;
- **Social connections** – positive relationships that provide emotional, informational, instrumental, and spiritual support;
- **Knowledge of parenting and child development** – understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development;
- **Concrete support in times of need** – access to concrete support and services that address a family’s needs and help minimize stress caused by challenges; and
- **Social and emotional competence of children** – family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.¹

To further explain how the SFPPF approach is implemented and how organizations and direct service workers can create environments where families build these protective factors, CSSP has developed the logic model found on the next page.²

In addition to the logic model, CSSP has developed everyday actions which are the small but significant changes in our approach to parents and caregivers that create an environment where families can build protective factors. The second graphic on the next page shows the everyday actions identified by CSSP.³

For more information about the Strengthening Families™ approach and the five protective factors please visit [CSSP](#) and [Pennsylvania Strengthening Families](#).

¹ Center for the Study of Social Policy (2015). *Core meanings of the Strengthening Families protective factors*. Washington, D.C. Retrieved from: <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

² Center for the Study of Social Policy (n.d). *About Strengthening Families™ and the protective factors framework*. Washington, D.C. Retrieved from: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

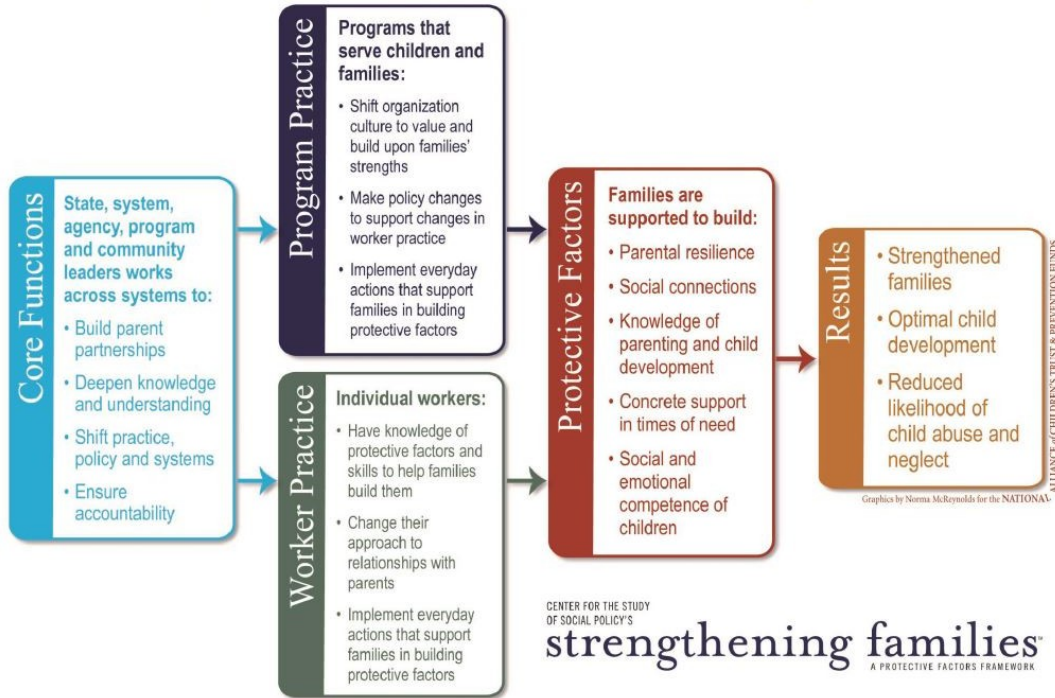
³ IBID

REQUEST FOR APPLICATIONS FOR FAMILY SUPPORT PROGRAMS

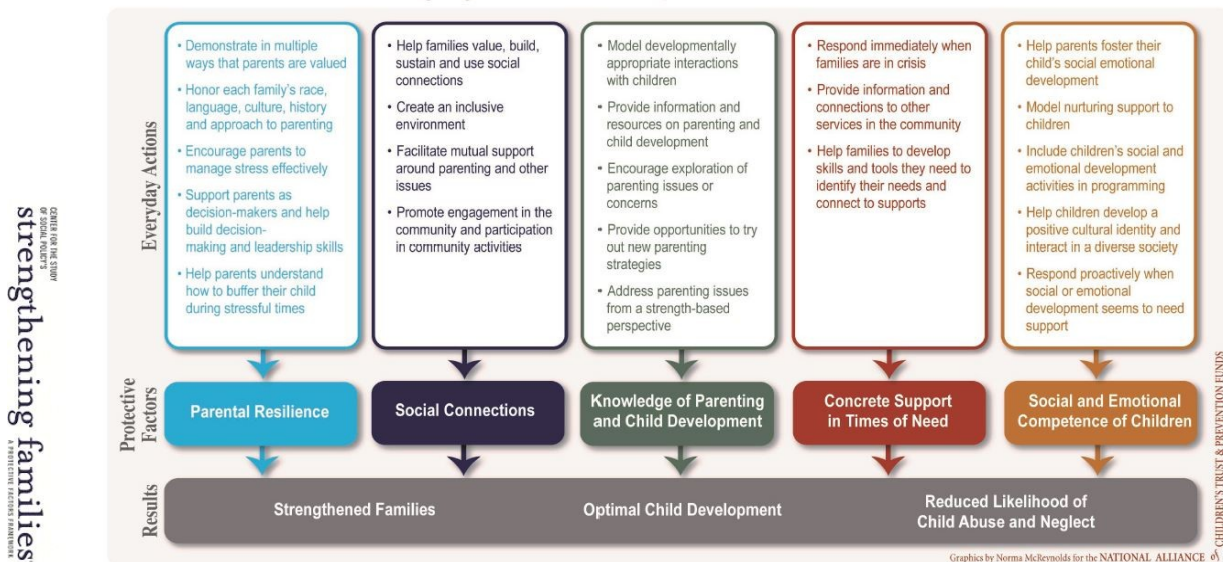
APPENDIX H, Strengthening Families™ Protective Factors Framework

For more information about the SFPPF approach and the five protective factors please visit [CSSP](#) and [Pennsylvania Strengthening Families](#).

The Pathway to Improved Outcomes for Children and Families Strengthening Families™ Protective Factors Framework Logic Model



The Pathway to Improved Outcomes for Children and Families Everyday Actions That Help Build Protective Factors



RFA 01-22

APPENDIX I

**REQUEST FOR APPLICATIONS FOR
FAMILY SUPPORT PROGRAMS
APPENDIX I, FAMILY SUPPORT DATA COLLECTION REQUIREMENTS**

All Family Support programs funded by the Office of Child development and Early Learning are required to collect the following demographic fields for all Family/Caregiver/Child participants. A data dictionary for all demographics with FAQs is available at: <http://www.pa-home-visiting.org/data-system-guide/>.

Demographics

D-1. Family Demographics. Previously called “Household” Demographics. Collected at enrollment, and updated between June 1-30 and between September 1-30 of each year. All entries are required of all programs except entry d (Household Disability Benefits), which is optional:

- a. Family (Case) Identifier
- b. Total Number of People in the Household
- c. Annual Household Income
- d. Household Disability Benefits
- e. Users of Tobacco Products
- f. Low Student Achievement (of any Caregiver or Child in Home)
- g. Child with Developmental Delays or Disabilities (any Child in Home)
- h. Family Member is Serving, or Formally Served, in the US Armed Forces (any Family Member Living in the Home)
- i. History of Child Abuse or Neglect or Interactions with Child Welfare Services (any Caregiver or Child in the Home)
- j. Primary Referral Source for Family

D-2. Enrollment: Caregiver. Collected at initial enrollment. All entries are required of all programs except entry b (Middle Name), which is optional, and entries j-k, which apply only to Nurse-Family Partnership programs:

- a. First Name
- b. Middle Name
- c. Last Name
- d. Caregiver (Client) Identifier
- e. EBHV Program
- f. Family Support Programs
- g. Program Type (Funding)
- h. Date of Enrollment
- i. Multips Pilot (Nurse-Family Partnership Only)
- j. Multips Pilot Date of Enrollment (Nurse-Family Partnership Only)

D-3. Demographics: Caregiver. Collected at enrollment or within 15 days of enrollment. Updated between June 1-30 and between September 1-30 of each year. Updated by the 10th of the next month if notified of a change. All entries are required of all programs:

- a. Address
- b. Birth Date
- c. Gender
- d. Enrolled Prenatally
- e. Pregnancy Status

**REQUEST FOR APPLICATIONS FOR
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APPENDIX I, FAMILY SUPPORT DATA COLLECTION REQUIREMENTS

- f. If Pregnant, Number of Children Expected from Current Pregnancy (used to calculate enrollment)
- g. If Pregnant, Estimated Date of Delivery
- h. History of Substance Abuse
- i. Current Substance Use / Needs Substance Abuse Treatment
- j. Self-Identified Disability
- k. Plans of Safe Care
- l. Race
- m. Ethnicity
- n. Legal Marital Status
- o. Educational Attainment
- p. Educational Status
- q. Employment Status
- r. Housing Status
- s. Health Insurance Status
- t. Measure 15: Caregiver Education (Only on Update)
- u. Update: Caregiver
 - a. Question: Are there any changes to demographics for the Caregiver (6/30) and (9/30)? Yes/No.
 - b. Reason for Exit

D-4. Exit: Caregiver. Collected when exited from all Programs in the system. All entries are required of all programs:

- a. Exit
- b. Date of Exit
- c. Reason for Exit

D-5. Demographics: Child. Collected at enrollment or first visit after birth if caregiver enrolled prenatally. Updated between June 1-30 and between September 1-30 of each year. Updated by the 10th of the next month if notified of a change. All entries are required of all programs:

- a. First Name
- b. Middle Name
- c. Last Name
- d. Birth Date
- e. Gender
- f. Enrollment Date
- g. Caregiver's Relationship to Child
- h. Caregiver's Pregnancy Status
- i. Child's Birth Weight
- j. Child's Gestational Age at Birth
- k. Born Substance Exposed / Plans of Safe Care
- l. Race
- m. Ethnicity
- n. Self-Identified Disability
- o. Primary Language Spoken at Home
- p. Health Insurance Status

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- a. Usual Source of Medical Care
- b. Usual Source of Dental Care
- c. Update: Child
 - a. See Child Demographics Above

D-6. Exit: Child. Collected when exited from all programs in the system. All entries are required of all programs:

- a. Exit
- b. Date of Exit
- c. Reason for Exit

PERFORMANCE MEASURES

All Family Support programs funded by the Office of Child development and Early Learning **implementing EBHV programs** will be required to collect the following Performance Measures for all Family/Caregiver/Child participants. A data dictionary for all performance measures with FAQ's is available at:

<http://www.pa-home-visiting.org/data-system-guide/>.

For a Model to be considered an EBHV program, it must be included on the Home Visiting Evidence off Effectiveness (HomVEE) list of approved models available at:

<https://homvee.acf.hhs.gov/implementation>.

Performance Measures

Performance Measures. The six benchmark areas captured through these performance measures are: improved maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

1. Performance Measure 1: Preterm Birth. Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.

2. Performance Measure 2: Breastfeeding. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 3 and 6 months of age.

3. Performance Measure 3. Depression Screening. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally).

- a. Family Support programs must use a validated tool for this measure. Depression must be defined in accordance with the validated depression screening tool's definition of depression.

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b. Current, approved depression screening tools are available at:

<http://www.pa-home-visiting.org/data-system-guide/#DepressionScreening>

4. Performance Measure 4: Well Child Visit. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule.

5. Performance Measure 5: Postpartum Care. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.

6. Performance Measure 6: Tobacco Cessation Referrals. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.

a. Other forms of tobacco consist of: Combustibles (Cigars, Pipes, Hookahs, Bidis), Non-Combustibles (Chew, Dip, Snuff, Snus, Dissolvable), Electronic Nicotine Delivery Systems known as “Vaping.”

7. Performance Measure 7: Safe Sleep. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding.

8. Performance Measure 8: Child Injury. Rate of injury-related visits to the Emergency Department since enrollment among children enrolled in home visiting.

a. Injury-related emergency department visits are defined as injuries resulting from the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.

9. Performance Measure 9: Child Maltreatment. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following their enrollment date within the reporting period.

a. Collected via administrative data from the DHS Office of Children, Youth and Families.

10. Performance Measure 10: Parent-Child Interaction. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool.

a. Current approved parent-child interaction screening tools are available at:
<http://www.pa-home-visiting.org/data-system-guide/#Parent-ChildInteraction>

11. Performance Measure 11: Early Language and Literacy Activities. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day.

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12. Performance Measure 12: Developmental Screening. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated screening tool. The current approved developmental screening tool is Ages & Stages Questionnaire (ASQ 3).

a. Developmental delays include delays in any or all areas including cognitive, communication/language, physical/sensory, adaptive and social/emotional development.

13. Performance Measure 13: Behavioral Concerns and Home Visits. Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning.

14. Performance Measure 14: Intimate Partner Violence Screening Indicator. Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence ("IPV") within 6 months of enrollment using a validated tool.

a. Current approved IPV screening tools are available at:

<http://www.pa-home-visiting.org/data-system-guide/#IPVScreening-Tools>

15. Performance Measure 15: Primary Caregiver Education. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting.

16. Performance Measure 16: Continuity of Insurance Coverage. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

17. Performance Measure 17: Completed Depression Referrals. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.

a. Examples of completed referrals include an appointment with a therapist, appointment with a psychiatrist, meeting with a mental health consultant, follow up with primary care physician, follow up with OBGYN, inpatient psychiatric hospitalization, support groups.

b. For those participants who screen positive for depressive symptoms but are already receiving services for depression, you do not need to provide a referral.

18. Performance Measure 18: Completed Developmental Referrals. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.

a. A child may be excluded from the denominator if s/he has a previously identified developmental delay (prior to enrollment or prior to reaching an age-recommended screening).

**REQUEST FOR APPLICATIONS FOR
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19. Performance Measure 19: IPV Referrals. Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV.

As of October 1, 2021, the following Performance Measures and timelines are being implemented as Optional Measures by the federal Health Resources and Services Administration. If these measures become a required data collection point they will be added to the list of required data collection measures for selected Applicants.

20. Performance Measure 20: Substance Use Screening. Percent of primary caregivers enrolled in home visiting who were screened for both unhealthy alcohol use and drug use using validated tool(s) within 6 months of enrollment. . The current list of approved tools for alcohol and/or drug use is located here: <http://www.pa-home-visiting.org/data-system-guide/#SubstanceUseScreening-Tools>

21. Performance Measure 21: Completed Substance Use Referrals. Percent of primary caregivers enrolled in home visiting with positive screens for unhealthy alcohol use or drug use (measured using a validated tool) who receive services in a timely manner.

Due to changing federal and state requirements, the Department may add, modify, or remove any data collection requirement at any time during the agreement term.